

Original: 2294



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January 5, 2005

Independent Regulatory Review Commission  
333 Market St. 14<sup>th</sup> Floor  
Harrisburg, PA 17101

Chris,

I talked with you on the phone today, thank you for your information. The information enclosed is to go to everyone who will be involved with Regulation 2600 Personal Care Homes. Could you please see that the binders are given to them and make any necessary copies? I would also appreciate a date of the public hearing as soon as possible.

Thank you,

Sheree McDevitt  
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724-755-0615 Fax

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REVIEW COMMISSION

(68)

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# Compelling

# Answers

**AGAINST REG 2600**

December 2004

I am asking you to **KILL** Regulation 2600 for the simple reason:

**THERE IS NO NEED FOR IT!**

I will provide you with 10 reasons - each on its own is sufficient!

<b>1</b>	Cost: Current average <b>Private pay</b> yearly cost is <b>\$21,900</b> (under Regulation 2620.)	\$21,900
	If Regulation 2600 will be enacted the yearly cost will rise to <b>\$93,947</b> .	\$93,947
	The current average SSI yearly cost is \$10,990.	\$10,990
	If regulation 2600 will be enacted the yearly cost rises to <b>\$83,037</b> per person.	\$83,037

For details see: Summary of Financial Review (enclosed)

The SSI contribution by the state, which is currently about \$45 million.

Will jump to a **Billion**, (calculation is provided.)

(Note: A billion is a 1,000 million.)

**2** Why Reg. 2600 was created:  
To achieve "Most consumers desire to **stay out of nursing homes**" (Quotation: White Paper)  
and to allow the concept of "Age in Place" to take hold in PCH/AL.

Both of these slogans will sound familiar to you.

But the truth lies somewhere else. Where? As always, in financial interests.

Current average financial contribution for SSI.	\$30.00/day.
Personal Care Home Private Pay	\$60/day (average)
Medicaid	\$160/day
Medicare	\$360/day

Since present studies suggest that 40 – 60 % of nursing home residents could be placed in PCH's if the required funding would be available (\$60/day) Therefore it is almost logical to transfer them back to PCH's. (A lot less expensive beside that it is their will.) .

Then why is that not happening? PCH's are already strained to death by (low paying) SSI residents (\$30/day). I seriously mean it, when I say to death. Out of 1830 homes, 143 have closed since 2001 and an additional 194 have sold out. We have gained 29 non-tax paying homes and lost 162 tax-paying ones. There are none or very little openings for residents who only pays \$30/day in spite the vacancy rate in PCH's is 60% or more. If you try to empty the nursing homes to that extent as currently, Governor Rendal proposes it will kill the nursing home industry. (40% – 60 %.)

How do you fight back if you are the nursing home industry?

**3** Make PCH's almost as expensive as nursing homes by Regulation 2600. Then it will be financially feasible to designate the vacant part of the nursing home as PCH or AL, and move your patients who have been determined not to need nursing care to your own PCH/AL, wing, at the same facility! You might as well understand you not only helping yourself, you also successfully killed all existing PCH competition except the very large ones since the change over will not be affordable to the smaller PCH's (cost of 2600.)

**4** Who have you hurt by enacting Reg. 2600? The taxpayer and the state! By paying the higher rate. Who have you hurt? The consumer (resident, patient.)

Who will have to stay in the same institutional setting what he or she wanted to escape from.

5

It will be an unfortunate consequence that it will increase the ownership of the PCH's who earns a lot lower income to keep the higher priced nursing homes beds filled.

Which runs contrary to the purpose of PCH. (Quotation from: General provisions 2620.1 Introduction "unnecessary institutionalization will be prevented.")

How? If the same entity owns both license.

The elderly resident will be a ping-pong ball from bed to bed!

6

How do you facilitate this changeover?

1) You associate with the advocacy groups "The Pennsylvania Health Law Project" is a good start, and they will publish the

Known As The:  
"White Paper"



Was used to  
Justify the Need  
for More  
Stringent  
Regulations.  
(2600)

**EXECUTIVE SUMMARY  
OF  
A REPORT ON  
PENNSYLVANIA'S  
PERSONAL CARE HOMES AND ASSISTED  
LIVING RESIDENCES:**

LICENSURE VIOLATIONS AND  
THE DEPARTMENT OF PUBLIC WELFARE'S  
ENFORCEMENT EFFORTS  
FOR PERSONAL CARE HOMES AND ASSISTED  
LIVING RESIDENCES  
WITH LESS THAN FULL LICENSES

A CALL FOR REFORM THAT HAS BEEN UNHEARD  
FOR OVER TWENTY YEARS

BY THE PENNSYLVANIA HEALTH LAW PROJECT

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RELEASED TO DPW: FEBRUARY 2002;  
RELEASED TO PUBLIC: OCTOBER 2002

Then you pack these 300 pages with false information and lies.

Such as: "Less than full licenses"

All licenses first are provisional licenses when a facility first applies (opens.)

“A call for reform that has been unheard for over twenty years” Which is also false.

First regulation published 8-29-1981 (23 years ago) wisely only 17 pages.

(It still would be more than sufficient.) Then was revised on 9-21-1991 (13 years ago.)

A total of 42 pages.

**Title 55—PUBLIC WELFARE**  
**DEPARTMENT OF PUBLIC WELFARE**  
**[25 PA. CODE CH. 2620]**  
**Personal Care Home Licensing**

*Statutory Authority*  
The Department of Public Welfare, by this order, adopts the regulations set forth in Annex A under the authority of sections 211–213 and 1001–1087 of the Public Welfare Code (62 P. S. §§ 211–213 and 1001–1087). Notice of proposed rulemaking was published at 20 Pa.B. 4049 (July 21, 1990).

*Purpose*  
The purpose of these final amendments is to revise Chapter 2620, (relating to personal care home licensing), by incorporating the requirements of the act of December 21, 1988 (P. L. 1885, No. 185) (Act 185). In addition, these amendments incorporate the enhancements recommended by the Intra-Departmental Committee on Personal Care Homes, the Departmental Personal Care Home Advisory Committee, the Intra-Governmental Council on Long Term Care, the Independent Regulatory Review Commission (IRRC), two public hearings and 261 commentators. These final amendments contain the minimum licensing requirements that shall be met to obtain a certificate of compliance to operate a personal care home (PCH). These final amendments are intended to safeguard and promote the health, safety, well-being, rights and dignity of each PCH resident.

There it was said: “A call for reform that has been unheard for over twenty years.”

(Quotation: White paper.)

The reform was adopted but not to the extent of what the nursing homes or advocates wanted since it was too expensive than and now.

It is not in the elderly interest at all.

Then in 7-1-1992, "interpretative guidelines" were published and several social program bulletins since then and Act 171 as currently as 2-7-2003.

Therefore, there were many changes some for the better some without sense. But none as costly and as severely misrepresented and misguided as Regulation 2600 (swollen to 77 pages) by the time you flip to page 1.

Therefore, you find the twenty years was expanded even farther 50%.

"Recommendations are the same ones made time and again over the past 30 years."

(Quotation: White Paper)

If I convinced you that the exaggeration is a science invented by Hitler and has a cumulative effect on the reputation of the PCH industry then you will find on the same page their **description of PCH's:**

**1) "Black holes of Care."**

**2) "Dumping grounds of the long-term care market."**

If you subscribe to their characterization, then I invite you "unannounced" to visit any of my 3 facilities.

(Which are adhered to Reg. 2600.)

My point to you is: The Current Regulation (2620), which has been in effect for about ten years. (With occasional updates.) Is sufficient and it fulfills its mandate to: "Assure safe, humane, comfortable and supportive residential setting and it does its job without costly alteration.

**7** As long as the White Papers Appendix A has sited 98 facilities with provisional license as being the example of bad facilities. (Out of 1800 or 5 %.)

Only later finding out those who have provisional license do not mean that they are consequently bad facilities not at all, they are new facilities who have not proved themselves, since newly built or presently sold facilities will also have been issued only provisional license.

To spread the hysteria about the bad quality service in PCH's.

In appendix B included all newspaper published stories what a computer search would show up through the state.

As long as they give the impression that they only site the facility name which is a 6 month period of the year July 1999, in Appendix B they needed to site (from 1995 to 2001) a seven year period, and use it throughout the book without revealing the time encompassed.

If you are abhorred of this level of misrepresentation of the truth in a democracy.

**8** All this good work from taxpayer's money. You might as well take notice this collection of articles said to be about bad PCH's is actually not when you read them as I did, not to accept on face value, you will find them not about PCH's

But

- 3 about nursing homes,
- 2 about rooming houses,
- 1 about board and care home.

**9** Not to speak that they also included violations disputed or in court.

It might make you sick about your government to know: you only can appeal violation citations; if it ends up with revocation of your license, or a lesser license, even though your violation is erroneous or malicious it will be damaging to your reputation by being available on the internet, you are prevented to exercise **any form of legal right.**

**What does this Regulation 2600 do for the Elderly?**

1. Expands the paper work ten fold.
2. Reduces hands on care with administration – documentation
3. Raises labor cost



4. Eliminate the small business owners
5. Make it impossible to start on entry-level care homes.
6. Provides the power to an inspector to be the judge, jury and executioner, without appeal.
7. Since the emphasis went from care to documentation (just like nursing homes) opened the door for liability litigation, on what a lawyer can't lose (will get paid even if losses) PCH and their resident can't win, even if it wins the litigation, it still must pay for it's defense.

**10**

Conclusion:

You should learn that Regulation 2600 was created by the DPW, and by the advocacy coalition (the secret sixth workgroup), which created the unreported sixth work group. The five work groups on which I served (I was on three) the minutes of the discussions were altered, reported falsely. Not reported that workgroup voted against Regulation 2600 in favor of keeping Regulation 2620. So has voted the PCH Advisory Committee, even that their composition is mandated to have providers in minority. (Some advocates were for 2620 and against 2600.)

To write 2600 was 16 employees hired and put in charge was Teleta Nevius.

It would be no objection if any had had PCH experience.

The field inspectors where excluded of the process who are knowledgeable and Teleta wisely to seek some experience in Personal Care came to me and stayed a day in my 3 facilities with her assistant to learn.

Which is recommendable, unfortunately was that she seeked the knowledge after Reg. 2600 was published.

If what I presented to you makes since do your job accordingly to your conscience.

One more request:

Read the "Executive Summary" (White Paper), make a judgment, and use your influence as it may be.

To ask the attorney general to eradicate bad government, and ask the government not to fund fraudulent advisers.

DPW has started to publish PCH violations quarterly this year (2004) fist time.

There was the minuscule number of violations

Class I: 1<sup>st</sup> quarter of 2004, 5 out of 1718 homes.

2<sup>nd</sup> quarter of 2004, 1 out of 1697 homes.

3<sup>rd</sup> quarter of 2004, not yet published (hopefully receive it in Feb. 2005)

This amounts to less than 1% (0.7 %) of violations.

**THINK!**

Try to explain yourself or to me please

**WHY IN THE HELL DO WE NEED 2600?!**

Thank you for putting the effort in reading this, study!

Yours truly,

Istvan "Steve" Upor  
724-755-1070 (phone)  
One Corporate Drive  
Hunker, PA 15639

## Summary of Financial Impact of Regulation 2600

Section	Once per Facility	Facility per year	Resident per month	Resident per year	Pennsylvania per year
2600.3 (a)		\$10,701.00	\$29.73	\$356.70	\$18,052,587.00
2600.22 (3)			\$307.50	\$3,690.00	
2600.22 (4)			\$307.50	\$3,690.00	
2600.22 (4)			\$307.50	\$3,690.00	
2600.23 (a)			\$286.00	\$3,432.00	
2600.23 (a)			\$143.00	\$1,716.00	
2600.25 (a)		\$30,000.00	\$83.33	\$1,000.00	
2600.25 (c)(3)		\$49,200.00	\$136.67	\$1,640.00	
2600.26 (b)		\$589.20	\$1.67	\$20.00	
2600.42 (2)(1)		\$350.00	\$96.25	\$1,155.00	
2600.53 (2)		\$15,000.00	\$41.67	\$500.00	\$25,500,000.00
2600.54 (2)			\$66.92	\$803.00	\$42,559,000.00
2600.56 (a)		\$74,492.00	\$206.92	\$2,483.00	
2600.57 (c)			\$2,731.42	\$32,777.00	\$173,718,100.00
2600.60			\$0.00	\$0.00	
2600.64 (a)(1)	\$1,022.80		\$0.00	\$0.00	
2600.64 (a)(2)	\$5,114.00		\$0.00	\$0.00	
2600.64 (a)(3)	\$2,557.00		\$0.00	\$0.00	
2600.64 (a)(3)	\$409.00		\$0.00	\$0.00	
2600.64 (c)		\$1,227.36	\$3.41	\$40.91	
2600.64 (d)		\$198.96	\$0.55	\$6.63	

## Summary of Financial Impact of Regulation 2600

Section	Once per Facility	Facility per year	Resident per month	Resident per year	Pennsylvania per year
2600.64 (d)		\$192.00	\$0.53	\$6.40	
2600.64 (d)		\$298.80	\$0.83	\$9.96	
2600.65 (a)(1)		\$3,444.00	\$9.57	\$114.80	
2600.65 (c)		574	\$1.59	\$19.13	
2600.65 (d)		\$34,440.00	\$95.67	\$1,148.00	
2600.65 (d)		\$2,296.00	\$6.38	\$76.53	
2600.65 (e)		\$5,682.00	\$15.78	\$189.40	
2600.65 (g)(1)		\$5,280.00	\$14.67	\$176.00	
2600.66		\$9,636.00	\$26.77	\$321.20	
2600.81 (a)	\$25,000.00		\$0.00	\$0.00	
2600.89 (b)	\$800.00		\$0.00	\$0.00	
2600.89 (c)	\$5,000.00		\$0.00	\$0.00	
2600.89 (c)		\$600.00	\$1.67	\$20.00	
2600.89 (c)		\$500.00	\$1.39	\$16.67	
2600.90		\$3,200.00	\$8.89	\$106.67	
2600.90		\$3,198.00	\$8.88	\$106.60	
2600.101 (c)	\$48,000.00		\$0.00	\$0.00	
2600.102 (f)		\$24,960.00	\$69.33	\$832.00	
2600.102 (g)		\$6,120.00	\$17.00	\$204.00	
2600.103 (b)		\$19,666.00	\$54.63	\$655.53	
2600.105 (g)		\$18,155.10	\$50.43	\$605.17	

## Summary of Financial Impact of Regulation 2600

Section	Once per Facility	Facility per year	Resident per month	Resident per year	Pennsylvania per year
2600.107 (b)		\$164.00	\$0.46	\$5.47	
2600.107 (b)(1)		\$574.00	\$1.59	\$19.13	
2600.107 (b)(2)		\$574.00	\$1.59	\$19.13	
2600.107 (b)(3)		\$41.00	\$0.11	\$1.37	
2600.107 (b)(4)		\$20.50	\$0.06	\$0.68	
2600.107 (b)(5)		\$1,148.00	\$3.19	\$38.27	
2600.107 (b)(6)	\$11,000.00		\$0.00	\$0.00	
2600.107 (c)		\$900.00	\$2.50	\$30.00	
2600.107 (d)	\$246.00		\$0.00	\$0.00	
2600.122	\$5,000.00		\$0.00	\$0.00	
2600.123 (b)		\$800.00	\$2.22	\$26.67	
2600.130 (f)		\$9,613.80	\$26.71	\$320.46	
2600.130 (i)	\$40,000.00		\$0.00	\$0.00	
2600.130 (i)		\$300.00	\$0.83	\$10.00	
2600.130 (i)		\$600.00	\$1.67	\$20.00	
2600.130 (i)		\$750.00	\$2.08	\$25.00	
2600.132 (b)		\$440.00	\$1.22	\$14.67	
2600.141 (a)(7)		\$23,914.00	\$124.58	\$1,494.93	\$79,231,025.00
2600.141 (b)(2)		\$36,900.00	\$102.50	\$1,230.00	\$65,190,000.00
2600.142 (a)		\$37,412.00	\$259.81	\$3,117.67	
2600.142 (b)		\$2,460.00	\$6.83	\$82.00	

## Summary of Financial Impact of Regulation 2600

Section	Once per Facility	Facility per year	Resident per month	Resident per year	Pennsylvania per year
2600.161 (d)		\$47,834.00	\$132.87	\$1,594.47	
2600.171 (b)(7)		\$7,770.00	\$21.58	\$259.00	
2600.182 (c)(7)		\$60,498.75	\$168.05	\$2,016.63	\$106,881,125.00
2600.190 (a)		\$2,133.00	\$5.93	\$71.10	
2600.191		\$861.00	\$2.39	\$28.70	
2600.223 (b)	\$11,440.00		\$0.00	\$0.00	
2600.227 (h)		\$102.00	\$0.28	\$3.40	
		\$307.50	\$0.85	\$10.25	
<b>Totals</b>	<b>\$155,588.80</b>	<b>\$556,117.97</b>	<b>\$6,003.94</b>	<b>\$72,047.28</b>	<b>\$511,131,837.00</b>
Multiplied by 1700 (PCH's) will give the One Time Cost For Pennsylvania <b>\$264,499,600.00</b>		Yearly Cost For All PCH's <b>\$945,398,900.00</b>	Current Average Private Rate is about \$60/day or \$21,900 per year.		Somehow the State of PA will Need To Come Up With <b>\$3,818,491,000.00</b>
This Amount Will Be Recuparated Through Higher Rate PCH Charges		New Current Average Private Rate would be \$21,900/yr (current) plus \$72,047/yr (proposed) <b>\$93,947 per year</b>			

### 2600.3 "INSPECTIONS AND LICENSES"

#### 2600.3 (a) "...unannounced inspection..."

All inspections currently are unannounced, except one licensing inspection, which is done yearly! To loose the announced inspection is like loosing Christmas, the one day when each employee pitches in and cleans up everything. There is far more lost, and nothing gained. The ultimate aim is to fix everything, not to find a reason to blame. There is paperwork required on inspection day that is not normally kept to reflect the state of the Personal Care Home for the day, on an actual form this would include:

Pre-licensing survey, which includes how many residents of each sex, age and race are currently in the PCH. Number of residents who since the last inspection were admitted and from where, discharged and where to and who referred the ones admitted. Number of current residents with services provided by the following agencies/sources: Adult Day Care, Area Aging Agency, Association/Blind, Cerebral Palsy Association, MH/MR, Drugs & Alcohol, Hospice, Physical Therapy, Senior Center, Social Rehabilitation, VA Administration, Visiting Nurses, or Vocational Rehab. Number of current residents using: canes, IM injections, Prosth. DV., Catheter, Insulin, Sterile Dressing, Colostomy, Oxygen, Walker, Feeding Tube, Oxygen Concentrator or Wheelchairs. Number of Current resident with these disabilities: alcohol addiction/abuse, mental illness, dementia, drug addiction/abuse, mental retardation, speech impairment, hearing impaired, physical handicap and visual impairment.

To have copies of the following are also required:

Identify all personal care residents

Identify all residents discharged since the last inspection, including destination.

Identify all residents admitted since last inspection.

Identify all SSI recipients and indicate those not receiving the supplement.

Identify all residents for whom the PCH is representative payee

Identify those whom you have assessed to be physically immobile, and those assessed mental immobile.

List of current staff, including substitutes. Also provide a list of staff hired since the last inspection, and those who left employment since last inspection. ( Average is 30 for 30 bed facility!)

Completed staff work schedules

Zoning Approval

Labor & Industry Occupancy Permit

County Health Certificate

**Technical and Financial Review of Title 55. Public Welfare  
Chapter 2600. Personal Care Homes.**

**2600.3 (a) "...unannounced inspection..." continued**

Elevator, Chairlift or Broiler Certificates  
Certificate of Authority from the Insurance Department for Life Care Communities  
Menus of previous month

Food Guide

Current menu and one week in advance

Fire drill logs

Documentation that fire safety devices have been checked

Emergency evacuation

Documentation that annual fire drill was conducted by the fire company.

Documentation that wood and coal stoves/chimney and flues are inspected

There are 18 more documents that need to be gathered for inspection

This requires much more daily paperwork which has a cost. Since all the above may change daily and DPW's inspection may be daily, all changes need to be done constantly.

At least 2 hours to conform all data at \$20.50 hr. = 2 X \$20.50 X (365-104) = \$10,701.00

**Unannounced licensing inspection record keeping**  
1687 Facilities in PA

**\$10,701.00 per facility**  
**\$18,052,587.00 per PA**

**2600.4 "DEFINITIONS"**

**2600.5 "ACCESS"**

**2600.6 TO 2600.10 omitted**

**2600.11 "PROCEDURAL REQUIREMENTS FOR LICENSURE..."**

**2600.12 "APPEALS"**

**2600.13 "MAXIMUM CAPACITY"**

**2600.14 "FIRE SAFETY APPROVAL"**



Technical and Financial Review of Title 55. Public Welfare  
Chapter 2600. Personal Care Homes.

**2600.15 "ABUSE REPORTING....."**

**2600.16 "REPORTABLE INCIDENTS..."**

**2600.17 "CONFIDENTIALITY OF RECORDS"**

**2600.18 "APPLICABLE HEALTH AND SAFETY..."**

**2600.19 "WAIVERS"**

**2600.20 "FINANCIAL MANAGEMENT"**

**2600.21 "OFFSITE SERVICES"**

**2600.22 "ADMISSION"**

**2600.22 (3) "Personal care home assessment completed within 5 days..."**

How do you do an assessment in five days when the necessary data will be coming in 30 days as the medical evaluation will be obtained?, or is it your intention to re-do it?

**\$307.50 per person  
5th day**

**Assessment**

**2600.22 (4) "Support plan developed and implemented within 15 days..."**

How do you do a support plan in fifteen days when the necessary data will be coming in 30 days as the medical evaluation will be obtained? You will reconvene all parties, apologize, change assessment, support plan, re-write and re-price contract.

**\$307.50 per person  
15th day  
\$307.50 per person  
30th day**

**Support Plan**

**Medical Evaluation**

**2600.23 "ACTIVITIES"**

**2600.23 (a) "A home shall provide assistance with activities of daily living..."**

To indicate each and who to, when, and by whom is a colossal job to specify.  
10 hours at admission X \$28.60 = \$286.00

**\$286.00 each time**

**ADL's & IADL's on assessment and support plan at admission**

To make a change the contract will need to be changed each time. 5 hours X \$28.60 = \$143.00

**\$143.00 each time**

**Change ADL's and IADL's in contract**

Please explain to me, when will the staff work if they constantly have to review each residents support plan. For legal reasons they can't do more, or less than is called for on assessment/support plan. Currently we just do everything what is asked or required by the resident equally without a concern of how much they pay.

**2600.24 "PERSONAL HYGIENE"**

**2600.25 "RESIDENT-HOME CONTRACT"**

**2600.25 (a) "... 24 Hours after admission..."**

Doing this on weekends and holidays is unattainable. "Explain its contents to the resident" The word explain is unattainable with a Dementia Patient. It may have costly legal implications.

Cost: Having a Administrator coming in to work on the weekends and the holidays = 30,000.00 year/ facility

**Administrator working on weekends and holidays for an admission \$30,000.00 per year**

**2600.25 (b) "...if the resident agrees."**

If the resident does not agree to the signature of their designated person, there is NO contract!

Technical and Financial Review of Title 55. Public Welfare  
Chapter 2600. Personal Care Homes.

**2600.25 (c)(3) "...Annual Assessment, Medical Evaluation and Support Plan..."**

If these 3 documents are part of the contract, then each time any of the 3 documents change the contract must be changed, re-agreed, and signed.

Cost : Change contract with resident, designated person, and payer. Each time 5 hours x \$20.50/hr = \$102.50

At least : One Medical evaluation **Change Contract**

One Assessment

One support plan

There is a cost for useless paperwork 3 x \$102.50 = \$307.50/person

If a resident returns from the hospital: \$307.50 each time

If a resident wishes to add or delete a service: \$307.50 each time

If a facility wishes to add a new service or delete any services not necessary - \$307.50

This one requirement at Easy Living of Somerset, which is a 30 resident Facility will cost:

\$307.50 x 30 = \$9,225.00 minimum a month, assuming but unlikely to only have one change per month.

**Support plan & assessment as part of contract at EL Somerset**

**2600.25 ( c) (10) " ... 30 Days of advance notice..."**

30 days advance notice with, Annual Assessment

30 days advance notice with, Medical Evaluation

30 days advance notice with, Support plan change

No service can start without advance notice, not even if the resident needs it. No service can be charged for 30 days. No service, when unnecessary can be stopped without advance notice. Financial consideration makes

2600.25 nonsense. I see beyond that there is a danger to the resident, it is easier to omit needed services then to take the trouble to change the contract. You may be willing to provide the service without charge and change the contract but how do you take the legal liability to do anything that was not specified in the assessment and support plan, and agreed to by all. By the time everybody gets together, agreement reached and signed, the resident is dead! (For example constipation.)

**\$102.50 each time**

**\$307.50 each time**

**\$9,225.00 per month**

**2600.25 (c)(11) " ...services listed in the resident's assessment and support plan shall be added..."**

You cannot add something to the contract which is supposed to be part of the original contract without a 30-day notice and trying to get together the designated person and payer along with the resident. Experience shows us that this is an rarely possible. The resident cannot be charged for 30 days.

**2600.25 (e) "The resident has the right to rescind the contract for up to 72 hours..."**

It is rare that a resident would not rather go home in the first 72 hrs. The doctor, or the family are who wants them in a PCH.

**2600.25 (e) " ...pay only for services received."**

Is placement considered a service?

**2600.25 (h) "The service needs addressed...available...everyday...!!!"**

Should read "on designated days." Everyday would mean: cleaning, bathing, hairdresser, foot doctor, etc.  
112 Days extra service!

**2600.26 "QUALITY MANAGEMENT"**

**2600.26 (a) "The home shall establish and implement a quality management plan."**

**2600.26 (b) " ...periodic review and evaluation of the following."**

Reportable incident

Complaint procedures

Staff training

Licensing Violations and plans of correction, if applicable

Resident and family councils or both.

Say "four times" as nursing homes at 5 hrs each time to identify and develop improvement plans.

The administrator and employee must be present.

Cost of Administrator: \$20.50/hr.

Cost of Employee: \$8.96/hr.

Total Cost: \$29.46/hr. X 5 hrs. = \$147.30

Four times a year 4 X \$147.30 = \$589.20 per year.

Periodic review

\$589.20 per year

**Tect al and Financial Review of Title 55. Public We .e  
Chapter 2600. Personal Care Homes.**

**2600.27 "SUPPLEMENTAL SECURITY INCOME (SSI) RECIPIENTS."**

The problem here is that there was a study 15 years ago that said that the cost per day in a PCH is \$60. They receive \$30 per day? It is impossible to care for these people without losing money.

**2600.28 "REFUNDS"**

**2600.29 "HOSPICE CARE AND SERVICES"**

**2600.30 - 2600.40 omitted**

**2600.41 "NOTIFICATION OR RIGHTS AND COMPLAINT PROCEDURES"**

**2600.42 SPECIFIC RIGHTS**

**2600.42 (2)(1) "...furnish his room..."**

This is impractical, we are required to furnish all rooms. What will we do with furniture that we are required to provide. "His furniture is shabby! His mattress stinks! Is it queen size or king! His comfortable chair is stained!" In the end who will remove it!!! Do we move the roommate because of too much furniture in the room? What about a semi-private room? How do you furnish a room with 4 beds and have 60 sq. feet per person. This is only for the rich!

**To move furniture in and out** \$75.00 each time  
**To Store furniture** \$2.00 per day  
**To replace or clean carpet crushed or soiled** \$350.00 each time

**2600.42 (2) (m) "...has the right to leave and return..."**

How does the Support Plan influence his right to leave or return, when the resident has the right NOT to accept doctors orders! You have no right to specify when a resident has to return to the PCH.

Technical and Financial Review of Title 55, Public Welfare Code  
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**2600.42 (2)(n) "...Receive assistance to relocate..."**

The majority of our residents have dementia and Alzheimer's. They will request to be relocated about 6 times a day. If there is a verbal complaint you must follow up on it. To receive assistance is not the homes liability, but it is the liability of Area Agency on Aging or Department of Public Welfare, advocate organizations or their family. Shouldn't the family have a say since they placed them there and are paying for it.

**2600.43 "PROHIBITION AGAINST DEPRIVATION OF RIGHTS"**

**2600.44 "Complaint Procedures"**

**2600.44 (a) "Prior to Admission...shall inform..."**

Sometimes we have no contact with the resident or the designated person prior to admission. Requirement is unattainable.

**2600.44 (b) "The Home Shall Respond to Oral Complaint..."**

If you've ever worked in personal care before you would know that the elderly, ESPECIALLY DEMENTIA PATIENTS, will thrive on complaints. It is one thing to listen to it, but it is a mistake to take it serious, and act on it.

**2600.45 - 2600.52 omitted**

**2600.51 "CRIMINAL HISTORY CHECKS."**

**2600.52 "STAFF HIRING, RETENTION AND UTILIZATION"**

### 2600.53 "QUALIFICATIONS AND RESPONSIBILITIES OF ADMINISTRATORS"

2600.53 (2) " An Associates Degree or 60 credit hours, from an accredited college or University."

We are not health care professionals, we do not cure, we are caretakers, as a mother is to her children. You may require the same level of education from mothers as well. You will loose many good like yours, and mine. Starting salary at my facilities are \$20,000.00-\$22,000.00 for administrators. A college Graduate (Associates Degree) \$35,000.00 - \$40,000.00. DIFFERENCE is about \$15,000.00 with 1,700 Personal Care Homes in Pa. = \$15,000.00 x 1,700 = \$25,500,000.00 yearly.

Additional cost per year at each PCH  
Qualifications of administrator

\$15,000.00 per yr  
\$25,500,000.00 /yr in PA

### 2600.54 "QUALIFICATIONS FOR DIRECT CARE STAFF PERSONS"

2600.54 (2) "Have high school diploma or GED"

My father with a high school education was an officer, has written (translated) over 100 books, and spoke 12 different languages. Do you really think it takes 12 years of education to wipe someone's ASS. Would you wipe someone's ass if you were educated??? If we in your point of view need to raise the caregivers proverbial education level, to a graduate degree you will see the cost below.  
Current minimum of \$5.50 should be raised to at least to \$7.50 as is in nursing homes. Additional cost to PA. 53,000 residents X 1 hr/day X 365 Days X \$2.00/hr = \$38,690,000.00

Direct Care Staff Qualifications  
Direct Care Staff Qualifications  
plus 10% for Immobile

\$38,690,000.00 /yr in PA  
\$3,869,000.00 /yr in PA

2600.54 (b) "An individual who is 16 or 17 years of age...may not perform tasks related to medication administration..."

Why? Is our education system so bad that they can't read: the name, the date, the time, which end (the route)? But what is acceptable is : To die in Iraq, to bare arms against a dear or a duck at age 12, to drive a car at the age of 16. On the other hand please understand that a PCH does not Administer medication, we only put it in their hand!!

### 2600.55 "EXCEPTIONS FOR STAFF QUALIFICATIONS"

### 2600.56 "ADMINISTRATOR STAFFING"

"...20 Hours or more a week..."

Easy living has 3 facilities and a management company. I spend most of my time at the management company. My assistant administrator spends her time at each facility. If 2600 succeeds it means I need one additional administrator in spite that Easy Living PCHS are run very well.

COST: \$45,000.00 for additional Administrator

TAX: 32% : \$14,400.00

WC 4.67%: \$2,101.50

CAR: 30,000 miles at \$ 0.32 a mile = \$9,600.00

Health Insurance: \$3,128.00

Vision: \$38.00

Dental: \$225.00

Equals = \$74,492.00/year. This will add to my yearly operating cost.

Additional Administrator \$74,492.00 per year

### 2600.57 "Direct Care Staffing"

"...two hours a day...has mobility needs."

Since every elderly person has "mobility needs" it opens the door to double the required labor hours. Current definition is "immobile."

This

has the potential to cost in PA, 53,000 residents x 365 days x \$8.98 = \$173,718,100.00

Direct Care Staffing across the state \$173,718,100.00 /yr in PA

Labor cost :\$6.50/ hr

Tax 32% :\$2.08/hr

WC \$4.67/100: .40 = \$8.98

It will raise the PCHs total operating cost potentially to 173 million dollars. The fact is the less mobile a person is less labor hours are required for their care. Keeping the elderly in their bed requires far less labor!



**2600.58 "AWAKE STAFF PERSONS"**

(a) "...All direct care staff person shall be awake at all times..."

When there are two or more direct care staff, and nothing to do..... WHY? How do you check it? Wouldn't one staff person be enough?

**2600.59 "MULTIPLE BUILDINGS"**

**2600.60 "ADDITIONAL STAFFING BASED ON THE NEEDS..."**

Regulation 2620 personal care home staffing requirements are for one hour per resident, and two hours per immobile resident. THIS ALL CHANGED!!! Where according to 2600.57(b) "At least one hour per day ----- to each mobile resident." In 2620 it was an AVERAGE hour. In 2600 it is one hour PLUS what "...resident assessment plan and support plan..." specifies in addition to each individual resident. This opened the door to two hours by using the term "has mobility needs" (2600.57( c)) which is a FAR LESS and LOOSE criteria, respectably in 2620 "IMMOBILE." That is why DPW has not published with this regulation the proposed assessment plan. The department's standardized assessment plan has as much as 3 1/2 hours per resident with "mobility needs." This was proposed in the PCH advisory subcommittees work group where I was present. This is the way to get around the fact that it was voted down.

Cost of 2600.60 may be as much as 2600.57.  $\$8.98 \times 365 \times 30 = \$98,331.00$  at Easy Living Somerset  
For details see 2600.57

Cost of one hour extra care statewide (see 2600.57)

\$173,718,100.00 statewide

Two hours extra care

\$347,436,200.00 statewide

Three hours extra care

\$521,154,300.00 statewide

Three and a half hours extra care

\$608,013,350.00 statewide

The point is one hour care currently does the job! Certainly more is always better, but the elderly is who has to pay for it. (And the taxpayer!)

**2600.61 "SUBSTITUTE PERSONNEL"**

**2600.62 "LIST OF STAFF PERSONS"**

**Technical and Financial Review of Title 55. Public Welfare  
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**2600.63 "FIRST AID, CPR AND OBSTRUCTED AIRWAY TRAINING"  
2600.64 "ADMINISTRATOR TRAINING AND ORIENTATION"**

**2600.64(a)(1) "...orientation program..."**

It's Duration is not specified, currently it is 8 hours. Administrator training is expanded two and one-half times, respectively to 2620. That would mean orientation duration is at a minimum of 20 hours.  
20 x \$51.14 = \$1022.80

**\$1,022.80 each time**

**Orientation Program**

**2600.64(a)(2) "A 100 hour standardized training..."**

A 100 hour standardized Department approved Administrator training course. Material, Wages, Tax and Worker's Compensation.

100 hour training: Approx \$5.00/ hour =

At Westmoreland County Community College (WCCC)

Material: Approx. \$1.00/hour =

100 Hour Wages: Minimum \$12.00/hr. = \$1200

Tax: 32% or \$3.84/hr. =

Workers Compensation: \$4.67/100=

To and From Classes, 25 X 4 Hr Classes = 100 Hrs.

To and From Classes 2 hr/class = 50 Hrs.

Time: 50 hrs. x \$16.58 =

Transportation: 100 miles x 25 x \$.32/mi =

Wages to Replace: \$8.30 x 150 =

**\$500.00 each time**

**\$100.00 each time**

**\$1,200.00 each time**

**\$384.00 each time**

**\$56.00 each time**

**\$829.00 each time**

**\$800.00 each time**

**\$1,245.00 each time**

**\$5,114.00 each time**

**\$51.14/hr \***

**100 Hour Standardized Training**

**Average Cost per Class**

**Technical and Financial Review of Title 55. Public Welfare  
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**2600.64(a)(3) "...competency test...with passing score."**

The average failing rate in the college what I attend currently is 50%

1. Therefore the cost will double.
2. Some will retake it.
3. Most will give up.

**Competency testing \$2,557.00**

**Discourse about the Test:**

Currently I am taking Philosophy at WCCC.

A Passing grade is 70%

The class average is 66%

Therefore 50% as a minimum will fail, or will retake class, retake test, or will drop out.  
(Not addressed in Regulation.)

Cost of Test 8 Hrs. X \$51.14 = \$409.12

**Cost of Competency Test \$409.12**

We should safely conclude:

2600.64 (a) (1) Orientation Program

2600.64 (a) (2) 100 Hour Standardized Training

2600.64 (a) (3) Competency Test

Cost of Test

**\$1,022.80 each time  
\$5,114.00 each time  
\$2,557.00 each time  
\$409.12 each time  
\$9,102.92 each time**

**Administrator Training**

The average person who wants to open up a 4 to 8 bed facility will not! Since they can afford the administrator training course! This is an efficient way to keep them from the American Dream!

**2600.64(c) "An Administrator shall have at least 24 Hours of annual training..."**

Using the same per hr \* cost rate of \$51.14

Note: I have been an administrator since 1993, have taken 6 hrs. per year. By now I have taken all available approved courses. It seems to me 24 hrs. annual training is an overkill.

24 X \$51.14 = \$1,227.36 Administrator yearly training cost

**Administrator annual training wages \$1,227.36 per year**

**Technical and Financial Review of Title 55. Public Welfare  
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**2600.64(d) "Annual training shall be provided by the department..."**

Each course 4 hrs. = 6 times

To and from 2 hrs per class = 12 hrs.

12 X \$16.58 = \$198.96

Transportation: 100 miles X 6 X \$.32/mile = \$192.00

Wages to replace: \$8.30 X 36 hrs. = \$298.80

Time to and from class	\$198.96 per year
Transportation	\$192.00 per year
Wages to replace administrator	\$298.80 per year
Administrator annual training	\$1,917.12 per year

**2600.65 "DIRECT CARE STAFF PERSON TRAINING AND ORIENTATION**

**2600.65 (a) (1) "Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personal and volunteers shall have an orientation..."**

- General Fire Safety
- Emergency Fire Safety
- Emergency Preparedness
- Evacuation Procedures
- Staff Duties
- Responsibility During Fire Drills
- Emergency Evacuation
- Transportation
- Emergency Location
- Smoking Safety
- Smoke Detectors
- Fire Alarms
- Telephone Use and Notification of Emergency Services

**Technical and Financial Review of Title 55. Public Welfare  
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**2600.65 (a) (1) continued**

A Minimum of 4 hrs. training, with the aide of Administrator

Employee Cost: \$6.00/ hr.

Administrator Trainer: \$15.00/hr

Total: \$21.00/ hr.

Tax: 32% : \$6.72/hr

WC: \$4.67/100: \$.98

Total Cost per Hour: \$21+6.72+.98=\$28.70

Cost of pre-employment training \$28.70 X 4 hrs. = \$114.80

**Pre-employment training \$114.80 each time**

Note:

To operate our Somerset Facility we need about 11 employees

To achieve that for one year we had to hire 30 new employees.

We will have a \$114.80 x 30 = \$3,444.00

**Pre-employment training at Easy Living Estates of Somerset**

**\$3,444.00 per year**

**2600.65(b) "Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation..."**

(1) Residents Rights

(2) Emergency Medical Plan

(3) Mandatory reporting of abuse and neglect

(4) Reporting of reportable incidents and Conditions

For pricing see: 2600.65 (d)

**2600.65(c) " Ancillary staff persons shall have a general orientation of specific job functions..."**

Ancillary staff also will need Direct Care staff training, since they may need to act as substitute personal.

Specific job function training is 16 hrs.

16 X \$28.60 = \$459.20

**\$459.20 each time**

**\$114.80 each time**

**Specific job function training**

**Plus Direct Care Staff Training**

**Technical and Financial Review of Title 55. Public Welfare  
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**2600.65(d) "Direct care staff persons..."**

- (1) Demonstration of Job duties
- (2) Successful completion and passing the department approved direct care training course, and passing a competency test.
  - (i) Safe management techniques
  - (ii) ADL's and IADL's
  - (iii) Personal Hygiene
  - (iv) Care, Dementia, mental illness, cognitive impairment, mental retardation, mental disability
  - (v) Aging-cognitive, psychological and functional abilities
  - (vi) Nutrition, food handling sanitation
  - (vii) Recreation, socialization, community resources, social services, activities in the community
  - (viii) Gerontology
  - (ix) Staff person supervision
  - (x) Care and needs of resident
  - (xi) Safety management, hazard prevention
  - (xii) Medication, purpose, side effects, universal protection
  - (xiii) requirements of this chapter
  - (xiv) Infection control
  - (xv) Care with mobility needs, decubitus, incontinence, malnutrition, dehydration.

This is the same requirement as is currently for an administrator. Will consume a minimum of 40 hours At Easy Living Somerset there were 56 new hires in one year to maintain a work force of eleven but the average over the years has been 30.

Cost of Employee training: \$28.70/hour  
\$28.70/hr x 40 hours= \$1,148.00 per new hire.

\$1148.00 X 30 = \$34,440.00 per year	<b>Direct Care Staff Orientation</b>	<b>\$3,444.00</b>
	<b>Training New Hires in Easy Living of Somerset for 1 year.</b>	<b>\$34,440.00 per year</b>
	<b>5 Employee specific job functions</b>	<b>\$2,296.00 per year</b>

**Note:**

This amount may be some what less if they quit within the first 3 or 4 days of employment, which is the most likely standard!

**Technical and Financial Review of Title 55. Public Welfare  
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**2600.65(e) "Direct care staff persons shall have at least 12 hrs of annual training..."**

Cost of Hourly Training is \$28.70/hour  
 $28.70 \times 12 = \$344.40$

**Direct Care Staff Annual Training** **\$344.40 per year**

Easy Living of Somerset Facility has 11 Employees  
 $11 \times \$344.40 = \$3,788.40$

**\$3,788.40 per year**

Since direct care staff is always scheduled a minimum of 40 hrs. training is at overtime rate

**\$1,894.20 per year**

**\$5,682.60 per year**

**2600.65 (g)(1) "...training in fire safety by a fire safety expert"**

\$440.00 per class

**Fire safety training** **\$440.00 each time**

**2600.66 "STAFF TRAINING PLAN"**

There is no major cost involved, it is only impractical since there is no curriculum, text book or recordings.

How will you determine a year prior who will teach what subject and when?

Currently you offer subjects what the administrator deems worthwhile, as an instructor becomes available.

Mostly from Home Health Care Groups. You will be selective since employees must be paid for their overtime.

If this monstrosity called Regulation 2600 would be permitted to survive, it proposes to send each employee to a

specific training class. We are located in the country, it will take several hours to locate a school site with this

type of training to be offered. No employee can ever be convinced to drive to the city.

Transportation: To and from 3 trips  $\times$  150 miles  $\times$  \$ 0.32/mi = \$144.00

**\$144.00 each staff**

Employee Cost: 6 hrs class duration

2 hrs. each  $6 \times \$28.70 = \$177.20$

**\$177.20 each class**

If employees will refuse to attend class will you fire them? How do you replace them?

**Easy Living Somerset for Class**

**\$9,636.00 per year**

**2600.67 "TRAINING INSTITUTION REGISTRATION."**

Irrelevant to Personal Care Homes

**2600.68 "INSTRUCTOR APPROVAL"**

**2600.69 - 2600.80 omitted**

**2600.81 "PHYSICAL ACCOMMODATIONS AND EQUIPMENT"**

**2600.81(a) " Safe movement ---- Exiting from the home."**

This will require the closing of most small personal care homes, since few are on ground level, houses have a basement under it. It may require automatic door closers in every personnel care home. This requirement may cost \$10,000.00 to \$25,000.00

It may require a wheelchair ramp, the elderly are quite different in strength from the disabled, the elderly may not be able to hold back their own weight on a wheelchair.

**\$25,000.00 once**

**Physical Accommodations**

**2600.81 (b) "Wheelchairs, walkers, ...and other apparatus...good repair and free of hazards."**

Since it is owned by the resident or a medical equipment company and it is rented, how can a PCH be responsible for being "free of hazard" or in "good repair." A cane is one thing, a walker, a wheelchair, a motorized wheelchair, a nebulizer, an oxygen tank, oxygen generator, air mattress, etc., how will a PCH get this much knowledge and accept this level of liability?

**2600.82 "POISONS"**

**2600.83 "TEMPERATURE"**

**2600.84 "HEAT SOURCES"**



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**2600.85 "SANITATION"**

**2600.85 (d) & (e) "...prevent the penetration of insect or rodents..."**

Only gasket type airtight containers will do that. It is not attainable to open and close, it is too burdensome.

**2600.85 (f) "...Written sanitation approval for existing systems..."**

Who already does not have it? It is not attainable. (I am a state certified sewage inspector license #0609.) It needs a grand fathering clause !!!

**2600.86 "VENTILATION"**

**2600.87 "LIGHTING"**

**2600.88 "SURFACES"**

**2600.89 "WATER"**

**2600.89 (b) "...may not exceed 120° F..."**

It was 130 °F since conception of PCH's. Many places such as Motels have been converted into personal care homes, they will not be able to conform since the DPW established low temperature at 108 °F which is, only permitting a 12 °F change in temperature drop. This is insufficient where there are long corridors for the water to cool. An additional problem is that there will be many places insufficient of hot water when the top temperature is reduced 10 °F. Cost of Additional water heater, plumbing and wiring.

**Water temperature \$800.00 once**

**2600.89 (c) "...coliform water test at least every 3 months..."**

It will require testing of pre-storage facilities, chlorinating tanks, and proportionating pump, after storage tank as is at Easy Living of Ligonier to make more satisfactory. In spite of continuous chlorination the test may not pass, several times.

Equipment cost: \$3,000.00 - \$5,000.00 one time cost.

Testing cost : at a minimum of \$150.00 each time including labor.

If contaminant is in well casing, the plumber's work each time cost \$300.00 to \$500.00

**Equipment cost**

**Testing cost**

**If water is contaminated**

**\$5,000.00 once**

**\$150.00 each time**

**\$500.00 each time**

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**2600.89 (e) " ...to ensure safe water..."**

To provide safe water is overzealous since water in unsafe zones may only be harmful after years of consumption.

**2600.90 "COMMUNICATION SYSTEM"**

"The Department estimates the cost will be between \$20.00 to a \$100.00."

*Two number four cans with an appropriate length of string connecting the two will cost \$20.00.*

The building should have a working telephone as a minimum. Many have interconnecting fire alarm to 911 system, with manual pull station. The problem is the cost of internal communication.

Less than \$100.00 walkie-talkies are not for continuous use. We at our facility have it. You need a walkie-talkie for each employee, including cook, housekeeper, maintenance, aide, med-aide, administrator, and manager. If it is new it will hold the battery charge not more than 8 hours. Therefore you need at least two sets, preferably one for each employee. The attrition rate is about 6 months. Therefore we will need, at a minimum.

At Least: 8 units X 2 Shifts X 2 per year = 32

As a minimum - 32 X \$100 (Battery or charger unit.) = \$3,200.00

**\$3,200.00 per year**

**Walkie-Talkie communication system**

Note:

It will be the job of the administrator to check employees to verify that the unit is being worn and that they are operational.

3 Shifts X Check once a week X 1 hr. X \$20.50 = \$3198.00/year

**Check on communication system**

**\$3,198.00 per year**

Why do we need all this technology, we have operated for 15 years, 3 large facilities, we use walkie-talkies to catch outside or inside phone calls when the aides are not in the nurses station. We have one unit at each facility with an alternate on the charger.

**2600.91 "EMERGENCY TELEPHONE NUMBERS"**

**2600.92 "WINDOWS AND SCREENS"**

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**2600.93 "HANDRAILS AND RAILINGS"**

**2600.94 "LANDINGS AND STAIRS"**

**2600.94 (a) Interior and exterior doors that open directly..."**

At each floor, the landing has to accommodate wheelchairs in case of fire. A 3 ft x 3 ft landing is inadequate, as required by regulation 2600, current construction should be grandfathered. How does a wheelchair get off from a landing when the door closer is forcing the door against the wheelchair. To get away from the door the resident has driven the wheelchair down the steps. He has also died! No door should be across from steps. A minimum landing of 6 foot is required. Labor and Industry standards are totally insufficient.

**2600.95 "FURNITURE AND EQUIPMENT**

**2600.96 "FIRST AID KIT"**

**2600.97 "ELEVATORS AND STAIR GLIDES"**

**2600.98 "INDOOR ACTIVITY SPACE"**

**2600.99 "RECREATION SPACE"**

**2600.100 "EXTERIOR CONDITIONS"**

**2600.101 "RESIDENT BEDROOMS"**

**2600.101 ( c ) "...one or more residents with a mobility need..."**

This adds 40 sq. ft. to a room. The is cost \$40 to \$100 per square foot

**\$1,600.00 per resident**

**Bedroom mobility requirements**

**2600.101 (i)(1) "...bed with a solid...and fire retardant mattress..."**

The Regulation clearly defines no smoking in bedrooms, what is the purpose of this requirement.

**Technical and Financial Review of Title 55. Public Welfare  
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**2600.102 "BATHROOMS "**

**2600.102 (f) "...washcloth..."**

If you have ever worked in a personal care home, you would know, a washcloth in resident's hands will end up in the toilet. Cost of a plumber? \$150.00 each time.  
52 wks X 30 Residents X \$150 = \$24,960.00

**\$150.00 each time**

**\$24,960.00 per year**

**Cost of Bathroom necessity**

**2600.102 (g) "Individual toiletry items..."**

It is far cheaper for the resident. What about allergy sensitivity? The resident will throw the comb and brush in the garbage. Does it include razors, shaving cream and aftershave? The resident's family should furnish toiletry items as in 2620.

Toothpaste per month \$3.00 X 12 = \$6.00

Toothbrush per month \$ 2.50 X 2 = \$5.00

Denture Cleaner per month \$3.00 X 12 = \$36.00

Shampoo per month \$3.50 X 12 = \$42.00

Deodorant per month \$3.50 X 12 = \$42.00

Comb per month \$1.00 X 2 = \$2.00

Hairbrush per month \$5.00 X 2 = \$10.00

Razors per month \$1.00 X 12 = \$12.00

Shaving Cream per month \$3.50 X 12 = \$42.00

Aftershave per month \$3.50 X 2 = \$7.00

**\$204.00 /yr/person**

**Toiletry items per year**

\$204 X 30 = \$6,120.00

**\$6,120.00 per year**

**Easy Living Somerset Toiletry items**

**2600.103 "FOOD SERVICE"**

**2600.103 (b) "...kitchen surfaces-----sanitized after each meal..."**

Isn't it too excessive to sanitize each cabinet, after breakfast, lunch, and dinner.

At a minimum of 2 hrs. X \$8.96/hr X 3/day X 365 = \$19,666.00

**\$19,666.00 per year**

**Sanitizing after each meal**

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**2600.104 "DINNING ROOM"**

**2600.104 (c) "Condiments shall be available at dining table"**

- Sugar = for Diabetics
- Salt = for cardiac problems
- Salad dressing = for low calorie diets
- Milk/butter = for low fat or lactose intolerant?

**2600.105 "LAUNDRY"**

**2600.105 (g) "remove from lint trap and drum of clothes dryer after each use."**

15 min. x 24 hr x 365 days = 2190 hrs  
2190 hrs. x \$8.29 = \$18,155.10

Clean lint trap \$18,155.00 per year

**2600.106 "SWIMMING AREAS"**

**2600.106 (1) "...to protect the health..."**

??? When they are incontinent of bowel and urine, most with infection!

**2600.107 "EMERGENCY PREPAREDNESS"**

**2600.107 (b) "...written emergency procedures...updated annually"**

8 hours X \$20.50 =

\$164.00 each time

**2600.107 (b)(1) "Contact information for each resident designated person."**

28 hrs. X \$20.50 =

\$574.00 each time

**2600.107 (b)(2) "...emergency medical information..."**

28 hrs. X \$20.50 =

\$574.00 each time

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2600.107 (b)(3) "Contact telephone numbers..."	
2 hrs. X \$20.50 =	\$41.00 each time
2600.107 (b)(4) "...transportation..."	
1 hr X \$20.50 =	\$20.50 each time
2600.107 (b)(5) "Duties and responsibilities of staff...specific to resident..."	
56 hrs X \$20.50 =	\$1,148.00 per year
2600.107 (b)(6) "Alternate means of meeting... utility outage."	
Water = spring & lake electricity = generator =	\$3,500.00
Gas = oil = tank and furnace =	\$7,500.00 once
2600.107 (c) "The home shall...3-day supply of nonperishable food...water..."	
\$10.00 X 3 Days X 30 residents =	\$900.00 once
2600.107 (d) "The written emergency procedures...annually...local emergency management agency."	
12 hrs. X \$20.50 =	\$246.00 each time
	Total cost of emergency preparedness
	\$14,667.50

**2600.108 "FIREARMS AND WEAPONS"**

**2600.109 "PETS"**

Liability issues.

**2600.110 2600.120 omitted**

**2600.121 "UNOBSTRUCTED EGRESS"**

**2600.122 "EXITS"**

**" ... two independent and accessible exits from every floor..."**

Exists other than Labor and Industry required is an overkill.

A blanket statement like this is absurd especially on a small floor or for a basement where there is not a resident  
It will cost \$5,000.00/floor

**\$5,000.00 per floor**

**Exits**

**2600.123 "EMERGENCY EVACUATION"**

**2600.123 (d) "...fire-safe area, as specified in writing within the past year by a fire safety expert..."**

If an area is qualified to be fire safe it is because it is built fire safe. To re-qualify it is a ridiculous waste of time  
and money.

**\$800.00 per year**

**2600.124 "NOTIFICATION OF LOCAL FIRE OFFICIALS"**

**2600.125 "FLAMMABLE AND COMBUSTIBLE MATERIALS"**

**2600.126 "FURNACES"**

**2600.126(a) "...professional furnace cleaning company...shall inspect furnaces at least annually..."**

Gas fired furnaces to be cleaned yearly when they leave no residue, is ridiculous.

**2600.127 "SPACE HEATERS"**

**2600.127(a) "Portable space heaters are prohibited"**

You need to provide exception in an emergency. This is your only means to provide heat.

**2600.128 "SUPPLEMENTAL HEATING SOURCES"**

**2600.129 "FIREPLACES"**

**2600.130 "SMOKE DETECTORS AND FIRE ALARMS**

**2600.130(a) "...an operable automatic smoke detector located within 15 feet of each bedroom door"**

Inside of the bedroom or outside of the bedroom? If there are 3 bedroom doors on each side of the corridor for a total of six bedrooms there would be one smoke detector in the corridor. Sorry! It will not work... Smoke detectors do not smell they see the smoke, and only respond if it is located in the same room where the fire is and the smoke is sufficiently dense to interrupt light. One will be needed in each bedroom.

**2600.130(d) "...smoke detectors on each floor..."**

Smoke detectors on each floor is insufficient. One is needed in each space (rooms).

**2600.130(e) "...not able to hear the smoke detector or fire alarm..."**

This is a dumb regulation, there is always a need for sound and light signal. How would you know who will come to live or to visit. The potential situation is that one or more residents can't hear. They may be located anywhere in the building. Therefore only alarm devises with sound and light will provide protection.

**2600.130(f) "Smoke detectors and fire alarms shall be tested...at least once per month."**

If you test smoke detectors and fire alarms once a month, it will cost \$6.30 per unit. At Easy Living of Somerset this will cost  $58 \times \$6.30 = \$365.40$  per month

**\$365.40 per month**  
**\$414.75 per month**  
**\$21.00 per month**  
**\$801.15 per month**

**Smoke Detector testing at Somerset per month**  
**Inspection of the fire alarm system**  
**TC Alarm (charge on the bill)**  
**Cost to test alarm and smoke detectors**

$12 \times \$801.15 = \$9613.80$  per year.

**\$9,613.80 per year**

**Smoke Detector testing per year.**

Note: What you should say: Test the system with a fire drill once a month.



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**2600.130(g) "...repair shall be completed..."**

It should say repair shall be "ordered." To actually accomplish the repair in 48 hours is doubtful.

**2600.130(i) "...with mobility needs...fire alarm should be directly connected..."**

"With mobility needs" is a fraud, since all elderly can be classified as having "mobility needs." The correct term is "immobile." But under this Regulation the DPW can close any PCH of their choosing. It is necessary to incorporate a grandfathering clause.

The smallest of facility will cost \$15,000.00 to \$40,000.00 to provide interconnected fire alarm system. There is no written proof that in facilities where there is 24/7 awake staff that the fire alarm is worth it's cost.

**Smoke Detectors tied to community Monitoring system**  
**\$40,000.00 once**  
**\$300.00 per year**

2 Independent telephone lines = \$50.00 per month X 12 = \$600.00

**Telephone lines for alarm system**  
**Inspection and Maintenance**  
**\$600.00 per year**  
**\$750.00 per year**

**2600.131 "FIRE EXTINGUISHERS"**

**2600.132 "FIRE DRILLS**

**2600.132(b) "A fire safety inspection and fire drill...by a safety expert..."**

**Cost of fire expert**  
**\$440.00 per year**

**2600.132(d) "...evacuate to a public thoroughfare..."**

Nancy from DPW (inspector) insisted on this and killed 8 of my residents with pneumonia. The evacuation time is not determined by any fire safety expert. The fire code is de-void of making this determination.

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**2600.132(e) "...drill shall be held during sleeping hours..."**

It is totally stupid to have the residents involved in a nighttime fire drill. There is statistical data that a fire occurs once in 200 to 400 years in a structure. Most fire starts in the kitchen but we have appropriate fire extinguisher, or in bed, we have a no smoking in bedroom. Each time when there is a night fire drill someone gets hurt. It is natural when standing up too fast the blood rushes out of the head!

**2600.132(f) "Alternate exit routes shall be used..."**

You must be kidding, how will the elderly remember? Shouldn't it be the closest?

**2600.132(k) "A fire drill shall be held within 5 days of employment of a new staff person..."**

As I mentioned elsewhere last year in Easy Living Somerset last year we hired 30 new employees. 30 new employees plus 12 monthly is a total of 42 fire drills. Just enough to kill the entire population. Congratulations, this makes sense!

**2600.133 "EXIT SIGNS"**

**2600.133 (1) "Signs bearing the word "Exit" ...at all exits"**

Some exits are not fire exits, a sign there will be misleading and maybe deadly.

**2600.134 - 2600.140 omitted**

### 2600.141 "RESIDENT EVALUATION AND HEALTH CARE

#### 2600.141(a)(7) " ...ability to self-administer medications."

Under 2620 the issue was: Was a medication created for self administration? That meant could an ordinary person do it himself or was there a compelling necessity for it to be given by a medical professional. Under 2620 if you could do it yourself a PCH was permitted to act in behalf of the resident. 2600 is just to make the cost go up (I can't see any other reason.) Regulation 2600 requires to determine, can you do it yourself? If you can, then a PCH is permitted to help (assist you.) It is totally irrelevant - can I self medicate. The issue is: It is made for self medication. I am 74 years old, I can't give myself an enema or a suppository. Therefore I am not capable of self medication, an ordinary person may help me at home, but at a PCH I have to pay a professionally trained person. More ridiculous is the fact that since I can't find my asshole, I am not qualified to take oral medication offered by a PCH aide.

The cost difference between a PCH med-aide and a medically licensed aide.

Current Aide salary: \$6.00/hr

Licensed Aide for medication: \$8.00/hr

Additional Cost: \$2.00/hr

Tax 32%: \$0.64

Worker's Compensation: \$4.67/100: \$0.09

Total additional cost \$2.73

\$2.73 X 24/hr X (53,000:16) X 365 = \$79,231,025.00

**Aide vs. Licensed Aide**                      **\$79,231,025.00 per year**

It is also a ridiculous to expect an old person to know; the medication, the medication regimen, contraindication medication, and medication side effects. I was under the impression that is why I pay the doctor, and the pharmacist to check the doctor.

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**2600.141(b)(2) "If the medical condition of the resident changes..."**

How many lawsuits will this provide to the legal profession. To require a non-medical person to recognize medical changes in a resident is ridiculous. Regulation 2620 required "significant changes." With any change you have to change not only the medical evaluation, but concurrently the annual assessment and the support plan. Since the medical evaluation, assessment and support plan are an integral part of the resident contract, it is evident that the contract also needs to be changed each time. That requires the resident and their designees are present and agreeable. This situation may occur daily but at least once a month.

5 hours of administrator time X \$20.50/hr X 53,000 residents X 12 months = \$65,190,000.00

**Change in medical condition \$65,190,000.00 per year**

The defense of lawsuits cost is beyond my capacity to project it reasonably.

**2600.142 "ASSISTANCE WITH HEALTH CARE"**

**2600.142 (a) "The home ....secure health care if a resident's health status declines. The home shall ... document the residents need....updating....assessment and support plan."**

1. Document residents needs, this is one additional document.
2. Update Assessment, an other document.
3. Update support plan, third document.
4. Call or write to designated person.
5. Update resident contact.

By the time you do this for each resident, maybe daily, the resident has expired! Can we get back to CARING for the resident instead putting a pen to paper, making copies and filing them?

Cost: 5 sets of documents

5 hrs total X \$20.50/hr X 365 = \$37,412.00 per resident per year

**Assistance with health care \$37,412.00 per year**

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2600.142 (b) "If a resident refuses routine medical or dental examination or treatment...continued attempts to educate and inform..."

Educate and inform is the new slogan, it was **train**. Isn't it insulting and again against the right to self determination. (The right to be wrong is what freedom is all about.)

2600.142 (b) "...shall be documented in the resident's record."

2600.142 (b) "...continued attempts ..."

3 hrs. + 1 hr = 4 hr X \$20.50 = \$82.00

\$82.00 per person

Additional Assistance with health care

2600.143 "EMERGENCY MEDICAL PLAN"

2600.144 "USE OF TOBACCO"

2600.145 "SUPERVISED CARE"

2600.146 - 2600.160 omitted

2600.161 "NUTRITIONAL ADEQUACY"

2600.161 (d) "A resident's special dietary needs...shall be met. Documentation..."

To meet special needs means that each PCH must have a dietitian.

Cost: \$35,000.00

Tax 32%: \$4,200.00

WC \$4.67/100: \$1634.00

\$47,834.00 per year

Cost of a Dietitian (special Dietary needs)

2600.161 (e) "...special health needs or religious beliefs..."

It is impossible unless you have a specially trained employee.

**2600.162 "MEALS"**

**2600.163 "PERSONAL HYGIENE FOR FOOD SERVICE WORKERS"**

**2600.164 "WITHHOLDING OR FORCING OF FOOD PROHIBITED"**

**2600.165 -2600.170 omitted**

**2600.171 "TRANSPORTATION"**

**2600.171 (b)(7) "Transportation shall include, when necessary, an assistant to the driver..."**

Who will take the liability not to have a second person when the administrator has to make the decision "when necessary." According to this paragraph, a friend, a family member, would qualify as a volunteer of the home. You will need one additional staff at the facility if other than the designated person drives. You will need two additional staff at the facility if an employee has to drive.

Cost: \$20.00 per hour, per staff person  
\$0.32 per mile

3 X 4 hrs. X 20 = \$240.00

\$0.32 X 20 miles X 3 = \$19.20

**\$259.00 per person**

**Transportation to Doctor**

**2600.172 - 2600.180 omitted**

**"WATCH" The below section is not just costly, but dangerously stupid!**

**2600.181 "SELF ADMINISTRATION"**

Even if a resident is able to self administer medication it is the wrong idea to do so. How can you be liable if they have taken it without supervision, taken too much, "kept locked, is it safe and secure, protected against contamination, spillage and theft."

**2600.181 (e) "To be considered capable to self-administer medications..."**

**2600.181 (e)(1) "Be able to recognize and distinguish his medication."**

Isn't it a bit harsh, when the pharmacist is not allowed to take back medication since he may not recognize it?

**2600.182 "MEDICATION ADMINISTRATION"**

**2600.182 (a) "A home may provide medication administration services..."**

Personal Care homes have never, from its conception, administered medication. To recognize this basic principle is what always distinguished the Personal Care Home from Nursing Home. PCH's only store and offer medication to the resident.

**2600.182 (b)(4) "A staff person who has completed the medication administration training..."**

This medication training will not qualify a staff person to evaluate the medicine, to understand and recognize the counter indicators, side effects, drug interactions and/or adverse reactions.

**2600.182 (c)(1-7) "Medication administration includes..."**

This does not qualify medication administration, (read 1-7) only to assist. The concept to the resident and designated person will be a far higher responsibility than for what a staff person will be or can be trained. Opening a flood of Lawsuits!

This training is not created to be in-house training course. The constant turnover of employees because of the incredibly low wages makes it impossible to have enough trained staff to cover this requirement!

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**2600.182 (c)(7) " Complete documentation...medication records."**

This will require a minimum of 3 times a day. At least 10 minutes at a time for a total of 30 minutes.  
 30 min. per resident per day X \$11.05  
 30 X 30 X 365 X \$11.05 = \$60,498.00 at Easy Living Estates of Somerset

**Documentation at Easy Living Estates of Somerset \$60,498.00 per year**

Medication administration trained staff:

Hourly wage: \$8.00

Tax 32%: \$2.56

WC \$4.67/100: \$0.49

\$8.00 + \$2.56 + \$0.49 = \$11.05

Total cost in PA. = 53,000 X 365 X \$11.05 +2 (because it is 1/2 hour)

**Medication administration \$106,881,125.00 per year**

**2600.183 "STORAGE AND DISPOSAL OF MEDICATIONS AND MEDICAL SUPPLIES"**

**2600.184 "LABELING OF MEDICATIONS"**

**2600.185 "ACCOUNTABILITY OF MEDICATION AND CONTROLLED SUBSTANCES"**

**2600.186 "PRESCRIPTION MEDICATIONS"**

**2600.187 "MEDICATION RECORDS"**

**2600.188 "MEDICATION ERRORS"**

**2600.189 "ADVERSE REACTION"**



**2600.190 "MEDICATION ADMINISTRATION TRAINING**

passing of the Department's performance-based competency test..."

8 hrs X \$28.70/hr =	\$229.60
100 miles travel \$0.32 =	\$32.00
Travel time 3 hrs. =	\$33.15
Overtime =	\$60.77
	<b>\$355.52</b>
	<b>\$2,133.12</b>

**Total for each med-aide**  
**6 med-aides/yr X \$355.00 in Easy Living Somerset**

This course has to be repeated every two years. Because? As you gain more experience, you need to take class again? Is this a money making scheme?

**2600.190 (b) "...diabetes patient education program within the past 12 months."**

So tell me who is making a living out of that. (The diabetes foundation?) Don't we already support the Red Cross and American Heart Association \$10/employee every two years for CPR? (Even that I am an instructor.) The state police \$10.00/employee for criminal background check.

**2600.191 "RESIDENT EDUCATION"**

**2600.191 "...resident of his right to question or refuse a medication..."**

1 hr X \$28.70 = \$28.70 per resident
30 X \$28.70 =

**Somerset facility to educate resident**  
**\$861.00**

**2600.192 - 2600.200 omitted**

**2600.201 "SAFE MANAGEMENT TECHNIQUES"**

**2600.202 "PROHIBITIONS"**

**2600.203 - 2600.220 omitted**

**2600.221 "ACTIVITIES PROGRAM"**

**2600.222 "COMMUNITY SOCIAL SERVICES"**

**2600.223 "DESCRIPTION OF SERVICES"**

**2600.223 (a) "...current written description of services..."**

**2600.223 (a)(1) "...activities..."**

**2600.223 (a)(2) "criteria for admission and discharge."**

**2600.223 (a)(3) "Specific services ...will arrange."**

**2600.223 (b) "...develop written procedures for the delivery and management...from admission to discharge."**

Years ago when I started Easy Living Management Corporation I did the same concepts that Regulation 2600.223 is promoting. I might mention the accomplishment made me feel good. It consists of 3 binders (4-inch Ring) it took hundreds of hours of time. I personally got better in organizing the facilities. Nobody ever has picked up the manuals. It was a waste of time and money.  
At a minimum 400 hrs. X \$28.60 = \$11,440.00

**Written Procedures for delivery and management \$11,440.00 once**

**2600.224 "PREADMISSION SCREENING TOOL"**

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**2600.225 "INITIAL ANNUAL ASSESSMENT"**

No Comment

**2600.226 "MOBILITY CRITERIA"**

The problem is in the term "mobility". There is no older person who has no mobility criteria. I have it. Sometime I lose my balance. It is hard to get up. My knees do not want to support me. So... You want me in a wheelchair, stay in bed. What kind of liability will be on the PCHs? Do not determine mobility. Stay as we have it currently (2620) "immobile."

**2600.226 (a) "The resident shall be assessed for mobility as part of the support plan..."**

It would be complimentary if DPW would understand how their proposed system (2600) works. It is to complicated! When you assess a resident the findings belong to the assessment plan, not to the support plan. How to handle it, that is part of the support plan.

**2600.226 (b) "...have mobility needs...shall be met immediately."**

**2600.226 (c) "...shall notify...within 30 days..."**

When it walks or clucks like a duck...

This is the same requirement as immobile. (2 hours care per day.)

Assessment and notification: 3 hrs. X \$20.50 = \$61.50 per resident

Assessment and notification **\$61.50 per resident**

Extra caretaker cost:

53,000 X \$8.96 X 365 = \$173,718,100.00

Extra caretaker cost: **\$173,718,100.00**

### 2600.227 "DEVELOPMENT OF THE SUPPORT PLAN"

**2600.227 (f)** "A resident may participate in the development and implementation of his support plan. A resident may include his designated person ..."

**2600.227 (h)** "If a resident or designated person....refusal to sign..."

The support plan is a part of the resident contract, if the resident or designated person refuse to sign, there is no mutual agreement, therefore there is no valid contract. What is the situation if the family does not want all services that are necessary for safety and well being. In other words the family is cheap. What services should the PCH deliver when the sufficient service is not agreeable. I believe a PCH is a private business and has the right to develop his services (products) and deliver it in full, ultimately the PCH is legally responsible for it's product (service).

According to this regulation a PCH is a department store where the resident may choose services. For example: will not have breakfast, will have no showers, where the same shirt for 5 days, and believe it or not we had someone who chose to eat in the dining room in the nude. Typically no one want psychiatric care, wants double room but can't stand to be with others. When the support plan was done with participation to make changes will need the same participation. This is totally ineffective when you need to deliver services urgently. It will end up a constant financial argument. The difference of opinion, lawsuits, monetary and liability suits. This document does not provide service as especially better service, just spends time and therefore money on added bureaucracy! This document may need to be changed daily.

\$102.50 each time  
\$307.50 each time

**Change support plan**  
**Change to be transferred to assessment and contract**

Note:

Every year at Easy Living Estates the residents go to a nice restaurant for a Christmas Dinner where the family is also invited. The RSVP's are in. The families have told us that they do not want their loved ones to go. Why? They don't want to spend the extra money! This is very sad. The family will say no to anything that is good for the resident if it costs money. How will the regulation work if the family wants only to pay for one meal daily like "Meals on Wheels" and no bathing them?

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**2600.228 "NOTIFICATION OF TERMINATION"**

**2600.228 (c) "A home shall give the Department written notice...60 days prior to the anticipated date of closing."**

The economic circumstances what the government has put the PCH industry has forced the closing of 150 PCHs in less than 42 months. How do you require this? Would it not be un-safe, to operate 60 days without food, heat, water or employees in a case of bankruptcy?

**2600.228 (g) "Within 30 days of the home's closure...shall return the license..."**

Why? Don't you have enough 8 1/2 X 11 paper?

A resident is a paying guest in my house. The resident has the right to leave, why shouldn't a home have the same right? Is it not dangerous to force a resident down the neck of a home who is willing to give up income?

**2600.229 - 2600.330 omitted**

**"SECURED DEMENTIA CARE UNITS"**

I will not tie dogs or fence animals, if I cannot handle them I should not keep them. The most profoundly disgusting development of PCHs was the secured unit. Anybody can commit their parents or any doctor can, just think about it, you are next and with a court order. Imprisoned with other animals, that is where humanity descended. In 15 years I never had to give notice for dementia or Alzheimer's, for being obnoxious, yes! I will not comment on "secured unit section regulation since I am not qualified and probably partial!

**2600.231 "ADMISSION"**

**2600.232 "ENVIRONMENTAL PROTECTION"**

**2600.233 "DOORS, LOCKS AND ALARMS"**

**2600.234 "RESIDENT CARE"**

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- 2600.235 "DISCHARGE"
- 2600.236 "TRAINING"
- 2600.237 "PROGRAM"
- 2600.238 "STAFFING"
- 2600.239 "NOTIFICATION TO DEPARTMENT"
- 2600.240 - 2600.241 omitted
- 2600.251 "RESIDENT RECORDS"
- 2600.252 "CONTENT OF RESIDENT RECORDS"
- 2600.253. "RECORDED RETENTION AND DISPOSAL"
- 2600.254 "RECORD ACCESS AND SECURITY"
- 2600.255 -2600.260 omitted
- 2600.261 "CLASSIFICATION OF VIOLATIONS"
- 2600.262 "PENALTIES"

**2600.263 "APPEALS OF PENALTY"**

**2600.263 (c)** "Failure to forward payment of the assessed penalty...result in a waiver of the right to contest..."

When I came to the United States, most appealing was to me was the concept that "you are presumed innocent until you are proven guilty." But if you are being forced by law (by this regulation) to waive your right for defense just because you do not have money for justice, I honestly believe Hitler, Stalin and Mussolini would be proud of this regulation. If the Department will "review of classifications monthly" (2600.265) then why would you lose your right to contest...? When not even the Department will trust its regional field offices. (correctly)

**Section 2600.263 (a)** as a maximum penalty quotes \$500.00, **section 2600.263 (c)** refers to the entire penalty, however high that may end up.

**2600.263 (b) "If, through an administrative hearing or judicial review..."**

It is determined that no violation has accorded that the regulation is humane, fair and inventive. It requires the Secretary to send you **\$5.00** as one year interest, as compensation for destroying your **\$5 Million Dollar Personal Care Home**. By requiring to advertise the wrongful citation, by banning admission, by issuing a provisional license, or by denying any license or by moving your resident.

*Can you see how our forefathers would feel proud of passing DPW Regulation 2600 and why so many voted against it?!*

**2600.264 "USE OF FINES"**

**2600.265 "REVIEW OF CLASSIFICATIONS"**

**2600.266 "REVOCAION OR NONRENEWABLE OF LICENSES"**

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**2600.266 (a) "...will temporarily revoke..."**

This regulation is frightening, you instantly kill a small facility by destroying their reputation in the community (especially in rural areas.)

**"Class I violations remain uncorrected 24 hours after..."**

"The DPW guidelines to Violations" crafted by W. A. Gannon sites 2620.11 (b) as Class I violation as having "substantial probability resulting in death." Not even the wildest imagination could qualify as Class I violation (No Labor and Industry approval). This is the first item in this manual that is crafted for enforcement, from here it only gets worse. To revoke a license (permanently or temporarily) creates such financial havoc on a facility that in practice it is indifferent. Is it temporary or permanent. The final result is permanent bankruptcy. The burden of proof on DPW should be severe and the decision should be with the scrutiny of the court.

Cost:

The cost of my 3 facilities varies from \$50,000.00 to \$200,000.00 per bed. This makes a license revocation a substantial financial demise. The administrative hearing or judicial review is a lengthy process (as the department administers it) if an operator feels unjustly singled out, or the law applied wrongly he must correct the cited violation, then his license might be renewed. The judicial authority will advise that he has no more right to complain and/or review since there is no harm left to review (remedy). If he chooses not to correct the alleged violation then his residents may get transferred. If they won't get transferred, that is a result of the Secretary's mercy, not any way a consequence of (justice) law! He with a reputation damage will lose a substantial amount of potential residents for years. (That is what happened to me in Somerset.) The entire licensing section needs to be put on a fair, logical, and not on an emotional basis. It needs to be totally revised, by public scrutiny which never was done. When it was tried it was deliberately avoided, the date of review was cancelled and never rescheduled!

**2600.267 "RELOCATION OF RESIDENTS"**



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**2600.268 "NOTICE OF VIOLATIONS"**

**2600.268 (a) "The administrator shall give each resident and the resident's designated person written**

A citation is never reviewed by the Department in the first 24 hours. Therefore if the citation is un-fair, found unjust, wrong or malicious, what is the process where the Department will advise the resident and designated person, and the community of a wrongful citation? What is the method the Department will use for calculating the financial damage and the fair compensation to the licensee and/or to the administrator and/or employees and/or residents?

**2600.268 (b) "...give notification of a Class I or Class II... remain uncorrected for 5 days..."**

Do I detect malice when you have to give notice in five days, when the allotted time to correct a Class II violation is 15 days?

**2600.268 (d) "The Department will provide immediate written notification...ombudsman of Class I violations...Class II violations which remain uncorrected 5 days..."**

I under (a) addressed Class I violations, but how will the department pay for damages caused by wrongful citation, when there is no appeal process for Class II violations. The appeal process only permits appeals if a license was revoked. Therefore this regulation offers no legal or monetary compensation regardless of the damage caused by the Department, which is consequently fatal to the facility. (My Somerset facility is a good example.)

**2600.269 "BAN ON ADMISSIONS"**

**2600.269 (a) "The Department will ban all new admissions to a home..."**

**2600.269 (a) (1) "A Class I violation."**

Because - water temperature is 121°F

**2600.269 (a) (2) "A repeated Class II violation within 2 years."**

(Staff persons do not follow the schedule of personal care) For example bathing)

Tech. Manual and Financial Review of Title 55. Public Welfare Code  
Chapter 2600. Personal Care Homes.

**2600.269 (a) (3) "A Class III violation ...uncorrected ...5 days..."**

The legal allowable time limit is 15 days.

**2600.269 (c) "A ban on admissions will remain in effect...for a period..."**

Who will replace a PCH natural attrition (death) when there is a ban on admission.

This provides a 100 percent free hand to kill any PCH by the Department or Advocacy groups, without the fair process of the law. If you are cited, you can't hold out to receive justice. Your resident count will fall the longer you hold out. Do not be misled when the question comes up that the legal process is too long. It is!!! But the appeal is to the DPW's legal department and that is what is slow!!! The reason is, to frustrate you to give up - give in. Lets bypass Justice's absolute power will corrupt Absolutely! And if you think I only invent the above you are wrong! They did it to me, I am quoting from personal experience.

**2600.270 "CORRECTION OF VIOLATIONS"**

**"The correction of a violation...shall not preclude...issuing a provisional license..."**

A provisional license is a death certificate to a PCH, and an arbitrary power given to DPW!

***Absolute power will corrupt absolutely!***

***Hitler was kinder to the Jews!***

68

NOTE: Portions of this file were redacted prior to placement in IRRRC's public file.



ESTATES AND MANAGEMENT CORPORATION

PERSONAL CARE & ASSISTED LIVING

Original: 2294

**CORPORATE OFFICE**  
One Corporate Drive  
Hunker, PA 15639  
724-755-1070  
Fax 724-755-1072

**SOMERSET**  
138 East Main Street  
Somerset, PA 15501  
814-445-9718  
Fax 814-445-2999

**LIGONIER**  
R.D. #4, Box 107  
Ligonier, PA 15658  
724-593-7720  
Fax 724-593-7720

**NEW STANTON**  
One Easy Living Drive  
Hunker, PA 15639  
724-925-1159  
Fax 724-755-0615

**LAKESIDE**  
Lakefront Resort  
Community  
724-755-1070  
Adjacent New Stanton

January 5, 2005

Independent Regulatory Review Commission  
333 Market St. 14<sup>th</sup> Floor  
Harrisburg, PA 17101

Chris,

I talked with you on the phone today, thank you for your information. The information enclosed is to go to everyone who will be involved with Regulation 2600 Personal Care Homes. Could you please see that the binders are given to them and make any necessary copies? I would also appreciate a date of the public hearing as soon as possible.

Thank you,

Sheree McDevitt  
724-493-4362 Cell  
1 Corporate Drive  
Hunker, PA 15639  
724-755-0615 Fax

RECEIVED  
2005 JAN 10 AM 9:12  
INDEPENDENT REGULATORY  
REVIEW COMMISSION

68

Original: 2294

# Compelling

# Answers

**AGAINST REG 2600**

December 2004

I am asking you to **KILL** Regulation 2600 for the simple reason:

**THERE IS NO NEED FOR IT!**

I will provide you with 10 reasons - each on its own is sufficient!

<b>1</b>	Cost: Current average <b>Private pay</b> yearly cost is <b>\$21,900</b> (under Regulation 2620.)	\$21,900
	If Regulation 2600 will be enacted the yearly cost will rise to <b>\$93,947</b> .	\$93,947
	The current average SSI yearly cost is <b>\$10,990</b> .	\$10,990
	If regulation 2600 will be enacted the yearly cost rises to <b>\$83,037</b> per person.	\$83,037

For details see: Summary of Financial Review (enclosed)

The SSI contribution by the state, which is currently about \$45 million.

Will jump to a **Billion**, (calculation is provided.)

(Note: A billion is a 1,000 million.)

**2** Why Reg. 2600 was created:  
To achieve "Most consumers desire to **stay out of nursing homes**" (Quotation: White Paper)  
and to allow the concept of "Age in Place" to take hold in PCH/AL.

Both of these slogans will sound familiar to you.

But the truth lies somewhere else. Where? As always, in financial interests.

Current average financial contribution for SSI.	\$30.00/day
Personal Care Home Private Pay	\$60/day (average)
Medicaid	\$160/day
Medicare	\$360/day

Since present studies suggest that 40 – 60 % of nursing home residents could be placed in PCH's if the required funding would be available (\$60/day) Therefore it is almost logical to transfer them back to PCH's. (A lot less expensive beside that it is their will.)

Then why is that not happening? PCH's are already strained to death by (low paying) SSI residents (\$30/day). I seriously mean it, when I say to death. Out of 1830 homes, 143 have closed since 2001 and an additional 194 have sold out. We have gained 29 non-tax paying homes and lost 162 tax-paying ones. There are none or very little openings for residents who only pays \$30/day in spite the vacancy rate in PCH's is 60% or more. If you try to empty the nursing homes to that extent as currently, Governor Rendal proposes it will kill the nursing home industry. (40% – 60 %.)

How do you fight back if you are the nursing home industry?

**3**

Make PCH's almost as expensive as nursing homes by Regulation 2600. Then it will be financially feasible to designate the vacant part of the nursing home as PCH or AL, and move your patients who have been determined not to need nursing care to your own PCH/AL, wing, at the same facility! You might as well understand you not only helping yourself, you also successfully killed all existing PCH competition except the very large ones since the change over will not be affordable to the smaller PCH's (cost of 2600.)

**4**

Who have you hurt by enacting Reg. 2600? The taxpayer and the state! By paying the higher rate. Who have you hurt? The consumer (resident, patient.)

Who will have to stay in the same institutional setting what he or she wanted to escape from.

**5**

It will be an unfortunate consequence that it will increase the ownership of the PCH's who earns a lot lower income to keep the higher priced nursing homes beds filled.

Which runs contrary to the purpose of PCH. (Quotation from: General provisions 2620.1 Introduction "unnecessary institutionalization will be prevented.")

How? If the same entity owns both license.

The elderly resident will be a ping-pong ball from bed to bed!

**6**

How do you facilitate this changeover?

1) You associate with the advocacy groups "The Pennsylvania Health Law Project" is a good start, and they will publish the

**Known As The:  
"White Paper"**

→

Was used to  
Justify the Need  
for More  
Stringent  
Regulations.  
(2600)

**EXECUTIVE SUMMARY  
OF  
A REPORT ON  
PENNSYLVANIA'S  
PERSONAL CARE HOMES AND ASSISTED  
LIVING RESIDENCES:**

**LICENSURE VIOLATIONS AND  
THE DEPARTMENT OF PUBLIC WELFARE'S  
ENFORCEMENT EFFORTS  
FOR PERSONAL CARE HOMES AND ASSISTED  
LIVING RESIDENCES  
WITH LESS THAN FULL LICENSES**

**A CALL FOR REFORM THAT HAS BEEN UNHEARD  
FOR OVER TWENTY YEARS**

**BY THE PENNSYLVANIA HEALTH LAW PROJECT**

**ANN S. TORREGROSSA, ESQ.  
ALISSA EDEN HALPERIN, ESQ.  
MICHAEL J. CAMPBELL, ESQ.  
PENNSYLVANIA HEALTH LAW PROJECT  
924 CHERRY STREET, SUITE 300  
PHILADELPHIA, PA 19107  
(215)625-3663**

**M. FRANCESCA CHERVENAK, ESQ.  
PENNSYLVANIA HEALTH LAW PROJECT  
650 SMITHFIELD ST., SUITE 2130  
PITTSBURGH, PA 15222  
(412) 434-5779**

**RELEASED TO DPW: FEBRUARY 2002  
RELEASED TO PUBLIC: OCTOBER 2002**

Then you pack these 300 pages with false information and lies.

Such as: "Less than full licenses"

All licenses first are provisional licenses when a facility first applies (opens.)

“A call for reform that has been unheard for over twenty years” Which is also false.

First regulation published 8-29-1981 (23 years ago) wisely only 17 pages.

(It still would be more than sufficient.) Then was revised on 9-21-1991 (13 years ago.)

A total of 42 pages.

**Title 55—PUBLIC WELFARE**  
**DEPARTMENT OF PUBLIC WELFARE**  
**[25 PA. CODE CH. 2620]**  
**Personal Care Home Licensing**

*Statutory Authority*  
The Department of Public Welfare, by this order, adopts the regulations set forth in Annex A under the authority of sections 211–213 and 1001–1087 of the Public Welfare Code (62 P. S. §§ 211–213 and 1001–1087). Notice of proposed rulemaking was published at 20 Pa. B. 4049 (July 21, 1990).

*Purpose*  
The purpose of these final amendments is to revise Chapter 2620, (relating to personal care home licensing), by incorporating the requirements of the act of December 22, 1986 (P. L. 1986, No. 185) (Act 185). In addition, these amendments incorporate the enhancements recommended by the Intra-Departmental Committee on Personal Care Homes, the Departmental Personal Care Home Advisory Committee, the Intra-Governmental Council on Long Term Care, the Independent Regulatory Review Commission (IRRC), two public hearings and 261 commentators. These final amendments contain the minimum licensing requirements that shall be met to obtain a certificate of compliance to operate a personal care home (PCH). These final amendments are intended to safeguard and promote the health, safety, well-being, rights and dignity of each PCH resident.

There it was said: “A call for reform that has been unheard for over twenty years.”

(Quotation: White paper.)

The reform was adopted but not to the extent of what the nursing homes or advocates wanted since it was too expensive than and now.

It is not in the elderly interest at all.



Then in 7-1-1992, "interpretative guidelines" were published and several social program bulletins since then and Act 171 as currently as 2-7-2003.

Therefore, there were many changes some for the better some without sense. But none as costly and as severely misrepresented and misguided as Regulation 2600 (swollen to 77 pages) by the time you flip to page 1.

Therefore, you fined the twenty years was expanded even farther 50%.

"Recommendations are the same ones made time and again over the past 30 years."

(Quotation: White Paper)

If I convinced you that the exaggeration is a science invented by Hitler and has a cumulative effect on the reputation of the PCH industry then you will find on the same page their **description of PCH's**:

1) "Black holes of Care."

2) "Dumping grounds of the long-term care market."

If you subscribe to their characterization, then I invite you "unannounced" to visit any of my 3 facilities.

(Which are adhered to Reg. 2600.)

My point to you is: The Current Regulation (2620), which has been in effect for about ten years. (With occasional updates.) Is sufficient and it fulfills its mandate to: "Assure safe, humane, comfortable and supportive residential setting and it does its job without costly alteration.

**7** As long as the White Papers Appendix A has sited 98 facilities with provisional license as being the example of bad facilities. (Out of 1800 or 5 %.)

Only later finding out those who have provisional license do not mean that they are consequently bad facilities not at all, they are new facilities who have not proved themselves, since newly built or presently sold facilities will also have been issued only provisional license.

To spread the hysteria about the bad quality service in PCH's.

In appendix B included all newspaper published stories what a computer search would show up through the state.

As long as they give the impression that they only site the facility name which is a 6 month period of the year July 1999, in Appendix B they needed to site (from 1995 to 2001) a seven year period, and use it throughout the book without revealing the time encompassed.

If you are abhorred of this level of misrepresentation of the truth in a democracy.

**8** All this good work from taxpayer's money. You might as well take notice this collection of articles said to be about bad PCH's is actually not when you read them as I did, not to accept on face value, you will find them not about PCH's

But

- 3 about nursing homes,
- 2 about rooming houses,
- 1 about board and care home.

**9** Not to speak that they also included violations disputed or in court.

It might make you sick about your government to know: you only can appeal violation citations; if it ends up with revocation of your license, or a lesser license, even though your violation is erroneous or malicious it will be damaging to your reputation by being available on the internet, you are prevented to exercise **any form of legal right.**

**What does this Regulation 2600 do for the Elderly?**

1. Expands the paper work ten fold.
2. Reduces hands on care with administration – documentation
3. Raises labor cost

4. Eliminate the small business owners
5. Make it impossible to start on entry-level care homes.
6. Provides the power to an inspector to be the judge, jury and executioner, without appeal.
7. Since the emphasis went from care to documentation (just like nursing homes) opened the door for liability litigation, on what a lawyer can't lose (will get paid even if losses) PCII and their resident can't win, even if it wins the litigation, it still must pay for it's defense.

**10** Conclusion:

You should learn that Regulation 2600 was created by the DPW, and by the advocacy coalition (the secret sixth workgroup), which created the unreported sixth work group. The five work groups on which I served (I was on three) the minutes of the discussions were altered, reported falsely. Not reported that workgroup voted against Regulation 2600 in favor of keeping Regulation 2620. So has voted the PCH Advisory Committee, even that their composition is mandated to have providers in minority. (Some advocates were for 2620 and against 2600.)

To write 2600 was 16 employees hired and put in charge was Teleta Nevius.

It would be no objection if any had had PCH experience.

The field inspectors where excluded of the process who are knowledgeable and Teleta wisely to seek some experience in Personal Care came to me and stayed a day in my 3 facilities with her assistant to learn.

Which is recommendable, unfortunately was that she seeked the knowledge after Reg. 2600 was published.

If what I presented to you makes since do your job accordingly to your conscience.

One more request:

Read the "Executive Summary" (White Paper), make a judgment, and use your influence as it may be.

To ask the attorney general to eradicate bad government, and ask the government not to fund fraudulent advisers.

DPW has started to publish PCH violations quarterly this year (2004) fist time.

There was the minuscule number of violations

Class I: 1<sup>st</sup> quarter of 2004, 5 out of 1718 homes.

2<sup>nd</sup> quarter of 2004, 1 out of 1697 homes.

3<sup>rd</sup> quarter of 2004, not yet published (hopefully receive it in Feb. 2005)

This amounts to less than 1% (0.7 %) of violations.

**THINK!**

Try to explain yourself or to me please

**WHY IN THE HELL DO WE NEED 2600?!**

Thank you for putting the effort in reading this, study!

Yours truly,

Istvan "Steve" Upor  
724-755-1070 (phone)  
One Corporate Drive  
Hunker, PA 15639

## Summary of Financial Impact of Regulation 2600

Section	Once per Facility	Facility per year	Resident per month	Resident per year	Pennsylvania per year
2600.3 (a)		\$10,701.00	\$29.73	\$356.70	\$18,052,587.00
2600.22 (3)			\$307.50	\$3,690.00	
2600.22 (4)			\$307.50	\$3,690.00	
2600.22 (4)			\$307.50	\$3,690.00	
2600.23 (a)			\$286.00	\$3,432.00	
2600.23 (a)			\$143.00	\$1,716.00	
2600.25 (a)		\$30,000.00	\$83.33	\$1,000.00	
2600.25 (c)(3)		\$49,200.00	\$136.67	\$1,640.00	
2600.26 (b)		\$589.20	\$1.67	\$20.00	
2600.42 (2)(1)		\$350.00	\$96.25	\$1,155.00	
2600.53 (2)		\$15,000.00	\$41.67	\$500.00	\$25,500,000.00
2600.54 (2)			\$66.92	\$803.00	\$42,559,000.00
2600.56 (a)		\$74,492.00	\$206.92	\$2,483.00	
2600.57 (c)			\$2,731.42	\$32,777.00	\$173,718,100.00
2600.60			\$0.00	\$0.00	
2600.64 (a)(1)	\$1,022.80		\$0.00	\$0.00	
2600.64 (a)(2)	\$5,114.00		\$0.00	\$0.00	
2600.64 (a)(3)	\$2,557.00		\$0.00	\$0.00	
2600.64 (a)(3)	\$409.00		\$0.00	\$0.00	
2600.64 (c)		\$1,227.36	\$3.41	\$40.91	
2600.64 (d)		\$198.96	\$0.55	\$6.63	

## Summary of Financial Impact of Regulation 2600

Section	Once per Facility	Facility per year	Resident per month	Resident per year	Pennsylvania per year
2600.64 (d)		\$192.00	\$0.53	\$6.40	
2600.64 (d)		\$298.80	\$0.83	\$9.96	
2600.65 (a)(1)		\$3,444.00	\$9.57	\$114.80	
2600.65 (c)		574	\$1.59	\$19.13	
2600.65 (d)		\$34,440.00	\$95.67	\$1,148.00	
2600.65 (d)		\$2,296.00	\$6.38	\$76.53	
2600.65 (e)		\$5,682.00	\$15.78	\$189.40	
2600.65 (g)(1)		\$5,280.00	\$14.67	\$176.00	
2600.66		\$9,636.00	\$26.77	\$321.20	
2600.81 (a)	\$25,000.00		\$0.00	\$0.00	
2600.89 (b)	\$800.00		\$0.00	\$0.00	
2600.89 (c)	\$5,000.00		\$0.00	\$0.00	
2600.89 (c)		\$600.00	\$1.67	\$20.00	
2600.89 (c)		\$500.00	\$1.39	\$16.67	
2600.90		\$3,200.00	\$8.89	\$106.67	
2600.90		\$3,198.00	\$8.88	\$106.60	
2600.101 (c)	\$48,000.00		\$0.00	\$0.00	
2600.102 (f)		\$24,960.00	\$69.33	\$832.00	
2600.102 (g)		\$6,120.00	\$17.00	\$204.00	
2600.103 (b)		\$19,666.00	\$54.63	\$655.53	
2600.105 (g)		\$18,155.10	\$50.43	\$605.17	

## Summary of Financial Impact of Regulation 2600

Section	Once per Facility	Facility per year	Resident per month	Resident per year	Pennsylvania per year
2600.107 (b)		\$164.00	\$0.46	\$5.47	
2600.107 (b)(1)		\$574.00	\$1.59	\$19.13	
2600.107 (b)(2)		\$574.00	\$1.59	\$19.13	
2600.107 (b)(3)		\$41.00	\$0.11	\$1.37	
2600.107 (b)(4)		\$20.50	\$0.06	\$0.68	
2600.107 (b)(5)		\$1,148.00	\$3.19	\$38.27	
2600.107 (b)(6)	\$11,000.00		\$0.00	\$0.00	
2600.107 (c)		\$900.00	\$2.50	\$30.00	
2600.107 (d)	\$246.00		\$0.00	\$0.00	
2600.122	\$5,000.00		\$0.00	\$0.00	
2600.123 (b)		\$800.00	\$2.22	\$26.67	
2600.130 (f)		\$9,613.80	\$26.71	\$320.46	
2600.130 (i)	\$40,000.00		\$0.00	\$0.00	
2600.130 (i)		\$300.00	\$0.83	\$10.00	
2600.130 (i)		\$600.00	\$1.67	\$20.00	
2600.130 (i)		\$750.00	\$2.08	\$25.00	
2600.132 (b)		\$440.00	\$1.22	\$14.67	
2600.141 (a)(7)		\$23,914.00	\$124.58	\$1,494.93	\$79,231,025.00
2600.141 (b)(2)		\$36,900.00	\$102.50	\$1,230.00	\$65,190,000.00
2600.142 (a)		\$37,412.00	\$259.81	\$3,117.67	
2600.142 (b)		\$2,460.00	\$6.83	\$82.00	

## Summary of Financial Impact of Regulation 2600

Section	Once per Facility	Facility per year	Resident per month	Resident per year	Pennsylvania per year
2600.161 (d)		\$47,834.00	\$132.87	\$1,594.47	
2600.171 (b)(7)		\$7,770.00	\$21.58	\$259.00	
2600.182 (c)(7)		\$60,498.75	\$168.05	\$2,016.63	\$106,881,125.00
2600.190 (a)		\$2,133.00	\$5.93	\$71.10	
2600.191		\$861.00	\$2.39	\$28.70	
2600.223 (b)	\$11,440.00		\$0.00	\$0.00	
2600.227 (h)		\$102.00	\$0.28	\$3.40	
		\$307.50	\$0.85	\$10.25	
<b>Totals</b>	<b>\$155,588.80</b>	<b>\$556,117.97</b>	<b>\$6,003.94</b>	<b>\$72,047.28</b>	<b>\$511,131,837.00</b>
	Multiplied by 1700 (PCH's) will give the One Time Cost For Pennsylvania <b>\$264,499,600.00</b>	Yearly Cost For All PCH's <b>\$945,398,900.00</b>  This Amount Will Be Recuprated Through Higher Rate PCH Charges	Current Average Private Rate is about \$60/day or \$21,900 per year.  New Current Average Private Rate would be \$21,900/yr (current) plus \$72,047/yr (proposed)  <b>\$93,947 per year</b>	Somehow the State of PA will Need To Come Up With <b>\$3,818,491,000.00</b>	



### 2600.3 "INSPECTIONS AND LICENSES"

#### 2600.3 (a) "...unannounced inspection..."

All inspections currently are unannounced, except one licensing inspection, which is done yearly! To loose the announced inspection is like loosing Christmas, the one day when each employee pitches in and cleans up everything. There is far more lost, and nothing gained. The ultimate aim is to fix everything, not to find a reason to blame. There is paperwork required on inspection day that is not normally kept to reflect the state of the Personal Care Home for the day, on an actual form this would include:

Pre-licensing survey, which includes how many residents of each sex, age and race are currently in the PCH. Number of residents who since the last inspection were admitted and from where, discharged and where to and who referred the ones admitted. Number of current residents with services provided by the following agencies/sources: Adult Day Care, Area Aging Agency, Association/Blind, Cerebral Palsy Association, MH/MR, Drugs & Alcohol, Hospice, Physical Therapy, Senior Center, Social Rehabilitation, VA Administration, Visiting Nurses, or Vocational Rehab. Number of current residents using: canes, IM injections, Prosth. DV., Catheter, Insulin, Sterile Dressing, Colostomy, Oxygen, Walker, Feeding Tube, Oxygen Concentrator or Wheelchairs. Number of Current resident with these disabilities: alcohol addiction/abuse, mental illness, dementia, drug addiction/abuse, mental retardation, speech impairment, hearing impaired, physical handicap and visual impairment.

To have copies of the following are also required:

- Identify all personal care residents
- Identify all residents discharged since the last inspection, including destination.
- Identify all residents admitted since last inspection.
- Identify all SSI recipients and indicate those not receiving the supplement.
- Identify all residents for whom the PCH is representative payee
- Identify those whom you have assessed to be physically immobile, and those assessed mental immobile.
- List of current staff, including substitutes. Also provide a list of staff hired since the last inspection, and those who left employment since last inspection. ( Average is 30 for 30 bed facility!)
- Completed staff work schedules
- Zoning Approval
- Labor & Industry Occupancy Permit
- County Health Certificate

**Technical and Financial Review of Title 55. Public Welfare  
Chapter 2600. Personal Care Homes.**

**2600.3 (a) "...unannounced inspection..." continued**

Elevator, Chairlift or Broiler Certificates  
Certificate of Authority from the Insurance Department for Life Care Communities

Menus of previous month

Food Guide

Current menu and one week in advance

Fire drill logs

Documentation that fire safety devices have been checked

Emergency evacuation

Documentation that annual fire drill was conducted by the fire company.

Documentation that wood and coal stoves/chimney and flues are inspected

There are 18 more documents that need to be gathered for inspection

This requires much more daily paperwork which has a cost. Since all the above may change daily and DPW's inspection may be daily, all changes need to be done constantly.

At least 2 hours to conform all data at \$20.50 hr. = 2 X \$20.50 X (365-104) = \$10,701.00

**Unannounced licensing inspection record keeping**  
1687 Facilities in PA

**\$10,701.00 per facility**  
**\$18,052,587.00 per PA**

**2600.4 "DEFINITIONS"**

**2600.5 "ACCESS"**

**2600.6 TO 2600.10 omitted**

**2600.11 "PROCEDURAL REQUIREMENTS FOR LICENSURE..."**

**2600.12 "APPEALS"**

**2600.13 "MAXIMUM CAPACITY"**

**2600.14 "FIRE SAFETY APPROVAL"**

**Technical and Financial Review of Title 55. Public Welfare  
Chapter 2600. Personal Care Homes.**

**2600.15 "ABUSE REPORTING....."**

**2600.16 "REPORTABLE INCIDENTS..."**

**2600.17 "CONFIDENTIALITY OF RECORDS"**

**2600.18 "APPLICABLE HEALTH AND SAFETY..."**

**2600.19 "WAIVERS"**

**2600.20 "FINANCIAL MANAGEMENT"**

**2600.21 "OFFSITE SERVICES"**

**2600.22 "ADMISSION"**

**2600.22 (3) "Personal care home assessment completed within 5 days..."**

How do you do an assessment in five days when the necessary data will be coming in 30 days as the medical evaluation will be obtained?, or is it your intention to re-do it?

**\$307.50 per person  
5th day**

**Assessment**

**2600.22 (4) "Support plan developed and implemented within 15 days..."**

How do you do a support plan in fifteen days when the necessary data will be coming in 30 days as the medical evaluation will be obtained? You will reconvene all parties, apologize, change assessment, support plan, re-write and re-price contract.

**\$307.50 per person  
15th day  
\$307.50 per person  
30th day**

**Support Plan**

**Medical Evaluation**

**Tect. Hal and Financial Review of Title 55. Public Welfare  
Chapter 2600. Personal Care Homes.**

**2600.23 "ACTIVITIES"**

**2600.23 (a) "A home shall provide assistance with activities of daily living..."**

To indicate each and who to, when, and by whom is a colossal job to specify.  
10 hours at admission X \$28.60 = \$286.00

**ADL's & IADL's on assessment and support plan at admission**

**\$286.00 each time**

To make a change the contract will need to be changed each time. 5 hours X \$28.60 = \$143.00

**Change ADL's and IADL's in contract**

**\$143.00 each time**

Please explain to me, when will the staff work if they constantly have to review each residents support plan. For legal reasons they can't do more, or less than is called for on assessment/support plan. Currently we just do everything what is asked or required by the resident equally without a concern of how much they pay.

**2600.24 "PERSONAL HYGIENE"**

**2600.25 "RESIDENT-HOME CONTRACT"**

**2600.25 (a) "... 24 Hours after admission..."**

Doing this on weekends and holidays is unattainable. "Explain its contents to the resident" The word explain is unattainable with a Dementia Patient. It may have costly legal implications.

Cost: Having a Administrator coming in to work on the weekends and the holidays = 30,000.00 year/ facility

**Administrator working on weekends and holidays for an admission**

**\$30,000.00 per year**

**2600.25 (b) "...if the resident agrees."**

If the resident does not agree to the signature of their designated person, there is NO contract!

**Technical and Financial Review of Title 55. Public Welfare  
Chapter 2600. Personal Care Homes.**

**2600.25 (c)(3) " ...Annual Assessment, Medical Evaluation and Support Plan..."**

If these 3 documents are part of the contract, then each time any of the 3 documents change the contract must be changed, re-agreed, and signed.

Cost : Change contract with resident, designated person, and payer. Each time 5 hours x \$20.50/hr = \$102.50

**\$102.50 each time**

**Change Contract**

At least : One Medical evaluation

One Assessment

One support plan

There is a cost for useless paperwork 3 x \$102.50 = \$307.50/person

If a resident returns from the hospital: \$307.50 each time

**\$307.50 each time**

**Any material changes**

If a resident wishes to add or delete a service: \$307.50 each time

If a facility wishes to add a new service or delete any services not necessary - \$307.50

This one requirement at Easy Living of Somerset, which is a 30 resident Facility will cost:

\$307.50 x 30 = \$9,225.00 minimum a month, assuming but unlikely to only have one change per month.

**Support plan & assessment as part of contract at EL Somerset**

**\$9,225.00 per month**

**2600.25 ( c ) ( 10 ) " ... 30 Days of advance notice..."**

30 days advance notice with, Annual Assessment

30 days advance notice with, Medical Evaluation

30 days advance notice with, Support plan change

No service can start without advance notice, not even if the resident needs it. No service can be charged for 30

days. No service, when unnecessary can be stopped without advance notice. Financial consideration makes

2600.25 nonsense. I see beyond that there is a danger to the resident, it is easier to omit needed services then to

take the trouble to change the contract. You may be willing to provide the service without charge and change the

contract but how do you take the legal liability to do anything that was not specified in the assessment and

support plan, and agreed to by all. By the time everybody gets together, agreement reached and signed, the

resident is dead! (For example constipation.)

**Tech** and Financial Review of Title 55. Public Welfare  
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**2600.25 (c)(11) " ...services listed in the resident's assessment and support plan shall be added..."**

You cannot add something to the contract which is supposed to be part of the original contract without a 30-day notice and trying to get together the designated person and payer along with the resident. Experience shows us that this is an rarely possible. The resident cannot be charged for 30 days.

**2600.25 (e) "The resident has the right to rescind the contract for up to 72 hours..."**

It is rare that a resident would not rather go home in the first 72 hrs. The doctor, or the family are who wants them in a PCH.

**2600.25 (e) " ...pay only for services received."**

Is placement considered a service?

**2600.25 (h) "The service needs addressed....available...everyday....!!!**

Should read "on designated days." Everyday would mean: cleaning, bathing, hairdresser, foot doctor, etc. 112 Days extra service!

**2600.26 "QUALITY MANAGEMENT"**

**2600.26 (a) "The home shall establish and implement a quality management plan."**

**2600.26 (b) " ...periodic review and evaluation of the following."**

Reportable incident

Complaint procedures

Staff training

Licensing Violations and plans of correction, if applicable

Resident and family councils or both.

Say "four times" as nursing homes at 5 hrs each time to identify and develop improvement plans.

The administrator and employee must be present.

Cost of Administrator: \$20.50/hr.

Cost of Employee: \$8.96/hr.

Total Cost: \$29.46/hr. X 5 hrs. = \$147.30

Four times a year 4 X \$147.30 = \$589.20 per year.

Periodic review

\$589.20 per year

**Tect** and Financial Review of Title 55. Public Welfare  
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**2600.27 "SUPPLEMENTAL SECURITY INCOME (SSI) RECIPIENTS."**

The problem here is that there was a study 15 years ago that said that the cost per day in a PCH is \$60. They receive \$30 per day? It is impossible to care for these people without losing money.

**2600.28 "REFUNDS"**

**2600.29 "HOSPICE CARE AND SERVICES"**

**2600.30 - 2600.40 omitted**

**2600.41 "NOTIFICATION OR RIGHTS AND COMPLAINT PROCEDURES"**

**2600.42 SPECIFIC RIGHTS**

**2600.42 (2)(l) "...furnish his room..."**

This is impractical, we are required to furnish all rooms. What will we do with furniture that we are required to provide. "His furniture is shabby! His mattress stinks! Is it queen size or king! His comfortable chair is stained!" In the end who will remove it!! Do we move the roommate because of too much furniture in the room? What about a semi-private room? How do you furnish a room with 4 beds and have 60 sq. feet per person. This is only for the rich!

**To move furniture in and out  
To Store furniture  
To replace or clean carpet crushed or soiled**

**\$75.00 each time  
\$2.00 per day  
\$350.00 each time**

**2600.42 (2) (m) "...has the right to leave and return..."**

How does the Support Plan influence his right to leave or return, when the resident has the right NOT to accept doctors orders! You have no right to specify when a resident has to return to the PCH.

**Technical and Financial Review of Title 55. Public Welfare  
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**2600.42 (2)(n) "...Receive assistance to relocate..."**

The majority of our residents have dementia and Alzheimer's. They will request to be relocated about 6 times a day. If there is a verbal complaint you must follow up on it. To receive assistance is not the homes liability, but it is the liability of Area Agency on Aging or Department of Public Welfare, advocate organizations or their family. Shouldn't the family have a say since they placed them there and are paying for it.

**2600.43 "PROHIBITION AGAINST DEPRIVATION OF RIGHTS"**

**2600.44 "Complaint Procedures"**

**2600.44 (a) "Prior to Admission...shall inform..."**

Sometimes we have no contact with the resident or the designated person prior to admission. Requirement is unattainable.

**2600.44 (b) "The Home Shall Respond to Oral Complaint..."**

If you've ever worked in personal care before you would know that the elderly, ESPECIALLY DEMENTIA PATIENTS, will thrive on complaints. It is one thing to listen to it, but it is a mistake to take it serious, and act on it.

**2600.45 - 2600.52 omitted**

**2600.51 "CRIMINAL HISTORY CHECKS."**

**2600.52 "STAFF HIRING, RETENTION AND UTILIZATION"**



### 2600.53 "QUALIFICATIONS AND RESPONSIBILITIES OF ADMINISTRATORS"

2600.53 (2) " An Associates Degree or 60 credit hours, from an accredited college or University."

We are not health care professionals, we do not cure, we are caretakers, as a mother is to her children. You may require the same level of education from mothers as well. You will loose many good like yours, and mine. Starting salary at my facilities are \$20,000.00-\$22,000.00 for administrators. A college Graduate (Associates Degree) \$35,000.00 - \$40,000.00. DIFFERENCE is about \$15,000.00 with 1,700 Personal Care Homes in Pa. = \$15,000.00 x 1,700 = \$25,500,000.00 yearly.

Additional cost per year at each PCH  
Qualifications of administrator

\$15,000.00 per yr  
\$25,500,000.00 /yr in PA

### 2600.54 "QUALIFICATIONS FOR DIRECT CARE STAFF PERSONS"

2600.54 (2) "Have high school diploma or GED"

My father with a high school education was an officer, has written (translated) over 100 books, and spoke 12 different languages.

If we in your point of view need to raise the caregivers proverbial education level, to a graduate degree you will see the cost below.

Current minimum of \$5.50 should be raised to at least to \$7.50 as is in nursing homes. Additional cost to PA. 53,000 residents X 1 hr/day X 365 Days X \$2.00/hr = \$38,690,000.00

Direct Care Staff Qualifications  
plus 10% for Immobile Direct Care Staff Qualifications

\$38,690,000.00 /yr in PA  
\$3,869,000.00 /yr in PA

2600.54 (b) "An individual who is 16 or 17 years of age...may not perform tasks related to medication administration..."

Why? Is our education system so bad that they can't read: the name, the date, the time, which end (the route)? But what is acceptable is : To die in Iraq, to bare arms against a dear or a duck at age 12, to drive a car at the age of 16. On the other hand please understand that a PCH does not Administer medication, we only put it in their hand!!

**2600.55 "EXCEPTIONS FOR STAFF QUALIFICATIONS"**

**2600.56 "ADMINISTRATOR STAFFING"**

"...20 Hours or more a week..."

Easy living has 3 facilities and a management company. I spend most of my time at the management company. My assistant administrator spends her time at each facility. If 2600 succeeds it means I need one additional administrator in spite that Easy Living PCHS are run very well.

COST: \$45,000.00 for additional Administrator

TAX: 32% : \$14,400.00

WC 4.67%: \$2,101.50

CAR: 30,000 miles at \$ 0.32 a mile = \$9,600.00

Health Insurance: \$3,128.00

Vision: \$38.00

Dental: \$225.00

Equals = \$74,492.00/year. This will add to my yearly operating cost.

Additional Administrator

\$74,492.00 per year

**2600.57 "Direct Care Staffing "**

**2600.57( c ) "...two hours a day...has mobility needs."**

Since every elderly person has "mobility needs" it opens the door to double the required labor hours. Current definition is "immobile."

This

has the potential to cost in PA, 53,000 residents x 365 days x \$8.98 = \$173,718,100.00

Direct Care Staffing across the state

\$173,718,100.00 /yr in PA

Labor cost :\$6.50/ hr

Tax 32% :\$2.08/hr

WC \$4.67/100: .40 =-\$8.98

It will raise the PCH's total operating cost potentially to 173 million dollars. The fact is the less mobile a person is less labor hours are required for their care. Keeping the elderly in their bed requires far less labor!

**2600.58 "AWAKE STAFF PERSONS"**

(a) "...All direct care staff person shall be awake at all times..."

When there are two or more direct care staff, and nothing to do.....WHY? How do you check it? Wouldn't one staff person be enough?

**2600.59 "MULTIPLE BUILDINGS"**

**2600.60 "ADDITIONAL STAFFING BASED ON THE NEEDS..."**

Regulation 2620 personal care home staffing requirements are for one hour per resident, and two hours per immobile resident. THIS ALL CHANGED!!!! Where according to 2600.57(b) "At least one hour per day ----- to each mobile resident." In 2620 it was an AVERAGE hour. In 2600 it is one hour PLUS what "...resident assessment plan and support plan..." specifies in addition to each individual resident. This opened the door to two hours by using the term "has mobility needs" (2600.57( c)) which is a FAR LESS and LOOSE criteria, respectably in 2620 "IMMOBILE." That is why DPW has not published with this regulation the proposed assessment plan. The department's standardized assessment plan has as much as 3 1/2 hours per resident with "mobility needs." This was proposed in the PCH advisory subcommittees work group where I was present. This is the way to get around the fact that it was voted down.  
Cost of 2600.60 may be as much as 2600.57.  $\$8.98 \times 365 \times 30 = \$98,331.00$  at Easy Living Somerset  
For details see 2600.57

**Cost of one hour extra care statewide (see 2600.57)**

Two hours extra care

Three hours extra care

Three and a half hours extra care

The point is one hour care currently does the job! Certainly more is always better, but the elderly is who has to pay for it. (And the taxpayer!)

\$173,718,100.00 statewide

\$347,436,200.00 statewide

\$521,154,300.00 statewide

\$608,013,350.00 statewide

**2600.61 "SUBSTITUTE PERSONNEL"**

**2600.62 "LIST OF STAFF PERSONS"**

**Tect** and Financial Review of Title 55. Public Welfare  
 Chapter 2600. Personal Care Homes.

**2600.63 "FIRST AID, CPR AND OBSTRUCTED AIRWAY TRAINING"**  
**2600.64 "ADMINISTRATOR TRAINING AND ORIENTATION"**

**2600.64(a)(1) "...orientation program..."**

Its Duration is not specified, currently it is 8 hours. Administrator training is expanded two and one-half times, respectively to 2620. That would mean orientation duration is at a minimum of 20 hours.  
 20 x \$51.14 = \$1022.80

**\$1,022.80 each time**

**Orientation Program**

**2600.64(a)(2) "A 100 hour standardized training..."**

A 100 hour standardized Department approved Administrator training course. Material, Wages, Tax and Worker's Compensation.

100 hour training: Approx \$5.00/ hour =

At Westmoreland County Community College (WCCC)

Material: Approx. \$1.00/hour =

100 Hour Wages: Minimum \$12.00/hr. = \$1200

Tax: 32% or \$3.84/hr. =

Workers Compensation: \$4.67/100 =

To and From Classes, 25 X 4 Hr Classes = 100 Hrs.

To and From Classes 2 hr/class = 50 Hrs.

Time: 50 hrs. x \$16.58 =

Transportation: 100 miles x 25 x \$.32/mi =

Wages to Replace: \$8.30 x 150 =

**\$500.00 each time**

**\$100.00 each time**

**\$1,200.00 each time**

**\$384.00 each time**

**\$56.00 each time**

**\$829.00 each time**

**\$800.00 each time**

**\$1,245.00 each time**

**\$5,114.00 each time**

**100 Hour Standardized Training**

**\$51.14/hr \***

**Average Cost per Class**

**Technical and Financial Review of Title 55. Public Welfare  
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**2600.64(a)(3) "...competency test...with passing score."**

The average failing rate in the college what I attend currently is 50%

1. Therefore the cost will double.
2. Some will retake it.
3. Most will give up.

**Competency testing \$2,557.00**

**Discourse about the Test:**

Currently I am taking Philosophy at WCCC.

A Passing grade is 70%

The class average is 66%

Therefore 50% as a minimum will fail, or will retake class, retake test, or will drop out.  
(Not addressed in Regulation.)

Cost of Test 8 Hrs. X \$51.14 = \$409.12

**Cost of Competency Test \$409.12**

We should safely conclude:

2600.64 (a) (1) Orientation Program

2600.64 (a) (2) 100 Hour Standardized Training

2600.64 (a) (3) Competency Test

Cost of Test

**\$1,022.80 each time  
\$5,114.00 each time  
\$2,557.00 each time  
\$409.12 each time  
\$9,102.92 each time**

**Administrator Training**

The average person who wants to open up a 4 to 8 bed facility will not! Since they can afford the administrator training course! This is an efficient way to keep them from the American Dream!

**2600.64(c) "An Administrator shall have at least 24 Hours of annual training..."**

Using the same per hr \* cost rate of \$51.14

Note: I have been an administrator since 1993, have taken 6 hrs. per year. By now I have taken all available approved courses. It seems to me 24 hrs. annual training is an overkill.

24 X \$51.14 = \$1,227.36 Administrator yearly training cost

**Administrator annual training wages**

**\$1,227.36 per year**

**Tect and Financial Review of Title 55. Public Welfare  
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**2600.64(d) "Annual training shall be provided by the department..."**

Each course 4 hrs. = 6 times

To and from 2 hrs per class = 12 hrs.

12 X \$16.58 = \$198.96

**Time to and from class**

**\$198.96 per year**

Transportation: 100 miles X 6 X \$.32/mile = \$192.00

**Transportation**

**\$192.00 per year**

Wages to replace: \$8.30 X 36 hrs. = \$298.80

**Wages to replace administrator**

**\$298.80 per year**

**Administrator annual training**

**\$1,917.12 per year**

**2600.65 "DIRECT CARE STAFF PERSON TRAINING AND ORIENTATION**

**2600.65 (a) (1) "Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personal and volunteers shall have an orientation..."**

General Fire Safety

Emergency Fire Safety

Emergency Preparedness

Evacuation Procedures

Staff Duties

Responsibility During Fire Drills

Emergency Evacuation

Transportation

Emergency Location

Smoking Safety

Smoke Detectors

Fire Alarms

Telephone Use and Notification of Emergency Services

**Technical and Financial Review of Title 55. Public Welfare  
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**2600.65 (a) (1) continued**

A Minimum of 4 hrs. training, with the aide of Administrator

Employee Cost: \$6.00/ hr.

Administrator Trainer: \$15.00/hr

Total: \$21.00/ hr.

Tax: 32% : \$6.72/hr

WC: \$4.67/100: \$.98

Total Cost per Hour: \$21+6.72+.98=\$28.70

Cost of pre-employment training \$28.70 X 4 hrs. = \$114.80

**Pre-employment training \$114.80 each time**

Note:

To operate our Somerset Facility we need about 11 employees

To achieve that for one year we had to hire 30 new employees.

We will have a \$114.80 x 30 = \$3,444.00

**Pre-employment training at Easy Living Estates of Somerset**

**\$3,444.00 per year**

**2600.65(b) "Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation..."**

- (1) Residents Rights
- (2) Emergency Medical Plan
- (3) Mandatory reporting of abuse and neglect
- (4) Reporting of reportable incidents and Conditions

For pricing see: 2600.65 (d)

**2600.65(c) "Ancillary staff persons shall have a general orientation of specific job functions..."**

Ancillary staff also will need Direct Care staff training, since they may need to act as substitute personal.

Specific job function training is 16 hrs.

16 X \$28.60 = \$459.20

**Specific job function training  
Plus Direct Care Staff Training**

**\$459.20 each time  
\$114.80 each time**

**Technical and Financial Review of Title 55. Public Welfare  
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**2600.65(d) "Direct care staff persons..."**

- (1) Demonstration of Job duties
- (2) Successful completion and passing the department approved direct care training course, and passing a competency test.
  - (i) Safe management techniques
  - (ii) ADL's and IADL's
  - (iii) Personal Hygiene
  - (iv) Care, Dementia, mental illness, cognitive impairment, mental retardation, mental disability
  - (v) Aging-cognitive, psychological and functional abilities
  - (vi) Nutrition, food handling sanitation
  - (vii) Recreation, socialization, community recourses, social services, activities in the community
  - (viii) Gerontology
  - (ix) Staff person supervision
  - (x) Care and needs of resident
  - (xi) Safety management, hazard prevention
  - (xii) Medication, purpose, side effects, universal protection
  - (xiii) requirements of this chapter
  - (xiv) Infection control
  - (xv) Care with mobility needs, decubitus, incontinence, malnutrition, dehydration.

This is the same requirement as is currently for an administrator. Will consume a minimum of 40 hours  
At Easy Living Somerset there were 56 new hires in one year to maintain a work force of eleven but the average  
over the years has been 30.

Cost of Employee training: \$28.70/hour  
\$28.70/hr x 40 hours = \$1,148.00 per new hire.

\$1148.00 X 30 = \$34,440.00 per year	<b>Direct Care Staff Orientation</b>	<b>\$3,444.00</b>
	<b>Training New Hires in Easy Living of Somerset for 1 year.</b>	<b>\$34,440.00 per year</b>
	<b>5 Employee specific job functions</b>	<b>\$2,296.00 per year</b>

**Note:**

This amount may be some what less if they quit within the first 3 or 4 days of employment, which is the most likely standard!



**Tec. and Financial Review of Title 55. Public Welfare  
Chapter 2600. Personal Care Homes.**

**2600.65(e) "Direct care staff persons shall have at least 12 hrs of annual training..."**

Cost of Hourly Training is \$28.70/hour  
 $28.70 \times 12 = \$344.40$

Easy Living of Somerset Facility has 11 Employees  
 $11 \times \$344.40 = \$3,788.40$

**Direct Care Staff Annual Training**

**\$344.40 per year**

**Direct Care Staff Annual Training at Easy Living of Somerset**  
 Since direct care staff is always scheduled a minimum of 40 hrs. training is at overtime rate

**\$3,788.40 per year**

**Overtime rate required for Direct Care Staff Annual Training at Easy Living of Somerset**

**\$1,894.20 per year**

**Total Cost of Direct Care Staff Annual Training at Easy Living of Somerset**

**\$5,682.60 per year**

**2600.65 (g)(1) "...training in fire safety by a fire safety expert"**

\$440.00 per class

**Fire safety training**

**\$440.00 each time**

**2600.66 "STAFF TRAINING PLAN"**

There is no major cost involved, it is only impractical since there is no curriculum, text book or recordings.  
 How will you determine a year prior who will teach what subject and when?

Currently you offer subjects what the administrator deems worthwhile, as an instructor becomes available.

Mostly from Home Health Care Groups. You will be selective since employees must be paid for their overtime.

If this monstrosity called Regulation 2600 would be permitted to survive, it proposes to send each employee to a

specific training class. We are located in the country, it will take several hours to locate a school site with this

type of training to be offered. No employee can ever be convinced to drive to the city.

Transportation: To and from 3 trips  $\times$  150 miles  $\times$  \$ 0.32/mi = \$144.00

**Transportation to and from class**

**\$144.00 each staff**

Employee Cost: 6 hrs class duration

2 hrs. each  $6 \times \$28.70 = \$177.20$

**Cost of classes**

**\$177.20 each class**

If employees will refuse to attend class will you fire them? How do you replace them?

**Easy Living Somerset for Class**

**\$9,636.00 per year**

**Technical and Financial Review of Title 55. Public Welfare  
Chapter 2600. Personal Care Homes.**

**2600.67 "TRAINING INSTITUTION REGISTRATION."**

Irrelevant to Personal Care Homes

**2600.68 "INSTRUCTOR APPROVAL"**

**2600.69 - 2600.80 omitted**

**2600.81 "PHYSICAL ACCOMMODATIONS AND EQUIPMENT"**

**2600.81(a) " Safe movement --- Exiting from the home."**

This will require the closing of most small personal care homes, since few are on ground level, houses have a basement under it. It may require automatic door closers in every personnel care home. This requirement may cost \$10,000.00 to \$25,000.00

It may require a wheelchair ramp, the elderly are quite different in strength from the disabled, the elderly may not be able to hold back their own weight on a wheelchair.

**\$25,000.00 once**

**Physical Accommodations**

**2600.81 (b) "Wheelchairs, walkers, ...and other apparatus...good repair and free of hazards."**

Since it is owned by the resident or a medical equipment company and it is rented, how can a PCH be responsible for being "free of hazard" or in "good repair." A cane is one thing, a walker, a wheelchair, a motorized wheelchair, a nebulizer, an oxygen tank, oxygen generator, air mattress, etc., how will a PCH get this much knowledge and accept this level of liability?

**2600.82 "POISONS"**

**2600.83 "TEMPERATURE"**

**2600.84 "HEAT SOURCES"**

**Technical and Financial Review of Title 55. Public Welfare  
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**2600.85 "SANITATION"**

**2600.85 (d) & (e) "...prevent the penetration of insect or rodents..."**

Only gasket type airtight containers will do that. It is not attainable to open and close, it is too burdensome.

**2600.85 (f) "...Written sanitation approval for existing systems..."**

Who already does not have it? It is not attainable. (I am a state certified sewage inspector license #0609.) It needs a grand fathering clause !!!

**2600.86 "VENTILATION"**

**2600.87 "LIGHTING"**

**2600.88 "SURFACES"**

**2600.89 "WATER"**

**2600.89 (b) "...may not exceed 120° F..."**

It was 130 °F since conception of PCH's. Many places such as Motels have been converted into personal care homes, they will not be able to conform since the DPW established low temperature at 108 °F which is, only permitting a 12 °F change in temperature drop. This is insufficient where there are long corridors for the water to cool. An additional problem is that there will be many places insufficient of hot water when the top temperature is reduced 10 °F. Cost of Additional water heater, plumbing and wiring.

**Water temperature**

**\$800.00 once**

**2600.89 (c) "...coliform water test at least every 3 months..."**

It will require testing of pre-storage facilities, chlorinating tanks, and proportionating pump, after storage tank as is at Easy Living of Ligonier to make more satisfactory. In spite of continuous chlorination the test may not pass, several times.

Equipment cost: \$3,000.00 - \$5,000.00 one time cost.

Testing cost : at a minimum of \$150.00 each time including labor.

If contaminant is in well casing, the plumber's work each time cost \$300.00 to \$500.00

**Equipment cost**

**Testing cost**

**\$5,000.00 once**

**\$150.00 each time**

**If water is contaminated**

**\$500.00 each time**

**Tech. and Financial Review of Title 55. Public Welfare  
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**2600.89 (e) "...to ensure safe water..."**

To provide safe water is overzealous since water in unsafe zones may only be harmful after years of consumption.

**2600.90 "COMMUNICATION SYSTEM"**

"The Department estimates the cost will be between \$20.00 to a \$100.00."

*Two number four cans with an appropriate length of string connecting the two will cost \$20.00.*

The building should have a working telephone as a minimum. Many have interconnecting fire alarm to 911 system, with manual pull station. The problem is the cost of internal communication.

Less than \$100.00 walkie-talkies are not for continuous use. We at our facility have it. You need a walkie-talkie for each employee, including cook, housekeeper, maintenance, aide, med-aide, administrator, and manager. If it is new it will hold the battery charge not more than 8 hours. Therefore you need at least two sets, preferably one for each employee. The attrition rate is about 6 months. Therefore we will need, at a minimum.  
At Least: 8 units X 2 Shifts X 2 per year = 32

As a minimum - 32 X \$100 (Battery or charger unit.) = \$3,200.00

**\$3,200.00 per year**

**Walkie-Talkie communication system**

Note:

It will be the job of the administrator to check employees to verify that the unit is being worn and that they are operational.

3 Shifts X Check once a week X 1 hr. X \$20.50 = \$3198.00/year

**Check on communication system**

**\$3,198.00 per year**

Why do we need all this technology, we have operated for 15 years, 3 large facilities, we use walkie-talkies to catch outside or inside phone calls when the aides are not in the nurses station. We have one unit at each facility with an alternate on the charger.

**2600.91 "EMERGENCY TELEPHONE NUMBERS"**

**2600.92 "WINDOWS AND SCREENS"**

**2600.93 "HANDRAILS AND RAILINGS"**

**2600.94 "LANDINGS AND STAIRS"**

**2600.94 (a) Interior and exterior doors that open directly..."**

At each floor, the landing has to accommodate wheelchairs in case of fire. A 3 ft x 3 ft landing is inadequate, as required by regulation 2600, current construction should be grandfathered. How does a wheelchair get off from a landing when the door closer is forcing the door against the wheelchair. To get away from the door the resident has driven the wheelchair down the steps. He has also died! No door should be across from steps. A minimum landing of 6 foot is required. Labor and Industry standards are totally insufficient.

**2600.95 "FURNITURE AND EQUIPMENT"**

**2600.96 "FIRST AID KIT"**

**2600.97 "ELEVATORS AND STAIR GLIDES"**

**2600.98 "INDOOR ACTIVITY SPACE"**

**2600.99 "RECREATION SPACE"**

**2600.100 "EXTERIOR CONDITIONS"**

**2600.101 "RESIDENT BEDROOMS"**

**2600.101 (c) "...one or more residents with a mobility need..."**

This adds 40 sq. ft. to a room. The is cost \$40 to \$100 per square foot

**\$1,600.00 per resident**

**Bedroom mobility requirements**

**2600.101 (i)(1) "...bed with a solid...and fire retardant mattress..."**

The Regulation clearly defines no smoking in bedrooms, what is the purpose of this requirement.

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**2600.102 "BATHROOMS "**

**2600.102 (f) "...washcloth..."**

If you have ever worked in a personal care home, you would know, a washcloth in resident's hands will end up in the toilet. Cost of a plumber? \$150.00 each time.  
52 wks X 30 Residents X \$150 = \$24,960.00

**\$150.00 each time**

**\$24,960.00 per year**

**Cost of Bathroom necessity**

**2600.102 (g) "Individual toiletry items..."**

It is far cheaper for the resident. What about allergy sensitivity? The resident will throw the comb and brush in the garbage. Does it include razors, shaving cream and aftershave? The resident's family should furnish toiletry items as in 2620.

Toothpaste per month \$3.00 X 12 = \$36.00

Toothbrush per month \$2.50 X 2 = \$5.00

Denture Cleaner per month \$3.00 X 12 = \$36.00

Shampoo per month \$3.50 X 12 = \$42.00

Deodorant per month \$3.50 X 12 = \$42.00

Comb per month \$1.00 X 2 = \$2.00

Hairbrush per month \$5.00 X 2 = \$10.00

Razors per month \$1.00 X 12 = \$12.00

Shaving Cream per month \$3.50 X 12 = \$42.00

Aftershave per month \$3.50 X 2 = \$7.00

\$204 X 30 = \$6,120.00

**Toiletry items per year**

**\$204.00 /yr/person**

**Easy Living Somerset Toiletry items**

**\$6,120.00 per year**

**2600.103 "FOOD SERVICE"**

**2600.103 (b) "...kitchen surfaces----sanitized after each meal..."**

Isn't it too excessive to sanitize each cabinet, after breakfast, lunch, and dinner.

At a minimum of 2 hrs. X \$8.96/hr X 3/day X 365 = \$19,666.00

**Sanitizing after each meal**

**\$19,666.00 per year**

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**2600.104 "DINNING ROOM"**

**2600.104 (c) "Condiments shall be available at dining table"**

- Sugar = for Diabetics
- Salt = for cardiac problems
- Salad dressing = for low calorie diets
- Milk/butter = for low fat or lactose intolerant?

**2600.105 "LAUNDRY"**

**2600.105 (g) "remove from lint trap and drum of clothes dryer after each use."**

15 min. x 24 hr x 365 days = 2190 hrs  
2190 hrs. x \$8.29 = \$18,155.10

Clean lint trap \$18,155.00 per year

**2600.106 "SWIMMING AREAS"**

**2600.106 (1) "...to protect the health..."**

??? When they are incontinent of bowel and urine, most with infection!

**2600.107 "EMERGENCY PREPAREDNESS"**

**2600.107 (b) "...written emergency procedures...updated annually"**

8 hours X \$20.50 =

\$164.00 each time

**2600.107 (b)(1) "Contact information for each resident designated person."**

28 hrs. X \$20.50 =

\$574.00 each time

**2600.107 (b)(2) "...emergency medical information..."**

28 hrs. X \$20.50 =

\$574.00 each time

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2600.107 (b)(3) "Contact telephone numbers..."	
2 hrs. X \$20.50 =	\$41.00 each time
2600.107 (b)(4) "...transportation..."	
1 hr X \$20.50 =	\$20.50 each time
2600.107 (b)(5) "Duties and responsibilities of staff...specific to resident..."	
56 hrs X \$20.50 =	\$1,148.00 per year
2600.107 (b)(6) "Alternate means of meeting... utility outage."	
Water = spring & lake electricity = generator =	\$3,500.00
Gas = oil = tank and furnace =	\$7,500.00 once
2600.107 (c) "The home shall...3-day supply of nonperishable food...water..."	
\$10.00 X 3 Days X 30 residents =	\$900.00 once
2600.107 (d) "The written emergency procedures...annually...local emergency management agency."	
12 hrs. X \$20.50 =	\$246.00 each time
<b>2600.108 "FIREARMS AND WEAPONS"</b>	
<b>2600.109 "PETS"</b>	
Liability issues.	
<b>2600.110 2600.120 omitted</b>	
<b>2600.121 "UNOBSTRUCTED EGRESS"</b>	
<b>Total cost of emergency preparedness</b>	<b>\$14,667.50</b>



**2600.122 "EXITS"**

**" ... two independent and accessible exits from every floor..."**

Exists other than Labor and Industry required is an overkill.

A blanket statement like this is absurd especially on a small floor or for a basement where there is not a resident It will cost \$5,000.00/floor

**2600.123 "EMERGENCY EVACUATION"**

**Exits**

**\$5,000.00 per floor**

**2600.123 (d) "...fire-safe area, as specified in writing within the past year by a fire safety expert..."**

If an area is qualified to be fire safe it is because it is built fire safe. To re-qualify it is a ridiculous waste of time and money.

**\$800.00 per year**

**2600.124 "NOTIFICATION OF LOCAL FIRE OFFICIALS"**

**2600.125 "FLAMMABLE AND COMBUSTIBLE MATERIALS"**

**2600.126 "FURNACES"**

**2600.126(a) "...professional furnace cleaning company...shall inspect furnaces at least annually..."**

Gas fired furnaces to be cleaned yearly when they leave no residue, is ridiculous.

**2600.127 "SPACE HEATERS"**

**2600.127(a) "Portable space heaters are prohibited"**

You need to provide exception in an emergency. This is your only means to provide heat.

**2600.128 "SUPPLEMENTAL HEATING SOURCES"**

**2600.129 "FIREPLACES"**

**2600.130 "SMOKE DETECTORS AND FIRE ALARMS**

**2600.130(a) "...an operable automatic smoke detector located within 15 feet of each bedroom door"**

Inside of the bedroom or outside of the bedroom? If there are 3 bedroom doors on each side of the corridor for a total of six bedrooms there would be one smoke detector in the corridor. Sorry! It will not work... Smoke detectors do not smell they see the smoke, and only respond if it is located in the same room where the fire is and the smoke is sufficiently dense to interrupt light. One will be needed in each bedroom.

**2600.130(d) "...smoke detectors on each floor..."**

Smoke detectors on each floor is insufficient. One is needed in each space (rooms).

**2600.130(e) "...not able to hear the smoke detector or fire alarm..."**

This is a dumb regulation, there is always a need for sound and light signal. How would you know who will come to live or to visit. The potential situation is that one or more residents can't hear. They may be located anywhere in the building. Therefore only alarm devises with sound and light will provide protection.

**2600.130(f) "Smoke detectors and fire alarms shall be tested...at least once per month."**

If you test smoke detectors and fire alarms once a month, it will cost \$6.30 per unit. At Easy Living of Somerset this will cost  $58 \times \$6.30 = \$365.40$  per month

\$365.40 per month  
\$414.75 per month  
\$21.00 per month  
\$801.15 per month

$12 \times \$801.15 = \$9613.80$  per year.

Smoke Detector testing at Somerset per month  
Inspection of the fire alarm system  
TC Alarm (charge on the bill)  
Cost to test alarm and smoke detectors

\$9,613.80 per year

Note: What you should say: Test the system with a fire drill once a month.

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**2600.130(g) "...repair shall be completed..."**

It should say repair shall be "ordered." To actually accomplish the repair in 48 hours is doubtful.

**2600.130(i) "...with mobility needs...fire alarm should be directly connected..."**

"With mobility needs" is a fraud, since all elderly can be classified as having "mobility needs." The correct term is "immobile." But under this Regulation the DPW can close any PCH of their choosing. It is necessary to incorporate a grandfathering clause.

The smallest of facility will cost \$15,000.00 to \$40,000.00 to provide interconnected fire alarm system. There is no written proof that in facilities where there is 24/7 awake staff that the fire alarm is worth it's cost.

**Smoke Detectors tied to community  
Monitoring system**

**\$40,000.00 once  
\$300.00 per year**

2 Independent telephone lines = \$50.00 per month X 12 = \$600.00

**Telephone lines for alarm system  
Inspection and Maintenance**

**\$600.00 per year  
\$750.00 per year**

**2600.131 "FIRE EXTINGUISHERS"**

**2600.132 "FIRE DRILLS"**

**2600.132(b) "A fire safety inspection and fire drill...by a safety expert..."**

**Cost of fire expert**

**\$440.00 per year**

**2600.132(d) "...evacuate to a public thoroughfare..."**

is not determined by any fire safety expert. The fire code is de-void of making this determination.  
The evacuation time

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**2600.132(e) "...drill shall be held during sleeping hours..."**

It is totally stupid to have the residents involved in a nighttime fire drill. There is statistical data that a fire occurs once in 200 to 400 years in a structure. Most fire starts in the kitchen but we have appropriate fire extinguisher, or in bed, we have a no smoking in bedroom. Each time when there is a night fire drill someone gets hurt. It is natural when standing up too fast the blood rushes out of the head!

**2600.132(f) "Alternate exit routes shall be used..."**

You must be kidding, how will the elderly remember? Shouldn't it be the closest?

**2600.132(k) "A fire drill shall be held within 5 days of employment of a new staff person..."**

As I mentioned elsewhere last year in Easy Living Somerset last year we hired 30 new employees. 30 new employees plus 12 monthly is a total of 42 fire drills. Just enough to kill the entire population. Congratulations, this makes sense!

**2600.133 "EXIT SIGNS"**

**2600.133 (1) "Signs bearing the word "Exit" ...at all exits"**

Some exits are not fire exits, a sign there will be misleading and maybe deadly.

**2600.134 - 2600.140 omitted**

### 2600.141 "RESIDENT EVALUATION AND HEALTH CARE

#### 2600.141(a)(7) "...ability to self-administer medications."

Under 2620 the issue was: Was a medication created for self administration? That meant could an ordinary person do it himself or was there a compelling necessity for it to be given by a medical professional. Under 2620 if you could do it yourself a PCH was permitted to act in behalf of the resident. 2600 is just to make the cost go up (I can't see any other reason.) Regulation 2600 requires to determine, can you do it yourself? If you can, then a PCH is permitted to help (assist you.) It is totally irrelevant - can I self medicate. The issue is: It is made for self medication. I am 74 years old, I can't give myself an enema or a suppository. Therefore I am not capable of self medication, an ordinary person may help me at home, but at a PCH I have to pay a professionally trained person.

The cost difference between a PCH med-aide and a medically licensed aide.

Current Aide salary: \$6.00/hr

Licensed Aide for medication: \$8.00/hr

Additional Cost: \$2.00/hr

Tax 32%: \$0.64

Worker's Compensation: \$4.67/100: \$0.09

Total additional cost \$2.73

\$2.73 X 24/hr X (53,000:16) X 365 = \$79,231,025.00

Aide vs. Licensed Aide \$79,231,025.00 per year

It is also a ridiculous to expect an old person to know; the medication, the medication regimen, contraindication medication, and medication side effects. I was under the impression that is why I pay the doctor, and the pharmacist to check the doctor.

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**2600.141(b)(2) "If the medical condition of the resident changes..."**

How many lawsuits will this provide to the legal profession. To require a non-medical person to recognize medical changes in a resident is ridiculous. Regulation 2620 required "significant changes." With any change you have to change not only the medical evaluation, but concurrently the annual assessment and the support plan. Since the medical evaluation, assessment and support plan are an integral part of the resident contract, it is evident that the contract also needs to be changed each time. That requires the resident and their designees are present and agreeable. This situation may occur daily but at least once a month.

5 hours of administrator time X \$20.50/hr X 53,000 residents X 12 months = \$65,190,000.00

**Change in medical condition**

**\$65,190,000.00 per year**

The defense of lawsuits cost is beyond my capacity to project it reasonably.

**2600.142 "ASSISTANCE WITH HEALTH CARE"**

**2600.142 (a) "The home ...secure health care if a resident's health status declines. The home shall ... document the residents need...updating...assessment and support plan."**

1. Document residents needs, this is one additional document.
2. Update Assessment, an other document.
3. Update support plan, third document.
4. Call or write to designated person.
5. Update resident contact.

By the time you do this for each resident, maybe daily, the resident has expired! Can we get back to CARING for the resident instead putting a pen to paper, making copies and filing them?

Cost: 5 sets of documents

5 hrs total X \$20.50/hr X 365 = \$37,412.00 per resident per year

**Assistance with health care**

**\$37,412.00 per year**

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2600.142 (b) "If a resident refuses routine medical or dental examination or treatment...continued attempts to educate and inform..."

Educate and inform is the new slogan, it was train. Isn't it insulting and again against the right to self determination. (The right to be wrong is what freedom is all about.)

2600.142 (b) "...shall be documented in the resident's record."

2600.142 (b) "...continued attempts ..."

3 hrs. + 1 hr = 4 hr X \$20.50 = \$82.00

Additional Assistance with health care

\$82.00 per person

2600.143 "EMERGENCY MEDICAL PLAN"

2600.144 "USE OF TOBACCO"

2600.145 "SUPERVISED CARE"

2600.146 - 2600.160 omitted

2600.161 "NUTRITIONAL ADEQUACY"

2600.161 (d) "A resident's special dietary needs...shall be met. Documentation..."

To meet special needs means that each PCH must have a dietitian.

Cost: \$35,000.00

Tax 32%: \$4,200.00

WC \$4.67/100: \$1634.00

Cost of a Dietitian (special Dietary needs)

\$47,834.00 per year

2600.161 (e) "...special health needs or religious beliefs..."

It is impossible unless you have a specially trained employee.

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**2600.162 "MEALS"**

**2600.163 "PERSONAL HYGIENE FOR FOOD SERVICE WORKERS"**

**2600.164 "WITHHOLDING OR FORCING OF FOOD PROHIBITED"**

**2600.165 -2600.170 omitted**

**2600.171 "TRANSPORTATION"**

**2600.171 (b)(7) "Transportation shall include, when necessary, an assistant to the driver..."**

Who will take the liability not to have a second person when the administrator has to make the decision "when necessary." According to this paragraph, a friend, a family member, would qualify as a volunteer of the home. You will need one additional staff at the facility if other than the designated person drives. You will need two additional staff at the facility if an employee has to drive.

Cost: \$20.00 per hour, per staff person  
\$0.32 per mile

3 X 4 hrs. X 20 = \$240.00

\$0.32 X 20 miles X 3 = \$19.20

**Transportation to Doctor**

**\$259.00 per person**

**2600.172 - 2600.180 omitted**



**"WATCH" The below section is not just costly, but dangerously stupid!**

**2600.181 "SELF ADMINISTRATION"**

Even if a resident is able to self administer medication it is the wrong idea to do so. How can you be liable if they have taken it without supervision, taken to much, "kept locked, is it safe and secure, protected against contamination, spillage and theft."

**2600.181 (e) "To be considered capable to self-administer medications..."**

**2600.181 (e)(1) "Be able to recognize and distinguish his medication."**

Isn't it a bit harsh, when the pharmacist is not allowed to take back medication since he may not recognize it?

**2600.182 "MEDICATION ADMINISTRATION"**

**2600.182 (a) "A home may provide medication administration services..."**

Personal Care homes have never, from it's conception, administered medication. To recognize this basic principle is what always distinguished the Personal Care Home from Nursing Home. PCH's only store and offer medication to the resident.

**2600.182 (b)(4) "A staff person who has completed the medication administration training..."**

This medication training will not qualify a staff person to evaluate the medicine, to understand and recognize the counter indicators, side effects, drug interactions and/or adverse reactions.

**2600.182 (c)(1-7) "Medication administration includes..."**

This does not qualify medication administration, (read 1-7) only to assist. The concept to the resident and designated person will be a far higher responsibility then for what a staff person will be or can be trained. Opening a flood of Lawsuits!

This training is not created to be in-house training course. The constant turnover of employees because of the incredibly low wages makes it impossible to have enough trained staff to cover this requirement!

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**2600.182 (c)(7) " Complete documentation...medication records."**

This will require a minimum of 3 times a day. At least 10 minutes at a time for a total of 30 minutes.  
30 min. per resident per day X \$11.05  
30 X 30 X 365 X \$11.05 = \$60,498.00 at Easy Living Estates of Somerset

**Documentation at Easy Living Estates of Somerset \$60,498.00 per year**

Medication administration trained staff:

Hourly wage: \$8.00

Tax 32%: \$2.56

WC \$4.67/100: \$0.49

\$8.00 + \$2.56 + \$0.49 = \$11.05

Total cost in PA. = 53,000 X 365 X \$11.05 +2 (because it is 1/2 hour)

**Medication administration \$106,881,125.00 per year**

**2600.183 "STORAGE AND DISPOSAL OF MEDICATIONS AND MEDICAL SUPPLIES"**

**2600.184 "LABELING OF MEDICATIONS"**

**2600.185 "ACCOUNTABILITY OF MEDICATION AND CONTROLLED SUBSTANCES"**

**2600.186 "PRESCRIPTION MEDICATIONS"**

**2600.187 "MEDICATION RECORDS"**

**2600.188 "MEDICATION ERRORS"**

**2600.189 "ADVERSE REACTION"**

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**2600.190 "MEDICATION ADMINISTRATION TRAINING**

passing of the Department's performance-based competency test..."

8 hrs X \$28.70/hr =	\$229.60
100 miles travel \$0.32 =	\$32.00
Travel time 3 hrs. =	\$33.15
Overtime =	\$60.77
	\$355.52
	\$2,133.12

Total for each med-aide  
6 med-aides/yr X \$355.00 in Easy Living Somerset

This course has to be repeated every two years. Because? As you gain more experience, you need to take class again? Is this a money making scheme?

**2600.190 (b) "...diabetes patient education program within the past 12 months."**

So tell me who is making a living out of that. (The diabetes foundation?) Don't we already support the Red Cross and American Heart Association \$10/employee every two years for CPR? (Even that I am an instructor.) The state police \$10.00/employee for criminal background check.

**2600.191 "RESIDENT EDUCATION"**

2600.191 "...resident of his right to question or refuse a medication..."

1 hr X \$28.70 = \$28.70 per resident	
30 X \$28.70 =	\$861.00

Somerset facility to educate resident

**2600.192 - 2600.200 omitted**

**2600.201 "SAFE MANAGEMENT TECHNIQUES"**

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**2600.202 "PROHIBITIONS"**

2600.203 - 2600.220 omitted

**2600.221 "ACTIVITIES PROGRAM"**

**2600.222 "COMMUNITY SOCIAL SERVICES"**

**2600.223 "DESCRIPTION OF SERVICES"**

2600.223 (a) "...current written description of services..."

2600.223 (a)(1) "...activities..."

2600.223 (a)(2) "criteria for admission and discharge."

2600.223 (a)(3) "Specific services ...will arrange."

2600.223 (b) "...develop written procedures for the delivery and management...from admission to discharge."

Years ago when I started Easy Living Management Corporation I did the same concepts that Regulation 2600.223 is promoting. I might mention the accomplishment made me feel good. It consists of 3 binders (4-inch Ring) it took hundreds of hours of time. I personally got better in organizing the facilities. Nobody ever has picked up the manuals. It was a waste of time and money.  
At a minimum 400 hrs. X \$28.60 = \$11,440.00

**Written Procedures for delivery and management**

**\$11,440.00 once**

**2600.224 "PREADMISSION SCREENING TOOL"**

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**2600.225 "INITIAL ANNUAL ASSESSMENT"**

No Comment

**2600.226 "MOBILITY CRITERIA"**

The problem is in the term "mobility". There is no older person who has no mobility criteria. I have it. Sometime I lose my balance. It is hard to get up. My knees do not want to support me. So... You want me in a wheelchair, stay in bed. What kind of liability will be on the PCH's? Do not determine mobility. Stay as we have it currently (2620) "immobile."

**2600.226 (a) "The resident shall be assessed for mobility as part of the support plan..."**

It would be complimentary if DPW would understand how their proposed system (2600) works. It is to complicated! When you assess a resident the findings belong to the assessment plan, not to the support plan. How to handle it, that is part of the support plan.

**2600.226 (b) "...have mobility needs...shall be met immediately."**

**2600.226 (c) "...shall notify...within 30 days..."**

When it walks or clucks like a duck...  
This is the same requirement as immobile. (2 hours care per day.)  
Assessment and notification: 3 hrs. X \$20.50 = \$61.50 per resident

Assessment and notification \$61.50 per resident

Extra caretaker cost:  
53,000 X \$8.96 X 365 = \$173,718,100.00

Extra caretaker cost: \$173,718,100.00

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**2600.227 "DEVELOPMENT OF THE SUPPORT PLAN"**

**2600.227 (f) "A resident may participate in the development and implementation of his support plan. A resident may include his designated person ..."**

**2600.227 (h) "If a resident or designated person...refusal to sign..."**

The support plan is a part of the resident contract, if the resident or designated person refuse to sign, there is no mutual agreement, therefore there is no valid contract. What is the situation if the family does not want all services that are necessary for safety and well being. In other words the family is cheap. What services should the PCH deliver when the sufficient service is not agreeable. I believe a PCH is a private business and has the right to develop his services (products) and deliver it in full, ultimately the PCH is legally responsible for it's product (service).

According to this regulation a PCH is a department store where the resident may choose services. For example: will not have breakfast, will have no showers, where the same shirt for 5 days, and believe it or not we had someone who chose to eat in the dining room in the nude. Typically no one want psychiatric care, wants double room but can't stand to be with others. When the support plan was done with participation to make changes will need the same participation. This is totally ineffective when you need to deliver services urgently. It will end up a constant financial argument. The difference of opinion, lawsuits, monetary and liability suits. This document does not provide service as especially better service, just spends time and therefore money on added bureaucracy! This document may need to be changed daily.

**\$102.50 each time**  
**\$307.50 each time**

**Change support plan**  
**Change to be transferred to assessment and contract**

**Note:**

Every year at Easy Living Estates the residents go to a nice restaurant for a Christmas Dinner where the family is also invited. The RSVP's are in. The families have told us that they do not want their loved ones to go. Why? They don't want to spend the extra money! This is very sad. The family will say no to anything that is good for the resident if it costs money. How will the regulation work if the family wants only to pay for one meal daily like "Meals on Wheels" and no bathing them?

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**2600.228 "NOTIFICATION OF TERMINATION"**

**2600.228 (c) "A home shall give the Department written notice...60 days prior to the anticipated date of closing."**

The economic circumstances what the government has put the PCH industry has forced the closing of 150 PCH's in less than 42 months. How do you require this? Would it not be un-safe, to operate 60 days without food, heat, water or employees in a case of bankruptcy?

**2600.228 (g) "Within 30 days of the home's closure...shall return the license..."**

Why? Don't you have enough 8 1/2 X 11 paper?

A resident is a paying guest in my house. The resident has the right to leave, why shouldn't a home have the same right? Is it not dangerous to force a resident down the neck of a home who is willing to give up income?

**2600.229 - 2600.330 omitted**

**"SECURED DEMENTIA CARE UNITS"**

I will not tie dogs or fence animals, if I cannot handle them I should not keep them. The most profoundly disgusting development of PCH's was the secured unit. Anybody can commit their parents or any doctor can, just think about it, you are next and with a court order. Imprisoned with other animals, that is where humanity descended. In 15 years I never had to give notice for dementia or Alzheimer's, for being obnoxious, yes! I will not comment on "secured unit section regulation since I am not qualified and probably partial!

**2600.231 "ADMISSION"**

**2600.232 "ENVIRONMENTAL PROTECTION"**

**2600.233 "DOORS, LOCKS AND ALARMS"**

**2600.234 "RESIDENT CARE"**

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- 2600.235 "DISCHARGE"
- 2600.236 "TRAINING"
- 2600.237 "PROGRAM"
- 2600.238 "STAFFING"
- 2600.239 "NOTIFICATION TO DEPARTMENT"
- 2600.240 - 2600.241 omitted
- 2600.251 "RESIDENT RECORDS"
- 2600.252 "CONTENT OF RESIDENT RECORDS"
- 2600.253. "RECORDED RETENTION AND DISPOSAL"
- 2600.254 "RECORD ACCESS AND SECURITY"
- 2600.255 -2600.260 omitted
- 2600.261 "CLASSIFICATION OF VIOLATIONS"
- 2600.262 "PENALTIES"



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**2600.263 "APPEALS OF PENALTY"**

**2600.263 (c) "Failure to forward payment of the assessed penalty...result in a waiver of the right to contest..."**

When I came to the United States, most appealing was to me was the concept that "you are presumed innocent until you are proven guilty." But if you are being forced by law (by this regulation) to waive your right for defense just because you do not have money for justice,

If the Department will "review of classifications monthly" (2600.265) then why would you lose your right to contest...? When not even the Department will trust its regional field offices. (correctly)

**Section 2600.263 (a)** as a maximum penalty quotes \$500.00, section 2600.263 (c) refers to the entire penalty, however high that may end up.

**2600.263 (b) "If, through an administrative hearing or judicial review..."**

It is determined that no violation has accorded that the regulation is humane, fair and inventive. It requires the Secretary to send you \$5.00 as one year interest, as compensation for destroying your \$5 Million Dollar Personal Care Home. By requiring to advertise the wrongful citation, by banning admission, by issuing a provisional license, or by denying any license or by moving your resident.

*Can you see how our forefathers would feel proud of passing DPW Regulation 2600 and why so many voted against it?!*

**2600.264 "USE OF FINES"**

**2600.265 "REVIEW OF CLASSIFICATIONS"**

**2600.266 "REVOCAION OR NONRENEWABLE OF LICENSES"**

## Technical and Financial Review of Title 55. Public Welfare Chapter 2600. Personal Care Homes.

### **2600.266 (a) "...will temporarily revoke..."**

This regulation is frightening, you instantly kill a small facility by destroying their reputation in the community (especially in rural areas.)

**"Class I violations remain uncorrected 24 hours after..."**

"The DPW guidelines to Violations" crafted by W. A. Gannon sites 2620.11 (b) as Class I violation as having "substantial probability resulting in death." Not even the wildest imagination could qualify as Class I violation (No Labor and Industry approval). This is the first item in this manual that is crafted for enforcement, from here it only gets worse. To revoke a license (permanently or temporarily) creates such financial havoc on a facility that in practice it is indifferent. Is it temporary or permanent. The final result is permanent bankruptcy. The burden of proof on DPW should be severe and the decision should be with the scrutiny of the court.

Cost:

The cost of my 3 facilities varies from \$50,000.00 to \$200,000.00 per bed. This makes a license revocation a substantial financial demise. The administrative hearing or judicial review is a lengthy process (as the department administers it) if an operator feels unjustly singled out, or the law applied wrongly he must correct the cited violation, then his license might be renewed. The judicial authority will advise that he has no more right to complain and/or review since there is no harm left to review (remedy). If he chooses not to correct the alleged violation then his residents may get transferred. If they won't get transferred, that is a result of the Secretary's mercy, not any way a consequence of (justice) law! He with a reputation damage will lose a substantial amount of potential residents for years. (That is what happened to me in Somerset.) The entire licensing section needs to be put on a fair, logical, and not on an emotional basis. It needs to be totally revised, by public scrutiny which never was done. When it was tried it was deliberately avoided, the date of review was cancelled and never rescheduled!

### **2600.267 "RELOCATION OF RESIDENTS"**

**Technical and Financial Review of Title 55. Public Welfare  
Chapter 2600. Personal Care Homes.**

**2600.268 "NOTICE OF VIOLATIONS"**

**2600.268 (a) "The administrator shall give each resident and the resident's designated person written**

A citation is never reviewed by the Department in the first 24 hours. Therefore if the citation is un-fair, found unjust, wrong or malicious, what is the process where the Department will advise the resident and designated person, and the community of a wrongful citation? What is the method the Department will use for calculating the financial damage and the fair compensation to the licensee and/or to the administrator and/or employees and/or residents?

**2600.268 (b) "...give notification of a Class I or Class II...remain uncorrected for 5 days..."**

Do I detect malice when you have to give notice in five days, when the allotted time to correct a Class II violation is 15 days?

**2600.268 (d) "The Department will provide immediate written notification...ombudsman of Class I violations...Class II violations which remain uncorrected 5 days..."**

I under (a) addressed Class I violations, but how will the department pay for damages caused by wrongful citation, when there is no appeal process for Class II violations. The appeal process only permits appeals if a license was revoked. Therefore this regulation offers no legal or monetary compensation regardless of the damage caused by the Department, which is consequently fatal to the facility. (My Somerset facility is a good example.)

**2600.269 "BAN ON ADMISSIONS"**

**2600.269 (a) "The Department will ban all new admissions to a home..."**

**2600.269 (a) (1) "A Class I violation."**

Because - water temperature is 121°F

**2600.269 (a) (2) "A repeated Class II violation within 2 years."**

(Staff persons do not follow the schedule of personal care) For example bathing)

**Legal and Financial Review of Title 55. Public Welfare  
Chapter 2600. Personal Care Homes.**

**2600.269 (a) (3) "A Class III violation ...uncorrected ...5 days..."**

The legal allowable time limit is 15 days.

**2600.269 (c) "A ban on admissions will remain in effect...for a period..."**

Who will replace a PCH natural attrition (death) when there is a ban on admission.

This provides a 100 percent free hand to kill any PCH by the Department or Advocacy groups, without the fair process of the law. If you are cited, you cant' hold out to receive justice. Your resident count will fall the longer you hold out. Do not be misled when the question comes up that the legal process is too long. It is!!! But the appeal is to the DPW's legal department and that is what is slow!!! The reason is, to frustrate you to give up - give in. Lets bypass Justice's absolute power will corrupt Absolutely! And if you think I only invent the above you are wrong! They did it to me, I am quoting from personal experience.

**2600.270 "CORRECTION OF VIOLATIONS"**

**"The correction of a violation....shall not preclude...issuing a provisional license..."**

A provisional license is a death certificate to a PCH, and an arbitrary power given to DPW!

***Absolute power will corrupt absolutely!***

Original  
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Original: 2294

# Rockwell

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1/4/05

INDEPENDENT REGULATORY REVIEW COMMISSION  
33 MARKET STREET  
14TH FLOOR  
HARRISBURG, PA 17101

RECEIVED  
2005 JAN - 7 AM 8:47  
INDEPENDENT REGULATORY  
REVIEW COMMISSION

DEAR SIR,

I AM WRITING THIS LETTER TO YOU IN REFERENCE TO THE REVISION OF THE PERSONAL CARE HOME REGULATIONS, CHAPTER 2620.

I AM CURRENTLY THE ADMINISTRATOR OF A FACILITY WHICH HOUSES OVER 90 ELDERLY PERSONAL CARE RESIDENTS AND AM VERY CONCERNED WITH SOME OF THE PROPOSED CHANGES. I AGREE THAT SOME REVISIONS ARE DEFINETELY NECESSARY TO TRY AND REIGN IN THE HOMES THAT DO NOT COMPLY AND ARE NOT DOING WHAT IS BEST FOR THEIR RESIDENTS. HOWEVER, SOME OF THE UNREASONABLE CHANGES THAT ARE PROPOSED WILL SURELY PUT SOME VERY GOOD HOMES OUT OF BUSINESS.

ROCKWELL CENTER IS A FOR PROFIT HOME WHICH WITH THE CURRENT REGULATIONS AND RATE AT WHICH THE PERSONAL CARE HOME SUPPLEMENT IS PAID IS NOT MAKING A PROFIT AND I AM UNSURE OF HOW MUCH LONGER MY OWNERS WILL ALLOW THIS TO CONTINUE BECAUSE IT DOESN'T MAKE FINANCIAL SENSE. NOW FACTOR IN ALL THE CHANGES WHICH ARE COSTLY TO A FACILITY OF MY SIZE AND IT'S JUST NOT WORTH IT.

1. UNANNOUNCED INSPECTIONS-I HAVE NO PROBLEM WITH THAT EXCEPT THEY ARE REQUESTING A LOT OF STATISTICAL INFORMATION THAT TAKES ME DAYS TO PUT TOGETHER AND I CAN'T IMAGINE DOING THAT ON THE SPOT.

2. STAFF AND ADMINISTRATOR TRAINING-VERY GOOD IDEA, HOWEVER THE PROPOSED REGULATION REQUIRES PAID PROFESSIONAL TRAINERS. THAT WOULD REQUIRE 1 HOUR PER MONTH FOR ALL MY STAFF (CURRENTLY 75 PEOPLE) AND I NOT ONLY WILL PAY THEM FOR THEIR TIME BUT THE TRAINER ALSO AND WOULD LIKELY HAVE TO DO IT MORE THAN ONE TIME TO INCORPORATE THOSE WHO HAVE 2ND JOBS AND WORK OTHER SHIFTS.

3. FIRE SAFETY-THIS WOULD BE HUGE FOR ME AND I HAVE DISCUSSED THIS WITH MY RESIDENTS AND I DON'T FEEL THE PROPOSED PLAN WILL HELP. I DO NOT HAVE AN ANSWER FOR WHAT WOULD HELP BUT TO PUT A SIGNALING

DEVICE AND/OR VIBRATING BED IN EACH OF THE 100 ROOMS WOULD BE SIGNIFICANT COST. I HAVE SCHEDULED MEETINGS WITH BOTH THE LOCAL FIRE

SAFETY EXPERT AND NORTHUMBERLAND COUNTY EMERGENCY MANAGEMENT TO ASSIST WITH A SOLUTION.

4. EXPANDED DOCUMENTATION-I UNDERSTAND WHY THIS NEEDS DONE BUT I AM SURE THIS WILL TAKE AWAY MY TIME AND STAFF TIME WITH SPENDING TIME WITH THE RESIDENTS.

THANK YOU FOR TAKING THE TIME TO LISTEN TO MY CONCERNS AND I HOPE YOU CAN DO ALL YOU CAN TO TAKE ANOTHER LOOK AT THESE PROPOSED REGULATIONS.

SINCERELY,

  
KIM GOLDER  
ADMINISTRATOR

RECEIVED  
D. F. CORPORATION  
2005 JAN 10 AM 9:16

INDEPENDENT REGULATORY  
REVIEW COMMISSION (412) 424-0110 FAX: (412) 262-2619  
1325 Fifth Avenue, Coraopolis, Pa. 15108  
January 5, 2005

Independent Regulatory Review Commission  
333 Market Street, 14<sup>th</sup> Floor  
Harrisburg, PA 17101

RE: Department of Welfare's Final-Form Regulations for Personal Care Homes

For the past 33 years, my family has owned and managed 5 personal care homes in the Pittsburgh area: one large (49 bed) facility and 4 small homes (three 8 bed and one 7 bed), out of the remaining 317 small homes in Pennsylvania. We currently have a total census of 74 residents in these 5 homes:  
41 residents, or 55%, receive SSI benefits (\$918.30) that we accept as full payment towards their monthly care,  
10 residents, or 14%, pay between \$918.30 and \$1,200.00 per month. So, overall, we have 51 residents, or 69%, who cannot afford to pay our basic rate of \$1,200.00 per month.

Allow me to present a few examples of how the Final-Form Regulations will affect us:

#1. I serve as administrator in our 4 small homes, which are located as far east of the city as Monroeville and as far west as Moon Township. Each home has a live-in manager (and their family), who assumes the responsibility of caring for their 7 or 8 high-functioning residents. The manager assists residents with their ADLs, offers medications, shops for groceries, prepares meals, washes clothes, cleans the home, pays bills, etc. as if it were their own home. It is then *my* responsibility to see that the manager and the home are in compliance with the personal care home regulations.

***Referring to 2600.56 Staffing, item (c), p. 27, and again in 2600.56 Administrator Staffing, p.28, the administrator shall be present in the home an average of 20 hours or more per week, in each calendar month.*** So, with 4 small homes, I would find myself working an 80 hour week. Since the manager cares for their 7 or 8 residents and there isn't any other staff to manage, what exactly is the purpose of spending 20 hours per week in each small home?

From a financial perspective, let's be conservative and say I make \$8.00/ hour (plus \$5.00/ hour for taxes and insurance, no benefits) x an extra 40 hours per week x 4 weeks a month. **We're talking an extra \$2,800.00 per month, or 33,600.00 per year!**

*Now, 2600.56 Staffing, item (c), p.27, does say “or in the alternative, a designee shall meet all of the qualifications and training for an administrator under 2600.53 Qualifications and Responsibilities of Administrators.”*

*And in 2600.53, item (5), p.26, it states that “for a home serving 8 or fewer residents, a GED or high school diploma and 2 years direct care or administrative experience in the human services field” would qualify an individual as an administrator.*

According to the current personal care home regulations, these managers serve as my designee in each home. Each one has a high school diploma, but they do not all have 2 years prior service in the human services field. Although I understand that they would be grandfathered in, the issue now becomes their 24 hours of annual training as administrators.

*Looking at 2600.64, Administrator Training and Orientation, item (c), p. 31, states that an administrator shall have at least 24 hours of annual training relating to the job duties. Then item (d) states that the “annual training shall be provided by Department-approved training sources...or by an accredited college or university.”*

Let’s assume that this 24 hours of training can be accomplished in 4 days of training, 6 hours each day:

4 managers x 4 days x \$100.00/day for courses provided by a Department-approved training source, college or university =	\$1,600.00
4 manager x 4 days x 9 hours (6 hours for the program, 1 for lunch and 2 for travel time) x \$13.00/hour (conservatively \$8.00/hour plus \$5/hour for taxes and insurance, no benefits) =	\$1,872.00
4 staff to cover the homes x 4 days x 9 hours x \$13.00/hour =	\$1,872.00

**The grand total for 4 small home administrators to receive 24 hours of training annually would be \$5,344.0, which is a little more costly than the \$180.00 per year per administrator identified in DPW’s “ Statutory Authority”, p. 6.**

**Recommendation:** Eliminate 20 hours required for an administrator to spend in the home.

**Recommendation:** Keep administrator’s annual training at 6 hours.

Having an administrator physically present for 20 hours a week does not guarantee that a home, no matter what the size, will be in compliance. (Technically, I guess they could sit around and watch TV or even sleep during their 20 hours.) And the same goes for 24 hours of annual training. I don’t believe that the more training an administrator has, the more likely they are to keep their home in compliance. I think the current personal care home regulations are better. The administrator is held accountable for keeping their home in compliance, regardless of how many hours they spend in the home. I like things simple... here are the rules, keep them and everyone will be happy; break them and pay the consequences.



#2. Moving on to our larger facility, let's look at *2600.65 Direct Care Staff Person Training and Orientation, item (d) (2), p. 33, which says that direct care staff can't provide unsupervised ADL services until they successfully complete the Department-approved direct care course and pass the competency test.*

We are licensed for 49 residents and employ about 25 full and part-time staff: 1 administrator, 1 RN, 16-18 aides, 3 cooks, 2 janitors, 1 housekeeper and 1 activities director. After being in business for 33 years, I think I can safely say that people today do not have the same work ethic that our parents and grandparents demonstrated. Consequently, there is much more staff turnover, especially in this industry. Employees quit without a 2 minute notice, let alone a 2 week notice of days gone by. It is sometimes necessary to hire someone quickly, do a half day orientation and then immediately partner them with another staff person (someone the administrator trusts to do the training) for a couple of days until they get to know the residents and the routine.

I don't understand how DPW envisions a "direct care training course" before new staff can take care of the residents. Who is supposed to teach it? How long will it take? Where is it held? Who is going to pay for it? Who is supposed to be taking care of the residents while a new staff person is taking this course? I can't begin to estimate the cost of this particular regulation without answers to those questions.

Then... they have to pass a test??? Many, many people do not do well taking tests. (One might argue that this testing is discriminatory because minorities don't do as well on tests.) Our facility usually attracts applicants who could/would not be hired at larger personal care homes, nursing homes or hospitals for a variety of reasons. Even if someone with superior skills/education thought about working at our facility, these other establishments offer more than our \$6.50 hourly wage and they often can afford to include benefits that we can't. Caring for so many low-income residents certainly limits our options.

What happens if they don't pass the test? Do we have to fire them?

**Recommendation:** Eliminate the direct care training course.

DPW has already identified the emergency preparedness orientation, *2600.65, items (a) and (b), p. 33*, that must be covered prior to or during a new staff person's first day. They also specify orientation topics that must be covered within 40 scheduled working hours, (I'm assuming that they mean within their *first* 40 scheduled working hours.) These orientation requirements are reasonable.

In addition, DPW identifies training as part of the orientation that includes demonstration of job duties with supervised practice, *2600.65, item (d) (1 p), p. 33*. Staff training is covered in *2600.65, item (e), p. 34*, which requires that staff have 12 hours of annual training relating to their job duties, and that on the job training may count for 6 out of those 12 hours. *Item (f), p. 34-35*, goes on to identify the required topics. All of which I think is pretty reasonable.

#3. Another area on concern is *Medication Administration Training 2600.190, item (a), p. 59-60, that requires staff to complete a Department-approved course and pass a performance-based competency test to administer medications, and must do so every 2 years. Item (b) requires the successful completion of a Department-approved diabetes patient education program every year.*

Allow me to do the math: I have 4 managers in my small personal care home, and they each have someone, usually a family member, who relieves them for time off, then I have 6 shift supervisors at the large facility. We have a total of 14 people who administer meds.

14 staff x \$50.00 per person for a current medication course offered in our area = \$700.00  
14 staff x 9 hours (to attend a 7 hour program, plus an hour on each end for travel time)  
x \$13.00/hour (conservatively \$8/hour plus \$5/hour for taxes and insurance) = \$1,638.00  
6 staff (4 to cover the small homes and 2 to cover 2 shifts at the facility) x 9 hours  
x \$13.00/hour = \$702.00

Providing that there isn't any turnover in any of these positions, and providing that everyone passes the test, **the grand total would be \$3,040.00 every 2 years.** I have no idea of how to factor in the expense of an annual diabetes program.

**Recommendation:** Eliminate the requirement for medication administration training, or provide consideration for homes that employ RNs who train their own staff.

I understand that medication errors constitute the majority of violations in personal care homes, but should all homes then be penalized? Our company employs a RN who trains the small home managers and the facility's shift supervisors on the proper procedures for administering medications and diabetes care, then documents the specific topics covered and the dates for each on a checklist.

It would appear that up to this point that the majority of my concerns revolve around training issues, which require both time and money. If a home has been in compliance for years, and has even gone above and beyond what is required in the regulations, why would the Department of Welfare risk putting them out of business by implementing costly training requirements?

*2600.3 Inspections and Licenses, item (a), p.6, refers to unannounced inspections.*

**Recommendation:** Eliminate this requirement, but keep doing the unannounced visits.

Typically an inspection at our larger facility runs between 5 to 6 hours. If the licensing representative arrives unannounced on a day when the administrator is not at the facility, due to training for example, how does DPW plan to accomplish their mission? Yes, there is a designee at the facility, our shift supervisor, but she does not have access to the residents' financial information. Furthermore, the residents' care would suffer because the supervisor would be spending her time answering questions for the licensing representative, not doing her job.

**2600.132 Fire Drills, item (k), p. 49, refers to holding a fire drill within 5 days of employment of a new staff person present, but not to exceed one drill per month.**

**Recommendation:** Eliminate this requirement.

This could potentially be a nightmare due to staff turnover. Each month we rotate shifts for our fire drills and staff do not know when they will be conducted, which keeps everyone on their toes.

### **Points of Clarification**

**2600.104 Dining Room, item (c), p. 43.** Concerning condiments at the table... wouldn't it make sense to add "as appropriate"? I'm thinking of condiments as ketchup and mustard, and we sure as heck don't use them at every meal!

**2600.123 Emergency Evacuation, item (d), p. 47.** What is a "fire-safe area"?

**2600.228 Notification of termination, item (b), p. 65.** Why is it necessary to provide written notice to the referral agent citing the resident's reason for discharge or transfer? Who is considered a referral agent and what if the resident has been at the home for a long time?

**2600.262 Penalties, item (d), p. 75.** If the Class I violation is corrected within 24 hours, will the home still be assessed a penalty of \$20.00 per day per resident?

**2600.64 Administrator Training and Orientation, item (d), p. 31.** What about other workshops and seminars that are conducted by professional associations?

**2600.68 Instructor Approval, item (b), p. 37.** What if an independent instructor, (such as myself,) has a doctorate in education and currently teaches at Geneva College? Would they have to complete the Department's train-the-trainer course? Perhaps this whole section is overkill?

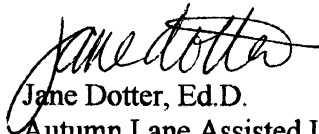
**2600.268 Notice of Violations, item (a), p. 77.** If the Class I violation is corrected within 24 hours, does the administrator need to give the residents and their designated parties written notification?

**2600.269 Ban on Admissions, (a) (2), p.77.** I am very uncomfortable with this one because although there are very general descriptions of the class violations in 2600.261, this leaves the specifics very much open to interpretation.

DPW has made some impressive changes in these Final-Form Regulations. However, in their 98 page commentary, they would have you, the consumer advocates, the politicians, the personal care providers and anyone else involved in the process, believe that the benefits of these new regulations far outweigh the costs.

Personally, the bottom line is still the bottom line. We can not squeeze another dime out of the residents to pay for these new regulations. And if they can't pay for the cost of the implementing these new regulations, who will? Isn't it possible to protect them without forcing their homes out of business?

Sincerely,

A handwritten signature in cursive script that reads "Jane Dotter".

Jane Dotter, Ed.D.

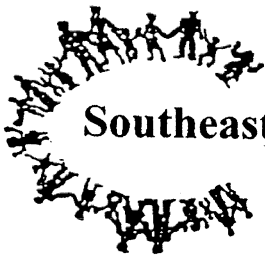
Autumn Lane Assisted Living and Personal Care Facilities

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Coraoplois, PA 15108

(412) 424-0110

Original: 2294



**Southeastern Regional Caregivers Alliance**

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2005 JAN 10 10 05 AM

INDEPENDENT LEGISLATIVE  
REVIEW COMMISSION

PO Box 9878  
Philadelphia, PA 19140

January 3, 2005

Mr. David Kaufman  
Department of Public Welfare  
P.O Box 2675 Room 533  
Health & Welfare Building  
Harrisburg, PA 17105-2675

Re: Chapter 2600 Proposed Personal Care  
Home Regulations  
Published in November 4, 2004 issued in  
The Pennsylvania Bulletin

Dear Mr. Kaufman,

We, the members of the Southeastern Regional Caregivers Alliance (SERCGA), wish you a Happy and prosperous New Year.

As we have stated in our letter to you dated November 22, 2004, the rising costs of food, utilities, wages, etc. will make it impossible to comply with any new regulations without additional funding.

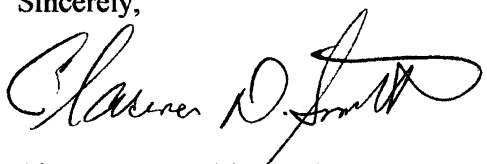
Attached, you will find copies of several articles that have recently appeared in the Philadelphia Inquirer. These articles show how the personal care industry is struggling to remain afloat at a time when everything is increasing **except funding**.

Please understand, we are not opposed to new regulations, but they must be accompanied with **additional funds** or we will not survive.

The 2005 cost-of-living increase to the poor SSI recipients (\$15.00) is totally inadequate to help meet the rising costs of operating personal care homes.

As your committees meet, please consider the obvious!!

Sincerely,



Clarence D. Smith, President  
SERCGA



Louis Smith, Vice President  
SERCGA

cc: The Honorable Harold F. Mowery, Chairman  
The Honorable George T. Kennedy Jr., Chairman  
The Honorable Vincent J. Hughes, Minority Chairman  
The Honorable Frank L. Oliver, Chairman  
The Independent Regulatory Review Commission

Attachments

# can't hear, one soldier yelled.

By Jeremy Redmon  
RICHMOND TIMES-DISPATCH

**FORWARD OPERATING BASE MAREZ, Iraq** — It was a brilliant, sunny day with blue skies and warmer-than-usual weather in the northern Iraqi city of Mosul yesterday. Hundreds of U.S. soldiers had just sat down for lunch about noon.

Then insurgents hit their giant chow hall tent with a suspected rocket attack. The force of the explosions knocked soldiers off their feet and out of their seats. A fireball enveloped the top of the tent, and shrapnel sprayed into them.

Amid the screaming and thick smoke that followed, quick-thinking soldiers turned their lunch tables upside down, placed the

See **SCENE** on A15



**Soldiers tend to the wounded** immediately after the attack. Fifteen American soldiers were killed in the blast from a 122mm rocket.

## Inside

- France cheers release of two reporters. **A7.**
- Iraq homicide case is raising questions. **A15.**

# for American forces in Iraq.

By Hannah Allam

INQUIRER FOREIGN STAFF

**BAGHDAD** — A 122mm rocket slammed into a dining tent of a U.S. military base at lunchtime yesterday, killing at least 22 people, including 15 American soldiers, and wounding 66 people in the volatile northwest city of Mosul.

It was one of deadliest attacks on U.S. troops since the war began.

Also among the casualties were five American civilians and two members of an Iraqi security force working at Forward Operating Base Marez, according to the U.S. military.

Military officials said the rocket ripped through the top of the tent.

See **IRAQ** on A12

"We are happy the governor is fully engaged and willing to help," the board chairman, Pasquale T. "Pat" Deon, said.

A plan backed by Rep. Dwight Evans (D., Phila.) to raise \$110 million annually for

See **SEPTA** on A18

# N.J. is losing key facilities for mentally ill

Community homes, down 25% since 2000, say they cannot survive on the state's funding.

By Robert Moran  
INQUIRER STAFF WRITER

A key component of New Jersey's mental health system is community housing, but the number of places to live is shrinking for people struggling with mental illness.

In the last four years, nearly 2,000 licensed beds have been eliminated due to the closing of 47 residential health-care facilities (RHCFs), which provide housing, meals, and basic medical care.

In 2000, the state had 189 licensed facilities. Now there are 142, a decline of 25 percent, state records show.

"It's shrinking every day," said Carol Trakimas, a Camden County social-work administrator.

"We used to have 11 residential health-care facilities" in Camden County, she said. "We're down to four."

The last one in the city of Camden closed Nov. 30.

Owners who have quit and some still in operation say they cannot maintain their facilities on what the government pays them: less than \$22 a day per resident.

"We just couldn't afford to give them three meals a day and all the care," said Steve Atlas, whose Pennsylvania company operated the 47-bed Cambridge-Brookside facility in Gibbsboro until it closed at the end of July.

Pennsylvania provides a higher reimbursement that, combined with the federal

See **BEDS** on A16

# Damaged tanker moves for repairs



**After a 50-mile trip up the Delaware** from Marcus Hook, the Athos is berthed in Morrisville. It arrived yesterday so its hull can be patched and pumped, which should allow experts to calculate how much oil was spilled last month. Story, **B1.**

# Panel: Little gain in importing drugs

It said ensuring safety would raise prices. Critics called the study "one-sided."

By Tony Pugh

INQUIRER WASHINGTON BUREAU

**WASHINGTON** — Making imported prescription drugs safe for U.S. consumers would be so expensive that consumers would see a price break of only about 1 percent, the Bush administration concluded yesterday.

Legalizing such imports also would cut drug-company profits used to fund research

and development, resulting in three or four fewer approvals each year of innovative new medications, a report released by an administration task force warned.

Supporters of legalizing drug imports expressed dismay with the findings of the 13-member task force, which was chaired by Surgeon General Richard Carmona and included representatives of several government agencies that have long opposed importation.

By its aggressive pessimism, the report said.

See **DRUGS** on A6

- Vioxx benefit found. **A3.**

# N.J. homes for mentally ill blame funding for decline

**BEDS** from A1 dollars, totals about \$33 a day, so the state is not suffering from a similar wave of closings, Atlass said.

New Jersey mental-health advocates are pleading with the state to boost funding, but it is a tough sell with the state facing a \$4 billion budget shortfall.

RHCFs rely on federal Supplemental Security Income checks of about \$564 a month for individuals (amounts vary) and an additional \$150.05 per resident from the state.

While the federal amount rises with cost-of-living increases, New Jersey's contribution has not changed since the 1970s, state officials acknowledge.

About \$80 a month is set aside for the personal needs of each resident, leaving the facilities with less than \$22 a day to provide all the care and services required by the state.

When Dayton Manor in Camden closed its residential health-care wing last month, dozens of people had to move, some to less desirable locations. Two required psychiatric hospitalizations because they refused to leave.

"Here it is around the holidays, and we're moving people," Trakimas lamented. "It's hard on families."

Richard Rudow, head of Dayton Manor, said he could no longer run that part of his facility "because we can't do it the right way with this reimbursement." (Dayton Manor still runs another program in the building.)

Robert Greco, president of the Association of Residential Care Homes of New Jersey, said closings would continue unless the state substantially boosted funding.

"Many of these facilities are down to a matter of months" until they are forced to shut down, Greco said.

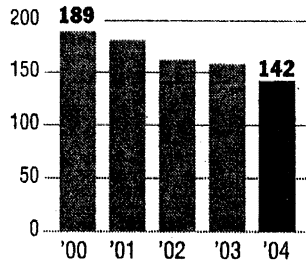
The state has 5,863 beds remaining. It is unclear how many are filled, because some facilities have scaled back.

If most of the beds are filled, as some officials and advocates believe, the figure is small compared with the state's 16,356 assisted-living and comprehensive

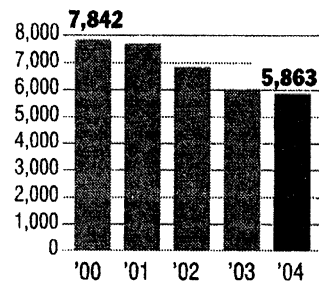
## Housing for the Mentally Ill

The number of licensed residential health-care facilities in New Jersey has declined 25 percent since 2000.

**FACILITIES**



**BEDS**



SOURCE: New Jersey Department of Health and Senior Services

The Philadelphia Inquirer

hensive personal care — which provide more services, and are more lucrative through federal Medicaid funding — have grown in recent years, residential health care has withered from neglect, some advocates say.

"I think that they're just not paying attention," said Paul Langevin, president of the Health Care Association of New Jersey.

"Five thousand people and their welfare is a significant issue," Langevin said.

William Conroy, assistant commissioner at the state Department of Health and Senior Services, said some owners of RHCFs in recent years had made a "business decision" and shifted to assisted living and comprehensive care.

When pressed about the fact that most RHCF residents are not eligible for those more expensive programs — and sometimes wind up in boarding homes, in homeless shelters, or back in costly psychiatric hospi-

sets in their community."

The day acting Gov. Richard J. Codey assumed office last month, he declared that improving the state's mental-health system was his top priority.

Codey, a longtime champion of mental-health issues, formed a task force to examine the system and report recommendations in March.

Despite the looming budget gap, advocates are hopeful that Codey will find more money for community housing.

Greco called the task force "the best hope I think we have."

When asked about residential health care, Codey's press secretary, Kelley Heck, said the governor was waiting for the task force to report back.

"He is generally supportive of the issue but is waiting for the recommendations, and also to see what the budget situation is like this year before making any decisions about funding," Heck said.

RHCFs did not become a primary housing resource for people with mental-health problems by policy but by default.

When Rudow opened Dayton Manor on the site of abandoned St. Joseph's High School in 1986, he envisioned a "retirement hotel" for blue-collar seniors. They choose more suburban locations, however, and Dayton shifted to mental health when the state stepped up its release of patients from psychiatric hospitals, Rudow said.

While geared to older residents, Dayton Manor accommodated clients as young as 18 who had psychiatric histories.

Around 1997, Dayton Manor converted 120 of its 240 beds to the comprehensive personal-care home designation.

Before closing its RHCF side, Dayton Manor had capped itself by filling only 60 of its 120 beds because of the financial drain.

Rudow plans to reopen those beds under comprehensive personal care.

But he is still holding his RHCF license — just in case the state comes to the rescue with more funding.

Contact staff writer Robert Moran



# Hearings set on 15.5% rise in water rates

By **MARK McDONALD**  
mcdonam@phillynews.com

The Street administration is seeking an emergency water rate boost of 15.5 percent starting Feb. 1 to forestall a technical default on its outstanding water bond debt, according to the attorney representing water users.

"You really don't like to see emergency rate increase requests because there's just not enough time to prepare," said Phil Bertocci, a Community Legal Services attorney who has been named public advocate in the rate case.

But the city's intentions or recent actions didn't come to light Tuesday when Mayor Street was asked about the status of the rate increase. At the time, Street said a hearing examiner had yet to be appointed. Saying there was "nothing nefarious" at work, Street said a hearing examiner

*Continued on Next Page*

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would be named "very shortly."

In fact, attorney Henri Marcial was named hearing examiner earlier this month and a pre-hearing conference was held Dec. 17.

At that meeting, the city amended its initial request from last January, a proposed 43-percent increase spread over four years, to one seeking 38 percent over the same period. But there may be little reason for customers to cheer the slight reduction.

Public hearings are scheduled for Jan. 10 and 11 on the emergency request, with subsequent hearings to deal with the three years following.

The examiner will take the testimony and make a recommendation to the water commissioner, who ultimately sets the rate.

Bertocci said the emergency hike now calls for the city to collect \$16 million more between Feb. 1 and the end of June. The typical residential user would see a bill increase from \$41.77 per month to \$48.24.

Under the city's senior citizen 25-percent discount program, a typical user would see a \$3.66 per month increase, almost a 15-percent increase between Feb. 1 and the end of June.

If the city gets all it wants, in the following three years an average bill would rise to \$57.60 or a total 38 percent increase over the current rate.

Water Commissioner Bernard Brunwasser said one reason for the slight reduction is the city has removed a proposed program to cover the cost of replacing lateral lines from the main to the curb. At present, homeowners must pay for this when a lateral breaks.

But Bertocci said the city originally was proposing to collect \$307 million over the period, including \$70 million for the lateral program.

Removing that program should mean a \$237 million rate request, but Bertocci said city documents show the city actually wants \$286 million.

"The way I read this is that since January, the city has decided it needs \$49 million more," he said. ★

# BUSINESS

SECTION

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## Natural-gas prices on the rise

Philadelphia joins Pittsburgh and Harrisburg in paying the record costs. The trend is being reported across the country.

By Marc Levy  
ASSOCIATED PRESS

HARRISBURG — Pennsylvania's 10 largest gas utilities are charging higher prices for natural gas this month than they were a year ago, and customers in Philadelphia, Pittsburgh and Harrisburg are paying record prices, according to new figures compiled by the Public Utility Commission.

Philadelphia Gas Works charges the highest rates for home-heating gas at \$9.88 per thousand cubic feet, followed by \$9.75 per thousand charged by Equitable Gas of Pittsburgh and \$9.27 per thousand charged by UGI Utilities of Reading.

All three prices are records for those companies, which together serve about 1 million of the state's more than 2.8 million residential and business gas customers.

The companies said they are not charging more for delivery of natural gas, but are simply passing on the increasing cost of wholesale gas.

"People are seeing some really big increases and it has to do with nothing else than the cost of gas," said Doug Oliver, a spokesman for Philadelphia Gas Works, a municipally owned utility that serves about 500,000 customers in Philadelphia.

The cost of natural gas for January delivery closed Thursday at \$6.668 per million British thermal units on the New York Mercantile Exchange. A year ago, they were \$5.605.

Under state regulations, gas companies in Pennsylvania can profit on the cost of delivery, but not on the cost of purchasing wholesale gas.

Home-heating gas supplies have tightened and driven up prices because natural gas is increasingly used as fuel for power plants and because there are fewer easily accessible gas fields, analysts say.

Retail prices in Pennsylvania spiked in 2001, then fell before rising steeply again in the last 18 months.

For instance, a UGI customer will pay a monthly heating bill of \$113.60, based on usage of 8,500 cubic feet a month.

A year ago, that same bill was \$98.87, company spokeswoman Deborah Lauffen said.

The state's consumer advocate, Irwin "Sonny" Popowsky, said that, while recent price increases and volatility appear to be leveling off, gas futures re-

See GAS on C5

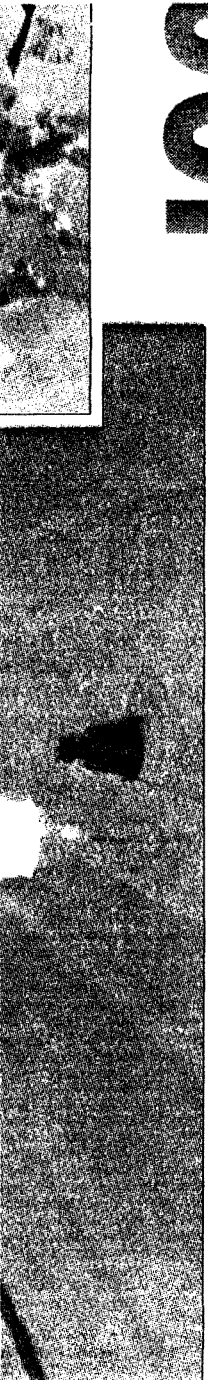
# POP a serving of nostalgia

## TOYS R US

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# U.S. funding for Medicaid relieves Pa.

The \$1 billion arrangement for nursing homes is credited with averting "virtual chaos."

By Ron Todd  
ASSOCIATED PRESS

PHILADELPHIA — The state averted disaster by winning federal approval of more than \$1 billion in Medicaid funding over the next four years, but there could be more problems in the future, Gov. Rendell said yesterday. Rendell and U.S. Sen. Arlen Specter (R., Pa.) hailed the agreement in a news conference at the 150-bed Liberty Court nursing home in Center City, Philadelphia. The deal will bring an additional \$280 million each year for Pennsylvania nursing homes that care for indigent residents who qualify for Medicaid.

"Had this arrangement not been worked out, there would have been virtual chaos in the nursing homes in Pennsylvania," Specter said. Liberty See **MEDICAID** on B3

December 28, 2004

THE PHILADELPHIA INQUIRER

www.philly.com

B F

# Relief comes with approval of \$1 billion for Medicaid

**MEDICAID** from B1  
Genesis HealthCare, said it would have to of its 37 facilities in (without more help.

g the funding was i Specter, who also e efforts of Sen. Rick R., Pa.).

idell administration ying to get the mon- arly last year. But states also seeking

more funding, the Bush admin- istration imposed tougher scru- tiny on requests. As the dispute dragged on, nursing home own- ers said they were forced to de- fer bills, cancel pay raises, or go into debt.

"We were left hanging out there with an increased assess- ment," said Rendell, who re- leased \$66 million in August to tide the homes over. "It would have been a disaster had we not

received the federal match." The governor said 78 percent of nursing homes in Pennsylva- nia will benefit, with an average gain of \$267,000.

Rendell and Specter called the new funding a great victory in the context of the administration's ef- forts to cut its contribution to the Medicaid budget and the desire of federal officials to reduce taxes while paying for military opera- tions and new programs.

Rendell, however, said an early analysis of the budget for the next fiscal year beginning in July indicated that \$1.6 billion more would be needed to keep the same level of service. Pennsylvania is one of the few states that have not cut people from the Medicaid rolls over the last two years, he said.

Meanwhile, the Bush adminis- tration, which raised its level of reimbursement for medical as- sistance during the recession,

wants the rate down at pre-re- cession levels, Rendell said. And while the economy has im- proved overall, medical costs in- creased 13 percent last year.

"I am resolute that we're not going to raise taxes in this next year's budget," Rendell said. If the reimbursement level is not main- tained, the state would probably have to reduce benefits or the number of people receiving them. Mary Kahn of the Centers for

Medicare and Medicaid Service the federal agency that adminis- ters Medicaid grants, said the in- crease granted in April 2003 en- ded in June 2004 and was alway intended to be temporary.

But, she said, "the Bush a ministration is aware of the struggle that Medicaid costs are imposing on state budgets, and the President wants to work together with states to reach solution."

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## *Major Changes In New Regulations*

- Unannounced inspections, expanded fines. Bans on admissions.
- Administrator training is 100 hr. and 24 ceu's annually
- Expanded staff training requirements, tests included.
- 12 ceu's annually for direct care staff (universal workers can not be used)
- Family P.O.A. vs. Guardians
- New fire safety requirements for hard of hearing residents. (huge cost factor).
- Service Plan Requirements.
- Time limits for assessments and service plans
- Expanded documentation.
- Expanded resident rights and appeals.
- Expanded medication administration requirements.
- Enhanced screening and assessments of residents.
- Extensive support plans requirements.
- All service charges individualized and defined separately.
- 72 hour service contract rescension.
- 2nd exit added for all second and higher floors. (large cost factor).
- Communication system requirements. (huge cost factor).
- More frequent tests for well water chloroform.
- Training Plan for each employee of a facility needs to be implemented.
- Change in waiver permits.
- Facilities will have expanded responsibilities for residents personal possessions.