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**400 North Walnut Street
 West Chester PA 19382
 Phone: 484-760-6413
 Fax: 610-696-1627
 E-Mail: ksipple@thehickman.org**

FAX

To/Company Name: IRRC

Attention: John Jewett

Fax Number: 717-783-2664

From: Krys Sipple

RE: DPW final form reg. response

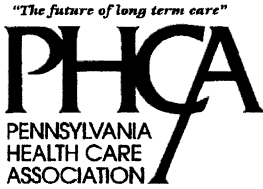
Number of Pages (including cover sheet): 3

Notes:

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 2005 FEB 11 PM 4:14
 REVENUE COMMISSION

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Original: 2294



Pennsylvania Health Care Association

315 North Second Street • Harrisburg, PA 17101
(717) 221-1800 • (717) 221-8687 FAX • www.phca.org

VIA EMAIL and FAX

February 10, 2005

Ms. Karen Kroh
Human Services Policy Specialist
Pennsylvania Department of Public Welfare
P.O. Box 2675
Harrisburg, PA 17105

RECEIVED
2005 FEB 10 AM 11:27
INDEPENDENT REGULATORY REVIEW COMMISSION

Re: Personal Care Home Regulations

Dear Karen:

On behalf of the Pennsylvania Health Care Association and the Center for Assisted Living Management (collectively, "PHCA"), thank you for the opportunity to comment on the proposed revisions to the final form regulations for personal care homes. We are grateful as well for the Department's efforts to revamp these regulations consistent with the agreement reached with the legislative caucuses and the various stakeholders so that the final regulatory package may secure prompt approval by the oversight committees and the Independent Regulatory Review Commission.

We are pleased to advise that the proposed revisions overall capture the terms of the agreement as summarized in the Department's January 19 documents relating to the final form personal care home regulations. However, we believe that four specific provisions require further clarification to be consistent with those terms, as follows:

1. THE REVISIONS CONTINUE TO GRANT PRIVATE ORGANIZATIONS INAPPROPRIATELY BROAD ACCESS TO PERSONAL CARE HOMES.

As you know, we expressed concern that the original final form regulations afforded Pennsylvania Protection and Advocacy ("PPA") access to personal care homes that exceeded the scope of authority granted to it under federal law. The underlying federal laws specifically detail the access and investigatory rights conferred on organizations like PPA, which do **not** include unfettered and immediate access to facilities. We had understood the agreement among the Department, the legislative caucuses and the stakeholders to be that the regulations would not grant a right of access beyond the scope of federal law.

Ms. Karen Kroh
February 10, 2005
Page 2

Unfortunately, the revised section 2600.5(a)(4) does not narrow the right of unfettered and immediate access granted to organizations like PPA. The revision simply deletes specific reference to PPA, substituting instead reference to the relevant federal statutes. Since this subsection exists under a global requirement that the personal care home "provide...immediate access to the home, the residents and records," however, it therefore continues to afford such unfettered and immediate access to organizations like PPA.

Our agreement requires that the regulation afford organizations like PPA the same access they are afforded under federal law. Since the proposed revision does not do so, the provision requires further modification. Accordingly, we suggest adding the following clause to the end of section 2600.5(a)(4): **"...provided that the access afforded under this regulation shall not exceed the access provided under federal law."** We would be happy to consider alternative language, but believe that a clarification is essential to satisfy our concerns and fulfill the terms of our agreement.

On a related note, we believe that section 2600.44(g) be changed to delete the requirement that personal care homes post contact information for PPA. We believe that the failure to delete this reference to PPA is an oversight.

2. THE CLARIFICATION REGARDING CHOICE OF HEALTH CARE PROVIDERS CREATES SIGNIFICANT PROBLEMS FOR PERSONAL CARE HOMES.

The tolling agreement specified that the Department would "clarify" the language concerning choice of health care providers. The proposed clarification of section 2600.41(y) adds the phrase "without limitation by the home" to the prior language. The final form regulations, however, define neither "health care" nor "health care providers." The absence of clear definitions, coupled with other obligations that the regulations impose on providers, make this change problematic.

First, since there is no definition of "health care" or "health care provider," and since residents frequently perceive even basic personal care services to be health care or related to health care, this provision could create an expectation that residents have the right to choose all service providers. Such an interpretation is inconsistent with current law and could transform personal care homes into apartment buildings in which residents obtain all services from third parties. Second, personal care homes could face liability claims based upon the negligence of third party providers, yet the proposed language prevents personal care homes from imposing reasonable restrictions on such access. By contrast, hospitals, nursing homes and other providers may establish criteria upon which third party providers may be granted access to facilities.

Ms. Karen Kroh
February 10, 2005
Page 3

In the interest of finalizing the regulations expeditiously, we believe that the best solution simply is to revert to the language from the original final form regulations. Otherwise, we must modify the regulations to make it clear that personal care homes retain the right to offer personal care services exclusively to residents, define health care services to avoid consumer confusion and provide appropriate regulatory guidance and allow personal care homes to set reasonable limits of the access of third party health care providers to facilities.

3. THE CLARIFICATION REGARDING "DO NOT RESUSCITATE" ORDERS IS INCONSISTENT WITH DEPARTMENT OF HEALTH REGULATIONS.

The proposed revision to section 2600.63(d) adds a clause specifying that, although staff members who are trained in obstructed airway techniques and cardiopulmonary resuscitation must act in a manner consistent with their training, such staff should not do so if "the resident has a do not resuscitate order." We believe that the Department of Health regulations prevent individuals outside a licensed health care facility from honoring "do not resuscitate" orders. The proposed revision creates a conflict between regulatory agencies. We strongly recommend that the additional clause be deleted to avoid this conflict.

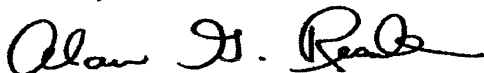
4. THE REQUIREMENT TO REPORT PRESCRIPTION MEDICATION ERRORS WILL CREATE A SIGNIFICANT ADMINISTRATIVE BURDEN FOR PROVIDERS AND THE DEPARTMENT.

The proposed revision to section 2000.16(a)(13) clarifies that "prescription" medication errors must be reported to the Department. We believe that this requirement will generate literally hundreds of reports each day on a statewide basis and that consumers are appropriately protected by the separate requirement that such incidents be reported to the resident and family. Consequently, we believe that such reporting is unnecessary.

Once again, thank you for your hard work in transforming the agreement among the various parties into the proposed revisions to the final form regulations. We trust our comments will be useful in assuring that the version ultimately submitted to the oversight committees and the IRRC completely reflect that agreement.

Should you have questions, please contact me promptly.

Sincerely,



AGR/jlh

cc: The Honorable Estelle Richman
The Honorable Michael Nardone
Mr. Niles Schore

Original: 2294

82

IRRC

RECEIVED

From: Elgin Panichelle [carmellas_panic@msn.com]
Sent: Wednesday, February 09, 2005 11:16 PM
To: IRRC
Subject: Urgent Letter RE:Chapter 2600 Regulation

2005 FEB 10 AM 7:44

REVIEW COMMISSION

I have written many letters on behalf of the WCPCHAA, however this letter is composed from a personal level. I need to explain what Chapter 2600 will personally do to me, my family, and my extended family of 8 residents.

I am a registered nurse, and have always loved geriatric care. I have come full circle in my nursing career, and am finally doing what I love to do. It took me 12 years to save enough money to launch this career, this dream. 12 years of studying the personal care home industry and researching how to operate a successful, small business. 12 years to talk my family into going for broke...taking out a second mortgage on our home, and investing our life savings into this grand old building so that I could own and operate my own personal care home. That's the American dream. Be adventurous, follow your heart and have the courage to do what is right.

In April 1998 I finally started. We went for broke and bought a quaint, big old building that used to be a hotel back in the mining days. I hung my sign Carmella's House and very quickly started. Our reputation is for quality care and we get referrals from word of mouth only. I do not advertise, and I have stopped my phone listings in the yellow pages.

We have put our heart and souls into this business, and everything that we are financially worth is sunk into this old house. We have gardens and lots of bird feeders and a small house poodle that all the residents dearly love. We have never had a resident move out because of dissatisfaction. The only residents that have left were respites. And actually two of our residents were respites that never left. Rarely do we have any openings. I think our success is that we cater to our residents and treat them as if they are family.

My immediate family of 3 resides at Carmella's House. We have no staff because there really is not enough income from an 8 bed facility to support a payroll. For 7 years, we have worked without any days off. My husband and I cover the basic needs of our residents 24 hours a day, 7 days a week, for 52 weeks per year. We have enjoyed most of the 7 years because we were chasing a dream and always believed there was a lot of light at the end of the tunnel. Someday, we'll expand the business, so that we could afford staff to at least have a few days off per year.

Chapter 2600 will extinguish the light at the end of the tunnel. It will rob us of our future. We will lose our building, our business, our residents, and our dream. Our residents and their families will also lose their choice of residential care. We are self employed which means that when the walls come tumbling down under the weight of these new regulations we will not even be eligible for unemployment or severance pay.

We will have nothing to keep us afloat.

This sickens me and it angers me. We have not done anything wrong. Our inspection surveys are always great. Our reputation of care is impeccable. We have worked so hard to make sure that the last years of our residents lives are better than good. We have been proud of this little personal care home that we have created. And now our reward will be annihilated by new regulations. How can you change the rules half way through the game?

Chapter 2600 is designed for nursing homes, or for large corporate-style big business. It is designed to destroy the small mom & pop business. It will create a monopoly of the type of PCH remaining. Residents will lose their choice of what type of facility would best suit them.

The small business will not be able to keep up with all **the excessive paperwork**. I left the skilled

2/10/2005

facilities because the paperwork was so overwhelming that there was no time left to take care of the patients. It sickened me. I think that it is morally wrong when the paperwork is more important than a human in need. I can speak from first hand knowledge that paperwork does not equate to quality of care. Chapter 2600 is all about paperwork. The chapter called quality management (2600.26) was thrown in as a bad joke.

I feel that it is **criminal that there is not a grandfather-in for our buildings**. So we loose our business, and we loose our real-estate as it will not be a sellable property. It's unbelievable that these are the conditions that are being promoted. We are being robbed by this set of regulation!.

Chapter 2600 is not financially feasible. It is an example of how **over-regulation** will destroy capitalism.

We've been involved in this process of regulatory change since 2001. My feathers have really been ruffled because the Dept. seemingly only caters to special interest groups that are extremely biased and without common sense on how to manage small business.

I'm a very small business, and so in the big picture, it really will not matter too much if you wipe out an 8 bed facility. We're on the extinction list. But, I am not unique...

Most personal care homes are small business. **Probable 80% of homes are small**. The sum total of homes and residents that will be adversely affected is huge. I am not unique.

The larger businesses that might survive will become so expensive that residential care will no longer be affordable. **The sum total of residents that will be adversely affected is 100%**.

I would like to question "who are these regulations really designed for?" It's not for the homes; our input has been totally ignored. It's not for our residents.

Who will actually benefit from Chapter 2600? "Where have all the flowers gone?"

My final question for you to ponder is "who will explain to my residents why they have to move, when they thought that this is their home?" It just doesn't seem fair that my 98 year old will be uprooted, or that my resident that has lived with numerous evictions and mental hospitals will once again have to relocate.

Chapter 2600 will be devastating. All the details have been covered in the WCPCHAA response of 2-07-05. The items tolled were not enough for the survival of the small businesses within the personal care home profession.

For the sake of my residents, and my family, I continue to request for a concurrent resolution to dissolve Chapter 2600. It is not fixable. It is not right.

Please continue to keep me informed.

Thank you kindly,

*Elgin Panichelle R.N., Adm.
Carmella's House P.C.H.*

YINGST HOMES INC.

Forrest N. Troutman, II
General Counsel

Original: 2294

RECEIVED

2005 FEB -2 AM 9:01

INDEPENDENT REGULATORY
REVIEW COMMISSION
January 31, 2005

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Tel: 717-652-2663
Fax: 717-920-9428
www.yingsthomes.com

Independent Regulatory Review Commission
Mary Wyatte, Acting Executive Director
333 Market Street, 14th Floor
Harrisburg, PA 17101

RE: Comments, Suggestions, or Objections to Proposed Final Form
Personal Care Home Regulation, 55 Pa. Code, Chapter 2600

Dear Director Wyatte, Commission Members and Staff:

This letter is a follow up to my previous letter dated November 24, 2004, about which I spoke with Marylou Harris in your offices earlier today. As in the previous letter, the subject of this letter is to voice comment to the proposed final-form regulation version of the Personal Care Home Regulations to be codified at 55 Pa. Code, Chapter 2600, which comments are made on behalf of Grayson View, Inc. and Grayson View Associates, L.P., Yingst family assisted living facility owners and operators of two facilities in Pennsylvania.

These particular comments expand upon the previous comment with respect to Section 2600.130 (page 48) titled Smoke Detectors and Fire Alarms. The company that services and monitors the smoke and fire detection systems in our facilities, SimplexGrinnell, furnished the enclosed letter to help explain and expand upon our comment. It is with their permission that I have forwarded their letter to you and I do so because it appears to me they have the public safety in mind and raise valid points for consideration.

Should you have any questions regarding the above comments, please feel free to call me directly at (717) 652-2663 or e-mail me at froutman@yingsthomes.com. Thank you in advance for your additional time and consideration of this important matter.

Sincerely,



Forrest N. Troutman, II

Enclosure

c Hon. George T. Kenney, Jr., Chairman (Maj.)
House Health & Human Services Committee
Ryan Office Building, Room 108
Harrisburg, PA 17120-2020

Hon. Frank L. Oliver, Chairman (Min.)
House Health & Human Services Committee
34 East Wing
Harrisburg, PA 17120-2020

Hon. Jake Corman, Chair (Maj.)
Senate Public Health & Welfare Committee
Senate Box 203034
Harrisburg, PA 17120-3034

Hon. Vincent J. Hughes, Chair (Min.)
Senate Public Health & Welfare Committee
Senate Box 203007
Harrisburg, PA 17120-3007

Pennsylvania Assisted Living Association (PALA)
Daneen E. Reese, Executive Director
536 Edella Road
Clarks Summit, PA 18411

Hon. Mark S. McNaughton
54B East Wing
Harrisburg, PA 17120-2020

Hon. Ronald S. Marsico
218 Ryan Office Building
Harrisburg, PA 17120-2020

Hon. Jeffrey E. Piccola
Senate Box 203015
Harrisburg, PA 17120-3015

Department of Public Welfare
David F. Kauffman
P.O. Box 2675
Harrisburg, PA 17105-2675

tyco

Fire &
Security

SimplexGrinnell

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2005 FEB -2 AM 9:01

INDUSTRIAL LABORATORY
REVIEW COMMISSION

SimplexGrinnell LP
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New Cumberland, PA 17070

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www.simplexgrinnell.com

December 02, 2004

David Dunn
Executive Administrator
Grayson View
150 Kempton Ave
Harrisburg, Pa 17111

Dear Mr. Dunn:

This letter is to convey the SimplexGrinnell Harrisburg District's position on the proposed changes to the Pennsylvania Department of Public Welfare (DPW) regulations.

As the industry leader in life safety system testing, SimplexGrinnell would first like to commend all the people involved in revising the current, antiquated regulations in regard to life safety system requirements.

Of particular interest to SimplexGrinnell are the proposed regulations referring to fire alarm testing requirement in DPW's regulation 2600.130. (f).

The proposed DPW regulations do not define the difference between *smoke detectors* and single / multiple station alarms (*smoke alarms*). The terms *smoke detector* and *smoke alarm* are not interchangeable. NFPA 72 defines a *smoke detector* as a device that detects smoke, but requires connection to a fire alarm control unit (panel) to perform notification functions. NFPA 72 requires annual functional testing of *smoke detectors*. NFPA 72 defines a *smoke alarm* as a device that detects smoke and includes notification components (strobe or sounder) all in one unit. NFPA 72 requires monthly testing in accordance with manufacturer's instructions for single and multiple station alarms (*smoke alarms*). NFPA 72 also includes both *smoke detectors* and *smoke alarms* located in other than one or two family dwellings in the requirements for sensitivity testing and visual inspection. We believe monthly testing of *smoke detectors* would be excessively cost prohibitive due to NFPA 72 requirements for using qualified personnel to test life safety systems.

The terminology in DPW's regulation 2600.130 (f), in particular the term "operability" is too ambiguous and could be interpreted incorrectly. A true test of a smoke detector for operability requires the injection of smoke into the sensing chamber to ensure that an alarm activation will occur. The requirement that the fire alarm system also be tested for "operability" would also entail a complete fire alarm test in accordance with the industry recognized standard being the National Fire Protection Association codes.

tyco

Fire &
Security

SimplexGrinnell

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We would recommend that the DPW aligns itself with the current Nation Fire Protection Association Codes related to Fire Alarm testing, Code 72 Chapter 10 in particular and utilize similar terminology. This chapter describes one annual functional test and one semi-annual visual test.

Another area of interest would be the Pennsylvania Department of Public Health (DOH) requirement that their facilities adhere to NFPA 101 Life Safety Code, this document refers to NFPA code 72 for fire alarm testing.

The new Uniform Construction Code recently implemented in Pennsylvania also is governed by the NFPA codes, and as such, we feel that this the proposed DPW regulations are a unique opportunity to standardize the fire alarm requirements in Pennsylvania.

Of special note, we believe that the changes are deficient due to the lack of proposed requirements to test and maintain the facility's sprinkler systems. These systems along with the testing and maintenance requirements are again covered in NFPA code 25.

Also, fire extinguishers are covered in NFPA 10, and likewise their requirements are contained in that code document.

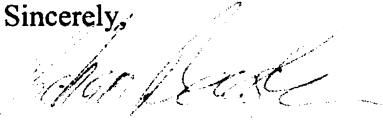
We believe that by including and implementing these code requirements, there would be a huge advantage to the protection of residents and staff by ensuring that the vital life safety systems work correctly when needed in an emergency..

The one document that can cover all of the above requirements that is also referenced in the UCC is the International Fire Code (IFC). This code refers to all the relevant NFPA codes as "required".

We, therefore, would recommend that adoption of the IFC that would then cover all of the life safety systems found in your facilities. Also by using terminology in your proposed regulations, such as terminology like "current edition of IFC codes" would assist in keeping this document current.

I realize that far greater detail will be required and would like to extend the offer of our services in answering any questions that arise from this letter.

Sincerely,


Rohan Beasley
Account Representative
rbeasley@tycoint.com
DD: 717-412-1027

75

Original: 2294

RECEIVED

2005 JAN 28 PH 3:40

INDEPENDENT REGULATORY
REVIEW COMMISSIONFax sent to: **Hon. Jake Corman**Chairman of Senate Public Health and Welfare Committee
1-717-772-3146**Hon. George T. Kenney, Jr.**Chairman of House Health and Human Services Committee
1-717-787-4810**Independent Regulatory Review Commission**

1-717-783-2664

From: **Westmoreland County Personal Care Home Administrators' Association**
724-853-1862 Total of 6 pages.

The W.C.P.C.H.A.A. represents about 80 homes. Most are small businesses which are independently owned and operated, although there are a few which are part of large corporations or non-profit. Statistically, we are the third largest county in the number of homes, and in the number of residents which we serve in PA.

We have been actively involved in the formation of Chapter 2600, since the original draft was introduced in March, 2001. We have studied the documents, and have participated in workshops, in workgroups, as well as D.P.W. Advisory Committee, and we have submitted comments as requested. We have invited the previous director of OLRM, Teleta Nevius to our meetings and have given tours of the PCH in our county. We even met with IRRC in 2002 to present our concerns.

Our major concerns have remained unchanged throughout the process from draft to proposed to final-form to tolling-form. We are most concerned that these regulations are not financially feasible and that to date the Dept. (DPW) has yet to complete a cost analysis. We are alarmed of the undercurrents to change the PCH industry from a social model to a medical model. We dislike the enormous amount of paperwork and are fearful of the added expense that will be passed on to our residents. Paperwork and over-regulation does not equate to quality of care. We are upset by the extraordinary amount of training that will be astronomical in \$. We are appalled that there has not been any consideration to grandfather-in the buildings of existing licensed facilities.

Our major issues have not been addressed, and now it seems as if the more we express our concerns, the more we are ignored and excluded from discussions. We have reviewed the "Draft for Discussion Purposes Only re: Major Tolling Areas, Jan. 3, 14, and 18, 2005." The only groups that were included in this discussion were very biased groups. As a matter of fact, there were not any groups present that purely represent the PCH industry. The major influence is from the advocates and from the nursing home industry. These behind-closed-door type of meetings in which the PCH's are excluded is very upsetting because it is the fate of our residents as well as our livelihoods that are being knocked around, without our representation.

The following pages are more items that absolutely need to be tolled, in addition to those mentioned on the draft. Please keep us informed.

Respectfully submitted, Elgin Panichelle/WCPCHAA

Elgin Panichelle

For tolling:

For the survival of existing personal care homes, the single, most important item that should be tolled is that existing buildings should be grandfathered-in. Many of the required renovations to comply with the new regulations would be cost-prohibitive, if not actually impossible. The Construction Code Act has compounded the inherent issues surrounding any changes to the structure of existing businesses.

The grandfather-in should be for as long as the building is a licensed PCH, so that current owners would also be able to sell the existing business. For many of the owners which are self-employed, the sell of the business is our only retirement plan.

It is critical that there is a GRANDFATHER-IN clause added for the existing PCH to protect the actual building. If a PCH has been in compliance with the building requirements, and has been a licensed facility serving residents, it is unfair and outrageous that a new set of regulations could be developed with additional requirements. It may not be possible for a PCH to be redesigned or altered to fit the new requirements. It is actually unfair that a home would have to be closed, simply because new requirements were created.

Examples of potentially impossible renovations would be:

2600.101 Unable to change the square footage of an existing bedroom size to accommodate the new requirement for 100 sq. ft. per resident with mobility needs.

2600.94 Unable to change an existing stairway landing to a minimum of 3 feet by 3 feet landing.

2600.122 Unable to add 2 exits to every floor... particularly basements.

2600.101 (g) Unable to provide space for storage of personal property in a dry, protected area. This is unreasonable, as this may require a large area in the PCH. Most communities have rental units for storage. The PCH should not be required to store unused belongings. This would also be an unwanted added expense for the insurance to cover property.

2600.19(g) Waivers should not be revoked after 12 months, they should remain in effect for as long as the building is licensed. Any waivers should be grandfathered-in.

There should also be made available low interest loans from the government for PCH that are forced into building renovations in order to continue to exist. It is inconceivable that regulations are being seriously considered that may annihilate an industry that has remained economically self-sufficient throughout its history.

The second most important topic that should be tolled is the excessive amounts of training for both the administrator and the staff that are found throughout the regulation.

2600.64 (c) An administrator shall have at least 24 hours of annual training relating to the job duties.

This is excessive and supercedes the ongoing training requirements for those that are in the medical professions. A NHA is only required to have 36 hours every 2 years.

An R.N. certified for critical care is only required to have 15 hours per year. WHY WOULD A PCH ADMINISTRATOR NEED 24 HOURS? This is very costly, excessive, and unreasonable, and beyond the standards of health care professionals.

2600.65 (a-d) Mandates an extraordinary amount of training for direct care staff including competency testing. This is going to create more of a caregiver shortage and deter potential caregivers from the PCH industry.

It will also translate into exorbitant cost for the homes. Caregivers are quite transient in their employment, and there is a great fear that many dollars will be invested in staffs that are notorious for leaving their positions.

Another consideration, is that with the shortage of caregivers, these regulations would eliminate the use of temporary staffing agencies as agencies would not want to absorb this type of training cost to supply minimum or low wage workers.

2600.65(e) Continues to mandate more training of 12 hours annually.

2600.236 Requires 6 additional hours for a total of 18 hours annually for direct care staff working in secured dementia units.

A cost analysis to this alone would have to include:

- the cost of the training
- the hourly wage of the staff person covering the home while another is in training
- the hourly wage of the staff person
- as well as the cost to the Dept. to develop, give, and monitor the competency testing.

The cost of the training and the wages paid while in training quickly become economically infeasible. The alarming figures are even more detrimental to homes which are predominantly SSI. It is impossible to have a balanced business plan with these regulatory requirements.

2600.64 (d) Annual training shall be provided by Dept.-approved training sources listed in the Dept.'s personal care home training resource directory or by an accredited college or university.

This entire section should be deleted. It is not only restrictive, but it is also extremely cost-prohibitive. Currently, many local adm. associations bring in a variety of guest speakers with pertinent topics, and the administrators who attend the session receive Credit for hours attended. Many of these sessions are free, or offered at a minimal fee. The new regulation would make this impossible.

2600.67 Training institution registration.

2600.68 Instructor approval.

Both of these sections were added to the Final-Form regulation without review from stakeholders, or PCH commentors. These sections came out of the blue. We oppose both for the following reasons: Cost to the Dept. (taxdollars) and Cost to the PCH. The Dept. is going to have to develop an entire new section to do this. How much will this cost the Commonwealth for the Dept. to create this section.

It is also too restrictive for educational requirements.

We also feel that it mirrors the medical profession. Many of their seminars to meet the educational requirements are extremely expensive (\$900.00 and up). This is too exorbitant.

We would like to know who authored these two sections. And WHY were we not allowed to review these new provisions prior to entering our set of regulations?

This set would eliminate the possibility of going to conventions for educational credits outside of Pa. There are national conferences held by various associations (ALFA) which provide a wealth of ideas. An intrastate conference certainly would not have a Dept. approved and certified trainer.

This provision is not only very costly, it is also too restrictive. It does not promote professionalism among the administrators.

We feel that the breakdown of small home vs. large home is also unreasonable. We do understand that the difference has already been defined by L&I Occupancy Permit. However, we would advocate that the difference for exceptions be made between small vs. large businesses. This difference has also already been defined by L&I as having 50 employees or less is small. The business aspect is more important than the actual physical size of the building.

2600.269. Ban on admissions. This is too punitive. This should be revised to provide the Dept. with the authority, but not the mandate.

Also there should be some exception to lift the ban until the appeals process has been completed. Some appeals processes are lengthy, and it could be very damaging to a business and to the operations of a business if there is a ban on admissions. The only income is from the "sell of the beds", and if any residents are discharged during a ban of admissions then it could be conceivable that there would not be enough income to pay the usual overhead bills to keep the business afloat.

Technical area for tolling should include grammatical correction to "area agency on aging" which is found throughout the regulation. The term is the formal name/title to this governmental agency and therefore should be capitalized as "Area Agency on Aging"

2600.3(a) The annual inspection should be announced, to assure that the administrator would be on the premises to assist with the inspection. We feel that it would be inappropriate and an invasion of privacy if an employee or designee would have access to all the information that the inspectors may request to review. Examples would include other employee files, certain confidential information contained in resident files, financial information of the PCH, as well as financial information of residents, monies or documents given to the administrator for safe-keeping for residents, corporate information, township zoning information. Most of the PCH's are small, independent businesses and without personnel that would/should have a key to the office.

However, the Department does have the authority to unannounced inspections as necessary to detect violations of applicable statutes and regulations.

2600.5 Access. Would ask that PP&A be removed from the access of the PCH. This is an invasion of privacy. We feel that if a specific resident requested their assistance then they could visit just as anyone else. We do NOT feel that it is appropriate that an advocacy group should have access as the Dept, or AAA.

Also the resident should have the right to decline/refuse their services.

We would also ask that their phone number be removed from the posted phone numbers list.

2600.16 Reportable incidents and conditions

(1) The death of a resident. This should be removed from the list as 100% of people die; you're born and you'll die... that's natural cycle of life. PCH should not have to report all deaths.

There is the concern for the large volume of reports that DPW would be required to sift through.

We would request that the verbiage from the current Chapter 2620 be added to statement:

"The death of a resident due to homicide, suicide, malnutrition, dehydration, or other unusual circumstance." It would be sensible that only unnatural, or suspicious deaths be considered reportable.

(7) An outbreak of a serious communicable disease as defined in 28 Pa.Code 27.2.

There should NOT be a regulation with reference to the Pa.Code that regulates skilled facilities. The PCH should not be bound or responsible to follow the code regulations of another industry. Delete the reference to 28 Pa.Code.

(13) Medication errors. This should be changed to medication errors that result in serious harm to the resident. Not all med.errors should be considered reportable. This again would create an enormous amount of paperwork for the Dept. to sift through, which is not practical.

(19) This is too broad... a very vast list. This should be DELETED.

2600.130(e) Theoretically, the idea of a signaling device for hearing impaired persons is good. HOWEVER this is an extraordinary cost in thousands of dollars for the installation of the specialized equipment. It is not economically feasible! This should be deleted.

2600.132(e) We agree with monthly fire drills, but we feel that drills held during sleeping hours are hazardous to the residents that we serve, They tend to be slower, more disoriented, and more likely to suffer from injuries in this exercise. It does not make sense to perform this every 6 months. Our only recommendation is to consider simulated fire drills during sleeping hours that would not involve the residents, but would check the emergency procedural knowledge and timing of the staff to react.

2600.132(h) We adamantly oppose the clause "away from the building". We agree with monthly fire drills and feel that they are a good means to assure a safe response

to fire. But to have to move them away from the building for a monthly fire drill will put their health, safety, and welfare in jeopardy on a monthly basis. This can easily result in injury to fragile residents and confusion to those with mental impairments on a sunny day. It could create a nightmare during inclement weather, or staffing shortages, or if away from the building would lead to crossing roads or parking lots. This clause is detrimental to the health and safety of the residents.

We request that the clause be deleted.

Our last comments of requesting tolling surrounds the vast amount of paperwork that is created by 2600, such as:

2600.25 Resident-home contract

2600.26 Quality management

2600 .224 Preadmission screening tool

2600.225 Initial assessment and the annual assessment

2600.226 Mobility criterias

2600.227 Support plan

All of the above administrative paperwork changes the character of the PCH facility to a long-term care facility. We strongly feel that excessive paperwork and over-regulations are going to detract from the care that our residents now receive.

We adamantly oppose being forced from a social model into a medical model. We have continuously said this since the inception of the "draft"(2001). This is NOT the direction that this industry should be carried in the Commonwealth of PA!

75

Original: 2294



LIZA'S HOUSE PERSONAL CARE HOME

1357 Blue Mountain Drive, Danielsville, PA 18038

TEL:(610) 760-1970 FAX: (610) 760-8868 www.lizashouse.com

To: The Independent Regulatory Review Commission (IRRC)
33 Market Street, 14th Floor
Harrisburg, PA 17101
Fax: (717) 783-2664
Voice: (717) 783-5417

Subject: Final-form Rulemaking, Chapter 2600 --Comments, Observations,
Conclusions and Recommendations

Pages: [56]

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INDEPENDENT REGULATORY
REVIEW COMMISSION

F

Dear Sir or Madam:

Find inclosed a copy of a report prepared for LIZA'S HOUSE Personal Care Home, prepared by Wayne C. Watkins, Certified Management Consultant, subject as above.

A

Time and resources limited this report to a cursory review.

The meat of the report is found in the EXECUTIVE OVERVIEW, pages 3 through 5.

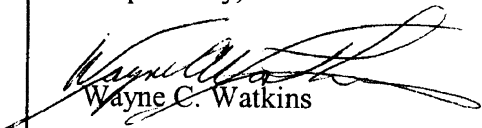
The balance of the report is supporting analysis, calculations, and reference materials used to arrive at the conclusions and recommendations.

X

I, Wayne Watkins, look forward to working with the IRRC and the Department to provide for quality health, safety and well being for Pennsylvania's dependent elderly.

I am available to meet with IRRC representatives to discuss this final-form rulemaking with 24 hour notice. I can be reached at the LIZA'S HOUSE phone numbers, above.

Respectfully,


Wayne C. Watkins

*1-25-05
Hard Copy
Follow up
Wayne Watkins*



TITLE 55. PUBLIC WELFARE
PART IV. ADULT SERVICES MANUAL
Subpart E. RESIDENTIAL AGENCIES/FACILITIES/SERVICES
CHAPTER 2600. PERSONAL CARE HOMES

**COMMENTS, OBSERVATIONS, CONCLUSIONS
AND RECOMMENDATIONS**

LIZA'S HOUSE PCH

P.O. Box 191
Danielsville, PA 18038
TEL: 610-760-1970
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DECEMBER, 2004

Prepared for LIZA'S HOUSE by:
Wayne C. Watkins, MBA, CMC
President
Watkins Concepts Company
Consultant to Management, LIZA'S HOUSE
610-360-6609

Table of Contents

EXECUTIVE OVERVIEW	3
RED FLAGS AND DISCUSSION	6
GENERAL COMMENTS	6
MEDICAL MODEL	6
ACCOMPLISHMENTS AND BENEFITS	7
FISCAL IMPACT SMALL VS LARGE	8
PARAGRAPH. 2600.186. PRESCRIPTION MEDICATIONS	10
PARAGRAPH 2600.181. SELF ADMINISTRATION	11
COST ESTIMATE	12
PREAMBLE. GENERAL-COST. RESPONSE	12
MAGNITUDE COST PROJECTION	13
PARAGRAPH. 2600.25. RESIDENT-HOME CONTRACT	14
PARAGRAPH. 2600.26. QUALITY MANAGEMENT	14
PARAGRAPH. 2600.53 STAFF TITLES AND QUALIFICATIONS FOR ADMINISTRATORS	16
PARAGRAPH. 2600.54. STAFF TITLES AND QUALIFICATIONS FOR DIRECT CARE STAFF	17
PARAGRAPH. 2600.64. ADMINISTRATOR TRAINING AND ORIENTATION	18
PARAGRAPH. 2600.65. DIRECT STAFF CARE PERSON TRAINING AND ORIENTATION	18
PARAGRAPH. 2600.65. DIRECT STAFF CARE PERSON TRAINING AND ORIENTATION. (e)	21
PARAGRAPH. 2600.66. STAFF TRAINING PLAN	21
PARAGRAPH. 2600.130. SMOKE DETECTORS AND FIRE ALARMS	22
PARAGRAPH. 2600.227. DEVELOPMENT OF THE SUPPORT PLAN	23
CURSORY OVERVIEW MAGNITUDE COST IMPACT	24
PROJECTED COST IMPACT ON 1,700 LICENSED PERSONAL CARE HOMES	24
SELECTED UNCALCULATED ADDITIONAL COSTS	24
PARAGRAPHS. 2600.67. and 2600.68. TRAINING INSTITUTION REGISTRATION AND INSTRUCTOR APPROVAL (NEW SECTIONS)	24
PARAGRAPH. 2600.94 SAFE LANDINGS	25
PARAGRAPH. 2600.102 BATHROOMS	26
PARAGRAPH. 2600.122. 2. EXITS	26
PARAGRAPH. 2600.42. SPECIFIC RIGHT.	26
CONFLICTING INSTRUCTIONS	29
PARAGRAPH 2600.132. FIRE DRILLS	29
PARAGRAPH 2600.191. RESIDENT EDUCATION	30
PARAGRAPH. 2600.228. NOTIFICATION OF TERMINATION (h)	30
PREAMBLE. PARAGRAPH 2600.264 POLICIES PLANS, AND PROCEDURES OF THE PERSONAL CARE HOME (DELETED IN FINAL-FORM)	31
PARAGRAPH 2600.107. EMERGENCY PLANNING	31
INTENT OF THE DEPARTMENT	33
PARAGRAPH 2600.3. INSPECTIONS AND LICENSES.	34
CONCLUSIONS	35
PREDICTABLE OUTCOMES	37
RECOMMENDATION	37

EXECUTIVE OVERVIEW

The final-form rulemaking (FFR) and accompanying preamble present a daunting challenge to digest.

Operating requirements of a small personal care home limits most providers to a cursory review of Chapter 2600 FFR. Our cursory review lead to the following conclusions.

- Many stakeholders invested considerable time, effort and energy in preparing this FFR. Unfortunately, the one stake-holder group least represented, yet most affected, the resident, had minimum input.
- This package is:
 - Unsupported by facts and realities.
 - Abundant in features.
 - Absent of benefits.
 - Lacks congruence.
 - Replete with unfounded conclusions.
 - Lacking in awareness of collateral impact.
 - Self contradictory.
 - Incomplete staff work.
- The FFR drafters' hearts are in the right place, but:
 - They are deficient in personal care facility operating knowledge and experience.
 - Their hands go deep into the pockets of dependent elderly.
- **Approval of the final-form rulemaking 2600 would be a retrograde movement from the current regulation 2620 for the health, safety and well-being of Pennsylvania's dependent elderly.**

The FFR presents a clear threat to the health, safety and well-being of personal care home residents.

Paragraph 2600.186. Prescription medications. (c). (Page 59) states, "Changes in medication may only be made in writing by the prescriber, or in-case of an emergency, an alternate provider."

- This paragraph was inserted in the FFR by the department without review or public comment.
- There was no critical analysis, or consideration of the adverse, life threatening impact this paragraph will have on residents receiving care and services.
- **This paragraph is an irresponsible and life threatening change in the FFR. Paragraph. 2600.186.(c) is unacceptable. Providers and residents must retain the ability to accept and respond to prescriber's verbal orders. Written orders can be obtained later, when the prescriber gets to their office**
- **Paragraph. 2600.186.(c), in and of itself, should result in disapproval.**
- The whole medications section Paragraphs 2600.181 thru 2600.191 remains unclear, contradictory, and lacks cost information.

Some of the more evident rulemaking short falls emerged from our cursory review include:

- The Department did not develop a cost study or impact analysis. The Department did not even offer a range of cost estimates for the FFR.
- After a cursory review of the FFR, I understand why the Department was reluctant to provide any cost estimate. The FFR:
 - Is an example of incomplete staff work.
 - Is replete with "fuzzy logic" and features while lacking the detail necessary to make a cost estimate.

- Fails to identify any benefits.

In the **Preamble. (Page 2), second paragraph**, the Department states, "The residents receiving care and services in these licensed facilities are directly affected by this final-form rulemaking since they are the consumers that the rulemaking aims to protect." This is true but the statement needs expanded to include a new red flag, "and must bear the financial burden for all additional costs resulting from this final-form rulemaking. No State or federal funding are available to pay for the additional costs imposed."

I used a consulting analysis tool, a magnitude cost projection, to determine if significant costs are or are not involved. I found the FFR has an unacceptably high projected cost impact:

COST IMPACT PER ON A \$720,000.00 INCOME.

Paragraph	Fixed Cost	Annual Cost
2600.25 Resident-home contract.	6,250.00	
2600.26. Quality management. (a).	171,600.00	5,200.00
2600.53. Staff titles and qualifications for administrators,		12,500.00
2600.54. Staff titles and qualifications for direct care staff, (a). (2)		49,920.00
2600.64. Administrator training and orientation,	6,800.00	3,450.00
2600.65. Direct staff care person training and orientation, (d)		102,600.00
2600.65. Direct staff care person training and orientation. (e)		3,660.00
2600.66. Staff Training Plan, (b). (3)		8,640.00
2600.130. Smoke detectors and fire alarms. (e).	45,100.00	
Paragraph. 2600.227. Development of the support plan,		14,040.00
TOTAL HYPOTHETICAL HOME.	229,750.00	250,010.00
ANNUAL COST INCREASE AS % OF ANNUAL INCOME;		34.72%
PER RESIDENT: MONTHLY \$695.00	ANNUAL: \$8,334.00	
PER RESIDENT FIXED INVESTMENT COST:	\$ 6,155.00	

MAGNITUDE PROJECTED COST IMPACT ON 1,700 LICENSED PERSONAL CARE HOMES
FIXED \$ 390,575.00 ANNUAL: \$ 425,017,000.00

- **FFR magnitude cost projections show major costs are involved. These magnitudes of cost are prohibitive. The magnitude costs projected dictate disapproval on an up or down vote for this FFR.**
- The Magnitude Cost projection does not include any required construction or building modifications for UCC compliance costs triggered by mandated modifications to be completed in 18 months. The cost to bring a home into compliance with the FFR, UCC, and ADA requirements will range from the low tens of thousands of dollars to many tens of thousands of dollars.

Paragraph 2600.107. Emergency Planning, while a good idea, has a major impact on the Personal Care Industry.

- DPW coordination with PAEMA is either ineffective or non-existent.

- Some FFR mandated requirements in 2600.107 violate other FFA rulemaking provisions.
- A comprehensive emergency plan will be time consuming to develop, implement and maintain.

Relief provisions for "small homes" presented in the **Preamble. Fiscal impact. (1) Small versus large homes.** (Page 3), are irrelevant, insignificant and reduces fire safety standards for the dependent elderly, the demographic group most susceptible to death by fire.

- The proposed relief will have no impact on the majority of FFR costs.
- It will not prevent forcing small and most medium size personal care homes into insolvency.
- Still bars Florence Nightengale, Henry Ford, Charles Dana, Andrew Carnegie, or Thomas Alva Edison from being a personal care home caregiver or administrator.

Paragraph 2600.42. Specific rights needs revisited.

- It is a retrograde product to the resident's rights in 2620.
- It is replete with impractical and unrealistic ideals.
- Inadvertently promotes anarchy by granting unmitigated, impractical and idealistic visions of individual rights over communal living responsibilities and the rights of others.

The highest probability of predictable outcome of approving this FFR is a disaster scenario. This FFR:

- **Presents a clear and immediate threat to the health, safety and well-being of the less affluent dependent elderly in Pennsylvania.**
- **Imposes an unacceptable fiscal burden on personal care home residents. The impact of which will probably result in:**
 - **Closing most small homes because the provider can not bear the financial burden and their residents can not afford the additional costs .**
 - **Making placement of SSI recipients almost impossible.**
 - **Putting the 20-40% of current lower income residents out of their home, due to closings.**
 - **I have no idea where these displaced residents can go.**
 - **If the Department does not have a contingency plan addressing where displaced residents can go or how they can survive, this FFR must be disapproved.**
 - **Failure to anticipate this situation and have a contingency plan to address the predictable problem is a glaring deficiency in Department's awareness and appreciation of the impact this FFR will have on Pennsylvania's dependent elderly.**

Recommendation: "DE OPPRESSO LIBER". DISAPPROVE CHAPTER 2600 FINAL-FORM RULEMAKING.

RED FLAGS AND DISCUSSION

GENERAL COMMENTS:

- I. **Medical Model:** Having been one of the more vocal commentators on the rulemaking's shifting personal care homes from a social model to a medical model, I am obligated to re-focus the Department's perception and resultant position on this red flag.
 - A. In the **Preamble. Paragraph. 2600.01. Purpose. Response.** (Page 9) In paragraph 2, the Department states, "The Department disagrees that the regulation is moving toward a medical model of care. A home like, or social, model of care focuses on supporting the wellness of the whole individual, not only their physical condition, but also their emotions and intellect. The individual's choices, unique differences, privacy and social support system are paramount. The physical setting compares to living in the comfort of a family home. The model of care can positively affect both residents and staff." In paragraph 3, the Department states, "A medical model focuses on disease and providing treatment. Individuals are in a passive, receptive role. Physical site is arranged to ensure efficiency, sanitary and even mobile care. Individuals are likely housed according to treatment needs, with staff and equipment resources assigned accordingly. The individual's support system of family and friends is de-emphasized."
 - B. comments made by myself and other providers were taken out of context when the Department unilaterally added "**of care**" to description of "medical model." The medical model, advocated by the providers, covers the total environment of providing assistance, to include:
 1. Documentation.
 2. Reporting.
 3. Procedures.
 4. Inspections.
 5. Focus of provider and staff time and attention.
 6. Shifting from resident assistance to data gathering, compliance reporting and documented audit trails.
 - C. A social model adjusts to the unique environment of the home and resident requirements. The medical model is a rigidly structured, one form fits all, environment. The final-form rulemaking, with its data gathering, documentation and reporting requirements, goes a long way to imposing a structural medical model environment, not medical care, on the provider and resident.
 - D. The record shows the results of the medical model imposed on nursing homes has:

1. Reduced direct contact between the higher skilled staff and patients.
 2. Imposed higher costs by increasing time required to comply with regulatory reporting requirements.
 - a) I have been told 35-50% of an nursing home's payroll costs are expended on paperwork and reporting compliance requirements.
 - b) I have been in nursing homes where I witness patient assist call bells ringing for more than 15 minutes while 6 to 10 nursing care staff remain seated at the nursing desk charting.
 3. Shifts focus from consumer care to paperwork. (Paperwork is permanent and the major focus of concentration during all inspections. Have your paperwork straight and the inspection will go well.)
 4. Reduces responsiveness to the needs of the consumers. Paperwork compliance requirements takes priority over answering call bells. Incomplete or erroneous paperwork is a citation, unanswered call bells go unrecorded.
- E. The stated goal of national and state governments is to control the explosive costs of providing care for an ever increasing elderly population.
1. Imposing medical model data gathering, documentation, reporting and regulatory compliance requirements will increase costs in all personal care and assisted living facilities.
 2. Tangible benefits remain unidentified , unspecified or unquantified. What do our residents, get for the increased costs they must bear?
 3. Approving the final-form rulemaking will have the opposite effect of the stated national and state objectives of controlling runaway health-care costs

II. Preamble. Accomplishments and Benefits. (page 2).

Paragraph one states, "The final-form rulemaking benefits 53,240 residents served in Pennsylvania's licensed personal care homes by providing comprehensive health, safety and well-being protections, while requiring that a resident's needs be met on an individualized basis. The rulemaking supports resident-centered care, resident choice and resident privacy.

.....

Paragraph three states, "Families and friends of the residents also benefit by this rulemaking in their interest to assure the health, safety and well-being of their friends and family members."

- A. When selling your product, if can not show benefits, sell the sizzle and stress features.
- B. The Department does not know the difference between benefits and features.
 - 1. Benefits for Pennsylvania's personal care home residents are not identified, specified or quantified..
 - 2. All the items listed in the second paragraph are features. Not one benefit is listed.
- C. Is the Department saying in paragraph one, that the Pennsylvania personal care home residents, currently in facilities operating in compliance with Regulation 2620, do not have a comprehensive health, safety and well-being environment? If this is the case, the Department should make public a listing of deficiencies and regulatory shortfalls so concerned providers can make the necessary enhancements to their operations, without waiting through the delays associated with developing new rulemaking. These items are defined as benefits, as yet unstated.
- D. What benefits befall the friends and families of the residents.? I only see a deficiency, a useless cost increase, to keep their loved one in a personal care facility.

III. Preamble. Fiscal Impact. (1) Small versus large homes. (Page 3) Paragraph two lists the exemptions from total rulemaking compliance;

- A. **Administrator qualifications (2600.53(a)(5)** (relating to qualifications and responsibilities of administrators)).
 - 1. Within the Department's authority.
 - 2. This will permit more people to qualify as personal care home administrators in small homes.
 - 3. Does the dual qualification standard then require two categories of administrator's certification?
- B. **Sewage system approval (2600.85(f)** (relating to sanitation)).
 - 1. Has this small home relief been staffed with other agencies, departments and interested parties for sign off? The Department can waive the requirement for sewage compliance only for the DPW, not other government departments and agencies.
 - 2. The home must still meet local zoning, sewage or municipal authority compliance requirements.
 - 3. Is waiving of having a compliance form on file really meaningful?

- C. **Communication systems (2600.90(b))** (relating to communication systems)).
1. This falls within the Department's authority.
 2. Is this waiver of some form of an internal communications system really meaningful in a small home, as defined? There will probably only be one person on duty at a time, negating the need for a two way communications system.
 3. Bottom line, no significant relief for the small provider.
- D. **Posting of emergency evacuation diagrams (2600.123 (d))** (relating to emergency evacuation)).
1. The citation should read (b).
 2. Has this small home relief been staffed with other agencies, departments and interested parties for sign off? The Department can waive the requirement for fire safety compliance requirements only for the Department.
 3. Being relieved of the requirement to make a copy of a document that is still required to be kept in the administrator's records, and posting it on the wall is an insignificant relief for the small home.
 4. The \$0.20 cents saved from copying 2 sheets at the post office copy machine is not a significant fiscal relief for the small provider.
 5. Fire safety is not an area to cut corners.
 - a) The elderly are more vulnerable to the dangers of fire and the general population.
 - b) Fire safety experts state people over 85 are 4.5 times more likely to die in a fire than the general population.
- E. **Interconnecting fire alarms (2600.130(d))** (relating to smoke detectors and fire alarms)) and **Exit signs (2600.133)** (relating to exit signs)).
1. Has this small home relief been staffed with other agencies, departments and interested parties for sign off? The Department can waive the requirement for fire safety compliance requirements only for the Department.
 2. The home must still meet local zoning, sewage or municipal authority compliance requirements.
 3. The final decision if these fire safety considerations are required or not does not reside with the Department.

4. Fire safety is not an area to cut corners.
 - a) The elderly are more vulnerable to the dangers of fire and the general population.
 - b) Fire safety experts state people over 85 are 4.5 times more likely to die in a fire than the general population.

PARAGRAPH. 2600.186. PRESCRIPTION MEDICATIONS.

- IV. **Red Flag: Paragraph 2600.186. Prescription medications. (c).** (Page 59) states, "Changes in medication may only be made in writing by the prescriber, or in-case of an emergency, an alternate provider. The resident's medication record shall be updated as soon as the home receives written notice of the change." **This paragraph was inserted in the final-form rulemaking by the department without review or public comment. There was no critical analysis, or consideration of the adverse impact this paragraph will have on the provider and residents receiving care and services. This paragraph is an irresponsible, unreasonable and life threatening change in the final-form rulemaking. Paragraph. 2600.186.(c) is unacceptable.**
 - A. This paragraph was not present in the proposed rule-making of 2002.
 - B. This paragraph prevents the home from taking timely actions in response to prescriber's medication and health care orders for their residents. This creates an irresponsible, unreasonable and unacceptable threat to the health, safety, and well-being of the resident.
 - C. On three consecutive days, November 22, 23 and 24, 2004, we responded to verbal orders from a physician for the timely treatment of two residents, with potentially life threatening conditions.
 - D. Failure to take physician directed interventions would have been morally wrong, negligent conduct, and could have resulted in stroke or death..
 - E. The impact of **Paragraph 2600.186. Prescription medications. (c).** (Page 59), listed above, fails the test of protection stated by the Department in **Paragraph 2600.1. Purpose. (a).** (Page 5), "The purpose of this chapter is to protect the health, safety, and well-being of personal care home residents." Enfeebled family members can respond to prescriber verbal orders, we can't.
 - F. **The life threatening impact of Paragraph. 2600.186. (c)., by itself, should result in disapproval of this final-form rulemaking.**
- V. **The Preamble, Paragraph 2600.182 Medication administration, Page 61, paragraph 2, states, ".....** The Department has developed a medications training program similar to the program used in these two other residential programs."
 - A. Is this the training program referred to in **Paragraph 2600.190. Medication administration**

training. (a) and (b), (Pages 59 and 60) states "A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral, topical, eye, nose and ear drop prescription medications and epinephrine injections for insect bites and other allergies." "A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successfully completion of a Department-approved diabetes patient education program within the past 12 months." and Paragraph. 2600.182. (b). (4). (Page 56) states, "A staff person who has completed the medications administration training as specified in paragraph 260.190 (relating to medications administration training) for the administration of oral, topical, eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies." and Paragraph. 2600.182. (c). (Page 56) states, "Medication administration includes the following activities, based on the needs of the resident:

- (1) Identify the correct resident.
- (2) If indicated by the prescriber's order's orders, measure vital signs and administer medications accordingly.
- (3) Remove the medication from the original container.
- (4) Crush or split the medication as ordered by the prescriber.
- (5) Place the medication in a medication cup or other appropriate container, or in the resident's hand.
- (6) Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations of (b)(4).
- (7) Complete documentation in accordance with paragraph 260.187 (relating to medications records."

- B. Is the Administrator or designee certified to give this Department developed medication training program and certify the competency based testing? See reference: **Paragraph. 2600.64. Administrator training and orientation. (b).(2).** (Page 30) states "Medication procedures, medical effects and side effects, universal precautions and personal hygiene."
- C. What are the details of this medications training program? There is no mention of cost, duration or qualifications required to train direct care staff for the medications administration requirement.
- D. Failure to provide solid cost information for an already developed training program is unacceptable.

VI. **Paragraph 2600.181. Self-administration. (e).** (Page 56), states: "To be capable to self-administer medications, a resident shall:

- (1) Be able to recognize and distinguish his medication.
- (2) Know how much medication is to be taken.
- (3) Know when medication is to be taken.

- A. **Paragraph 2600.181. Self-Administration. (e). conflicts with Paragraph. 2600.181. Self-administration. (a),** which states, ".... This assistance includes helping the resident to remember the schedule for taking the medication, storing the medication in a secure place and offering the medication at the prescribed times."
1. The requirements of Paragraph 2600.181. (e). puts almost every resident in a Personal Care Home or Assisted Living Facility in the category where they can not self-administer medications.
 2. Even a relatively minor impairment such as bad eyesight, any form of dementia, many medications, etc. can impair a person's abilities in any or all of these listed criteria.

COST ESTIMATE

VII. **On numerous occasions, the Department promised the Personal Care Home Advisory Committee a detailed cost estimate. There is no cost estimate. In the Preamble. Accomplishments and Benefits. paragraph 4. (Page 3). the Department states "In drafting the final-form rulemaking, the Department researched and considered the effect the new requirements will have on the cost of providing or receiving services."** and in **Preamble. General-Cost. Response. (Page 8)** the department's states "The Fiscal impact section of this preamble provides a detailed fiscal review and discussion." **Neither statement withstands the test of verification.**

- A. There is no cost estimate or impact analysis.
- B. After a cursory review of the final-form rulemaking, I understand why the Department could not produce a detailed cost estimate. The final-form rulemaking:
1. Is unquestionably incomplete staff work.
 2. Lacks the clarity and detail needed to make an accurate cost estimate.
- C. Numerous mandated "safety enhancements" will require building modifications. These modifications could trigger full UCC compliance with undetermined costs. The impact of these mandated safety enhancements will probably affect small and medium sized providers more seriously than large facilities. Many of these requirements were already addressed in the licensing requirements for larger facilities.

PREAMBLE. GENERAL-COST. RESPONSE.

- VIII. In the **Preamble. General-Cost. Response. (Page 8)**, the Department states "The cost of meeting the new rulemaking is outweighed by the benefits to the residents."
- A. This is a "trust me" sales close. It is not a fiscally factual or responsible statement.

- B. It does not stand the test of verification.
- C. The costs are unknown by the Department. No one can say that any unknown is reasonable.
- D. No benefits are specified or quantified.
- E. No funds are provided to fund the FFR's features and requirements.
- F. Many providers will have to take on significant additional debt to pay for compliance requirements. This debt will then have to be serviced from increased resident fees.
- G. Ongoing operating cost increases will have to come from increased resident fees.
- H. This final-form rulemaking is fiscally irresponsible.
 - 1. It imposes unknown cost increases on personal care home residents.
 - 2. Most personal care home residents and their families are already financially strained.
 - 3. There is no Federal or State funds offered to defray the major cost increase.

MAGNITUDE COST PROJECTION

IX. The Department's continued failure to produce a cost estimate, or even a range of costs estimate, is a matter of serious concern. Information necessary to make a valid cost analysis, (definition and clarification of requirements, size of the home, quality of the people involved, existing policies and procedures, et. al.), is missing in the Department's presentation.

- A. Reasonably accurate cost information is essential to make a meaningful assessment of the final-form rulemaking.
- B. Consulting project management standards and practices dictate an intensive three week assessment, per home, to develop a reasonably cost impact estimate and project plan of action for each home. This is cost prohibitive in making an impact analysis of the final-form rulemaking.
- C. During my consulting project analysis and management experience bringing "Order Out of Chaos", I developed an analytical tool to use in fuzzy information environments, like this final-form rulemaking. **The tool is a magnitude cost projection.**
 - 1. A magnitude projection can be 50% high or 50% low. It is not a detailed cost projection.
 - 2. The purpose is to determine if there are significant or insignificant costs involved.
- D. Having extensive experience bringing "Order Out of Chaos" in "fuzzy logic environments", and

a working knowledge of the Personal Care Home operations in the Commonwealth of Pennsylvania, I set parameters for a hypothetical home. These parameters permit making a magnitude cost projection. The hypothetical home has:

1. 30 residents (the total residents in PCH divided by the number of PCHs).
2. 12 Universal Care Giver Staff. (4, 1st shift; 2 1/2, 2nd shift; 2, 3rd shift)
3. Annual income of \$720,000.00. (\$2,000 per month, per resident)

X. **Red Flag. Paragraph. 2600.25. Resident-home contract.** (Page 18). Numerous mandated modifications require developing a new Resident Agreement Contract.

- A. The effort to rewrite, edit and verify the Resident's Agreement, incorporating the multiple provisions of final-form rulemaking 2600, requires 40 administrator hours at \$ 37.50 per hour or **\$1,500.00** management development time.
- B. **\$2,500.00** for legal review.
- C. 2 hours of management time , \$ 75.00 per resident & family to review and install the new contract x 30 residents for the hypothetical average PCH or **\$2,250.00**.
- D. **Total cost:**

FIXED ANNUAL
\$ 6,250.00.

XI. **Residual Red Flag. Paragraph. 2600.26. Quality management. (a).** (Page 20), states "The home shall establish and implement a quality management plan.", (c). "The quality management plan shall include the development and implementation of measures to address the areas needing improvement that are identified during the periodic review and evaluation.", and **Paragraph. 2600.223. Description of services. (b)** (Page 61) states " The home shall develop written procedures for the delivery and management of services from admission to discharge." Complying with this paragraph requires developing comprehensive policies, plans and procedures for the personal care home.

- A. Quality Management requirements imposes a documentation burden beyond the ways, means and ability to maintain in small and medium homes. Even large Personal Care Homes will have difficulty creating and maintaining this volume of procedures and documentation without adverse cost impact.
- B. This level of formal documented policies, procedures, forms and plans is not compatible with the management style used in small and medium size personal care homes. It is cost and time prohibitive. Even homes with a hundred or more residents will have difficulty maintaining this administrative burden. Large personal care home chains may develop and use many of these

systems as that is the management style used in a large chain of facilities to survive.

- C. **Residual Red Flag: Preamble, Paperwork Requirements, (Page 7)**, the Department states, "The final-form rulemaking does require some additional paperwork by the Commonwealth and personal care homes. However, there is no reasonable alternative to the increase in paperwork." This is a fallacy of modern management school teachings.
1. One management style does not fit all sizes, shapes and situations of facilities.
 2. The criteria for success is improved performance.
 3. Warehouses of data, reams of reports, and air tight audit trails do not equate to improved performance in the human service industry.
 4. Tracking and reacting to critical control factors yields improved performance. Experience shows that 3 to 5 Critical Control Factors are all that is needed to control any department's performance.
 5. Excess paperwork, policies, procedures and documentation is counter-productive and a waste of precious resources.
- D. Appropriate management systems, controls, methods and procedures evolve to sustain an organization throughout it's growth and longevity.
1. If management systems are too extensive, the overhead costs will sink the organization. In this case, small and medium size personnel care homes.
 2. If the controls are inadequate, the organization flounders and fails. In this case, large or multiple location chain facilities.
- E. 30 years of consulting project management experience with management systems, procedures and training consulting, gives me the expertise to estimate the minimum number of policies and procedures required in the final-form rulemaking fuzzy logic general specifications. A cursory review of the specifications of Chapter 2600, final-form rule making, yields a magnitude estimate of 125 procedures and forms required for the hypothetical average personal care home.
- F. Management consulting and project management experience gives a guideline of completing 25 procedures and forms per 3 month project period. The hypothetical home, with the need for 125 procedures and forms, requires 15 months of management, administrator, or independent small consultant time to analyze, develop, test, rewrite and implement this number of procedures. A conservative estimate of \$2,500.00 per week cost for this project development for 65 weeks, that is a **\$162,000.00** up front, fixed cost, per home.
- G. Staff training and implementation time is two weeks per staff (estimate 12 total staff for a 30 resident PCH X an estimated average of \$400.00 per week cost to the PCH X 2 weeks [12 x 2 x

\$400.00]) of **\$9,600.00**.

1. Management or consultant time for implementation is included in paragraph F, above.
 2. Training time on the required procedures and forms for new staff will be included in the initial staff training requirements, addressed below.
- H. Projected composite staff time for data gathering and entry and management time for data review: Staff, 20 minutes per resident, 600 minutes or 5 hours daily data entry, and 60 minutes a day management review for compliance. That equates to \$ 100.00 data entry costs per day expense to the PCH and \$ 37.50 management costs per day, a total of \$ 137.50 per day for an annual on-going cost of **\$50,200.00**.
- I. If the procedures are mandated, the Department must audit them for compliance.
1. To properly audit 125 procedures would take 3 to 5 man days per home per year.
 2. Using an average of 4 days per home, and 1,700 homes in Pennsylvania, this equates to 6,800 man days or 1,360 man weeks per year, or an **increase of 27 inspectors required by the Department**.
 3. I do not know what DPW PCH Inspectors total compensation costs to the Commonwealth are per year.
 4. I will choose \$75,000.00 total compensation. **This projects to an on-going annual cost increase to the Commonwealth of greater than \$2,000,000.00 This on-going annual expense to the Commonwealth is not included in my magnitude cost projections. It will have to be addressed in the Department's budget..**
- J. The home's annual procedures review, maintenance and update process, estimated at 2 to 3 weeks, is an annual ongoing cost of **\$5,000.00**.

FIXED	ANNUAL
\$ 171,600.00	\$ 55,200.00

- XII. **Residual Red Flag. Paragraph. 2600.53. Staff titles and qualifications for administrators,** (Page 26). Dramatic upgrades in backgrounds and qualifications will reduce the number of people who can qualify as Personal Care Home Administrators.
- A. The law of Supply and Demand dictates that with fewer people in the pool that can become an Administrator, the higher wages they can demand and receive.
 - B. The approximate total payroll compensation for an Administrator now is \$60,000.00-75,000.00 per year, to the home.

- C. It is reasonable to project an ongoing \$ 10,000.00-15,000.00 per year increase in home expenses to hire or retain an administrator. I will use a figure of **\$12,500.00** for my magnitude cost projections.

FIXED	ANNUAL
	\$ 12,500.00

XIII. Residual Red Flag. Paragraph. 2600.54. Staff titles and qualifications for direct care staff, (a). (2). (Page 26), states direct care staff persons must, "Have a high school diploma or GED." This requirement reduces the available direct care staff labor pool by about 30% in our area.

- A. Many of our applicants, approximately 30%, are women in their 50s. These women:
1. Dropped out of high school to go to work in the sewing mills. The mills are now closed and they are seeking work.
 2. Fear going back to school to get a GED after this long a period out of school.
 3. Have excellent work ethics and outstanding attendance records.
 4. Need jobs, are ready, willing and able to work.
 5. Are ideal new hires as universal caregivers.
 6. Have raised children, cared for and managed the multiple priorities of balancing a home, family and job for many years.
 7. Many have experience caring for their elderly family members.
 8. Have home-making, cooking, and human interaction skills.
 9. Final-form rulemaking prohibits their employment.
- B. The law of Supply and Demand shows that with fewer people in the labor pool that can become a personal care home care giver, it will force wages demanded up.
1. The approximate total compensation for a universal care giver now is \$ 10.00 per hour.
 2. It is reasonable to project an ongoing increase of \$ 2.00 per hour expenses to the home to hire or retain a universal care giver.
 3. This equates to an increase of payroll costs of \$ 4,160.00 , per care giver per year. In the

hypothetical home of 30 residents and 12 care givers used in this magnitude cost benefit analysis.

4. This increase in payroll costs represents an on-going added cost to the home of \$ **49,920.00** per year.

FIXED	ANNUAL
	\$ 49,920.00

XIV. Residual Red Flag: Paragraph. 2600.64. Administrator training and orientation, (Page 29). This requirement for 24 hours of annual training for the administrator is a 4 fold increase over current requirements. This represents 4 days of administrator's time per year.

- A. The administrator's daily payroll costs to the business are about \$300.00. Annualized cost \$1,200.00
- B. Travel and meals for time getting to and from the training location, estimate an average of \$ 50.00, annualized cost \$400.00.
- C. Average cost of a day's training program, \$ 175.00. Annualized cost \$525.00.
- D. Final-form rulemaking increases the administrator's annual training cost to \$2,100.00, a net increased cost of \$1,350.00 annually.
- E. Implied training and qualifications costs for a designee to cover when the administrator is out of the building, **yields an annual on going cost of \$3,450.00.**
- F. Implied training and qualifications costs for a designee to cover when the administrator is out of the building, gives an additional costs for Administrator training, 60 more hours, equates to 1 and 1/2 weeks, or 8 more days of expense. Estimated on time costs are \$ 300.00 per day for wages. \$ 50.00 per day travel and meals. \$ 75.00 per day cost of training program. **This yields a projected fixed cost to attain Administrator Certification of \$ 3,400.00.**
- G. These calculated costs are for 1 Administrator and 1 fully qualified designee. The general tone of 2600 requires at least 1 fully qualified designee per home plus the administrator. This leads to a doubling of administrator training costs.

FIXED	ANNUAL
\$ 6,800.00	\$ 3,450.00

XV. Residual Red Flag: Paragraph. 2600.65. Direct staff care person training and orientation, (d). (Page 32), states "Direct care staff persons may not provide unsupervised ADL services until

completion of the following."

- A. There are approximately 20 training topics listed in subparagraphs (a) and (c) and elsewhere in the final-form rulemaking.
- B. Based on over twenty-five years as a Certified Management Consultant where I developed, trained staff, and implemented policies, procedures, and systems, I project a minimum four weeks, 40 dedicated training hours per week, training program to fulfill this requirement.
- C. Many mandated training topics listed in this requirement, are far more advanced, complex and expansive, then the skills needed to assist with a resident's ADLs. These training topics include:
 - 1. Safe management techniques.
 - 2. Care of residents with dementia, mental illness, cognitive impairments and other mental disabilities.
 - 3. The normal aging-cognitive, psychological and functional abilities of individuals who are older.
 - 4. Implementation of the initial assessment, annual assessment and support plan.
 - 5. Nutrition, food handling and sanitation.
 - 6. Recreation, socialization, community resources, social services and activities in the community.
 - 7. Gerontology.
 - 8. Care and needs of residents with special emphasis on the residents being served in the home.
 - 9. Safety management and hazard techniques.
 - 10. The requirements of this chapter (The Department wants 100 training hours on this topic alone for administrators.)
 - 11. Infection control.
 - 12. Care of individuals with mobility needs, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, if applicable to the residents served by the home.
 - 13. **I have difficulty seeing where any of these topics will improve a new hire staff's**

ability to properly assist with ADLs.

14. These specified training topics require comprehensive training. A five minute training snippet will not provide any acceptable level of knowledge or competency for direct care staff in any of these topics. **Any training relegated to the status of a joke tarnishes all training programs.**
- D. Required standardized competency testing remains fuzzy, undefined and lacking known standards.
 - E. In large homes, work assignments are departmentalized. The duties assigned to direct care staff approximate the training requirements of a CNA.
 - F. Mandated direct staff training requirements found in **Paragraph. 2600.65. Direct staff care person training and orientation**, listed above, exceed the requirements for a CNA.
 - G. The universal care giver job description in small and medium size personal care facilities requires training in job skills other than simply assisting with ADLs. Some of these other skill sets include: dietary, food service, cleaning, laundry, medication assistance, recreation and activities, interventions (crisis management), case/care management, family relations, etc.
 - H. Projected time required for a trainer and new hire to complete training in all the mandated topics listed in (a) and (c) is a minimum of 4 weeks of 40 dedicated training hours per week.
 - I. The hypothetical home of 30 residents and 12 universal care giver staff used for this magnitude cost projection, requires adding a trainer full time, doing nothing but training, testing and certifying of new hires.
 1. It is not practical for the administrator to be the in-house trainer for this magnitude of required time. The administrator has other duties to perform, like running the facility. This trainer position requires an experienced and skilled individual. The on-going annual compensation cost of a trainer is projected at **\$45,000.00**.
 2. The 12 universal care staff have a projected turnover rate of around 80% per year, approximately 10 fully qualified employees must be replaced each year. To get a fully qualified new hire, you have to put 3 in training, that is about 30 per year. The annualized, on-going training new hire costs (\$ 12.00 per hour, average 4 weeks per trainee, estimated 30 people entering training per year) equals **\$57,600.00**.
 - J. A new hire training class must start each month.
 1. Small and medium size home can not afford to wait an average of 6 weeks to replace a care giver that leaves.

- 2. Small and medium sized homes can not afford to hire extra people to cover scheduled work shifts while newly hired staff fulfill these training requirements.
 - 3. Experience shows 50 to 60% of new hires quit within the first 4 weeks of being exposed to the universal care giver work environment. They are overwhelmed when they learn it is not a baby-sitting or private duty position for high functioning seniors.
- K. The on-going, annualized new hire training cost of **\$102,600.00** before new hires can provide unsupervised direct resident care in any particular area, is unrealistic and cost prohibitive.

FIXED	ANNUAL
	\$ 102,600.00

XVI. Residual Red Flag: Paragraph. 2600.65. Direct staff care person training and orientation.

(c). (Page 34) states, "Direct care staff persons shall have at least 12 hours of annual training related to their job duties." 6 of these Training hours can be in-house OJT. The other 6 hours are other type training.

- A. This equates to 1 day per year for each staff. Estimating a care givers daily compensation costs to the business are \$80.00.
- B. Travel and meals for time getting to and from the training location, estimate an average of \$ 50.00.
- C. Estimated average cost of a day's training program, \$ 175.00.
- D. Staff replacement hours will be calculated at an overtime rate or staff replacement service charge of \$18.00 per hour. This equates to \$120.00 per staff training day.
- E. That equates to a daily cost of \$425.00.
- F. The cost for 1 day outside training for 12 staff days per year is **\$3,660.00**. The benefit of these mandated training hours is directly dependent on the training topic, course content, and quality of the instruction. I am unable to put a magnitude benefit on this training requirement.

FIXED	ANNUAL
	\$ 3,660.

XVII. Residual Red Flag ; Paragraph. 2600.66. Staff Training Plan, (b). (3). (Page 36). states, "The dates, times and locations of the scheduled training for each staff person for the upcoming year."

- A. This is an unrealistic and unacceptable requirement. Most small and medium personal care homes can not tell you with any certainty who will still be working in their facility a month in from now. There is no way to project an annual training program for direct care giver staff in a

small home..

- B. For a staff training plan to be of any value, it would have to be updated at least quarterly, monthly would be more realistic. This is an undue cost and time consuming burden on small and medium size personal care homes. This administrative exercise reduces hours available for care and service to the residents.
- C. A order of magnitude on-going cost projection for the hypothetical average PCH home of 30 residents and 12 FT universal care giver staff projects 4.0 management hours per staff for diagnostic tool design, data collection, interviews, analysis and plan preparation, and 2.5 hours per universal care giver to complete the diagnostic, information and feedback interviews, and input into the plan preparation to develop and maintain this plan annually.

1.	48 management hours at \$ 37.50 per hour:	\$ 1,800.00
2.	30 universal care giver hours at \$ 12.00 per hour:	360.00
3.	Total costs to develop the staff training plan per cycle:	\$ 2,160.00
D.	If updated quarterly, the annualized cost would be:	\$ 8,640.00

FIXED	ANNUAL
	\$ 8,640.00

XVIII. Paragraph 2600.130. Smoke detectors and fire alarms. (e). (Page 48) states: "If one or more residents or staff persons are not able to hear the smoke detector or fire alarm system, a signaling device approved by a fire safety expert shall be used and tested so that each resident and staff person with a hearing impairment will be alerted in the event of a fire." In the **Preamble 3. Fire safety. third paragraph.** (Page 5) the Department states, "..... This applies to all homes. The estimated cost of installing a full strobe light and bed vibrator system is \$170.00 per person."

- A. In our hypothetical home with 30 residents, used for the magnitude cost projection, at the Department estimation of \$170.00 per resident, results in an estimated cost of \$5,100.00.
- B. Vendor and contractor magnitude estimates are between \$18,000.00 and \$25,000.00 for the full strobe light system, and a similar cost for the bed vibrator system. This gives a range of \$36,000.00 to \$50,000.00 to install the system. For the magnitude cost projection, I used a cost of \$40,000.00.
- C. Then there is the cost of \$170.00, accurate enough for a magnitude projection, per bed vibrator. Since most elderly become hearing impaired, I used 30 units, a cost of \$5,100.00.
- D. Total fixed magnitude cost projection for this sub-paragraph: **\$45,100.00.**

XIX. Residual Red Flag: Paragraph. 2600.227. Development of the support plan, (Page 63). The support plan, as described, is:

- A. Unclear and conflicting in scope, content and projected use.
- B. The term "support plan" is used throughout the final-form rule making to represent different support concepts.
 - 1. Some places the support plan is represented as a specific daily task document
 - 2. Other times it is described as an overview of total support the resident may require.
 - 3. It is also used to comply with a resident's medical treatment plan.
- C. As an administrator, I do not understand subparagraph (i). "The support plan shall be accessible by direct care staff persons at all times." How is this reconciled with confidentiality of resident information if the support plan is a strategic overview or a medical treatment plan, and not a daily assistance plan?
- D. There is sufficient data to make a magnitude cost projection for this requirement if it is not a daily assistance plan. If that is what it is to be, the maintenance costs will increase. Cost projections:
 - 1. Management time per support plan (1 hours @ \$ 37.50).
 - 2. Key Staff participation in developing each support plan (1 hour @ \$ 12.00).
 - 3. Average 2 Support Plans required per resident per year based on 30 residents in the hypothetical average home (60) support plans.
 - 4. Training time per support plan 3 hours management time, 6 hours staff time.
 - 5. Total annual cost management (4 hrs. X \$37.50 per support plan X 60 plans per year)
\$ 9,000.00.
 - 6. Total annual costs of staff time (7 hrs X \$ 12.00 per support plan X 60 plans per year)
\$ 5,040.00
 - 7. Total on-going annual cost to satisfy support plan documentation: \$ 14,040.00

FIXED

ANNUAL

\$ 14,040.000

XX. SUMMARY CURSORY OVERVIEW MAGNITUDE COST IMPACT

COST IMPACT PER ON A \$720,000.00 INCOME.

Paragraph	Fixed Cost	Annual Cost
2600.25 Resident-home contract.	6,250.00	
2600.26. Quality management. (a).	171,600.00	5,200.00
2600.53. Staff titles and qualifications for administrators,		12,500.00
2600.54. Staff titles and qualifications for direct care staff, (a). (2)		49,920.00
2600.64. Administrator training and orientation,	6,800.00	3,450.00
2600.65. Direct staff care person training and orientation, (d)		102,600.00
2600.65. Direct staff care person training and orientation. (e)		3,660.00
2600.66. Staff Training Plan, (b). (3)		8,640.00
2600.130. Smoke detectors and fire alarms. (e).	45,100.00	
Paragraph. 2600.227. Development of the support plan,		14,040.00
TOTAL HYPOTHETICAL HOME.	229,750.00	250,010.00
ANNUAL COST INCREASE AS % OF ANNUAL INCOME;		34.72%
PER RESIDENT: MONTHLY \$695.00 ANNUAL: \$8,334.00		
PER RESIDENT FIXED INVESTMENT COST:		\$ 6,155.00

MAGNITUDE PROJECTED COST IMPACT ON 1,700 LICENSED PERSONAL CARE HOMES

FIXED \$ 390,575.00 ANNUAL: \$ 425,017,000.00

- A. **Final-form rulemaking magnitude cost projections are cost prohibitive. These magnitude costs dictate disapproval on an up or down vote for this final-form rulemaking.**

- B. **The Magnitude Cost projection does not include any amount for the required construction or building modifications for UCC compliance costs triggered by modifications required to be completed in 18 months. The variables for these related costs are too great to project a hypothetical standard home. It is fair to say the costs, per resident, will be greater on the smaller home than on a larger home, which may already meet some of the requirements. The cost to bring a home into compliance with the final-form rulemaking, UCC, and ADA requirements will range from the low tens of thousands of dollars to many tens of thousands of dollars.**

SELECTED UNCALCULATED ADDITIONAL COSTS:

XXI. Red Flag: Paragraphs. 2600.67. and 2600.68. Training institution registration and instructor approval (new sections). (Page 53). The Department states, "Two new sections were added to address the requirements for the staff training program."

- A. **These paragraphs were inserted by the department without review or public comment.**
- B. **There was no critical analysis, or consideration of the adverse impact these paragraphs will have on the provider and residents receiving care and services.**
- C. **These paragraphs are an unreasonable and confusing change in the final-form rulemaking. Paragraph. 2600.68.(a). is unacceptable.**
 - 1. **Paragraph 2600.67. Training institution registration.** (Page 36) This paragraph is specific to trainers giving Administrator certification programs, yet the preamble states it applies to "staff training program.". Yes, I am confused..
 - 2. **Paragraph 2600.68. Instructor approval. (a)** (Page 37) "Training provided by a individual who is not certified as an instructor by the Department will not be considered valid training."
 - a) Does this mean each Administrator, designee and in house staff trainer must become certified, by the state, in order to give in house training to new hire direct care staff?
 - b) Does this approval requirement apply to all training, to include OJT? If so, do we have to get any direct care giver that supervises OJT certified?
 - c) If this paragraph applies to staff training, as stated in the preamble, the requirement is unrealistic and unacceptable.
 - d) I can not project even a magnitude of time lost or fiscal impact of this requirement, it is just to fuzzy in concept, contradictions, and intent.

XXII. Red Flag: Paragraph. 2600.94 Safe landings. (a). (Page 39), states "Interior and exterior doors that open directly into a stairway and are used for exit doors, resident areas, and fire exits shall have a landing, which is a minimum of 3 feet by 3 feet." **This paragraph does not conform to ADA requirements, see attached ADA Provisions of 2600.14. Fire safety approval, (Page 11). See attached Federal Register / Vol. 56. No. 144 Friday, July 28, 1991 / Rules and Regulations. Paragraph 4.3 Accessible Route, Paragraph 4.8 Ramps, Paragraph 4.9 Stairs, and Paragraph 4.13 Doors.**

- A. Changes dictated by **2600.94. Safe landings. (a).** (Page 39), could trigger full UCC compliance. Modification of any stair passage invalidates any grandfathering waiver and requires recertification by L&I. This means it now must satisfy UCC standards. This constitutes a major alteration to the building. Extensive modifications, to include: moving walls to widening halls and stairways, constructing fire towers on all stairways, installing sprinklers, etc., may be needed to be in full compliance with ADA and UCC compliance.

- B. When 2600 Proposed Rulemaking, 2002, was issued for review and comments, present concerns over this requirement did not exist. At that time, L&I was working with the old building code. Since Pennsylvania adoption the new construction code, UCC, building codes have changed and make this requirement potentially a cost prohibitive Red Flag.

XXIII. **Red Flag: Paragraph. 2600.102 Bathrooms.** (Page 42). Current bathroom fixture density and ratios are grandfathered. Will the requirements to upgrade to UCC for other requirements invalidate the grandfathering provisions for existing ratios? Could existing facilities be forced to make major construction modifications to add more fixtures to comply with the new ratios? Will walls have to be moved or new rooms constructed? I don't know but the costs of fixtures would be a minor expense on top of the costs for UCC compliance.

XXIV. **Red Flag: Paragraph. 2600.122. 2. Exits.** (Page 46)., states, "Unless otherwise regulated by the Department of Labor and Industry, all buildings shall have at least two independent and accessible exits from every floor, each arranged to reduce the possibility that both will be blocked in an emergency situation." Provisions of **2600.14. Fire safety approval, (a).** (Page 12), states, "Prior to issuance of a license, a written fire safety approval from the Department of Labor and Industry, the Department of Health or the appropriate building authority under the Pennsylvania Uniform Construction Code Act (35 P.S. ** 7210.101 - 7210.1103) is required." and **(c)** (Page 12) states, "If a building is structurally renovated or altered after the initial fire safety approval is issued, the home shall submit the new fire safety approval, or written certification that a new fire safety approval is not required, from the appropriate fire safety authority."

- A. Changes dictated by these paragraphs will trigger full UCC compliance.
- B. Modification of any fire evacuation passage requires recertification by L&I, which means it now must meet UCC standards. This constitutes a major alteration to the building triggering full compliance with ADA and UCC regulations.
- C. This could result in the requirement to widen halls, stair wells, landings, construct fire towers and many other very costly modifications to the existing building.
- D. The estimation of \$ 5,000.00 in the preamble (Page 5), is insufficient for UCC compliance in any home.

PARAGRAPH. 2600.42. SPECIFIC RIGHTS.

This whole paragraph needs revisited!

- It is a retrograde product compared to the residents rights paragraph in 2620!
- It is replete with impractical and unrealistic ideals. Personal care homes are a communal living environment and individual rights must take this into account. If they do not, anarchy will reign. Other residents also have rights.

• Examples of some of the more objectionable sub-paragraphs are presented below.

XXV. Red Flag: Paragraph. 2600.42. Specific rights. (o). (Page 24), states, "The resident has the right to freely associate, organize and communicate with others privately." In the **Preamble, Paragraph 2600.42. (o). Specific rights. (o)**, (Page 42) states, "The Department clarified that the resident has the right not only to freely associate but also to organize groups of residents within the home." What does this mean?

- A. While this sounds positive on the surface, the current trend toward hate groups can not be ignored.
- B. There is no requirement for these groups to recognize the rights of other residents, staff, or the provider.
- C. Does the provider remain responsible and liable for actions of these "secret societies?"
- D. Without clarification and expressed limitations of the activities of these "secret societies," this is an unacceptable risk to the provider.

XXVI. Red Flag: Paragraph. 2600.42. Specific rights. (r). (Page 24), states, "A resident has the right to receive visitors for a minimum of 12 hours daily, 7 days per week." In the **Preamble, Paragraph 2600.42 (q)**, (Page 43), states, "The number of hours the home must be open to visitors was increased from 8 to 12 hours per day to provide greater opportunity for the resident to entertain family and friends, since this is the resident's home. The Department strongly encourages homes to have an open, 24 hours per day visitation policy, if at all possible." Is this a wise position for the Department?

- A. What about security? Most personal care homes do not have a security force to ensure the safety of residents.
- B. What about privacy issues for other residents?
- C. What about quiet hours? Most elderly residents require 8 to 10 hours of sleep every night. 3 A.M. visitations are not realistic and an invasion of the rights of others.
- D. While this is a warm and fuzzy position, it demonstrates the drafters lack experience and awareness of the operational, safety and well-being requirements of personal care home residents.
- E. Expanding visitation from 8 hours to 12 hours daily, may require adding additional staff to properly supervise the home and ensure resident privacy during concentrated care and service provision times, or quiet time (sleeping) hours..
- F. The Department's position is unrealistic and ill advised.

XXVII. **Red Flag: Paragraph. 2600.42. Specific rights. (w)** (Page 24). "A resident has the right to use both the home's procedures and external procedures to appeal involuntary discharge."

- A. What external source has the authority to overrule the decision of the Administrator to involuntarily terminate residents in compliance with the provisions of **2600.228. Notification of termination.** (Page 64)?
- B. The administrator has risk management responsibility for the health, safety, and well being of their residents. An arbitrary decision by a third party does not negate this responsibility and liability.
- C. If risk management decisions on who can reside in the home and who can be terminated from the home, for cause, are removed from the Administrator / Owner and vested in undefined State Agencies and Physicians, by an external appeals process:
 - 1. Who has the final decision authority?
 - 2. Who has ultimate risk management responsibility and liability for outcomes in the home?
 - 3. Who will bear the added costs of complying with outside retention decisions?
- D. I have no way to estimate the adverse cost impact of complying with this external appeal process and management decision over-ride authority will have on the facility. Potential cost increases could come from:
 - 1. Increased insurance premiums.
 - 2. Building modifications.
 - 3. Staff level changes.
 - 4. Additional training requirements.
 - 5. Higher skill level, thus more costly, staff.
 - 6. The potential cost impact could be astronomical.

XXVIII. **Paragraph. 2600.42. Specific Rights. (y).** (Page 24) states, "A resident has the right to choose his own health care providers." What is the definition of Health Care Providers?

- A. I have no problem with this requirement if it is restricted to the selection of licensed professional service providers, i.e., Doctor, Hospital, Home Health Care Agency, Medical Lab, Pharmacy, etc.

- B. If the definition is more broad and generic, there are many potential problems.
1. Does the resident have the right to dictate which of the home's direct care staff must care for them? Staff scheduling and assignments is a management right.
 2. Can the resident choose to have personal friends or family provide care and services for them in the personal care home? If so:
 - a) Can the home establish minimum qualifications and standards for these people, as we are required to do for staff?
 - b) Are criminal background checks required?
 - c) Can the home require they have personal liability insurance listing the home as a place of business covered by their insurance?
 - d) Do these individuals have to fulfill the training requirements of **Paragraph 2600.65 Direct care staff person training and orientation**, the same as part-timers or volunteers, before they can provide care and assistance? If so, who bears the cost of this training and competency testing?
- C. Does the personal care home remains responsible and liable for the care given by well meaning but often ill informed, untrained, or ill prepared "friends of the family?"
- D. This specific right, as written:
1. May present a clear and present danger to the health, safety and well-being of the resident.
 2. Increases liability risk to the home.
 3. May be very costly to the provider.
 4. Is unrealistic and unacceptable.

XXIX. CONFLICTING INSTRUCTIONS

- A. **2600.132. Fire drills. (h).** (Page 49), states "A fire drill shall be held within 5 days of employment of a new staff person present. In no event, however, shall a home be required to hold more than one fire drill in a month."
1. This paragraph was inserted by the department without review or public comment.

2. There was no critical analysis, or consideration of the adverse impact this paragraph will have on the provider and residents receiving care and services.
3. This paragraph is an unreasonable and self contradicting change in the final-form rulemaking. Paragraph. 2600.132.(h) is unacceptable.
4. To the first part of the sub paragraph implicitly states a requirement. Not having a fire drill within 5 days of bringing a new staff person on board is non compliance.
5. Most residents in our home find fire drills a confusing experience.
 - a) Many have dementia and short term memory loss renders them incapable of remembering proper responses to different fire drill scenario's.
 - b) Fire drills leave many residents confused and disoriented. There is a noticeable increase in anxiety and night time activity by many dementia residents for two or three days after a fire drill. A drill every five to ten days would add to their state of confusion, anxiety, and stress. This is not a desired outcome for residents with any form of dementia.

B. Paragraph 2600.191. Resident education. (Page 60) states, "The home shall educate the resident on his right to question or refuse a medication if he believes there may be a medication error. Documentation of this resident education shall be kept."

1. This paragraph and requirement was not presented in the proposed rulemaking in 2002.
2. This paragraphs were inserted by the department without review or public comment.
3. There was no critical analysis, or consideration of the adverse impact these paragraphs will have on the provider and residents receiving care and services.
4. This right of refusal of medications, as well as other rights of refusal, i.e. shower, food, hydration, recreation, etc., were rejected as suggested inclusions in 2600.42. Specific rights.
5. Does this set a precedence that we must have a policy, specific resident training and maintain training documentation for all other resident rights of refusal?

C. Paragraph. 2600. 228. Notification of termination. (h)., states, "The only grounds for discharge or transfer of a resident from a home are for the following conditions: (7). Documented, repeated violations of the home rules."

1. Certain banned actions, i.e., smoking, recreational drugs, drinking, bringing fire arms, flammable materials, knives, etc., into the home, must result in immediate termination of

the residents agreement.

2. The requirement for documented, repeated violations of all home rules, are unreasonable, unsafe, and unacceptable.
3. The communal living rights, health, safety and well-being of the home outweigh the individual's rights. This is the basis of civilization.
4. Most personal care homes do not have a security staff that would be necessary to protect the other residents from these unreasonable threats.
5. This sub paragraph is in conflict with **Paragraph. 2600.228. Notification of termination. (h)**, states, "The only grounds for discharge or transfer of a resident from a home are for the following conditions: (1) "If the resident is a danger to himself or others." This conflict in the final-form rulemaking invites unreasonable appeals, delaying actions, and litigation for illegal termination. This is unacceptable.

D. Preamble. Paragraph 2600.264. Policies, plans, and procedures of the personal care home (deleted on final form), (page 96), states, "The proposed paragraph 2600.264 was deleted."

1. **Paragraph 2600.264 in the proposed rulemaking** stated, "Policies, plans and procedures, which the personal care home is required by this chapter to develop, shall be implemented and followed by the personal care home."
2. The discussion found under **Paragraph. 2600.26. Quality management**, starting on page 15 of this commentary, shows this requirement still exists. **Paragraph. 2600.223. Description of services. (b)** (Page 61) states "The home shall develop written procedures for the delivery and management of services from admission to discharge."
3. In the same preamble citation, the Department also states, "The Department will develop sample policies and procedures to assist homes to comply with the requirements for policies, plans and procedures."
4. Again, I am confused, has this requirement been deleted as stated in the final-form rulemaking, or does it remain, as also stated in the final-form rulemaking?
5. This inconsistency of the final-form rulemaking is unacceptable. Are providers relieved of this oppressive time and fiscal burden or not?

XXX. Paragraph. 2600.107. Emergency Preparedness. (Page 45).

- A. **Sub Paragraph. (a)** states, "The administrator shall have a copy and be familiar with the emergency preparedness plan for the municipality in which the home is located."

1. Was this requirement coordinated with PAEMA?
2. It took me 3 months to get a call back from the county Emergency Management Office. They called only after I called PAEMA requesting assistance.
3. I offered to pay for a copy of the county emergency management plan.
 - a) I could not purchase a copy of the plan.
 - b) I did get some generic plans and outlines on schools and day care centers, as well as a copy of the U.S. Department of Education, *Practical information on Crisis Planning: A Guide for Schools and Communities*, an 80 page document plus appendices. After I review these materials, the local emergency management agency manager and I are to have a talk.
 - c) Reading the information the County Emergency Management Office sent to me, I learned parts of the plan are considered confidential. For safety and security reasons, they do not want sensitive parts of the plan to fall into the hands of unauthorized personnel.
 - (1) To develop the initial, comprehensive Emergency preparedness Plan, for personal care homes, will take an estimated 4 weeks of full time effort, and 6 calendar months..
 - (2) No information was provided on responsibilities, authorities, or chain of command in times of emergency situations.
 - (3) No listing of resources or contact information was provided.
 - (4) No information was provided on required preparations and actions to take with a change in alert conditions.
 - d) Will the Department be providing base information and the initial draft for this Emergency Preparedness Plan?

B. Sub Paragraph. (b). states, "The home shall have written emergency procedures that include the following:" **Sub Paragraph (6).** states "Alternate means of meeting resident needs in event of utility outage."

1. What does the Department mean by this requirement?
2. What options are available when there is a prolonged power outage and evacuation is not possible? In an emergency situation:

- a) Can we use portable kerosene heaters for heating our facility?
- b) Can we use camping stoves for cooking?
- c) Do we have to install parallel and redundant heating and cooking systems, or acquire a 400 Amp stand alone generator for our facility, to meet this requirement in the event evacuation is not possible? We do not have NASA's budget resources for system redundancy.

C. **Paragraph. 2600.107. Emergency preparedness (Page 45), is:**

- 1. Unclear.
- 2. Conflicts with other parts of the final-form rulemaking.
- 3. Has not been thought through.
- 4. It will be time consuming to develop, implement and maintain a comprehensive emergency preparedness plan in an ever changing environment.
 - a) With the void of coordination, guidance and information available, from any source, for plan development, I am not sure this requirement can be fulfilled in a small or medium size home.
 - b) The ongoing coordination, training, documentation and situation rehearsals will require considerable time, effort and resources.

XXXI. In the preamble, the department frequently states "**It is the intent of the department.**" It is logical that the final-form rulemaking be written with the clarity to communicate the department's requirements and not need supportive explanatory comments.

- A. The current final-form rulemaking will require "interpretative guidelines" to clarify the numerous ambiguities and current intent of the department.
- B. If the Department acknowledges that there are known and significant lack of clarity in the final-form rulemaking, why submit it for approval? The lack of clarity in the final-form rulemaking should be resolved before submission for approval.
- C. **If the final-form rulemaking is known to be that flawed before approval, summary disapproval is the only viable option. Any thing less would bring discredit upon the process.**
- D. **A management axiom states "Intentions mean nothing, results mean everything." We must access the final-form rulemaking on it's content. The expressed intentions of how the Department may or may not interpret the approved rulemaking, is subject to change and**

unacceptable for the purposes of approving this final-form rulemaking.

XXXII. **Red Flag: Paragraph 2600.3. Inspections and licenses. (a).** states, "The Department will annually conduct at least one onsite unannounced inspection of each personal care home." **Paragraph. 2600.5. Access. (a).** states, "The administrator or designee shall provide, upon request, immediate access to the home, the residents and records to:" and **Paragraph. 2600.254. Record access and security. (6).** states, "Resident records shall be stored in locked containers or a secured, enclosed area used solely for record storage and be accessible at all times to the administrator or the administrator's designee, and upon request, to the Department or representatives of the Area Agency on Aging."

- A. These paragraphs were inserted by the department without review or public comment.
- B. There was no critical analysis, or consideration of the adverse impact these paragraphs will have on the provider and residents receiving care and services.
- C. These paragraphs require unannounced annual inspections and immediate access to records during these unannounced inspections.
- D. These requirements are unrealistic, present an undue burden on providers, and are unacceptable.
 - 1. Unannounced inspections, limited to daily operations, are reasonable.
 - 2. A designee, such as the overnight staff care giver or shift leader, may be fully qualified to oversee the daily operations of the home but not have total access to the confidential resident, staff, or facility records that the administrator maintains.
 - 3. Immediate total access to records can not be guaranteed. The administrator and or fully qualified designee have other tasks and duties to do in order to run and maintain the facility. They may not be on site or immediately available for an unannounced inspection. Outside duties include:
 - a) Mandated Training.
 - b) Medical appointments.
 - c) Assessments.
 - d) Admissions or discharges.
 - e) Personal Care Home Advisory Committee meetings.
 - f) Bank, Legal, Accountant and other professional meetings.
 - g) Shopping for the facility.

4. The totality of the current annual inspection process, if unannounced is an undue burden on the administrator or designee in the small or medium size home. There is insufficient staff scheduled on a daily basis to handle the care and services needed and the additional time requirements imposed by the annual inspection process. This is an economic reality.
 - a) In small and medium facilities, extra staff hours are scheduled on the day of the announced annual inspection. This permits the administrator or designee to devote their time to the inspection. If the inspector shows up, unannounced, while the administrator or designee is functioning as a universal care giver that day, there is no way that either service to the residents or inability to adequately participate in the inspection process would not be unsatisfactory. Either condition is unacceptable.
 - b) Information compiled in advance for the current annual inspection requirements would not be immediately available for the inspector on his arrival. Time to pull the information from base source documents and prepare these reports would extend the inspection time and have an adverse impact on the efficiency of both the inspector and the home.
 - c) The additional requirements of all the policies, procedures, forms and plans that must be inspected / audited, required by the final-form rule making, and the demands put on the administrator's time, would devastate services rendered in the home if there was no notification to prepare and schedule additional coverage staff hours.
 - d) These paragraphs sound good on paper but show a lack of understanding of the inspection process or realities of running small and medium size facilities. Compliance with these paragraphs would be detrimental to the health, safety and well-being of the residents. This is unacceptable.

CONCLUSIONS:

XXXIII. Chapter 2600, final-form rulemaking should be disapproved for the following reasons:

- A. There is a clear and present threat to the health, safety and well-being of the residents.
Paragraph 2600.186. Prescription medications. (c). (Page 59) states, "Changes in medication may only be made in writing by the prescriber, or in-case of an emergency, an alternate provider . The resident's medication record shall be updated as soon as the home receives written notice of the change."
 1. This paragraph was inserted by the department without review or public comment.
 2. There was no critical analysis, or consideration of the adverse impact this paragraph will have on the residents receiving care and services.

3. This paragraph is an unreasonable and life threatening change in the final-form rulemaking. Paragraph. 2600.186.(c) is unacceptable.
4. Providers must retain the ability to accept and respond to prescriber's verbal orders.
5. Paragraph 2600.186. Prescription medications. (c), in and of itself, should result in disapproval.

B. The final-form rulemaking is cost prohibitive.

1. **The annual on-going magnitude cost increase projection impact of \$8,334.00 (\$695.00 per month) per resident, (\$425,017,000.00 state wide).**
2. **One time magnitude fixed costs per resident to develop and implement this rulemaking is \$6,155.00, per resident, (\$390,575.000.00 state wide).**
3. Required building modifications will trigger full compliance with UCC. The additional debt burden for regulatory compliance could force many small and medium size homes to close. I can not make even a magnitude cost projection on these mandated compliance requirement.
4. The final-form rulemaking is not ready for approval. It is:
 - a) Irresponsible and life threatening.
 - b) Oblivious to collateral impact of final-form rulemaking provisions.:
 - (1) Within the final-form rulemaking.
 - (2) With other Departments, agencies, and interested parties..
 - c) Insensitive to the consumer's needs, concerns and resources.
 - d) Inconsistent and confusing.
 - e) Contradictory.
 - f) Filled with costly features, absent on benefits to the consumer.
 - g) Under researched.
 - h) Unfunded.
 - i) Incomplete staff work.

- C. Approval of the final-form rulemaking 2600 would be a retrograde movement from the current regulation 2620 for the health, safety and well-being of Pennsylvania's dependent elderly.

PREDICTABLE OUTCOMES

XXXIV. The most probable predictable outcome of approving this final form rulemaking is a disaster scenario. This final-form rulemaking will:

- A. Present a clear and immediate threat to the health, safety and well-being of the less affluent dependent elderly in Pennsylvania.
- B. Impose an unacceptable fiscal burden on personal care home residents. The impact of which will probably result in:
 - 1. Closing most small homes because they can not bear the financial burden and their residents can not pick up the additional costs .
 - 2. Making placement of SSI recipients almost impossible.
 - 3. Putting the 20-40% of current lower income residents out of their home, due to closings.
 - 4. I have no idea where these displaced residents can go.
- C. If the Department does not have a contingency plan addressing where displaced residents can go or how they can survive, this FFR must be disapproved. Failure to anticipate this situation and have a contingency plan to address the predictable problem is a glaring deficiency in Department's awareness and appreciation of the impact this FFR will have on Pennsylvania's dependent elderly

RECOMMENDATION: "DE OPPRESSO LIBER". DISAPPROVE CHAPTER 2600 FINAL-FORM RULEMAKING.

Wayne C. Watkins, President
Watkins Concepts Company
"Order Out of Chaos"

ATTACHMENTS 2:

Federal Register / Vol. 56. No. 144 Friday, July 28, 1991 / Rules and Regulations. Paragraph 4.3 Accessible Route, Paragraph 4.8 Ramps, Paragraph 4.9 Stairs, and Paragraph 4.13 Doors.
C.V. Wayne C. Watkins

4.2.4* Clear Floor or Ground Space for Wheelchairs

diameter (see Fig. 3(a)) or a T-shaped space (see Fig. 3(b)).

4.2.4* Clear Floor or Ground Space for Wheelchairs.

4.2.4.1 Size and Approach. The minimum clear floor or ground space required to accommodate a single, stationary wheelchair and occupant is 30 in by 48 in (760 mm by 1220 mm) (see Fig. 4(a)). The minimum clear floor or ground space for wheelchairs may be positioned for forward or parallel approach to an object (see Fig. 4(b) and (c)). Clear floor or ground space for wheelchairs may be part of the knee space required under some objects.

4.2.4.2 Relationship of Maneuvering Clearance to Wheelchair Spaces. One full unobstructed side of the clear floor or ground space for a wheelchair shall adjoin or overlap an accessible route or adjoin another wheelchair clear floor space. If a clear floor space is located in an alcove or otherwise confined on all or part of three sides, additional maneuvering clearances shall be provided as shown in Fig. 4(d) and (e).

4.2.4.3 Surfaces for Wheelchair Spaces. Clear floor or ground spaces for wheelchairs shall comply with 4.5.

4.2.5* Forward Reach. If the clear floor space only allows forward approach to an object, the maximum high forward reach allowed shall be 48 in (1220 mm) (see Fig. 5(a)). The minimum low forward reach is 15 in (380 mm). If the high forward reach is over an obstruction, reach and clearances shall be as shown in Fig. 5(b).

4.2.6* Side Reach. If the clear floor space allows parallel approach by a person in a wheelchair, the maximum high side reach allowed shall be 54 in (1370 mm) and the low side reach shall be no less than 9 in (230 mm) above the floor (Fig. 6(a) and (b)). If the side reach is over an obstruction, the reach and clearances shall be as shown in Fig 6(c).

4.3 Accessible Route.

4.3.1* General. All walks, halls, corridors, aisles, skywalks, tunnels, and other spaces

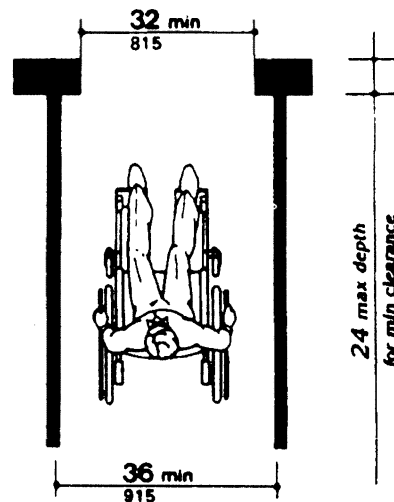


Fig. 1
Minimum Clear Width
for Single Wheelchair

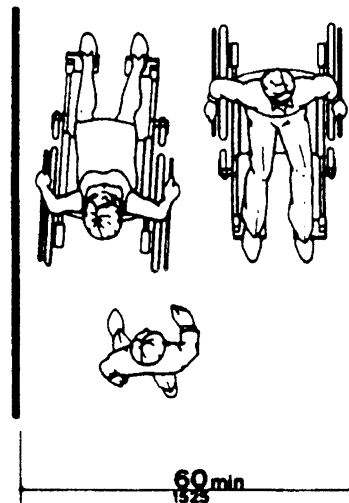


Fig. 2
Minimum Clear Width
for Two Wheelchairs

4.3 Accessible Route

that are part of an accessible route shall comply with 4.3.

4.3.2 Location.

(1) At least one accessible route *within the boundary of the site* shall be provided from public transportation stops, accessible parking, and accessible passenger loading zones, and public streets or sidewalks to the accessible building entrance they serve. *The accessible route shall, to the maximum extent feasible, coincide with the route for the general public.*

(2) At least one accessible route shall connect accessible buildings, facilities, elements, and spaces that are on the same site.

(3) At least one accessible route shall connect accessible building or facility entrances with all accessible spaces and elements and with all accessible dwelling units within the building or facility.

(4) An accessible route shall connect at least one accessible entrance of each accessible

dwelling unit with those exterior and interior spaces and facilities that serve the accessible dwelling unit.

4.3.3 Width. The minimum clear width of an accessible route shall be 36 in (915 mm) except at doors (see 4.13.5 and 4.13.6). If a person in a wheelchair must make a turn around an obstruction, the minimum clear width of the accessible route shall be as shown in Fig. 7(a) and (b).

4.3.4 Passing Space. If an accessible route has less than 60 in (1525 mm) clear width, then passing spaces at least 60 in by 60 in (1525 mm by 1525 mm) shall be located at reasonable intervals not to exceed 200 ft (61 m). A T-intersection of two corridors or walks is an acceptable passing place.

4.3.5 Head Room. Accessible routes shall comply with 4.4.2.

4.3.6 Surface Textures. The surface of an accessible route shall comply with 4.5.

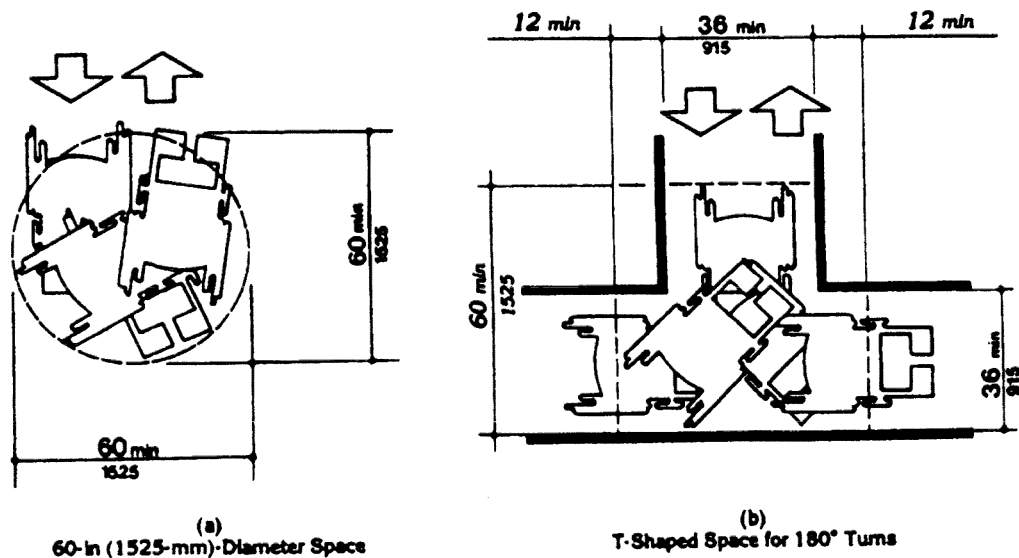
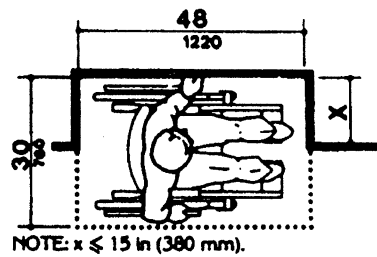
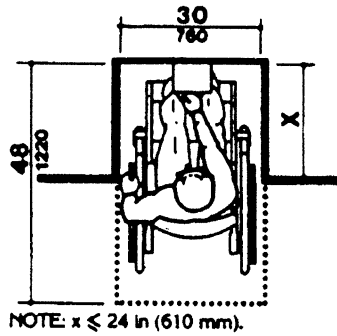
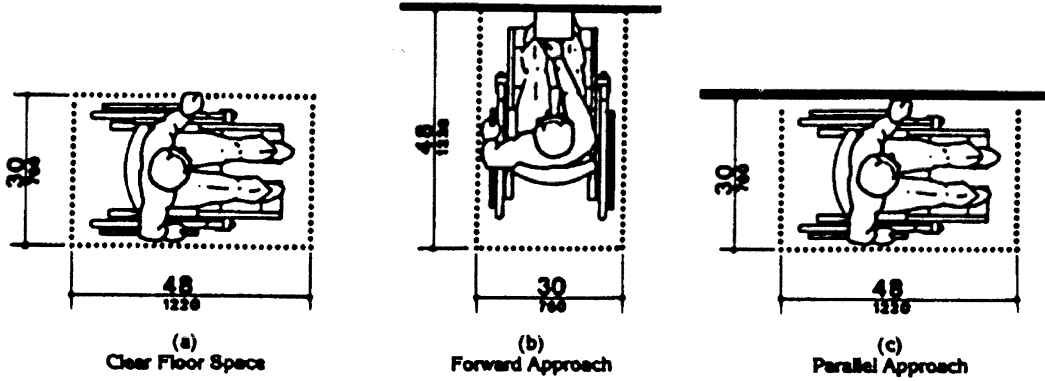
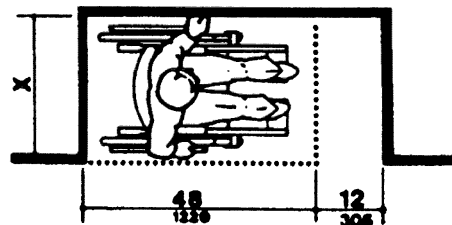
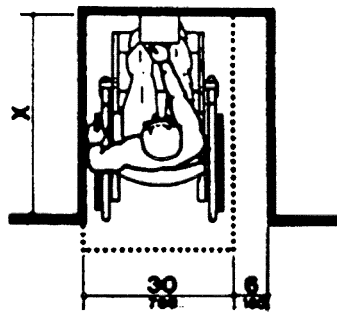


Fig. 3
Wheelchair Turning Space

4.3 Accessible Route



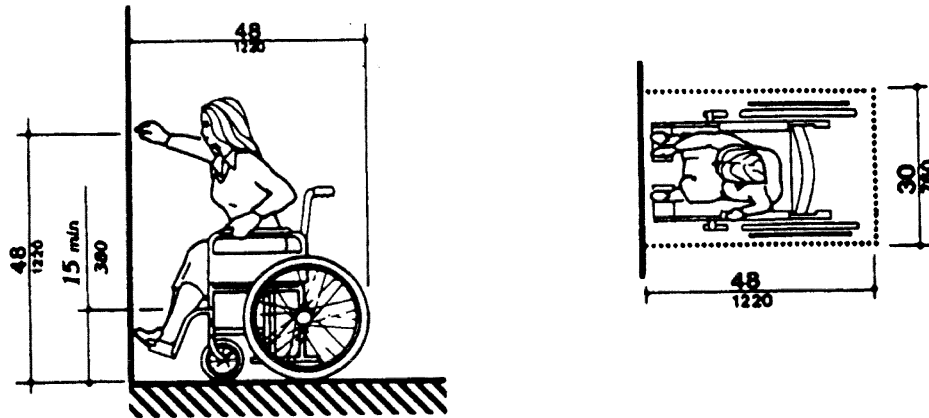
(d) Clear Floor Space in Alcoves



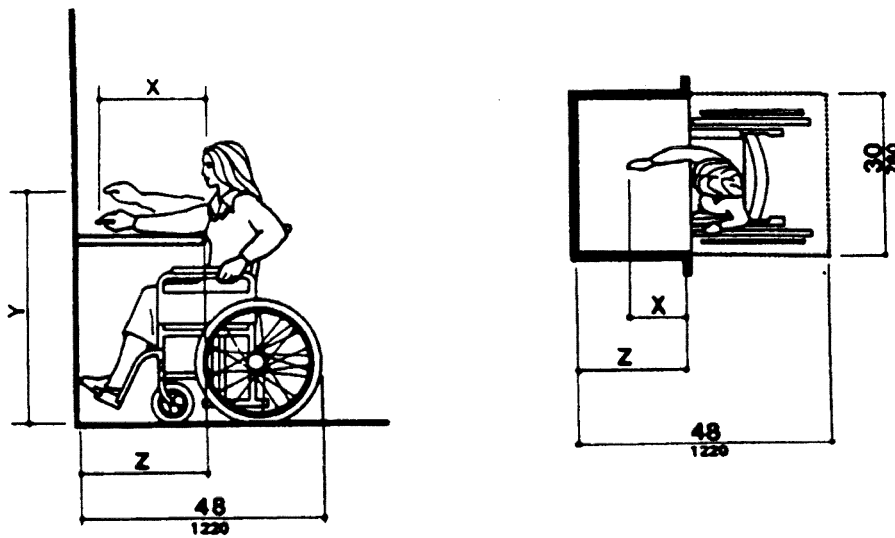
(e) Additional Maneuvering Clearances for Alcoves

Fig. 4
Minimum Clear Floor Space for Wheelchairs

4.3 Accessible Route



(a)
High Forward Reach Limit

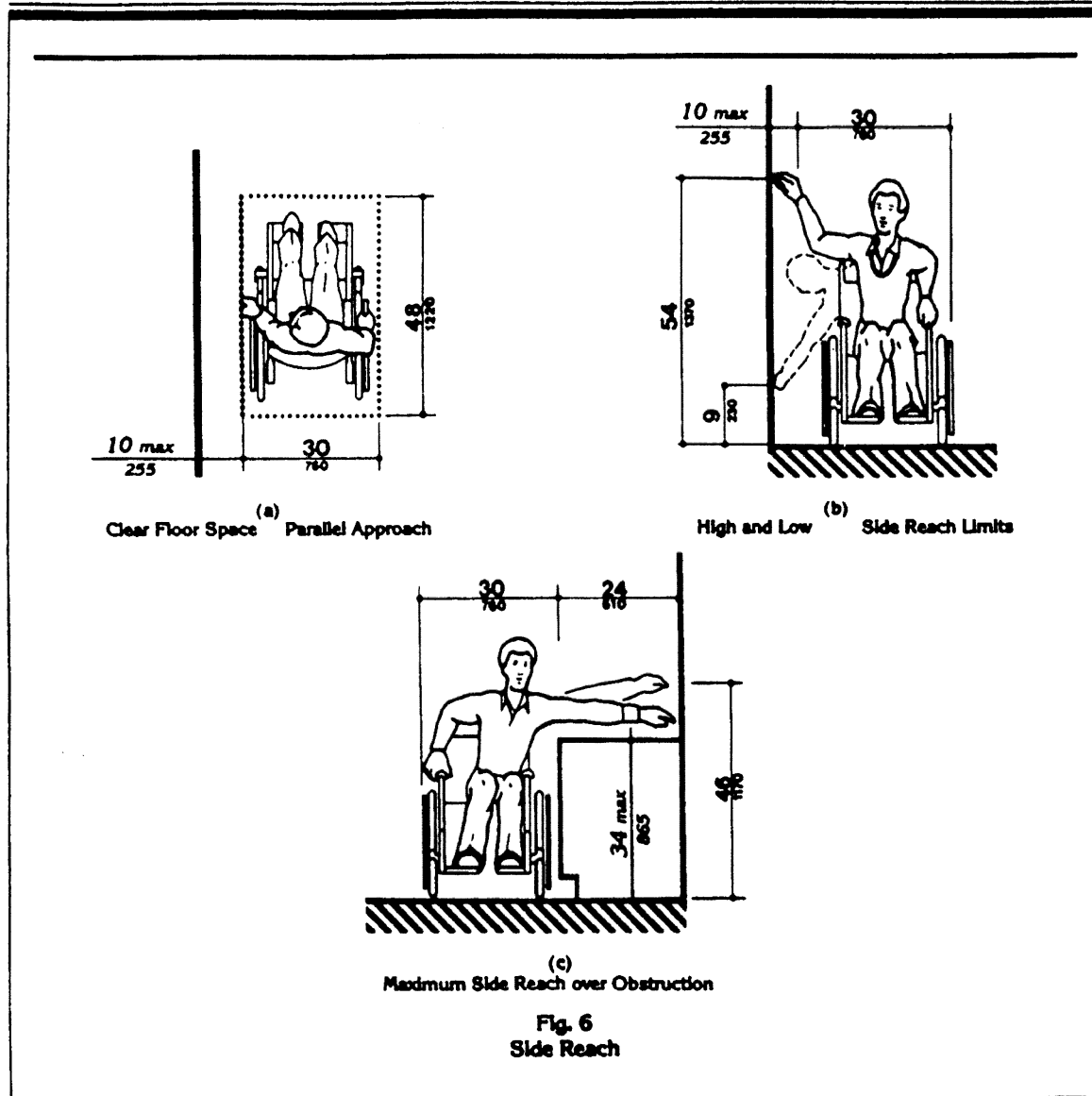


NOTE: x shall be \leq 25 in (635 mm); z shall be \geq x. When x < 20 in (510 mm), then y shall be 48 in (1220 mm) maximum. When x is 20 to 25 in (510 to 635 mm), then y shall be 44 in (1120 mm) maximum.

(b)
Maximum Forward Reach over an Obstruction

Fig. 5
Forward Reach

4.3.7 Slope



4.3.7 Slope. An accessible route with a running slope greater than 1:20 is a ramp and shall comply with 4.8. Nowhere shall the cross slope of an accessible route exceed 1:50.

4.3.8 Changes in Levels. Changes in levels along an accessible route shall comply with 4.5.2. If an accessible route has changes in level greater than 1/2 in (13 mm), then a curb

ramp, ramp, elevator, or platform lift (as permitted in 4.1.3 and 4.1.6) shall be provided that complies with 4.7, 4.8, 4.10, or 4.11, respectively. An accessible route does not include stairs, steps, or escalators. See definition of "egress, means of" in 3.5.

4.3.9 Doors. Doors along an accessible route shall comply with 4.13.

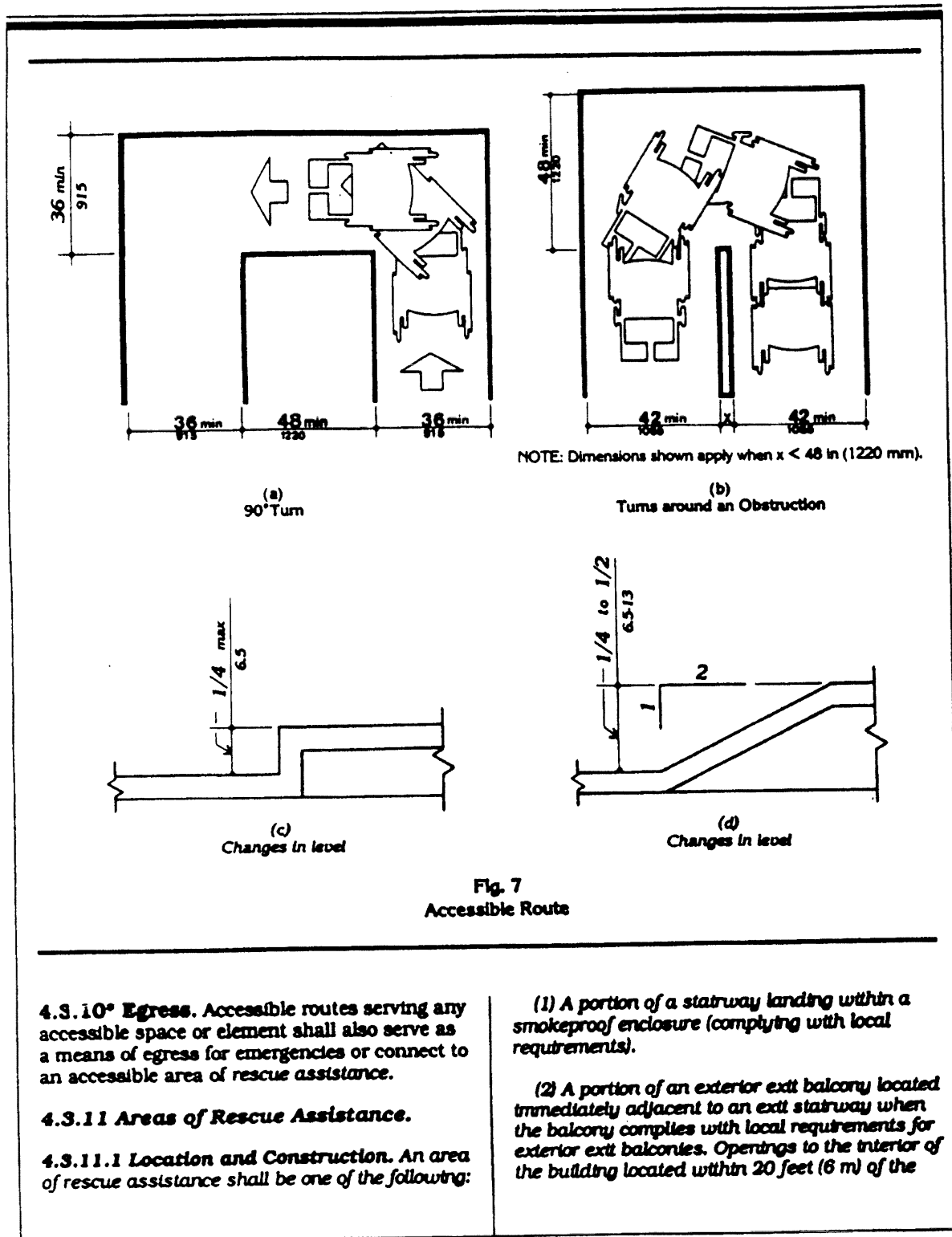
4.3.10^o Egress

Fig. 7
Accessible Routes

4.3.10^o Egress. Accessible routes serving any accessible space or element shall also serve as a means of egress for emergencies or connect to an accessible area of rescue assistance.

4.3.11 Areas of Rescue Assistance.

4.3.11.1 Location and Construction. An area of rescue assistance shall be one of the following:

(1) A portion of a stairway landing within a smokeproof enclosure (complying with local requirements).

(2) A portion of an exterior exit balcony located immediately adjacent to an exit stairway when the balcony complies with local requirements for exterior exit balconies. Openings to the interior of the building located within 20 feet (6 m) of the

4.4 Protruding Objects

area of rescue assistance shall be protected with fire assemblies having a three-fourths hour fire protection rating.

(3) A portion of a one-hour fire-resistive corridor (complying with local requirements for fire-resistive construction and for openings) located immediately adjacent to an exit enclosure.

(4) A vestibule located immediately adjacent to an exit enclosure and constructed to the same fire-resistive standards as required for corridors and openings.

(5) A portion of a stairway landing within an exit enclosure which is vented to the exterior and is separated from the interior of the building with not less than one-hour fire-resistive doors.

(6) When approved by the appropriate local authority, an area or a room which is separated from other portions of the building by a smoke barrier. Smoke barriers shall have a fire-resistive rating of not less than one hour and shall completely enclose the area or room. Doors in the smoke barrier shall be tight-fitting smoke and draft-control assemblies having a fire-protection rating of not less than 20 minutes and shall be self-closing or automatic closing. The area or room shall be provided with an exit directly to an exit enclosure. Where the room or area exits into an exit enclosure which is required to be of more than one-hour fire-resistive construction, the room or area shall have the same fire-resistive construction, including the same opening protection, as required for the adjacent exit enclosure.

(7) An elevator lobby when elevator shafts and adjacent lobbies are pressurized as required for smokeproof enclosures by local regulations and when complying with requirements herein for size, communication, and signage. Such pressurization system shall be activated by smoke detectors on each floor located in a manner approved by the appropriate local authority. Pressurization equipment and its duct work within the building shall be separated from other portions of the building by a minimum two-hour fire-resistive construction.

4.3.11.2 Size. Each area of rescue assistance shall provide at least two accessible areas each being not less than 30 inches by 48 inches (760 mm by 1220 mm). The area of rescue

assistance shall not encroach on any required exit width. The total number of such 30-inch by 48-inch (760 mm by 1220 mm) areas per story shall be not less than one for every 200 persons of calculated occupant load served by the area of rescue assistance.

EXCEPTION: The appropriate local authority may reduce the minimum number of 30-inch by 48-inch (760 mm by 1220 mm) areas to one for each area of rescue assistance on floors where the occupant load is less than 200.

4.3.11.3° Stairway Width. Each stairway adjacent to an area of rescue assistance shall have a minimum clear width of 48 inches between handrails.

4.3.11.4° Two-way Communication. A method of two-way communication, with both visible and audible signals, shall be provided between each area of rescue assistance and the primary entry. The fire department or appropriate local authority may approve a location other than the primary entry.

4.3.11.5 Identification. Each area of rescue assistance shall be identified by a sign which states "AREA OF RESCUE ASSISTANCE" and displays the international symbol of accessibility. The sign shall be illuminated when exit sign illumination is required. Signage shall also be installed at all inaccessible exits and where otherwise necessary to clearly indicate the direction to areas of rescue assistance. In each area of rescue assistance, instructions on the use of the area under emergency conditions shall be posted adjoining the two-way communication system.

4.4 Protruding Objects.

4.4.1° General. Objects projecting from walls (for example, telephones) with their leading edges between 27 in and 80 in (685 mm and 2030 mm) above the finished floor shall protrude no more than 4 in (100 mm) into walks, halls, corridors, passageways, or aisles (see Fig. 8(a)). Objects mounted with their leading edges at or below 27 in (685 mm) above the finished floor may protrude any amount (see Fig. 8(a) and (b)). Free-standing objects mounted on posts or pylons may overhang 12 in (305 mm) maximum from 27 in to 80 in (685 mm to 2030 mm) above the ground or

4.8 Ramps

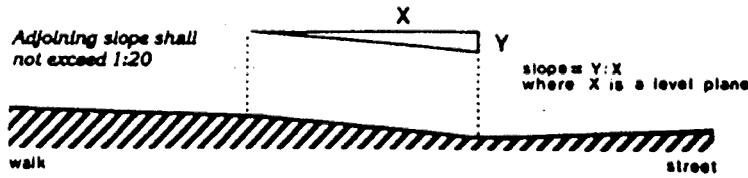
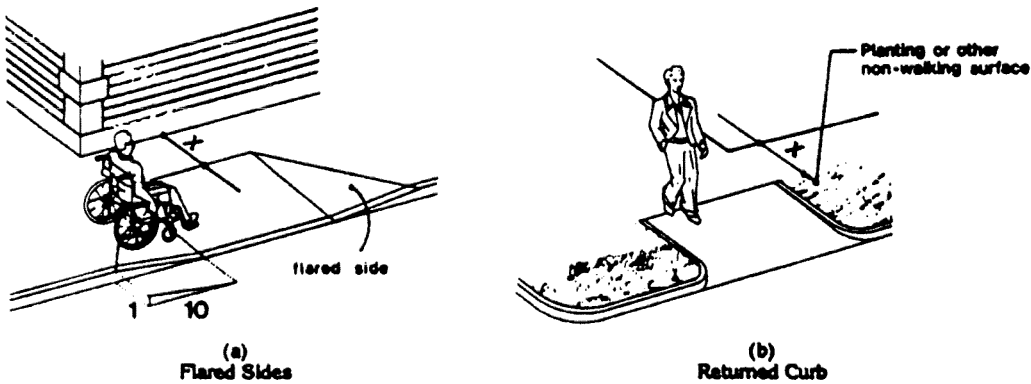


Fig. 11
Measurement of Curb Ramp Slopes



If X is less than 48 in, then the slope of the flared side shall not exceed 1:12.

Fig. 12
Sides of Curb Ramps

4.7.11 Islands. Any raised islands in crossings shall be cut through level with the street or have curb ramps at both sides and a level area at least 48 in (1220 mm) long between the curb ramps in the part of the island intersected by the crossings (see Fig. 15(a) and (b)).

4.8 Ramps.

4.8.1° General. Any part of an accessible route with a slope greater than 1:20 shall be considered a ramp and shall comply with 4.8.

4.8.2° Slope and Rise. The least possible slope shall be used for any ramp. The maximum slope of a ramp in new construction shall be 1:12. The maximum rise for any run shall be 30 in (760 mm) (see Fig. 16). Curb ramps

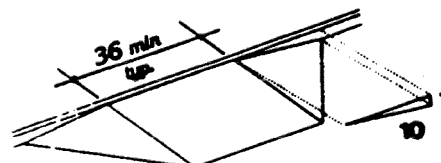
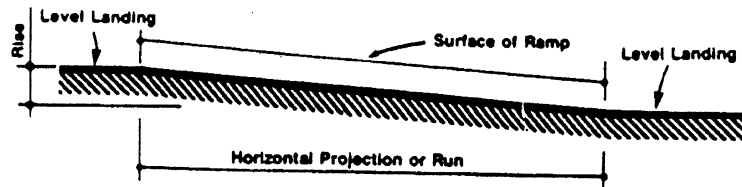


Fig. 13
Built-Up Curb Ramp

and ramps to be constructed on existing sites or in existing buildings or facilities may have slopes and rises as allowed in 4.1.6(3)(a) if space limitations prohibit the use of a 1:12 slope or less.

4.8 Ramps



Slope	Maximum Rise		Maximum Horizontal Projection	
	in	mm	ft	m
1:12 to < 1:16	30	760	30	9
1:16 to < 1:20	30	760	40	12

Fig. 16

Components of a Single Ramp Run and Sample Ramp Dimensions

4.8.3 Clear Width. The minimum clear width of a ramp shall be 36 in (915 mm).

4.8.4 Landings. Ramps shall have level landings at bottom and top of each ramp and each ramp run. Landings shall have the following features:

- (1) The landing shall be at least as wide as the ramp run leading to it.
- (2) The landing length shall be a minimum of 60 in (1525 mm) clear.
- (3) If ramps change direction at landings, the minimum landing size shall be 60 in by 60 in (1525 mm by 1525 mm).
- (4) If a doorway is located at a landing, then the area in front of the doorway shall comply with 4.13.6.

4.8.5 Handrails. If a ramp run has a rise greater than 6 in (150 mm) or a horizontal projection greater than 72 in (1830 mm), then it shall have handrails on both sides. Handrails are not required on curb ramps or adjacent to seating in assembly areas. Handrails shall comply with 4.26 and shall have the following features:

(1) Handrails shall be provided along both sides of ramp segments. The inside handrail on switchback or dogleg ramps shall always be continuous.

(2) If handrails are not continuous, they shall extend at least 12 in (305 mm) beyond the top and bottom of the ramp segment and shall be parallel with the floor or ground surface (see Fig. 17).

(3) The clear space between the handrail and the wall shall be 1 - 1/2 in (38 mm).

(4) Gripping surfaces shall be continuous.

(5) Top of handrail gripping surfaces shall be mounted between 34 in and 38 in (865 mm and 965 mm) above ramp surfaces.

(6) Ends of handrails shall be either rounded or returned smoothly to floor, wall, or post.

(7) Handrails shall not rotate within their fittings.

4.8.6 Cross Slope and Surfaces. The cross slope of ramp surfaces shall be no greater than 1:50. Ramp surfaces shall comply with 4.5.

4.9 Stairs

4.8.7 Edge Protection. Ramps and landings with drop-offs shall have curbs, walls, railings, or projecting surfaces that prevent people from slipping off the ramp. Curbs shall be a minimum of 2 in (50 mm) high (see Fig. 17).

4.8.8 Outdoor Conditions. Outdoor ramps and their approaches shall be designed so that water will not accumulate on walking surfaces.

4.9 Stairs.

4.9.1* Minimum Number. Stairs required to be accessible by 4.1 shall comply with 4.9.

4.9.2 Treads and Risers. On any given flight of stairs, all steps shall have uniform riser heights and uniform tread widths. Stair treads shall be no less than 11 in (280 mm) wide, measured from riser to riser (see Fig. 18(a)). Open risers are not permitted.

4.9.3 Nosing. The undersides of nosings shall not be abrupt. The radius of curvature at the leading edge of the tread shall be no greater than 1/2 in (13 mm). Risers shall be sloped or the underside of the nosing shall have an angle not less than 60 degrees from the horizontal. Nosings shall project no more than 1-1/2 in (38 mm) (see Fig. 18).

4.9.4 Handrails. Stairways shall have handrails at both sides of all stairs. Handrails shall comply with 4.26 and shall have the following features:

(1) Handrails shall be continuous along both sides of stairs. The inside handrail on switchback or dogleg stairs shall always be continuous (see Fig. 19(a) and (b)).

(2) If handrails are not continuous, they shall extend at least 12 in (305 mm) beyond the top riser and at least 12 in (305 mm) plus the width of one tread beyond the bottom riser. At the top, the extension shall be parallel with the floor or ground surface. At the bottom, the handrail shall continue to slope for a distance of the width of one tread from the bottom riser; the remainder of the extension shall be horizontal (see Fig. 19(c) and (d)). Handrail extensions shall comply with 4.4.

(3) The clear space between handrails and wall shall be 1-1/2 in (38 mm).

(4) Gripping surfaces shall be uninterrupted by newel posts, other construction elements, or obstructions.

(5) Top of handrail gripping surface shall be mounted between 34 in and 38 in (865 mm and 965 mm) above stair nosings.

(6) Ends of handrails shall be either rounded or returned smoothly to floor, wall or post.

(7) Handrails shall not rotate within their fittings.

4.9.5 Detectable Warnings at Stairs. (Reserved).

4.9.6 Outdoor Conditions. Outdoor stairs and their approaches shall be designed so that water will not accumulate on walking surfaces.

4.10 Elevators.

4.10.1 General. Accessible elevators shall be on an accessible route and shall comply with 4.10 and with the ASME A17.1-1990, Safety Code for Elevators and Escalators. Freight elevators shall not be considered as meeting the requirements of this section unless the only elevators provided are used as combination passenger and freight elevators for the public and employees.

4.10.2 Automatic Operation. Elevator operation shall be automatic. Each car shall be equipped with a self-leveling feature that will automatically bring the car to floor landings within a tolerance of 1/2 in (13 mm) under rated loading to zero loading conditions. This self-leveling feature shall be automatic and independent of the operating device and shall correct the overtravel or undertravel.

4.10.3 Hall Call Buttons. Call buttons in elevator lobbies and halls shall be centered at 42 in (1065 mm) above the floor. Such call buttons shall have visual signals to indicate when each call is registered and when each call is answered. Call buttons shall be a minimum of 3/4 in (19 mm) in the smallest dimension. The button designating the up direction shall be on top. (See Fig. 20.) Buttons shall be raised or flush. Objects mounted beneath hall call buttons shall not project into the elevator lobby more than 4 in (100 mm).

4.10 Elevators

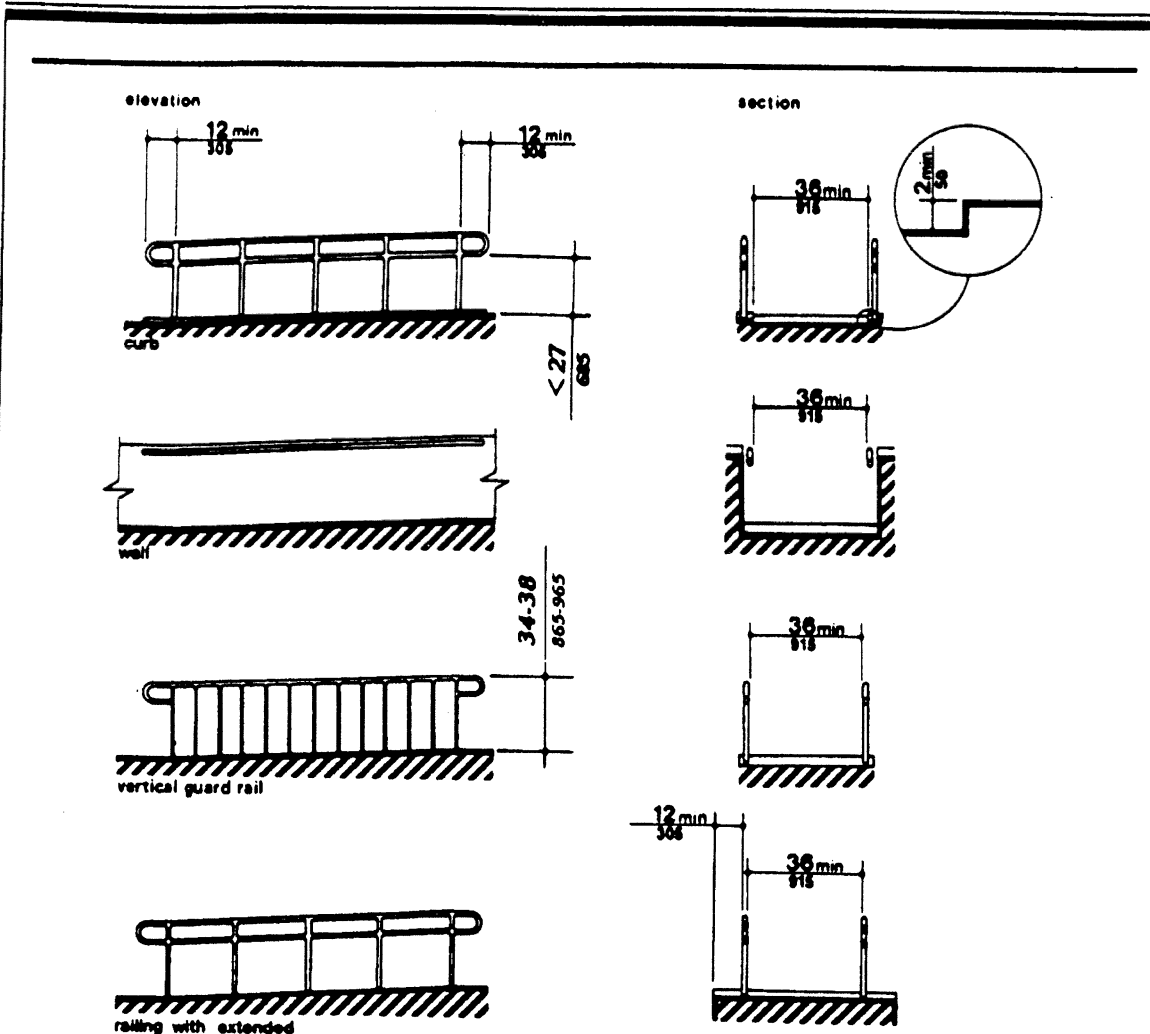


Fig. 17
Examples of Edge Protection and Handrail Extensions

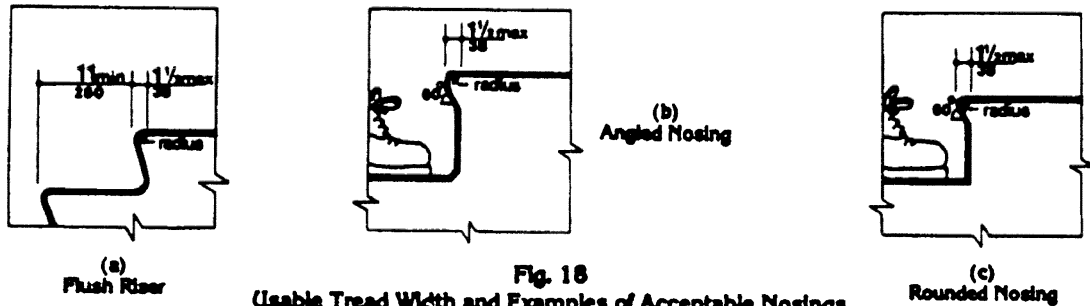
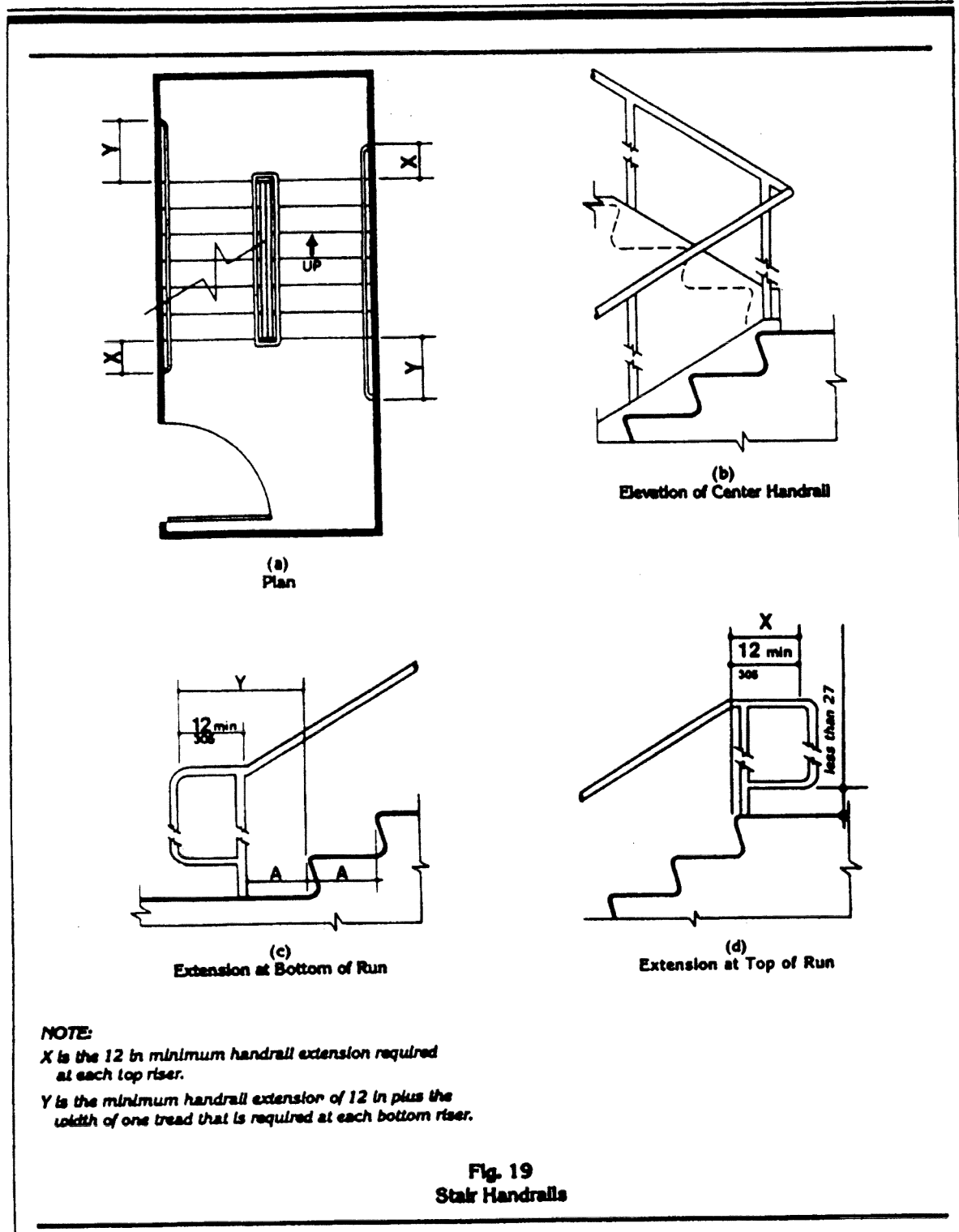


Fig. 18
Usable Tread Width and Examples of Acceptable Nosings

4.10 Elevators



NOTE:

X is the 12 in minimum handrail extension required at each top riser.

Y is the minimum handrail extension of 12 in plus the width of one tread that is required at each bottom riser.

Fig. 19
Stair Handrails

4.11 Platform Lifts (Wheelchair Lifts)

A17.1-1990. The highest operable part of a two-way communication system shall be a maximum of 48 in (1220 mm) from the floor of the car. It shall be identified by a raised symbol and lettering complying with 4.30 and located adjacent to the device. If the system uses a handset then the length of the cord from the panel to the handset shall be at least 29 in (735 mm). *If the system is located in a closed compartment the compartment door hardware shall conform to 4.27, Controls and Operating Mechanisms. The emergency inter-communication system shall not require voice communication.*

4.11 Platform Lifts (Wheelchair Lifts).

4.11.1 Location. Platform lifts (wheelchair lifts) permitted by 4.1 shall comply with the requirements of 4.11.

4.11.2* Other Requirements. If platform lifts (wheelchair lifts) are used, they shall comply with 4.2.4, 4.5, 4.27, and ASME A17.1 Safety Code for Elevators and Escalators, Section XX, 1990.

4.11.3 Entrance. If platform lifts are used then they shall facilitate unassisted entry, operation, and exit from the lift in compliance with 4.11.2.

4.12 Windows.

4.12.1* General. (Reserved).

4.12.2* Window Hardware. (Reserved).

4.13 Doors.

4.13.1 General. Doors required to be accessible by 4.1 shall comply with the requirements of 4.13.

4.13.2 Revolving Doors and Turnstiles. Revolving doors or turnstiles shall not be the only means of passage at an accessible entrance or along an accessible route. An accessible gate or door shall be provided adjacent to the turnstile or revolving door and shall be so designed as to facilitate the same use pattern.

4.13.3 Gates. Gates, including ticket gates, shall meet all applicable specifications of 4.13.

4.13.4 Double-Leaf Doorways. If doorways have two *independently operated* door leaves, then at least one leaf shall meet the specifications in 4.13.5 and 4.13.6. That leaf shall be an active leaf.

4.13.5 Clear Width. Doorways shall have a minimum clear opening of 32 in (815 mm) with the door open 90 degrees, measured between the face of the door and the opposite stop (see Fig. 24(a), (b), (c), and (d)). Openings more than 24 in (610 mm) in depth shall comply with 4.2.1 and 4.3.3 (see Fig. 24(e)).

EXCEPTION: Doors not requiring full user passage, such as shallow closets, may have the clear opening reduced to 20 in (510 mm) minimum.

4.13.6 Maneuvering Clearances at Doors. Minimum maneuvering clearances at doors that are not automatic or power-assisted shall be as shown in Fig. 25. The floor or ground area within the required clearances shall be level and clear.

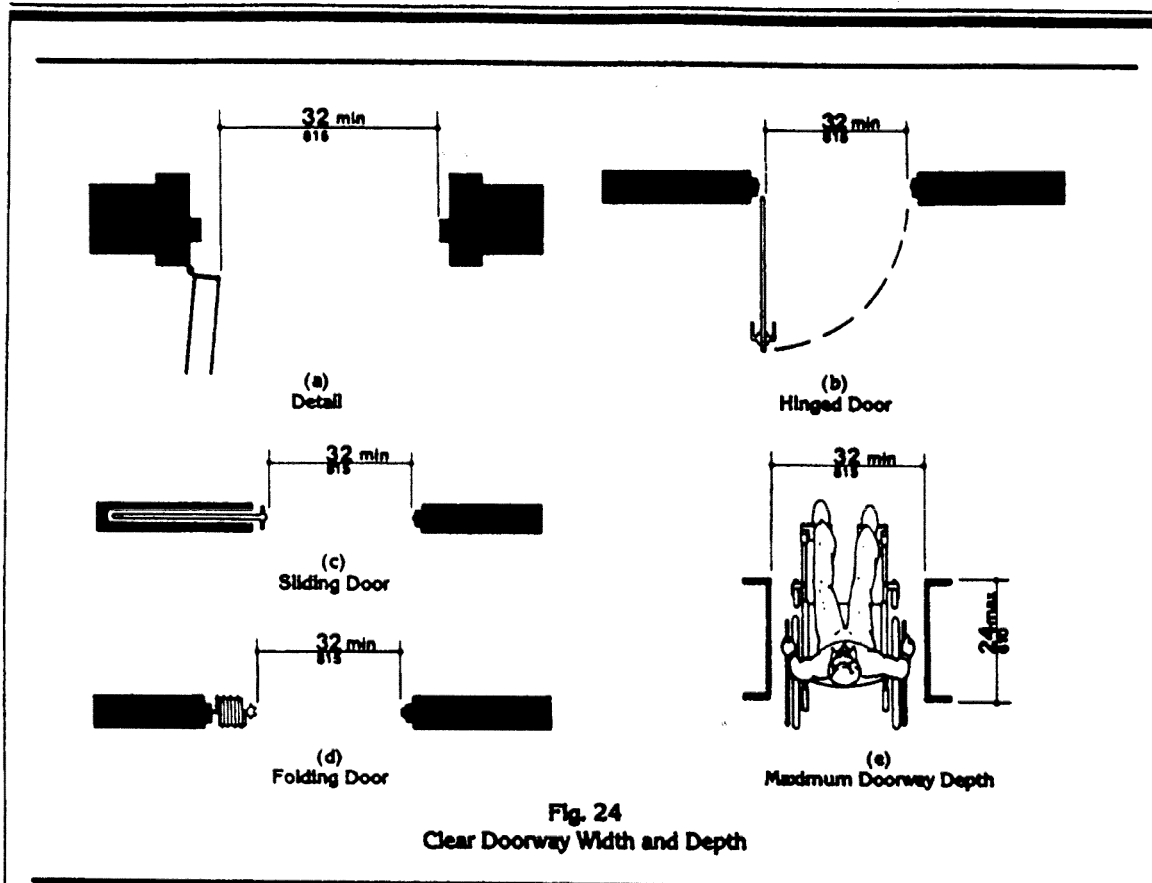
EXCEPTION: Entry doors to acute care hospital bedrooms for in-patients shall be exempted from the requirement for space at the latch side of the door (see dimension "x" in Fig. 25) if the door is at least 44 in (1120 mm) wide.

4.13.7 Two Doors in Series. The minimum space between two hinged or pivoted doors in series shall be 48 in (1220 mm) plus the width of any door swinging into the space. Doors in series shall swing either in the same direction or away from the space between the doors (see Fig. 26).

4.13.8* Thresholds at Doorways. Thresholds at doorways shall not exceed 3/4 in (19 mm) in height for exterior sliding doors or 1/2 in (13 mm) for other types of doors. Raised thresholds and floor level changes at accessible doorways shall be beveled with a slope no greater than 1:2 (see 4.5.2).

4.13.9* Door Hardware. Handles, pulls, latches, locks, and other operating devices on accessible doors shall have a shape that is easy

4.13 Doors



to grasp with one hand and does not require tight grasping, tight pinching, or twisting of the wrist to operate. Lever-operated mechanisms, push-type mechanisms, and U-shaped handles are acceptable designs. When sliding doors are fully open, operating hardware shall be exposed and usable from both sides. *Hardware required for accessible door passage shall be mounted no higher than 48 in (1220 mm) above finished floor.*

4.13.10° Door Closers. If a door has a closer, then the sweep period of the closer shall be adjusted so that from an open position of 70 degrees, the door will take at least 3 seconds to move to a point 3 in (75 mm) from the latch, measured to the leading edge of the door.

4.13.11° Door Opening Force. The maximum force for pushing or pulling open a door shall be as follows:

(1) Fire doors shall have the minimum opening force allowable by the appropriate administrative authority.

(2) Other doors.

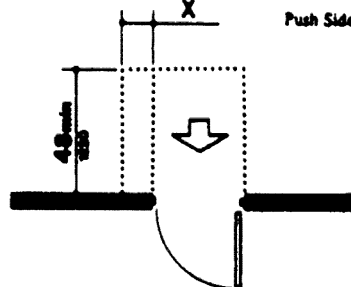
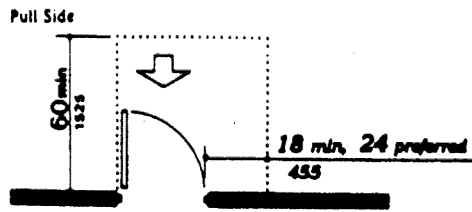
(a) exterior hinged doors: *(Reserved)*.

(b) interior hinged doors: 5 lbf (22.2N)

(c) sliding or folding doors: 5 lbf (22.2N)

These forces do not apply to the force required to retract latch bolts or disengage other devices that may hold the door in a closed position.

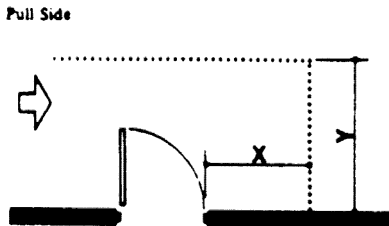
4.13 Doors



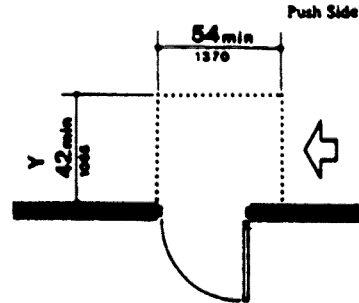
NOTE: x = 12 in (305 mm) if door has both a closer and latch.

(a)

Front Approaches — Swinging Doors



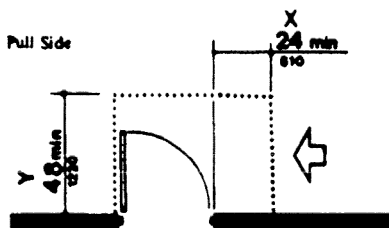
NOTE: x = 36 in (915 mm) minimum if y = 60 in (1525 mm); x = 42 in (1065 mm) minimum if y = 54 in (1370 mm).



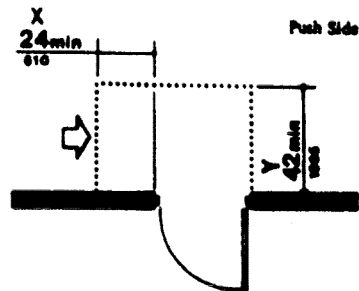
NOTE: y = 48 in (1220 mm) minimum if door has both a latch and closer.

(b)

Hinge Side Approaches — Swinging Doors



NOTE: y = 54 in (1370 mm) minimum if door has closer.



NOTE: y = 48 in (1220 mm) minimum if door has closer.

(c)

Latch Side Approaches — Swinging Doors

NOTE: All doors in alcoves shall comply with the clearances for front approaches.

Fig. 25
Maneuvering Clearances at Doors

4.13 Doors

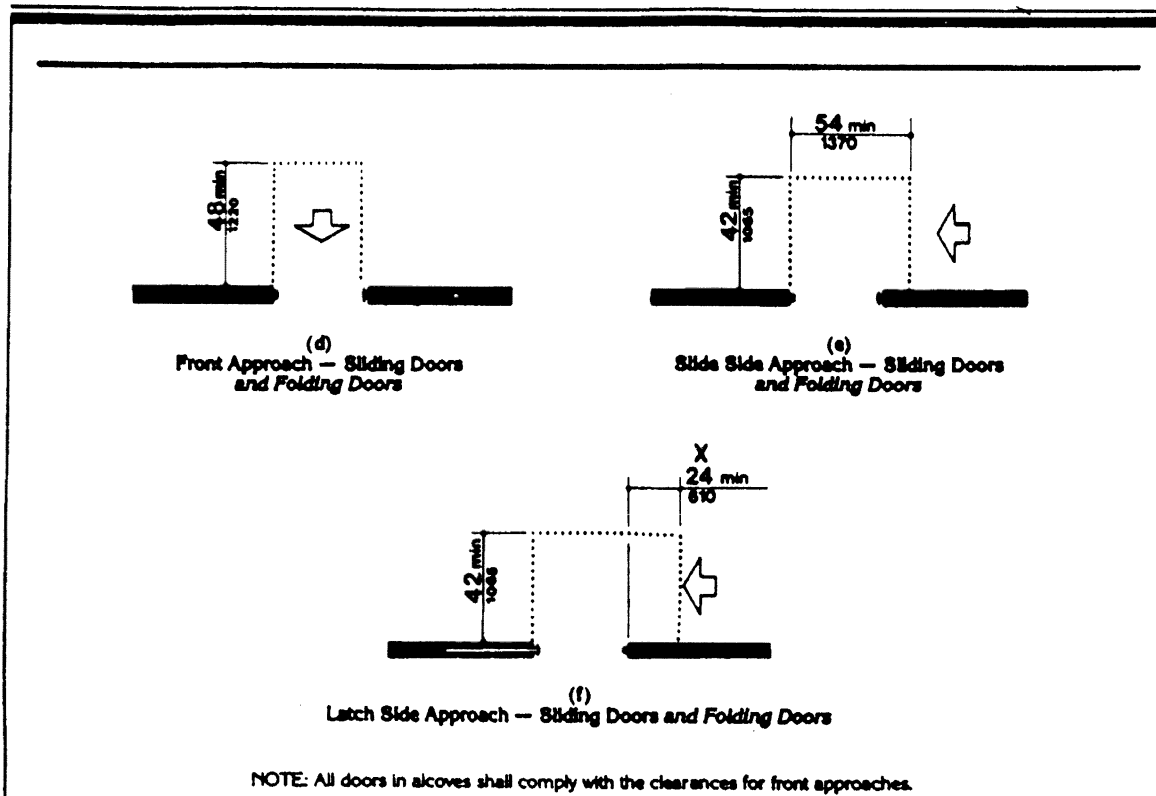


Fig. 25
Maneuvering Clearances at Doors (Continued)

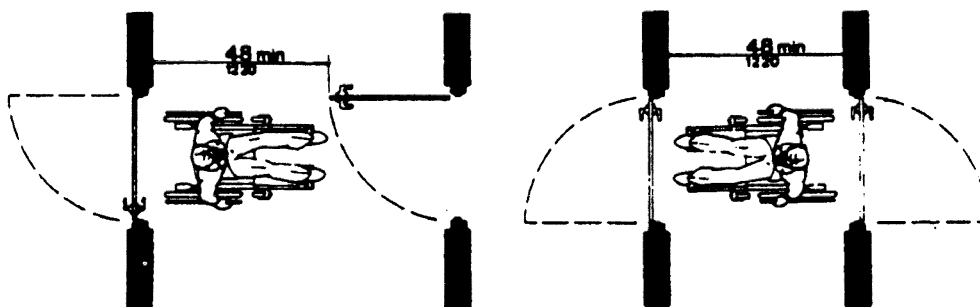


Fig. 26
Two Hinged Doors in Series

4.14 Entrances

4.13.12* Automatic Doors and Power-Assisted Doors. If an automatic door is used, then it shall comply with ANSI/BHMA A156.10-1985. Slowly opening, low-powered, automatic doors shall comply with ANSI A156.19-1984. Such doors shall not open to back check faster than 3 seconds and shall require no more than 15 lbf (66.6N) to stop door movement. If a power-assisted door is used, its door-opening force shall comply with 4.13.11 and its closing shall conform to the requirements in ANSI A156.19-1984.

4.14 Entrances.

4.14.1 Minimum Number. Entrances required to be accessible by 4.1 shall be part of an accessible route complying with 4.3. Such entrances shall be connected by an accessible route to public transportation stops, to accessible parking and passenger loading zones, and to public streets or sidewalks if available (see 4.3.2(1)). They shall also be connected by an accessible route to all accessible spaces or elements within the building or facility.

4.14.2 Service Entrances. A service entrance shall not be the sole accessible entrance unless it is the only entrance to a building or facility (for example, in a factory or garage).

4.15 Drinking Fountains and Water Coolers.

4.15.1 Minimum Number. Drinking fountains or water coolers required to be accessible by 4.1 shall comply with 4.15.

4.15.2* Spout Height. Spouts shall be no higher than 36 in (915 mm), measured from the floor or ground surfaces to the spout outlet (see Fig. 27(a)).

4.15.3 Spout Location. The spouts of drinking fountains and water coolers shall be at the front of the unit and shall direct the water flow in a trajectory that is parallel or nearly parallel to the front of the unit. The spout shall provide a flow of water at least 4 in (100 mm) high so as to allow the insertion of a cup or glass under the flow of water. On an accessible drinking fountain with a round or

oval bowl, the spout must be positioned so the flow of water is within 3 in (75 mm) of the front edge of the fountain.

4.15.4 Controls. Controls shall comply with 4.27.4. Unit controls shall be front mounted or side mounted near the front edge.

4.15.5 Clearances.

(1) Wall- and post-mounted cantilevered units shall have a clear knee space between the bottom of the apron and the floor or ground at least 27 in (685 mm) high, 30 in (760 mm) wide, and 17 in to 19 in (430 mm to 485 mm) deep (see Fig. 27(a) and (b)). Such units shall also have a minimum clear floor space 30 in by 48 in (760 mm by 1220 mm) to allow a person in a wheelchair to approach the unit facing forward.

(2) Free-standing or built-in units not having a clear space under them shall have a clear floor space at least 30 in by 48 in (760 mm by 1220 mm) that allows a person in a wheelchair to make a parallel approach to the unit (see Fig. 27(c) and (d)). This clear floor space shall comply with 4.2.4.

4.16 Water Closets.

4.16.1 General. Accessible water closets shall comply with 4.16.

4.16.2 Clear Floor Space. Clear floor space for water closets not in stalls shall comply with Fig. 28. Clear floor space may be arranged to allow either a left-handed or right-handed approach.

4.16.3* Height. The height of water closets shall be 17 in to 19 in (430 mm to 485 mm), measured to the top of the toilet seat (see Fig. 29(b)). Seats shall not be sprung to return to a lifted position.

4.16.4* Grab Bars. Grab bars for water closets not located in stalls shall comply with 4.26 and Fig. 29. The grab bar behind the water closet shall be 36 in (915 mm) minimum.

4.16.5* Flush Controls. Flush controls shall be hand operated or automatic and shall comply with 4.27.4. Controls for flush valves

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"ORDER OUT OF CHAOS"

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Wayne C Watkins, President

Watkins started bringing "ORDER OUT OF CHAOS" as an Airborne, US Army Special Forces and Intelligence Officer. He headed a Special Forces A-Team in Vietnam. Later he supervised 2,000 people in Military Intelligence. He also directed operations of a 50,000 man multinational force.

Watkins resigned his commission and became a management consultant. He served as division head in several prominent consulting firms before founding Watkins Concepts Company in 1978.

Watkins received his B.S. in Physics and Math from the University of North Dakota. He holds a M.A. from the University of Pennsylvania in International Relations and Economics, and a M.B.A. from the Wharton School in Financial Accounting. Watkins holds a CMC. This is Management Consulting's highest individual accreditation. Only 2,000 consultants world wide hold the CMC. Who's Who in Industry and Finance listed Watkins since 1981. Watkins is a Member of the International Association of Business Mediation Consultants. Watkins is a Persona Care Home Administrator in the Commonwealth of Pennsylvania.

Watkins makes a specialty of rapid assessments of how to be more competitive and profitable. Watkins shows clients how to maximize their financial, physical, human and information resources to improve service, productivity and profits.

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GEORGE KENNEY, MEMBER

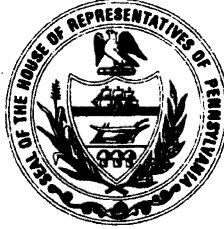
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DELAWARE VALLEY VETERANS
HOME ADVISORY COUNCIL

(24)

January 27, 2005

The Honorable Estelle B. Richman
Secretary of Public Welfare
333 Health and Welfare Building
Harrisburg, Pennsylvania 17120

Dear Secretary Richman:

On November 4, 2004 the Department of Public Welfare submitted regulation #14-475 relating to Personal Care Homes, 55 Pa. Code Chapter 2600, to the Independent Regulatory Review Commission and the legislative committees for review. Since that time we have been attentive to the concerns and issues of the many interested parties. We have met with Department staff on three occasions to consider the concerns and issues and develop compromises that balance the health and safety protections of the personal care home residents with the costs and business interests of the homes.

Based on our discussions with interested parties and the Department we recommend that the Department toll the time for review of this regulation to consider the following revisions:

Annex

§ 2600.5(a)(4) (relating to access) – Cite the applicable Federal statutes rather than Pennsylvania Protection and Advocacy specifically.

§ 2600.5(b)(subsection identification as corrected) – Add clarification that a resident or resident's designated person may decline the services of a community service or community legal service program.

§ 2600.16(a)(13) (relating to reportable incidents and conditions) – Clarify that only errors in the administration of a prescription medication must be reported in order to be consistent with §2600.188.



§ 2600.16(c) – Clarify “immediately” to mean within 24 hours.

§ 2600.18(b) (relating to applicable health and safety laws) – Eliminate list of applicable laws and regulations.

§ 2600.25(c)(11) (relating to resident-home contract) - Delete the last sentence requiring an amendment of the contract each time an amendment is made to the resident’s assessment and the support plan.

§ 2600.27(a) (relating to supplemental security income (SSI) recipients) – Clarify that a home may choose to admit a resident eligible for SSI.

§ 2600.42(w) (relating to specific rights) – Add “if any” to clarify “external procedures”.

§ 2600.42(x) – Revise to clarify that the resident has the right to a system to safeguard the resident’s money and property.

§ 2600.42(y) – Clarify the requirement for the choice of health care providers.

§ 2600.54(a)(2) (relating to qualifications for direct care staff persons) - Add an option to qualify a certified nurse aide as a direct care staff person.

§ 2600.54(c) – Revise to clarify that this applies only to a volunteer who performs ADLs.

§ 2600.63(a) (relating to first aid, CPR and obstructed airway training) - Revise to require additional trained staff persons in larger homes.

§ 2600.63(d) – Clarify that this does not apply if there is a do not resuscitate order.

§ 2600.65(f)(2) (relating to direct care staff person training and orientation) – Clarify that direct care staff persons must be trained to meet the resident’s needs as described in the various assessment and planning documents, as opposed to the completion of the documents.

§ 2600.68 (relating to instructor approval) – Clarify that the requirement for instructor approval applies to administrator training and not to direct care staff training.

§ 2600.98(c) (relating to indoor activity space) - Delete the specification that the television must be in the largest room.

§ 2600.101(c) (relating to resident bedrooms) – Add a grandfathering provision for existing bedrooms serving residents with mobility needs.

§ 2600.101(f) – Remove the requirement that windows be “operable”.

§ 2600.103(a) – Revise to permit the use of a service kitchen in another building if there is a kitchen area with a refrigerator, cooking equipment, sink and food storage space in the home itself.

§ 2600.228(h)(3) (relating to notification of termination) – Clarify that the home makes the initial discharge decision; if the resident/designated person disagrees, an appropriate assessment agency or the resident’s physician shall be consulted to determine the resident’s level of care.

§ 2600.228(h)(5) (relating to notification of termination) – Delete the language “or to cooperate with efforts to obtain public funding” in response to concerns that when a private pay resident’s funds are exhausted the home is not required to continue to serve the resident.

§ 2600.269(a)(2) (relating to ban on admissions) – Revise to provide the authority, but not the mandate, for the Department to issue a ban on admissions for a repeated Class II violation.

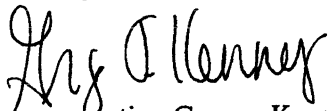
Preamble

Order (d) – Add a delayed implementation of 6 months from the effective date of the final regulation for § 2600.65(d)(1) and (2) (relating to direct care staff person training and orientation) and 18 months from the effective date of the final regulation for § 2600.130(e) (relating to smoke detectors and fire alarms).

In addition to the above recommendations we understand that the Independent Regulatory Review Commission is recommending tolling of the review period relating to some technical issues.

We look forward to continuing to work with the Department during the regulatory review process for this final-form regulation.

Sincerely,



Representative George Kenney, Chairman
Health and Human Services Committee



Representative Frank Oliver, Minority Chairman
Health and Human Services Committee

cc: The Honorable Jake Corman, Chairman Senate Public Health and Welfare Committee
Mr. Robert Nyce, Director, Independent Regulatory Review Commission
Mr. Alan Cohn, Director, Office of Legislative Affairs, Department of Public Welfare

71

LIZA'S HOUSE PERSONAL CARE HOME

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Subject: Final-form Rulemaking, Chapter 2600 --Comments, Observations,
 Conclusions and Recommendations

Pages: [56]

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Dear Sir or Madam:

Find inclosed a copy of a report prepared for LIZA'S HOUSE Personal Care Home, prepared by Wayne C. Watkins, Certified Management Consultant, subject as above.

A

Time and resources limited this report to a cursory review.

The meat of the report is found in the EXECUTIVE OVERVIEW, pages 3 through 5.

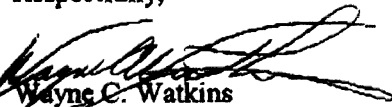
The balance of the report is supporting analysis, calculations, and reference materials used to arrive at the conclusions and recommendations.

X

I, Wayne Watkins, look forward to working with the IRRC and the Department to provide for quality health, safety and well being for Pennsylvania's dependent elderly.

I am available to meet with IRRC representatives to discuss this final-form rulemaking with 24 hour notice. I can be reached at the LIZA'S HOUSE phone numbers, above.

Respectfully,


 Wayne C. Watkins

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January 2005, LIZA'S HOUSE RESPONSE TO FINAL-FORM RULEMAKING, 2600
Prepared for LIZA'S HOUSE by Wayne C. Watkins, Certified Management Consultant. 610-360-6609

**TITLE 55. PUBLIC WELFARE
PART IV. ADULT SERVICES MANUAL
Subpart E. RESIDENTIAL AGENCIES/FACILITIES/SERVICES
CHAPTER 2600. PERSONAL CARE HOMES**

**COMMENTS, OBSERVATIONS, CONCLUSIONS
AND RECOMMENDATIONS**

LIZA'S HOUSE PCH

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TEL: 610-760-1970
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DECEMBER, 2004

**Prepared for LIZA'S HOUSE by:
Wayne C. Watkins, MBA, CMC
President
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Consultant to Management, LIZA'S HOUSE
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Table of Contents

EXECUTIVE OVERVIEW	3
RED FLAGS AND DISCUSSION	6
GENERAL COMMENTS	6
MEDICAL MODEL	6
ACCOMPLISHMENTS AND BENEFITS	7
FISCAL IMPACT SMALL VS LARGE	8
PARAGRAPH. 2600.106. PRESCRIPTION MEDICATIONS	10
PARAGRAPH 2600.181. SELF ADMINISTRATION	11
COST ESTIMATE	12
PREAMBLE. GENERAL-COST. RESPONSE	12
MAGNITUDE COST PROJECTION	13
PARAGRAPH. 2600.25. RESIDENT-HOME CONTRACT	14
PARAGRAPH. 2600.26. QUALITY MANAGEMENT	14
PARAGRAPH. 2600.53 STAFF TITLES AND QUALIFICATIONS FOR ADMINISTRATORS	16
PARAGRAPH. 2600.54. STAFF TITLES AND QUALIFICATIONS FOR DIRECT CARE STAFF	17
PARAGRAPH. 2600.64. ADMINISTRATOR TRAINING AND ORIENTATION	18
PARAGRAPH. 2600.65. DIRECT STAFF CARE PERSON TRAINING AND ORIENTATION	18
PARAGRAPH. 2600.65. DIRECT STAFF CARE PERSON TRAINING AND ORIENTATION. (c)	21
PARAGRAPH. 2600.66. STAFF TRAINING PLAN	21
PARAGRAPH. 2600.130. SMOKE DETECTORS AND FIRE ALARMS	22
PARAGRAPH. 2600.227. DEVELOPMENT OF THE SUPPORT PLAN	23
CURSORY OVERVIEW MAGNITUDE COST IMPACT	24
PROJECTED COST IMPACT ON 1,700 LICENSED PERSONAL CARE HOMES	24
SELECTED UNCALCULATED ADDITIONAL COSTS	24
PARAGRAPHS. 2600.67. and 2600.68. TRAINING INSTITUTION REGISTRATION AND INSTRUCTOR APPROVAL (NEW SECTIONS)	24
PARAGRAPH. 2600.94 SAFE LANDINGS	25
PARAGRAPH. 2600.102 BATHROOMS	26
PARAGRAPH. 2600.122. 2. EXITS	26
PARAGRAPH. 2600.42. SPECIFIC RIGHT.	26
CONFLICTING INSTRUCTIONS	29
PARAGRAPH 2600.132. FIRE DRILLS	29
PARAGRAPH 2600.191. RESIDENT EDUCATION	30
PARAGRAPH. 2600.228. NOTIFICATION OF TERMINATION (b)	30
PREAMBLE. PARAGRAPH 2600.264 POLICIES PLANS, AND PROCEDURES OF THE PERSONAL CARE HOME (DELETED IN FINAL-FORM)	31
PARAGRAPH 2600.107. EMERGENCY PLANNING	31
INTENT OF THE DEPARTMENT	33
PARAGRAPH 2600.3. INSPECTIONS AND LICENSES.	34
CONCLUSIONS	35
PREDICTABLE OUTCOMES	37
RECOMMENDATION	37

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EXECUTIVE OVERVIEW

The final-form rulemaking (FFR) and accompanying preamble present a daunting challenge to digest.

Operating requirements of a small personal care home limits most providers to a cursory review of Chapter 2600 FFR. Our cursory review lead to the following conclusions.

- Many stakeholders invested considerable time, effort and energy in preparing this FFR. Unfortunately, the one stake-holder group least represented, yet most affected, the resident, had minimum input.
- This package is:
 - Unsupported by facts and realities.
 - Abundant in features.
 - Absent of benefits.
 - Lacks congruence.
 - Replete with unfounded conclusions.
 - Lacking in awareness of collateral impact.
 - Self contradictory.
 - Incomplete staff work.
- The FFR drafters' hearts are in the right place, but:
 - They are deficient in personal care facility operating knowledge and experience.
 - Their hands go deep into the pockets of dependent elderly.
- Approval of the final-form rulemaking 2600 would be a retrograde movement from the current regulation 2620 for the health, safety and well-being of Pennsylvania's dependent elderly.

The FFR presents a clear threat to the health, safety and well-being of personal care home residents.

Paragraph 2600.186. Prescription medications. (c). (Page 59) states, "Changes in medication may only be made in writing by the prescriber, or in case of an emergency, an alternate provider."

- This paragraph was inserted in the FFR by the department without review or public comment.
- There was no critical analysis, or consideration of the adverse, life threatening impact this paragraph will have on residents receiving care and services.
- **This paragraph is an irresponsible and life threatening change in the FFR. Paragraph. 2600.186.(c) is unacceptable. Providers and residents must retain the ability to accept and respond to prescriber's verbal orders. Written orders can be obtained later, when the prescriber gets to their office**
- **Paragraph. 2600.186.(c), in and of itself, should result in disapproval.**
- The whole medications section Paragraphs 2600.181 thru 2600.191 remains unclear, contradictory, and lacks cost information.

Some of the more evident rulemaking short falls emerged from our cursory review include:

- The Department did not develop a cost study or impact analysis. The Department did not even offer a range of cost estimates for the FFR.
- After a cursory review of the FFR, I understand why the Department was reluctant to provide any cost estimate. The FFR:
 - Is an example of incomplete staff work.
 - Is replete with "fuzzy logic" and features while lacking the detail necessary to make a cost estimate.