

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

Original: 2294

57

IRRC

From: Sheree McDevitt [easylivingestates@mail.com]

Sent: Thursday, December 02, 2004 6:53 PM

To: IRRC

Subject: Chapter 55 Public Welfare Chapter 2600 PCH

To Whom It May Concern:

I have attached a cover letter in Word and a Financial and Technical Study in Excel of Chapter 55 Public Welfare Regulation 2600: Personal Care Homes for your review. I will also be sending you a hard copy. What I have attached is not completely in final form but I wanted it to be in your hands before the December 4th deadline. I was under a time constraint due to the DPW not publishing the final form on the internet, not mailing it out to the stakeholders and not turning it into to your department until the last possible date of November 4, 2004. Please review at your lesiure and I will be waiting for any comments from you.

Thank you,
Istvan "Steve" Upor
Easy Living Estates
724-755-1070

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This is a technical and financial review of:

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

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INDEPENDENT REGULATORY
REVIEW COMMISSION

(Subchapter A. GENERAL ADMINISTRATIVE REQUIREMENTS)

On November 6, 2004, I received from the Department of Welfare my commentator copy of the above regulation. I felt compelled to submit this study to the Independent Regulatory Review Commission, since in a letter dated April 7, 2003; Ex-Deputy Secretary W. A. Gannon invited me to do so instead of accommodating the adverse comments.

Regulation 2600 published on October 5, 2002, was tragically flawed, and received 960 adverse comments. There was a statewide stakeholders meeting at Clarion Hotel in Carlisle on December 11, 2002 where the DPW were to present a "consolidated document outlining the issues" it had not. Instead, the DPW pushed through five advisory subcommittees to save the ill-fated regulation. I was invited to attend by the director of the Office of Social Programs of the Department of Public Welfare, Teleta Nevius, but a terrible ice storm materialized and only a few were capable to attend, mostly locals. Consequently, I served on three out of the five subcommittees and I testify here that Regulation 2600 does not reflect the decisions of the subcommittees, and I never missed a meeting. On the other hand, there was a secret subcommittee called "Licensing and Legislative" which was not open to public comment. Advocacy groups without public oversight staffed the "Licensing and Legislative" subcommittee. Word by word every recommendation was faithfully adopted. This was the sixth subcommittee never mentioned before.

The subcommittee named "Big vs. Small" was the only one of the five subcommittees designated and allowed by the DPW to discuss the merits as a whole of Regulation 2600. Regulation 2600 was voted down eight to one in favor of current Regulation 2620. Even the chairperson, who was also the chair of the advisory board, voted down regulation 2600. Consequentially, he has since been fired. The vice chair of the subcommittee who was the DPW representative from the western region, also voted down Regulation 2600. It took a lot of courage for him.

The five subcommittees met numerous times and the final report does not resemble any of the principles, which were agreed to. The latest version of Regulation 2600 presented to the advisory board on November 12, 2004 at the regular meeting was again voted down in favor of Regulation 2620. The advisory committee then asked that the Independent Regulatory Review Commission be advised by the DPW of these results.

Regulation 2600 was voted down twice, received 960 comments the first time around in 2002 then during the public comment period another 776 comments were received.

I felt voting down in itself does not explain the technical and financial problems created by Regulation 2600. That is why I am submitting to your attention this study.

Previous Studies of Mine

2600 Regulation Cost Study, October 2002.

I try to prove what an extra burden 2600 is on the elderly and on the taxpayer.
COST: \$107,048.00 per resident per year. (Current Cost: \$21,900.00 per year.)
COST TO STATE: \$4.4 billion.

Requiem for Personal Care, February 2003.

I try to prove that the Personal Care Industry is dying, since the raise in Social Security is not in step with the Cost Increase.

Total Number of Homes	2001: 1830	Total Number of Homes Lost: 173 for profit
	2002: 1786	Total Number of Homes Gained: 29 non-profit
	2003: 1748	
	2004: 1686	

Fair SSI Rate June 2002.

I try to prove it would be cheaper to pay a fair SSI Rate (\$60/day) then to move them to Nursing Homes (\$326/day)

Curriculum Vita:

Istvan "Steve" Upor
Born: 1931 Budapest, Hungary

Engineer – Architect 1951
Teacher: University of Budapest 1956
University of Rome 1958
Technical Institute of Budapest 1955
Technical Institute of Rome 1957

Administrator:
Easy Living Estates 1988

Published:

Equipment of Hotels and Restaurants 1954-1956
Issues of Aging – Up Close and Personal 2001
"The Geezer" – Publication – 2 years – 11,000 circulation

This study completed on:
November 30, 2004

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2600.3 "INSPECTIONS AND LICENSES"

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

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

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

To have copies of the following are also required:

Identify all personal care residents

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

Identify all residents admitted since last inspection.

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

Identify all residents for whom the PCH is representative payee

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

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

Completed staff work schedules

Zoning Approval

Labor & Industry Occupancy Permit

County Health Certificate

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

Elevator, Chairlift or Broiler Certificates

Certificate of Authority from the Insurance Department for Life Care Communities

Menus of previous month

Food Guide

Current menu and one week in advance

Fire drill logs

Documentation that fire safety devices have been checked

Emergency evacuation

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

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

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

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

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

Unannounced licensing inspection record keeping

2600.4 "DEFINITIONS"

2600.5 "ACCESS"

2600.6 TO 2600.10 omitted

2600.11 "PROCEDURAL REQUIREMENTS FOR LICENSURE..."

2600.12 "APPEALS"

2600.13 "MAXIMUM CAPACITY"

2600.14 "FIRE SAFETY APPROVAL"

2600.15 "ABUSE REPORTING....."

2600.16 "REPORTABLE INCIDENTS..."

2600.17 "CONFIDENTIALITY OF RECORDS"

2600.18 "APPLICABLE HEALTH AND SAFETY..."

2600.19 "WAIVERS"

2600.20 "FINANCIAL MANAGEMENT"

2600.21 "OFFSITE SERVICES"

2600.22 "ADMISSION"

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

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

Assessment

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

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

Support Plan

Medical Evaluation

2600.23 "ACTIVITIES"

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

To indicate each and who to, when, and by whom is a colossal job to specify.

10 hours at admission X \$28.60 = \$286.00

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

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

Change ADL's and IADL's in contract

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

2600.24 "PERSONAL HYGIENE"

2600.25 "RESIDENT-HOME CONTRACT"

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

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

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

Administrator working on weekends and holidays for an admission

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

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

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

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

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

Change Contract

At least : One Medical evaluation

One Assessment

One support plan

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

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

Any material changes

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

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

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

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

Support plan & assessment as part of contract at EL Somerset

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

30 days advance notice with, Annual Assessment

30 days advance notice with, Medical Evaluation

30 days advance notice with, Support plan change

No service can start without advance notice, not even if the resident needs it. No service can be charged for 30 days. No service, when unnecessary can be stopped without advance notice. Financial consideration makes 2600.25 nonsense. I see beyond that there is a danger to the resident, it is easier to omit needed services then to take the trouble to change the contract. You may be willing to provide the service without charge and change the contract but how do you take the legal liability to do anything that was not specified in the assessment and support plan, and agreed to by all. By the time everybody gets together, agreement reached and signed, the resident is dead! (For example constipation.)

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

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

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

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

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

Is placement considered a service?

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

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

2600.26 "QUALITY MANAGEMENT"

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

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

Reportable incident

Complaint procedures

Staff training

Licensing Violations and plans of correction, if applicable

Resident and family councils or both.

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

The administrator and employee must be present.

Cost of Administrator: \$20.50/hr.

Cost of Employee: \$8.96/hr.

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

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

Periodic review

2600.27 "SUPPLEMENTAL SECURITY INCOME (SSI) RECIPIENTS."

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

2600.28 "REFUNDS"

2600.29 "HOSPICE CARE AND SERVICES"

2600.30 - 2600.40 omitted

2600.41 "NOTIFICATION OR RIGHTS AND COMPLAINT PROCEDURES"

2600.42 SPECIFIC RIGHTS

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

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

**To move furniture in and out
To Store furniture**

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To replace or clean carpet crushed or soiled

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

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

2600.42 (2)(n) "...Receive assistance to relocate..."

The majority of our residents have dementia and Alzheimer's. They will request to be relocated about 6 times a day. If there is a verbal complaint you must follow up on it.

To receive assistance is not the homes liability, but it is the liability of Area Agency on Aging or Department of Public Welfare, advocate organizations or their family. Shouldn't the family have a say since they placed them there and are paying for it.

2600.43 "PROHIBITION AGAINST DEPRIVATION OF RIGHTS"

2600.44 "Complaint Procedures"

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

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

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

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

2600.45 - 2600.52 omitted

2600.51 "CRIMINAL HISTORY CHECKS."

2600.52 "STAFF HIRING, RETENTION AND UTILIZATION"

2600.53 "QUALIFICATIONS AND RESPONSIBILITIES OF ADMINISTRATORS"

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

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We are not health care professionals, we do not cure, we are caretakers, as a mother is to her children. You may require the same level of education from mothers as well. You will loose many good like yours, and mine.

Starting salary at my facilities are \$20,000.00-\$22,000.00 for administrators. A college Graduate (Associates Degree) \$35,000.00 - \$40,000.00. DIFFERENCE is about \$15,000.00 with 1,700 Personal Care Homes in Pa.
= \$15,000.00 x 1,700 = \$25,500,000.00 yearly.

**Additional cost per year at each PCH
Qualifications of administrator**

2600.54 "QUALIFICATIONS FOR DIRECT CARE STAFF PERSONS"

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

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

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

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

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

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

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

2600.55 "EXCEPTIONS FOR STAFF QUALIFICATIONS"

2600.56 "ADMINISTRATOR STAFFING"

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

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

COST: \$45,000.00 for additional Administrator

TAX: 32% : \$14,400.00

WC 4.67%: \$2,101.50

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

Health Insurance: \$3,128.00

Vision: \$38.00

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Dental: \$225.00

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

Additional Administrator

2600.57 "Direct Care Staffing "

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

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

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

Direct Care Staffing across the state

Labor cost :\$6.50/ hr

Tax 32% :\$2.08/hr

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

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

2600.58 "AWAKE STAFF PERSONS"

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

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

2600.59 "MULTIPLE BUILDINGS"

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

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

This is the way to get around the fact that it was voted down.

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

For details see 2600.57

Cost of one hour extra care statewide (see 2600.57)

Two hours extra care

Three hours extra care

Three and a half hours extra care

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

2600.61 "SUBSTITUTE PERSONNEL"

2600.62 "LIST OF STAFF PERSONS"

2600.63 "FIRST AID, CPR AND OBSTRUCTED AIRWAY TRAINING"

2600.64 "ADMINISTRATOR TRAINING AND ORIENTATION"

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

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

Orientation Program

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

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

100 hour training: Approx \$5.00/ hour =
At Westmoreland County Community College (WCCC)
Material: Approx. \$1.00/hour =
100 Hour Wages: Minimum \$12.00/hr. = \$1200
Tax: 32% or \$3.84/hr.=
Workers Compensation: \$4.67/100=
To and From Classes, 25 X 4 Hr Classes = 100 Hrs.
To and From Classes 2 hr/class = 50 Hrs.
Time: 50 hrs. x \$16.58 =
Transportation: 100 miles x 25 x \$.32/mi =
Wages to Replace: \$8.30 x 150 =

100 Hour Standardized Training

Average Cost per Class

2600.64(a)(3) "...competency test...with passing score."

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

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

Competency testing

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Discourse about the Test:

Currently I am taking Philosophy at WCCC.

A Passing grade is 70%

The class average is 66%

Therefore 50% as a minimum will fail, or will retake class, retake test, or will drop out.

(Not addressed in Regulation.)

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

Cost of Competency Test

We should safely conclude:

2600.64 (a) (1) Orientation Program

2600.64 (a) (2) 100 Hour Standardized Training

2600.64 (a) (3) Competency Test

Cost of Test

Administrator Training

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

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

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

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

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

Administrator annual training wages

2600.64(d) "'Annual training shall be provided by the department..."

Each course 4 hrs. = 6 times

To and from 2 hrs per class = 12 hrs.

12 X \$16.58 = \$198.96

Time to and from class

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

Transportation

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

Wages to replace administrator

Administrator annual training

2600.65 "DIRECT CARE STAFF PERSON TRAINING AND ORIENTATION

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

General Fire Safety

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

2600.65 (a) (1) continued

A Minimum of 4 hrs. training, with the aide of Administrator
Employee Cost: \$6.00/ hr.
Administrator Trainer: \$15.00/hr
Total: \$21.00/ hr.
Tax: 32% : \$6.72/hr
WC: \$4.67/100: \$.98
Total Cost per Hour: \$21+6.72+.98=\$28.70
Cost of pre-employment training \$28.70 X 4 hrs. = \$114.80

Pre-employment training

Note:

To operate our Somerset Facility we need about 11 employees
To achieve that for one year we had to hire 30 new employees.
We will have a \$114.80 x 30 = \$3,444.00

Pre-employment training at Easy Living Estates of Somerset

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

(1) Residents Rights
(2) Emergency Medical Plan
(3) Mandatory reporting of abuse and neglect
(4) Reporting of reportable incidents and Conditions
For pricing see: 2600.65 (d)

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

Ancillary staff also will need Direct Care staff training, since they may need to act as substitute personal.
Specific job function training is 16 hrs.

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16 X \$28.60 = \$459.20

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

2600.65(d) "Direct care staff persons..."

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

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

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

Direct Care Staff Orientation

\$1148.00 X 30 = \$34,440.00 per year

**Training New Hires in Easy Living of Somerset for 1 year.
5 Employee specific job functions**

Note:

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

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

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

Direct Care Staff Annual Training

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

Direct Care Staff Annual Training at Easy Living of Somerset

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

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

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

\$440.00 per class

Fire safety training

2600.66 "STAFF TRAINING PLAN"

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

Currently you offer subjects what the administrator deems worthwhile, as an instructor becomes available.
Mostly from Home Health Care Groups. You will be selective since employees must be paid for their overtime.
If this monstrosity called Regulation 2600 would be permitted to survive, it proposes to send each employee to a specific training class. We are located in the country, it will take several hours to locate a school site with this type of training to be offered. No employee can ever be convinced to drive to the city.

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

Transportation to and from class

Employee Cost: 6 hrs class duration
2 hrs. each 6 X \$28.70 = \$177.20

Cost of classes

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

2600.67 "TRAINING INSTITUTION REGISTRATION."

Irrelevant to Personal Care Homes

2600.68 "INSTRUCTOR APPROVAL"

2600.69 - 2600.80 omitted

2600.81 "PHYSICAL ACCOMMODATIONS AND EQUIPMENT"

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

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

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

Physical Accommodations

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

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

2600.82 "POISONS"

2600.83 "TEMPERATURE"

2600.84 "HEAT SOURCES"

2600.85 "SANITATION"

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

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

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

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

2600.86 "VENTILATION"

2600.87 "LIGHTING"

2600.88 "SURFACES"

2600.89 "WATER"

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

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

Water temperature

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

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

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

Equipment cost

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

Testing cost

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

If water is contaminated

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

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

2600.90 "COMMUNICATION SYSTEM"

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

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

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

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

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

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

Walkie-Talkie communication system

Note:

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

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

Check on communication system

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

2600.91 "EMERGENCY TELEPHONE NUMBERS"

2600.92 "WINDOWS AND SCREENS"

2600.93 "HANDRAILS AND RAILINGS"

2600.94 "LANDINGS AND STAIRS"

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

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

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2600.95 "FURNITURE AND EQUIPMENT

2600.96 "FIRST AID KIT"

2600.97 "ELEVATORS AND STAIR GLIDES"

2600.98 "INDOOR ACTIVITY SPACE"

2600.99 "RECREATION SPACE"

2600.100 "EXTERIOR CONDITIONS"

2600.101 "RESIDENT BEDROOMS"

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

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

Bedroom mobility requirements

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

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

2600.102 "BATHROOMS "

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

If you have ever worked in a personal care home, you would know, a washcloth in resident's hands will end up in the toilet. Cost of a plumber? \$150.00 each time.

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

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

Toothpaste per month $\$3.00 \times 12 = \6.00
Toothbrush per month $\$2.50 \times 2 = \5.00
Denture Cleaner per month $\$3.00 \times 12 = \36.00
Shampoo per month $\$3.50 \times 12 = \42.00
Deodorant per month $\$3.50 \times 12 = \42.00
Comb per month $\$1.00 \times 2 = \2.00
Hairbrush per month $\$5.00 \times 2 = \10.00
Razors per month $\$1.00 \times 12 = \12.00
Shaving Cream per month $\$3.50 \times 12 = \42.00
Aftershave per month $\$3.50 \times 2 = \7.00

Toiletry items per year

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2600.103 "FOOD SERVICE"

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

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

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

Sanitizing after each meal

2600.104 "DINNING ROOM"

2600.104 (c) " Condiments shall be available at dinning table"

Sugar = for Diabetics

Salt = for cardiac problems

Salad dressing = for low calorie diets

Milk/butter = for low fat or lactose intolerant?

2600.105 "LAUNDRY"

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

15 min. x 24 hr x 365 days = 2190 hrs

2190 hrs. x \$8.29 = \$18,155.10

Clean lint trap

2600.106 "SWIMMING AREAS"

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

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

2600.107 "EMERGENCY PREPAREDNESS"

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

8 hours X \$20.50 =

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

28 hrs. X \$20.50 =

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

28 hrs. X \$20.50 =

2600.107 (b)(3) "Contact telephone numbers..."

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2 hrs. X \$20.50 =

2600.107 (b)(4) "...transportation..."

1 hr X \$20.50 =

2600.107 (b)(5) "Duties and responsibilities of staff...specific to resident..."

56 hrs X \$20.50 =

2600.107 (b)(6) "Alternate means of meeting... utility outage."

Water = spring & lake electricity = generator =

Gas = oil = tank and furnace =

2600.107 (c) "The home shall...3-day supply of nonperishable food...water..."

\$10.00 X 3 Days X 30 residents =

2600.107 (d) "The written emergency procedures...annually...local emergency management agency."

12 hrs. X \$20.50 =

Total cost of emergency preparedness

2600.108 "FIREARMS AND WEAPONS"

2600.109 "PETS"

Liability issues.

2600.110 2600.120 omitted

2600.121 "UNOBSTRUCTED EGRESS"

2600.122 "EXITS"

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

Exists other than Labor and Industry required is an overkill.

A blanket statement like this is absurd especially on a small floor or for a basement where there is not a

It will cost \$5,000.00/floor

Exits

2600.123 "EMERGENCY EVACUATION"

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

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

2600.124 "NOTIFICATION OF LOCAL FIRE OFFICIALS"

2600.125 "FLAMMABLE AND COMBUSTIBLE MATERIALS"

2600.126 "FURNACES"

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

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

2600.127 "SPACE HEATERS"

2600.127(a) "Portable space heaters are prohibited"

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

2600.128 "SUPPLEMENTAL HEATING SOURCES"

2600.129 "FIREPLACES"

2600.130 "SMOKE DETECTORS AND FIRE ALARMS"

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

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

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

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

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

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

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

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

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

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

Smoke Detector testing per year.

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

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

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

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

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

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

**Smoke Detectors tied to community
Monitoring system**

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

**Telephone lines for alarm system
Inspection and Maintenance**

2600.131 "FIRE EXTINGUISHERS"

2600.132 "FIRE DRILLS"

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

Cost of fire expert

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

The evacuation

time is not determined by any fire safety expert. The fire code is de-void of making this determination.

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

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

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

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

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

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

2600.133 "EXIT SIGNS"

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

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

2600.134 - 2600.140 omitted

2600.141 "RESIDENT EVALUATION AND HEALTH CARE

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

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

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

Current Aide salary: \$6.00/hr

Licensed Aide for medication: \$8.00/hr

Additional Cost: \$2.00/hr

Tax 32%: \$0.64

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

Total additional cost \$2.73

$\$2.73 \times 24/\text{hr} \times (53,000:16) \times 365 = \$79,231,025.00$

Aide vs. Licensed Aide

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

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

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

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

Change in medical condition

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

2600.142 "ASSISTANCE WITH HEALTH CARE"

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

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

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

Cost: 5 sets of documents

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

Assistance with health care

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

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

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

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

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

Additional Assistance with health care

2600.143 "EMERGENCY MEDICAL PLAN"

2600.144 "USE OF TOBACCO"

2600.145 "SUPERVISED CARE"

2600.146 - 2600.160 omitted

2600.161 "NUTRITIONAL ADEQUACY"

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

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

Cost: \$35,000.00

Tax 32%: \$4,200.00

WC \$4.67/100: \$1634.00

Cost of a Dietitian (special Dietary needs)

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

It is impossible unless you have a specially trained employee.

2600.162 "MEALS"

2600.163 "PERSONAL HYGIENE FOR FOOD SERVICE WORKERS"

2600.164 "WITHHOLDING OR FORCING OF FOOD PROHIBITED"

2600.165 -2600.170 omitted

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2600.171 "TRANSPORTATION"

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

Who will take the liability not to have a second person when the administrator has to make the decision "when necessary." According to this paragraph, a friend, a family member, would qualify as a volunteer of the home.

You will need one additional staff at the facility if other than the designated person drives. You will need two additional staff at the facility if an employee has to drive.

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

$\$20 \times 1.5 \text{ hrs.} \times 2 \text{ staff} = \60.00

$\$0.32 \times 10 \text{ miles} = \3.20

Transportion to Doctor

2600.172 - 2600.180 omitted

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

2600.181 "SELF ADMINISTRATION"

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

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

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

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

2600.182 "MEDICATION ADMINISTRATION"

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

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

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

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

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

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

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

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

This will require a minimum of 3 times a day. At least 10 minutes at a time for a total of 30 minutes.

30 min. per resident per day X \$11.05

30 X 30 X 365 X \$11.05 = \$60,498.00 at Easy Living Estates of Somerset

Documentation at Easy Living Estates of Somerset

Medication administration trained staff:

Hourly wage: \$8.00

Tax 32%: \$2.56

WC \$4.67/100: \$0.49

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

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

Medication administration

2600.183 "STORAGE AND DISPOSAL OF MEDICATIONS AND MEDICAL

2600.184 "LABELING OF MEDICATIONS"

2600.185 "ACCOUNTABILITY OF MEDICATION AND CONTROLLED

2600.186 "PRESCRIPTION MEDICATIONS"

2600.187 "MEDICATION RECORDS"

2600.188 "MEDICATION ERRORS"

2600.189 "ADVERSE REACTION"

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2600.190 "MEDICATION ADMINISTRATION TRAINING

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

8 hrs X \$28.70/hr =
100 miles travel \$0.32 =
Travel time 3 hrs. =
Overtime =

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

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

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

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

2600.191 "RESIDENT EDUCATION"

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

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

Somerset facility to educate resident

2600.192 - 2600.200 omitted

2600.201 "SAFE MANAGEMENT TECHNIQUES"

2600.202 "PROHIBITIONS"

2600.203 - 2600.220 omitted

2600.221 "ACTIVITIES PROGRAM"

2600.222 "COMMUNITY SOCIAL SERVICES"

2600.223 "DESCRIPTION OF SERVICES"

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

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

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

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

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

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

At a minimum 400 hrs. X \$28.60 = \$11,440.00

Written Procedures for delivery and management

2600.224 "PREADMISSION SCREENING TOOL"

2600.225 "INITIAL ANNUAL ASSESSMENT"

No Comment

2600.226 "MOBILITY CRITERIA"

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

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

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

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

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

When it walks or clucks like a duck...

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

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

Assessment and notification

Extra caretaker cost:

53,000 X \$8.96 X 365 = \$173,331,200.00

Extra caretaker cost:

2600.227 "DEVELOPMENT OF THE SUPPORT PLAN"

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

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

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

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

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

Note:

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

2600.228 "NOTIFICATION OF TERMINATION"

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

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

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

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

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

2600.229 - 2600.330 omitted

"SECURED DEMENTIA CARE UNITS"

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

2600.231 "ADMISSION"

2600.232 "ENVIRONMENTAL PROTECTION"

2600.233 "DOORS, LOCKS AND ALARMS"

2600.234 "RESIDENT CARE"

2600.235 "DISCHARGE"

2600.236 "TRAINING"

2600.237 "PROGRAM"

2600.238 "STAFFING"

2600.239 "NOTIFICATION TO DEPARTMENT"

2600.240 - 2600.241 omitted

2600.251 "RESIDENT RECORDS"

2600.252 "CONTENT OF RESIDENT RECORDS"

2600.253. "RECORDED RETENTION AND DISPOSAL"

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

2600.254 "RECORD ACCESS AND SECURITY"

2600.255 -2600.260 omitted

2600.261 "CLASSIFICATION OF VIOLATIONS"

2600.262 "PENALTIES"

2600.263 "APPEALS OF PENALTY"

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

When I came to the United States, most appealing was to me was the concept that **"you are presumed innocent until you are proven guilty."** But if you are being forced by law (by this regulation) to waive your right for defense just because you do not have money for justice.

If the Department will "review of classifications monthly" (2600.265) then why would you loose your right to contest...? When not even the Department will trust its regional field offices. (correctly)

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

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

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

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

2600.264 "USE OF FINES"

2600.265 "REVIEW OF CLASSIFICATIONS"

2600.266 "REVOCAION OR NONRENEWABLE OF LICENSES"

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

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

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

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

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

Cost:

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

2600.267 "RELOCATION OF RESIDENTS"

2600.268 "NOTICE OF VIOLATIONS"

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

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

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

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

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

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

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

2600.269 "BAN ON ADMISSIONS"

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

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

Because - water temperature is 121°F

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

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

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

The legal allowable time limit is 15 days.

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

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

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

2600.270 "CORRECTION OF VIOLATIONS"

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

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

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

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

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

\$10,701.00 per facility

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

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

**\$307.50 /person 15th
day**

**\$307.50 person 30th
day**

\$286.00 each time

\$143.00 each time

\$30,000.00 per year

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

\$102.50 each time

\$307.50 each time

\$9,225.00 per month

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

\$589.20 per year

\$75.00 each time
\$2.00 per day

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

\$350.00 each time

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

\$15,000.00 per yr

\$25,500,000.00 /yr in PA

\$38,690,000.00 /yr in PA

\$3,869,000.00 /yr in PA

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

\$74,492.00 per year

\$173,718,100.00 /yr in PA

\$173,718,100.00 statewide
\$347,436,200.00 statewide
\$521,154,300.00 statewide
\$608,013,350.00 statewide

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

\$1,022.80 each time

\$500.00 each time

\$100.00 each time

\$1,200.00 each time

\$384.00 each time

\$56.00 each time

\$829.00 each time

\$800.00 each time

\$1,245.00 each time

\$5,114.00 each time

\$51.14/hr *

\$2,557.00

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

\$409.12

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

\$1,227.36 per year

\$198.96 per year

\$192.00 per year

\$298.80 per year

\$1,917.12 per year

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

\$114.80 each time

\$3,444.00 per year

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

\$459.20 each time
\$1,148.00 each time

\$3,444.00

\$34,440.00 per year
\$2,296.00 per year

\$344.40 per year

\$3,788.40 per year

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

\$1,894.20 per year

\$5,682.60 per year

\$440.00 each time

\$144.00 each staff

\$177.20 each class

\$25,000.00 per year

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

\$800.00 each time

\$5,000.00 one time
\$150.00 each time

\$500.00 each time

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

\$3,200.00 per year

\$3,198.00 per year

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

\$1,600.00 per resident

\$150.00 each time

\$204.00 /yr/person

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

\$19,666.00 per year

\$18,155.00 per year

\$164.00 each time

\$574.00 each time

\$574.00 each time

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

\$41.00 each time

\$20.50 each time

\$1,148.00 each time

\$3,500.00

\$7,500.00 each time

\$900.00 once

each time

\$246.00 each time

\$14,667.50

\$5,000.00 per floor

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

\$800.00 per year

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

\$365.40 per month

\$414.75 per month

\$21.00 per month

\$801.15 per month

\$9,613.80 per year

\$40,000.00 once

\$300.00 per year

\$600.00 per year

\$750.00 per year

\$440.00 per year

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

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

\$79,231,025.00 per year

\$65,190,000.00 per year

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

\$37,412.00 each time

\$82.00 each time

\$47,834.00 per year

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

\$63.20 each time

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

\$60,498.00 per year

\$106,881,125.00 per year

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

\$229.60
\$32.00
\$33.15
\$60.77
\$355.52
\$2,133.12

\$861.00

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

\$11,440.00 once

\$61.50 per resident

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

\$17,331,200.00 per year

\$102.50 each time

\$307.50 each time

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

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

Original: 2294

INDEPENDENT REGULATORY REVIEW COMMISSION

333 MARKET, 14TH FLOOR
HARRISBURG, PA. 17101
Email Address: irc@irc.state.pa.us

Fax number: 717-783-2664 (comments can be faxed)

RECEIVED

2004 DEC - 2 AM 7:46

REFERENCE: # 14-675 (#2294) PERSONAL CARE HOME FINAL FORM COMMENTS

INDEPENDENT REGULATORY REVIEW COMMISSION

SUBMITTED BY:

DATE 12-1-04

NAME Christine Williams

NAME OF PERSONAL CARE HOME TLC Manor

ADDRESS ~~2114~~ PO Box 214 Bishin 16728 D

TELEPHONE NUMBER 814-378-7989 FAX Same as phone

EMAIL ADDRESS

REFERENCE NUMBER	COMMENT
21600.3	you already have the right to unannounced visits. we should have the right to make sure our paper work is up. we could have just got a new resident and you walk in for inspection. I would have to pay for extra staff 24/7 plus get all staff trained on a inspection. the cost would just reflect back on residents.
21600.41-44	as long as they don't interfere with our house rules
21600.53	RNs are not qualified we more then a high school grad that has yrs. of on hand work at a personal care home. They may know nursing but do not have the training

Q →

(2)

FROM : A

FAX NO. : 8143787989

Dec. 01 2004 08:31PM P2

REFERENCE NUMBER	COMMENT
	for personal care
2600.56	We cannot afford for this req. to come ahead. Would have to pay for more more training. more staff would be required. The cost again would reflect the residents.
2600.90	The home can not afford the system to small amount.
	My final word is the cost of all the training you maybe requiring is going to cost the residents in rent. Seniors care on a fixed income and barely able to support themselves now.
	I hope when my children place me somewhere that it is affordable. If you keep upping all the requirements, I won't be living anywhere.
	Thank you C. Williams
	Think about your own family & loved ones! Things can happen to anyone.

NOTE: Portions of this file were redacted prior to placement in IRRRC's public files.
Original: 2294

54

IRRC

From: rehab@pennswoods.net
Sent: Tuesday, November 30, 2004 12:56 PM
To: IRRC
Subject: Regarding the new proposed Personal Care Regulations

Meadowview Manor Personal Care Home
2103 US HWY 522 S.
McVeytown, Pa. 17051
814-542-2336
Fax 814-542-4970
rehab@pennswoods.net

Regarding the new proposed Personal Care Regulations:

It is Meadowview Manor's stand that many of the regulations are practical and needed. We are currently in compliance with a majority of the regulations as they are proposed. However, many of the regulations would pose quite a hardship to implement immediately. Is the State going to provide 24 hours of free training to our staff in our homes, and pay them for attending- no one is going to go to an in-service without being reimbursed- whether it is at the home or away. And who will assist with the Administrator obtaining 24 hours per year? We are all for continuing education. Our Administrator has a BS degree in Business, and the other is an RN attending college part-time for her BS in Nursing. But to leave the business to attend seminars 4 times a year is a bit of an extreme.

Support care plans, paperwork for staff in-servicing, new orientation requirements, quality assurance- it all sounds very fine around a table, but to not offer any compensation for the enormous tasks ahead is almost ludicrous.

The Supplement for Boarding Home remains approximately \$808.00/month or \$26.93/day in a 30-day month. Often you can not buy three decent meals per day for \$26.93 let alone three snacks, 24 hour care, etc., etc.

The following is an example of a cost breakdown of care giving.

It does not include the cost of LPN's or RNs.

At 52 residents @ \$26.00/day we are required to supply 1 hour/day of personal care/resident, which equals 52 hours of care.
This is with an average \$8.00/hour employee averaging \$12.00/hour after worker comp, unemployment comp., insurance, etc.
52 hours of care in 16 hours (awake hours from 6am to 10 pm) = 3.25 caregiver hours per hour @ \$12.00 = \$39.00/hour X 16 = 624.00/day.
We still need to provide awake staff at night therefore from 10 pm to 6 am = 8

hours @ \$12.00/hour 2 employees= \$192.00/night.
\$624.00(daylight care) + \$192.00(nights) = \$816.00/24 hours for care.
\$26.00 SSI payment per day X 52= \$1,352.00- \$816.00= \$536.00 left. \$536.00
divided by 52 = \$10.30 or 39.6% for the listed expenses on the following page:

1. food & cost of labor to prepare
2. administrative & clerical costs
3. Insurance
4. Activities, and staff to co-ordinate & complete
5. laundry, supplies, & labor to complete it
6. electricity/water/sewage
7. housekeeping & labor & supplies to complete
8. and Improvements
9. and now required training

We have 28 employees on staff. To in-service all as required-
24 hours in-service per year X 28employees = 672 hours/year. 672 hours X an
average \$12.00/worker = \$8,064.00. That does not include the materials, the
programs, the instructors, mileage, meals, the programs- it is for staff wage only.
It does not include LPN's or RN wages. This is \$22.09/day for in-servicing. \$22.09
divided by 52 residents = \$.43/day/resident. With the allotment remaining, that is
\$10.30 - \$.43= \$9.87 for the above expenses. And when we have staff go to in-
services, they need replaced on the frontline- therefore, we also need to pay the
replacement, for \$22.09/day.

And with 22 years of experience, with LPN's on each shift except the night shift
(10 pm to 6 am) and an administrator with a healthcare background, the cost of
labor has to be less than 50% for the facility to survive. I've tried SSI residents
and now only have 2 of 52. **If you think the cry for help from the small
homes is a cry of "WOLF"- please know that it is not. Look at the figures
yourself.**

Well, if you
impose these regulations no personal care homes will accept SSI residents like the
smaller homes do now. You will have a flood of poor sick elderly that eventually
will head to nursing homes and consequently the State's part of the Medicaid bill
will increase and you'll have to deal with that.

Start a change by implementing these regulations over a period of time and funding them properly, and taking the petty regulations out- i.e. making sure all lint is removed from clothing. Do your job right- and the people, **especially the elderly, will be served.**

We at Meadowview propose that these regulations either be phased in gradually over the next five years and funded appropriately, or be tabled until compensation and assistance is available to the industry to make the necessary changes.

Please call with any questions!
Thank you for the opportunity to send opinions.

Sincerely,

F. Stanley Westbrook

Janice K. Lamberson, RN

Please call with any questions!

11/30/2004

814-542-2336

IRRC

600

From: PAT HAYES [PHAYES@usachoice.net]
Sent: Monday, November 29, 2004 3:30 PM
To: IRRC
Subject: Title 55. Public Welfare Subpart E Chapter 2600

2600.53 I totally disagree with the Qualifications of Administrators. This is totally inappropriate. In order to be an administrator you have to be a registered nurse or have a college degree or a LPN. I do believe this is discriminatory. Do we have rights as business operators? What nurse, practice or registered would want to be an administrator of a Personal Care Home. They would laugh at you., there jobs pay a lot more than Personal care and with less responsibility. I am a personal care provider and an administrator and a darn good one, I am not a nurse and I do not have a college degree. I ;do not want to be a nurse. I want the job I have choosen, If I have to become a nurse I might as well get paid as one.

2600.58 - 2600.65 - 2600.60 - 2600.67
The cost of training staff in these chapters and for new administrators is too high for any business. As for myself I learned more myself than I ever learned in the schools training you for the job of administrator. The CPR and first aid classes were good. How many employees will let you pay for there schooling, all these courses and then in two weeks or two days they quit the job. Some of the homes, maybe most have such a turnover of employees they will go broke. You have to be a very special sort of person to work in a personal care home, you must have the patients of Job. I repeat you Must have the "patience of JOB" That's one of the reasons for the turnover of employees, They can't cope with the job requirements. I think the state should pay for this training and set up schools in the local areas to train staff and administrators. I bet out of thousands of people trained you would only have 1% that will actually work this job.

I do believe that if these regulations become law there are going to be a lot of Personal care homes and assisted living facilities close there doors and there will be thousands of helpless people without a place

to live and nobody to take care of them. Then what?

for this Don't get me wrong I believe some of the homes have ask
about the people I guess there just running a business and don't care
in there homes. I don't feel that way about my people.

Pat's Haven for Elderly and Disabled
1459 Smith Road
Punxsutawney, Pa. 15767

Original: 2294

IRRC

From: Faith Friendship Villa [faithfriendship@dejazzd.com]
Sent: Monday, November 29, 2004 5:45 PM
To: IRRC
Subject: Additional Comment on 2600 Personal Care Home Regs

In the previously submitted comments, the following should have been included:

2600.20 (b)(2) Financial Management- The term "normal business hours" does not explain what is required. Does this mean when the business office is open? (i.e. dayshift M-F), or does it mean when the home itself is open for business? To require disbursement of resident funds within 24 hours of a request outside of business office hours is not only impractical, but would in many cases require these funds to be made accessible to more staff, thus increasing the potential for mishandling, miscounting, or misappropriation.

Thank-you
Steve Dietch
Faith Friendship Villa

11/30/2004

Original: 2294

November 26, 2004

The Independent Regulatory Review Commission
333 Market Street 14th Floor
Harrisburg, PA 17101

RECEIVED
2005 JAN 31 AM 9:14
INDEPENDENT REGULATORY
REVIEW COMMISSION

To Whom It May Concern:

This letter is concerning the Personal Care Home Regulations # 2600, which are under consideration at this time.

Please give special consideration as to what these regulations will mean to the small personal care homes in particular. My aunt is presently in a small personal care home which houses seven (7) residents.

She suffers from Alzheimer's. She needs and receives excellent individualized care which I am certain that she would not receive in a larger home. All of the residents in this home have Alzheimer's in various stages. Even though this is a small home, there are two (2) staff members on duty at all times.

This home places the resident's needs first and foremost. My aunt is served nourishing home cooked family style meals. This dining setting gives her a sense of belonging and gives us a sense of security.

Being a small home, if these regulations go through, this home will be forced to close and we will be forced to place my aunt in a hospital like setting, where she will become just a number. We placed my aunt in a small home in order to provide her with a setting as close to her daily routine as possible. She has done very well in this environment.

I am sure that there are good and bad homes everywhere but wouldn't we be better served if you could "weed out" the bad homes and allow the good homes to continue the good work that they do?

Before you sign these regulations, **PLEASE CONSIDER OUR WISHES.** My concern is for a safe and happy home for my aunt. I am certain that you would want the same for your loved one as well.

Thank you for your consideration on these very valuable and important decisions.

Sincerely,

Mama Swartz - Rebeck

*ME SR
153 Keweenaw St
Lancaster Pa 17608*

November 26, 2004

The Independent Regulatory Review Commission
333 Market Street 14th Floor
Harrisburg, PA 17101

RECEIVED
2005 JAN 31 AM 9:19
INDEPENDENT REGULATORY
REVIEW COMMISSION

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This letter is concerning the Personal Care Home Regulations # 2600, which are under consideration at this time.

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Being a small home, if these regulations go through, this home will be forced to close and we will be forced to place my aunt in a hospital like setting, where she will become just a number. We placed my aunt in a small home in order to provide her with a setting as close to her daily routine as possible. She has done very well in this environment.

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Before you sign these regulations, PLEASE CONSIDER OUR WISHES. My concern is for a safe and happy home for my aunt. I am certain that you would want the same for your loved one as well.

Thank you for your consideration on these very valuable and important decisions.

Sincerely,

Catherine H Ewing 724-3394315
Dyanne Gaccetta
 Robert Gaccetta
Frank Guelle
Frank Guelle
Cathy Ewing
 818 East Hill
 New Kensington, Pa
 15068