Original: 2294

PENNSYLVANIA PROTECTION & ADVOCACY, INC.

December 15, 2004

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Robert E. Nyce
Executive Director
Independent Regulatory Review Commission
333 Market St, 14th Floor
Harrisburg, PA 17101

Dear Mr. Nyce:

Pennsylvania Protection and Advocacy, Inc., (PP&A) is the non-profit agency responsible for providing protection and advocacy services to Commonwealth residents with disabilities as mandated by federal law. PP&A represents all persons with disabilities, including those who reside in the Commonwealth's personal care homes. Federal statutory authority empowers us to investigate incidents of abuse and neglect of individuals with disabilities in the Commonwealth. For over ten years PP&A has advocated for the protection and the health and safety of persons with disabilities that live in personal care homes. **We strongly urge you to support the final form personal care home regulations released by the Department of Public Welfare on November 4, 2004 and vote that they move forward as written.** The final form regulations are the result of **5 years** of discussion, negotiation, and compromise amongst providers, consumer advocates and Department staff about critical life safety and quality of life issues in personal care homes.

PP&A is optimistic that the final form regulations will mean a much-needed improvement in staff and administrator training for new hires, in needs assessment and individualized service delivery, and in fire safety. We are especially pleased that:

1) All homes will be inspected annually and that the inspections will be unannounced.
2) New homes will receive a full license instead of provisional (which gives the appearance of poor performance before the home has had any chance to perform) but be inspected within 3 month to insure that the home is performing well.
3) Homes will be required to prove actual correction of violations and not just simply submit a plan of correction before being relicensed and before fines will be lifted.
4) The department will use the statutorily permitted ban on new admissions as an enforcement tool and will issue provisional licenses to poor performing homes, even if they have corrected their violations.

5) All deaths must be reported to the department and not just those that a self-preserving provider deems suspicious.
6) Existing waivers are not being grandfathered in perpetuity and that there will be an annual review of any waivers granted.
7) Residents funds will be available within 24 hours of a resident's request and that residents will receive quarterly accountings of any funds held by their home.
8) A medication administration training component will be developed and required of any staff handling medications.
9) The regulations employ universal terminology of Activities of Daily Living and Instrumental Activities of Daily Living and make clear that ancillary staff are not permitted to assist with ADLs, and that assistance with nail care, foot care, securing healthcare, skin care are included in the list of ADLS and IADLS.
10) The regulations set forth a list of some of the applicable laws, putting PCHs on notice of their legal responsibilities.
11) The regulations clarify that failure to provide contracted services is neglect.
12) The regulations clarify that residents can complain to any source, without having to exhaust internal options first, and that a shorter timeframe for homes to respond to complaints is established.

PP&A believes that the regulations should be even more stringent in certain areas – especially including administrator training and assessments - where the Department has eased requirements from the proposed regulations in response to provider cost concerns. We are very concerned to see that:

1) All existing staff and administrators have been grandfathered into the qualification and training requirements. Too many deaths, injuries, and rights violations have resulted from untrained or poorly trained staff. While we were comfortable with the grandfathering of administrators and staff on the qualifications requirements, we are very concerned that existing administrators and staff will not even be required to pass the competency test demonstrating ability to care for residents and to understand and comply with the new regulations.
2) Assessments are to be completed 15 days from admission during which time consumers' needs may not be met, because not identified, and where the costs for their care are not revealed, because also not identified to them until several weeks in to their stay. By the time they know what meeting their needs will cost, it will be far less practicable to return to where they were or leave for a different setting.
3) Only 1 staff person, regardless of the size or census of a population is required to be trained in first aid and CPR. It is unthinkable that the department did not, at a minimum, alter their proposed regulation of having all staff trained in first aid and CPR to having a proportional amount training

based on size and census. In this instance, persons in large homes are placed at risk of being too many floors and halls away from a person who knows how to administer life-saving CPR.

4) The administrator need only be present for an average of 20 of the 168 hours that comprise a week yet the designee they charge with running the place in their absence need not have any of the training the administrator has had. This is too far a step away from the proposed regulation that the administrator's designee has the same training. In essence, no measures are implemented to insure that the designee will know anything necessary to actually run the place in compliance with the regulations.
5) The resident's rent need not be refunded until 30 days from the date they leave and take their last belonging. While the Elder Care Repayment Restitution Act speaks to refunds of rent after the death of a person over 60 happening within 30 days of the removal of their last belonging, the situation is much different for a live person who needs their refunded rent in order to move to another PCH.
6) Lastly, the final-form regulations eliminated the proposed requirement that reportable incidents include a situation in which "there is no staff **or inadequate staff** to supervise **or provide care in** the home." Bold was our recommendation to improve this section. Instead, the entire section was removed.

Obviously we believe the final-form regulations should go considerably farther than they do. In fact, we submitted comments on how the proposed regulations should be improved to provide greater protections of and provisions for health, safety, and well-being. Only about 20% of our recommended improvements were actually incorporated into the final-form regulations.

Notwithstanding, we firmly believe that the final form regulations make essential strides towards improving and protecting the lives of people with disabilities living in personal care homes. While the regulations do not do all that we had hoped, they represent meaningful improvement to a system that has seen too many preventable tragedies in recent years. Additionally, we appreciate that all compromise involves conciliation and know that it would be impractical to have expected that all of our recommendations would be included.

We have heard providers argue that the final form regulations will be too expensive for homes to comply with and survive. We are well aware of the cost concerns of providers. However, it is critical to note several things:

1) **The fire safety costs are vital to preventing the kinds of fires that have taken the lives of 55 personal care home residents over the last several years.** The majority of these fires and deaths could have been prevented by the fire safety measures in these regulations.

2) **The costs have been significantly reduced from the proposed regulations, in response to the cost concerns providers raised when the proposed regulations were released.** Limiting application of several regulations to only those homes with nine or more residents, eliminating most written policies and procedures requirements, and grand-fathering on staff training, qualifications, and some physical site requirements in the proposed regulations were all done to reduce provider costs.
3) **Some of the larger one-time costs will result in improved standards and safety that will significantly reduce the providers' risk of liability and, consequently, their annual liability insurance costs.** Also, many of the costs are capital improvements for which tax deductions will be taken. We urge you to inquire of the provider industry as to what the net costs will be after all resulting deductions and cost-savings. We especially urge you to inquire of the provider industry as to what analysis they have undertaken to determine the overall impact safety and training improvements will have on their annual insurance premiums.

Again, we urge you to support the adoption of the final form personal care home regulations. These regulations fill many of the gaps in the current system and provide protections for our vulnerable citizens, while balancing the needs of the personal care home industry.

Sincerely,

Ilene Shane

Ilene Shane, Esq.
Executive Director

Original: 2294

* WHY CAN WE NOT HAVE THE PCH OWNERS BE INFORMED OF WHAT IS BEING DONE IN HARRISBURG??? SNEAK MEETINGS??????? IS THIS WHAT OUR ELECTED OFFICALS DO?????

* WE REPRESENT OUR RESIDENTS IN PCH'S AND WE SHOULD HAVE A VOICE IN OUR REGULATIONS.

* DID YOU NOTIFY THE FAMILIES OF WHAT "YOU SENATORS & REPRESENTATIVES IN HARRISBURG" ARE DOING TO THERE FAMILY MEMBERS ???

* WHERE WILL THE SSI REISIDENTS OF PENNSYLVANIA FIND A HOME??? FOR $913.30/MONTH. SURE HOPE YOU HAVE A PLAN.

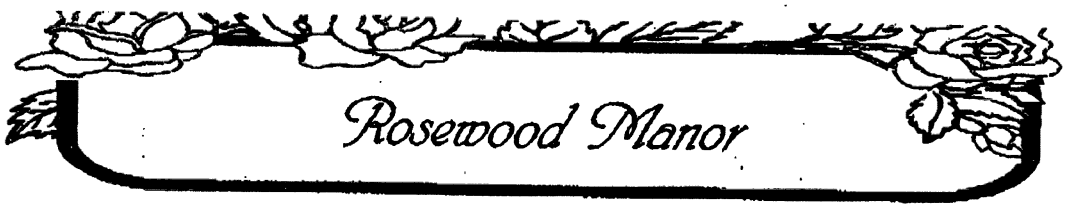
* PCH REGULATIONS GIVE EXCELLENT CARE AND DO LOOK OUT FOR THE SAFETY/WELLBEING & MEDICAL CARE THAT THE RESIDENTS NEED.

* **BILL 2600:** IS FOR NURSING HOMES **NOT** PERSONAL CARE HOMES. **WE DO NOT GET PAID BY MEDICARE OR MEDICAID OR PRIVATE INSURANCES FOR THE CARE WE GIVE OUR RESIDENTS.**

* **KILL THE BILL** AND LET US REMAIN UNDER 2620 WITH FUTURE RECOMMENDATIONS FOR CHANGE !!

THANKS,
OWNERS/ADMINISTRATORS
Dick & Carol

322 - 324 N. Pennsylvania Avenue • Greensburg, PA 15601 • (724) 837-1410 • (724) 836-LOVE



ATTENTION!!!

- we adamantly oppose this set of regulation
- that they only met and listened to provider groups that are backed by nursing homes.
- that the "pure" PCH provider groups that live, breathe, and work in this industry have been ignored and excluded.
- WHY are they not inviting input from actual PCH, inspectors, and residents/families.
- for 4 years, our arguments have been unchanged and essentially inaddressed:
  - MEDICAL VS SOCIAL MODEL
  - OVER REGULATION DOES NOT IMPROVE THE STANDARD OF CARE
  - COST, COST, COST- not financially feasible due to changes in building requirements without grandfather-in existing businesses;
    cost of excessive training of adm. and staff
    cost of expanded staffing ratios.
    excessive paperwork that mirrors nsg. home code.

Think again. Keep PCH's in "2620" only!
We do not deserve this, our residents do not deserve this nor their families nor my staff

Thank
Owners/Administrators
Dick + Carol

322 - 324 N. Pennsylvania Avenue • Greensburg, PA 15601 • (724) 837-1410 • (724) 836-LOVE

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(73)

CHESTNUT KNOLL

An Assisted Living Community

1/20/05

Independent Regulatory Review Commission

The Personal Care / Assisted Living industry in Pennsylvania starting the new year is sill uncertain about pending new regulations. The final draft was released on November 4th, and sent to the Independent Regulatory Review Commission. They did not respond to them before the holiday break for the legislators. The industry has been given a small window of time to contact their legislators about the unreasonable changes in the regulations. Adjustments to the current regulations are needed and have been supported by the industry providers. However, the extreme and unknown changes which have appeared in the final draft will permanently change the industry and many providers will close their doors.

As the Executive Director of Chestnut Knoll, a Berks County Personal Care Home that cares for 100 senior citizens and employs 135 staff, I feel obligated to my residents, staff, and organization to bring my concerns regarding the proposed regulations to your attention. I hope that you will take the time to review some of the concerns that I have about the proposed regulations as they stand and consider taking action to help revise them into a more realistic working tool so that we can continue to serve our seniors without the costs of care drastically increasing due to unrealistic demands that may be placed upon the industry.

If you have any questions or would like to further discuss the issue with me, please feel free to give me a call.

Thank you for you time and attention to this very important matter.

Sincerely,

Shawn Barndt

Shawn Barndt
Executive Director
Chestnut Knoll Assisted living

Residential Assisted Living ■ Chestnut Knoll at Home Services
Evergreen Neighborhood for the Memory Impaired
120 West 5th Street ■ Boyertown, PA 19512
610-473-8066 ■ Fax 610-473-8068
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Proposed Assisted Living Regulations

Assisted living as we know it is being threatened by new proposed regulations. If they are passed as they stand now, assisted living will soon become much like a skilled nursing facility. First of all, documentation will take priority over the residents, costs will go up (first to the facility, then passed onto the residents), the stress level of the staff will go up making assisted living an unattractive employer, and ultimately, in the end, the residents will suffer.

Background information:

Many times, people choose to work in health care because they want to help people. However, what they soon find is that due to the abundance of regulations imposed upon them, especially in skilled nursing facilities, the majority of the healthcare worker's time is spent not with the residents, but with documentation. Documentation and regulation compliance takes precedence over the care of the residents. After all, if you do not comply with a regulation and miss a piece of documentation, there are stiff fines to pay or the chance of not getting reimbursed for the care provided. I challenge you to enter any skilled nursing facility and observe the nurses and certified nursing assistants. I assure you that you will find the majority of them documenting rather than assisting residents. Even at meal time, a skilled facility is often more concerned with documenting a resident meal completion rather than actually assisting that resident to complete the meal.

I have been in the healthcare field for just short of 10 years as a social worker. I spent the first 5 of those years in a skilled nursing facility. I loved my job and especially loved my elderly residents. However, I chose to leave the highly regulated environment of a skilled facility for a more relaxed and resident friendly environment of an assisted living setting. Assisted living is not under the same stringent regulations that skilled facilities are currently under. What a difference! Assisted living can provide a much homier, relaxed atmosphere where the residents and their needs come first! The staff is much more relaxed and can actually enjoy the residents and be involved with them on a day to day basis! (i.e. we have time to engage in activities with the residents; getting to know them on all levels as a human being rather than just seeing them as a task that needs to be accomplished and documented) Not to mention, the cost of assisted living is significantly less than a nursing home. (More than half the cost per month).

I am writing you today to point out the area that is of greatest concern to me as the Executive Director of an assisted living in Berks County and as a healthcare professional who has worked in a skilled facility versus an assisted facility.

Largest Area of Concern

The largest concern is the training requirements. Currently, we provide the following training to our staff:

Eight to Ten days of shadowing and orienting on the floor with a designated veteran staff member, courses in fire safety (30min), nutrition and safe food handling (45 min), infection control (120min), customer service (45min), activities and resident rights (45min), abuse training (30min), a care course (3 hours), a dementia course (6 hours), cpr and first aid (6 hours). All of this training is completed within the first 6 months of hire. It is estimated that we spend approximately $1,000.00 on each new employee for training purposes. Furthermore, we provide monthly staff meetings and medication meetings (for those who have passed a special course in medication assistance). At these monthly meetings, we often have educational sessions covering a current issue in the facility (i.e. hospice or colostomy care, etc..)

Under the proposed regulations the training requirements become unrealistic; both in timing and in creating a financial burden. The proposed regulations call for all of the above training to be completed within 40 working hours and prior to working unsupervised with a resident. This means that we may often be running a class of one employee when a position needs to be filled quickly. In addition to the above current training, the proposed regulations also call for an additional 12 hours of training per employee annually and another 6 hours if there is a dementia unit. Therefore, I will be required to provide an additional 18 hours of training per year for each employee. Chestnut Knoll currently employees approximately 135 employees, 90 of which are care assistants. The average pay for our care assistants is $9.75/hour. If that additional training is provided to the care assistants alone, we are looking at an additional $16,000.00 and that is not even taking into account turn over, new hires, and overtime that is needed to cover the time that those employees are not on the floor due to being in class. These costs combined, along with the training of additional non-care staff could easily top an additional $40,000.00 per year under the proposed regulations.

Furthermore, the proposed regulations call for *individual staff development training plans* annually and that the training must be provided by approved instructors. The training plans must include the required training courses for each staff person along with the dates, times, locations of the scheduled training for each staff person for the upcoming year. *The instructors must complete the 'train the trainer' course through the department.* This provides a problem that is two fold: One, it is already very time consuming to evaluate each employee annually. For example, the director of clinical care services (our nurse) spends a lot of time and effort in conducting evaluations for her 60 plus employees on a regular basis. The new regulations want us to not only conduct our annual evaluations, but to now put a plan of development together for the next year for each

employee. (and they want ALL the details!) As previously mentioned, we often train as we go; if we are getting a resident who required thickened liquids for instance, the nurse will hold a class on how to properly prepare a thickened liquid. Practical information that ensures our residents receive proper care. So, not only are we losing the practical training, we are also taking more of our nurse's valuable time away from our resident to document meaningless plans for the upcoming year.

The second problem facing us with these staff training plans is that we often get outside professionals to provide relevant training, again, as needs arise (i.e. a psychologist may speak to the staff on behaviors of a resident that we are currently experiencing) – Under the new regulations, these trainers have to take a class and test and be approved by the Department of Welfare. Who pays for that? How often are these classes going to be held? How do we get these busy professionals to agree to go? I foresee these 'instructors', who now may volunteer time out of their busy schedules to talk to our staff, politely declining to help in the future under these regulations, leaving us without trainers. Therefore, we can either hire staff who are approved (yet another expense) or we can have our nurse conduct the trainings (again, taking her away from our residents).

Although there are many other issues in the proposed regulations that I disagree with, (such as the increased requirement proposed for testing smoke detectors at a cost of $7,700.00 annually for our facility which goes above and beyond current fire safety code) I feel as if we can find a way to work through most of them (Unfortunately, by most likely documenting more and spending more money). However, the training requirement, as is proposed right now, will place an incredible burden on facilities such as Chestnut Knoll and ultimately will create a greater financial burden on our elderly residents. I think we need to look at the profession; our workers are entry level workers. The training that is being asked for is a higher level than that of a Certified Nursing assistant in a skilled facility or hospital.

Suggestion

I am sure that there are facilities out there that take advantage of the 'looser' regulations that assisted livings currently enjoy, but take a look at those of us who do what we need to do in order to ensure our residents are taken care of. Chestnut Knoll provides a high quality of care and often goes above and beyond the current regulations because it is what we need to do to ensure that our residents have all of their needs met and are living the highest quality of life that is possible. Unfortunately, under the proposed regulations, our facility and our residents will be penalized because of the lack of quality in other facilities. Perhaps, a suggestion I may lend is to have levels of regulations – If a facility is regularly out of compliance with the current regulations, has poor customer satisfaction, and the surveyor feels as if the residents needs are not being met, then have a next level of more strict regulations for those that do not meet certain set compliance requirements. Why not set up a system that rewards those who do a good job and punishes those who do not? The proposed regulations are set up to punish us all!

(72)

Original: 2294

THE Hickman

400 North Walnut Street
West Chester, PA 19380-2487

January 17, 2005

John R. McGinley, Jr., Chairman
INDEPENDENT REGULATORY REVIEW COMMISSION
333 Market Street, 14th Floor
Harrisburg, PA 17101

Dear Mr. McGinley,

Enclosed are comments regarding the Department of Public Welfare's most recent regulations, compiled by residents and staff of The Hickman, a not-for-profit, Quaker-sponsored licensed Personal Care Home located in West Chester, Pennsylvania. We strongly feel that the regulations exceed the intent of the law regarding Personal Care Homes. In addition, these regulations would present an unfair financial burden on existing PCH's, and negatively impact older Pennsylvanians with limited incomes.

Thank you for your willingness to review the enclosed comments, and for your prompt attention to our concerns.

Sincerely,

John J. Schwab, *Director*

Donald Byerly, *Resident*

Susan Hartz, *Director of Resident Care*

Elma Mack, *Resident*

Ruth Maconachy, *Resident*

Becky McIlvain, *Resident*

Roy Muller, *Resident*

TEL 610-696-1536 FAX 610-696-1627 EMAIL hickman@thehickman.org www.TheHickman.org

Suggested modifications to:

DPW's November 2004 Proposed Regulations

Personal Care Homes

Submitted by: *The Hickman*, a Personal Care Home with 70 Residents

THE BIG ISSUES:

1. **Cost:**
   a. **One-time cost**: in 2004 at The Hickman, a PCH for 70+ residents, the cost of installing a visible fire alarm system was **$138,000**, or 5.5% of its annual budget.
   p. 48, §2600.130, **Smoke detectors and fire alarms,** (e): The cost associated with installing a fire alarm system for the hearing impaired may be impossible for a small home serving a large percentage of SSI residents.

   b. **Continuing costs** (estimated) that would affect The Hickman:
   $17,000. Quality management.
   p. 20, §2600.26, **Quality management**: **Omit**: "(2) Complaint procedures" and "(3) Staff person training." **Reason**: These are already covered elsewhere. **Instead**: Do not require that the whole thing be done at once. Have home address one area of concern at a time until it is well developed. Then address another area, etc. Done this way, it can be handled by current staff rather than requiring the hiring of an additional person.

   6,000. Training administrator.
   p. 29, §2600.64, **Administrator training and orientation**, (a), (2): 100-hours is too long for a training course.
   p. 31, §2600.64, **Administrator training and orientation**, (c), line 1: **Replace**: "24 hours" **with**: " 12 hours". **Reason:** 12 hours is a sufficient doubling of the former 6 hours.

   20,000. Staff training & orientation.
   p. 32 ff, §2600.65, **Direct care staff person training and orientation.**
   40,000. Assessment & support plans.
   p. 62, §2600.225, **Initial and annual assessment**, (c), (1), **After** "Annually" **Insert**: "on the anniversary date or within ten days before or 1 thereafter." Unless our proposed definition of "Annually" for page 4 has been accepted.
   p. 63-64, §227, **Development of the support plan**.
   $83,000. Total annual expenditures to comply with the regulations, or 3.3% of our annual budget. These labor-intensive costs in a PCH will, by their nature, increase over time, faster than the cost-of living index. Such costs may put smaller homes out of business.

2. **Volunteer training:**

p. 10, §2600.4, **Definitions,** *Volunteer*, line 2: **Delete** "direct care". **Reason**: To provide direct care requires that the person to be fully trained in direct care, which is unnecessary and undesirable for a volunteer.

p. 27, §2600.54, **Qualifications for direct care staff persons**: **Delete** (c). **Reason**: It is unnecessary and undesirable for a volunteer to be fully trained in direct care.

p. 33, §2600.65, **Direct care staff person training and orientation**, (a), line 3 and (b), line 2: **Delete**: "and volunteers". **Reason**: Homes will have difficulty getting volunteers if they have to go through the full training of direct care staff people.

p. 35, §2600.65, **Direct care staff person training and orientation**, (g), line 2: **Delete**: "and volunteers". **Reason**: Volunteers should not be treated as direct care staff or homes will have difficulty getting volunteers

Volunteers are an important and inexpensive part of running a PCH. If full training in direct care were required of volunteers, none would apply. Volunteers who perform ADL and IADL services should have the same training for those services as direct care staff. And volunteers performing non-direct care services also need to be trained in those services. In general, volunteers performing any direct care service are operating under the direction of direct care staff.

3. **Frequent contract change:**

p. 19, §2600.25, **Resident-home contract** (c), (11), lines 4-6: **Delete**: "Services listed in the resident's assessment and support plan shall be added to the resident-home contract upon completion of the resident assessment and support plan". **Reason**: Frequent changes in the contract is an unnecessary, time-consuming and costly operation.

p. 42, §2600.102, **Bathrooms**, (g), lines 4-5: **Delete**: "in the resident-home contract". **Reason**: Prices change too often, requiring frequent re-writing of the contract. If charges are made via purchase in an in-home "store," the prices for items should be posted in the "store."

It is costly and inefficient to add to the contract changes in either services or costs that can occur at any time.

4. **Verbal doctors' orders:**

p. 58, §2600.186, **Prescriptions and medications**. **Following** the end of (c), **Insert**: "Under special circumstances, such as late nights, weekends or holidays, verbal change orders are acceptable until the prescribing physician can get to a fax machine." **Reason**: For instance, when a physician orders by phone a doubling or a discontinuing of a medication, it should be applied immediately for the resident's health, not deferred until he/she can deliver it in writing.

5. **Posting door code in a dementia unit:**

p. 67, §2600.233, **Doors, locks and alarms**, (d) [or new (c)], lines 2 & 3: **Omit**: ", directions for their operation shall be conspicuously posted near the device" **Reason**: Even Alzheimer's patients can read those directions and exit inappropriately. This might risk the life of a wandering resident.

These are our costs, but nowhere have we seen an analysis of the **direct costs to DPW!**

OTHER ISSUES:

Page 6, §2600.4, **Definitions**: Add after definition of *Agent:* **Insert**: "*Annually* -- On the anniversary date or within ten days before or thereafter." **Reason**: DPW requires medical exams annually, meaning **just before or on** the anniversary date, but some medical insurance companies define an annual exam as **just after or on** the anniversary date.

p. 7, §2600.4, **Definitions,** *Dementia:* **Delete** "memory loss ... learning ability, judgment." **Reason:** These lacks are too common among many people, including you and me.

p. 9, §2600.4, **Definitions,** *Neglect*: **Delete**: "well-being". **Reason:** The term is too vague.

p. 9, §2600.4, **Definitions**, **Add** a new definition: before the definition of "Referral Agent" **Insert**: "Provider--The PCH."

p. 10. §2600.4, **Definitions**, *Resident with mobility needs*: As defined, this term means simply "immobile resident," the preferred term. **Reason**: A resident can have a need in connection with mobility without being an immobile resident. For instance, a resident who uses a walker to discourage falling can be quite able to exit a building in an emergency without assistance and hence is not *immobile* though he/she is an *resident with mobile needs*.

Therefore, every reference throughout the document to ***a resident who has mobility needs*** should be changed to ***immobile resident***; specifically, p. 28, §2600.57, (c), line 2; p. 63, §2600.226, (c), lines 2 & 3; p. 70, §2600.238, line 4; **and any other place not detected.**

p. 11, §2600.11, **General Requirements,** (c): Before "renewal" **insert** "annual". **Reason:** This will indicate the required frequency of renewals.

p. 14. §2600.17, **Confidentiality of records**. **Add** the following as those who should have access to resident records: administrator, director of nursing, business manager, direct care staff, resident's physician(s) and agents of the Department of Aging.

p. 17, §2600.22, **Admission**:: Either **Delete**: (4) entirely *or* at the end **Insert**: "for those residents requiring assistance with 4 or more ADLs."

p. 23, §2600.42, **Specific Rights** (m), lines 2 and 3: **Delete**: "and the resident's support plan". **Reason**: If the support plan requires the resident to be accompanied, for instance, the deleted part makes no sense.

p. 24, §2600.42, **Specific Rights** (x), lines 2 & 3: **Delete**: "if the home fails to safeguard a resident's money or property". **Insert**: "only if it is proven that a loss of money or property was caused by a member of the home's staff:" **Reason**: The uncorrected statement would make the home liable to reimburse a resident merely on that resident's statement of a loss.

p. 25, §2600.44, **Complaint procedures**, (e), lines 1 & 2: Delete: "a status report shall be provided by the home to the complainant." **After**: "written complaint" **Insert**: "a verbal status report shall be provided by the home to the complainant to be followed within 7 days with a written status report."

p. 26, §2600.53, **Qualifications and responsibilities of administrators**. After (a) (4) insert: "(5) A mature person whose life experience demonstrates competence." Then renumber the present (a) (5) as (a) (6).

(c) line 3: **Delete** "health". **Reason**: A PCH is a residential and social community, not a health oriented one.

p.26, §2600.54, **Qualifications for direct care staff persons**, (a), (2): **Add** at the end: "or is a person of proven competency." **Reason**: By requiring a high school diploma or GED without the above addition aggravates the severe shortage of direct care staff in PA. Many competent foreign born or religiously affiliated, such as Amish or Mennonite, may not own a diploma or GED.

p.27, §2600.54, **Qualifications for direct care staff persons**. In (d), **Delete**: "receiving personal care services", since a *resident* is automatically such.

p. 28, §2600.56, **Administrator staffing**, Training away from the home combined with other required absences and possibly vacation time might lead to compliance failure in an occasional week.

p. 28, §2600.58, **Awake staff persons,** (a), line 1: **After**: "staff persons" **Insert**: "on duty". **Reason**: Otherwise *all* staff persons must be awake at all times.

p. 31, §2600.64, **Administrator training and orientation,** (c), line 1: **Delete**: "24 hours". **Insert**: "12 hours". **Reason**: Doubling the present 6 hours to 12 hours is fully adequate.

p. 36, §2600.67, **Training institution registration** (title) **Delete**: "Training institution registration". **Insert**: "Institutions eligible to train administrators". **Reason**: The deleted title fails to indicate that §67 refers exclusively to institutions that may train *administrators*.

p. 37, §2600.68, **Instructor approval**, (title): **Delete**: "Instructor approval". **Insert**: "Instructors eligible to train staff other than the administrator". **Reason**: The proposed new title more accurately describes the content of §68.

p. 38, §2600.85, **Sanitation, Delete**: (d). **Reasons**: Residents will drop trash on the floor rather than lift the lid of a covered receptacle. Further, a kitchen staff person who lifts a lid automatically has a dirty hand that has to be washed. There are no large trash containers with a foot lever to open the lid and if there were, such a container would not be rodent safe.

p. 39, §2600.89, **Water**: (c) line 3, (d) line 1 and (d) line 4: in each case, after "maximum" **insert**: "safe". **Reason**: A "maximum contaminant level" can be any huge amount; here the concern is for a "maximum ***safe*** contaminant level".

p. 39, §2600.91, **Emergency telephone numbers**, line 1: **Delete**: "hospital". Line 2 & 3: **Delete**: "and personal care home complaint hotline". **Reason**: The deleted items are not emergency numbers.
p. 40, §2600.98, **Indoor activity space**, (c), lines 5 and 6: **Delete** the last sentence. **Reason**: Each home should have the freedom to place the television set in the most appropriate living room or lounge area.

p. 41, §2600.101, **Resident bedrooms**, (j), (1), line 1: "**Delete**: "and fire retardant mattress" and the three underlined lines. **Reasons**: It is ridiculous to ask each entering resident who owns a comfortable mattress in good repair to go to the expense of buying a fire retardant mattress. **Add: "**In a non-smoking PCH there is no need for a fire retardant mattress."

p. 42, §2600.102, **Bathrooms,** Might it be more appropriate to re***title*** this section as "Bathrooms used by more than one resident" or "Common Bathrooms"?

p. 42, §2600.102, **Bathrooms, Delete** (i). **Reason**: Soap dispensers are appropriate only for common bathrooms.

p. 44, §2600.104, **Dining Room**, after (e) (2) **Insert**: "(3) Allow bag meals when appropriate and when approved by staff and residents; such as Sunday supper, supper on Thanksgiving Day, etc.

p. 49, §2600.132, **Fire drills** (d): **Delete** the last sentence. **Reason**: If, for example, a staff person happens to be the president of the local fire company, there is no logical reason for excluding him as a safety expert.

(k), line 1: **Replace**: "5 days" **with**: "30 days" and **Delete** the last sentence. **Reason**: "Within 5 days of employment" is too restrictive.

p. 55, §2600.181, **Self-administration**, **Following** the end of (d): **Insert**: "Alternatively, medications kept in a resident's locked room are adequately protected."

p. 59, §2600.188, **Medication errors**: In general, the listed medication errors are too broad. Errors that are essentially inconsequential, such as aspirin instead of Tylenol, need not be reported.

(b), line 2: **Delete** the period at the end. **Add**: "only if the error is likely to cause an unfavorable reaction."

p. 61, §2600.223, **Description of services**, (b): This is a cumbersome requirement. Creating still another written procedure is time-consuming, costly to the provider and thus to the residents.

p. 63, §2600.225, **Initial and annual assessment**, (d), line 1: **After**: "resident's physician" **Insert**: "or PCH".

p. 64, §2600.228, **Notification of termination**, (b), line 8: **After**: "certified by a physician" **Insert**: "or the PCH".

p. 65, §2600.228, **Notification of termination**, (h), (7): After "home rules." **Insert**: "If the resident's conduct is absolutely incompatible with the provider's standards and unacceptable to both residents and provider."

p. 67, §2600.233, **Doors, locks and alarms**, (a), lines 5-6: **Delete**: "Department of Labor and Industry, Department of Health or", **Reasons**: Department Labor and Industry is required only at the time of installation. Department of Health is inappropriate in a PCH which is a residential and social home, not a health-related one.

p. 67, §2600.233, **Doors, locks and alarms**, subsection (b) seems to be missing. If so, subsections
(c) – (g) should be relabeled (b) -- (f).

p. 68, §2600.234, **Resident care**, (a), line one: **Change**: "72 hours" (both times) **To**: "7 days". **Reason**: 72 hours is insufficient time to complete so complicated a support plan as that needed for a dementia resident.

p. 70, §2600.238, **Staffing**, line 3: The closing square bracket after "necessary" lacks an opening bracket after **[Additional staffing]**, suggesting that the first two and a half lines are meant to be deleted, especially since those lines and the subsequent underlined lines both deal with mobility.

p. 71, §2600.239, (c), (13), line 2: **Delete**: "Department of Labor and Industry, the Department of Health or", **Reasons**: Department of Labor and Industry is required only at the time of installation. Department of Health is inappropriate in a PCH which is a residential and social home, not a health-related one.

p. 74, §2600.261, **Classification of violations**, (a): After (3) **Insert**: "(4) Class IV, Class IV violations are so minor as to not deserve a penalty."

p. 74, §2600.262, **Penalties**, (a): After "chapter" **Insert:** "except Class IV."

p. 75, §2600.262, **Penalties**, (e) After "$5 per" on line 1 and "$15 per" on line 2, **Insert**: "affected".

p. 77, §2600.269, **Ban on admissisons**, (a), line 1: **Replace**: "will" **with**: "may". **Reason**: Flexibility is appropriate, depending on the circumstances.

Allowing only six months transition to the new regulations is too short a time, particularly at this time of year when most PCHs are just starting a new budget year. **Twelve months transition** is very much preferred to allow the inevitable increases in costs to be worked into a forthcoming year's budget.

We have a general concern for residents of homes that close, whether for violations or for financial inability to meet the demands of the new regulations. Where do these residents go? If they are moved to a distant PCH that has room for them, their low-income families cannot afford to travel to visit them.

(76)

Original: 2294

THE ARBORS AT
VALENCIA WOODS

85 Charity Place
Valencia, PA 16059

January 17, 2005

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

To The Independent Regulatory Review Commission:

I am writing in regards to the Final Form 2600 Personal Care Home regulation changes. Our populations have changed since the origination of the current regulations and I agree that some of the regulations must change to reflect this. However, there are several proposed changes that are extremely concerning to me. I have previously submitted my comments to the Department of Public Welfare and other involved parties with the first draft of these regulations submitted for public comment. I was extremely disappointed and concerned that despite significant comments and objections to some of these regulations, very little changes were made with the Final Form. There are many regulations that have significant expense to implement and maintain them. In addition to being a Personal Care Home Administrator, I am also a nursing home administrator. There are several regulations being proposed here that are not even requirements in nursing homes where the resident require even more care. I would like to outline the most significant concerns I have about the Final Form regulations.

Page 12.
2600.16 Reportable incidents and conditions
(a) (1) I do not believe it is necessary to report all resident deaths. The first draft required that resident deaths to be reported if due to accident, abuse, neglect, homocide, suicide, malnutrition, dehydration or other unusual circumstances was appropriate. I recommend this regulation be changed to its first draft. What does the Department of Public Welfare plan to do with the information on a resident death NOT related to these factors? This reporting is just unneccessary. This is not even a requirement for resident deaths in nursing homes.

(13) Medication errors
The nature of significance of a medication error can vary tremendously. Requiring that every medication error be reported is extreme and I believe unnecessary. This is not even a requirement of nursing homes. I do believe it is appropriate to report medication errors IF there was an harmful, adverse reaction to the medication that required a physician directed plan of care for the error or resident required hospitalization.

p: 724.625.4000
i: www.stbarnabashealthsystem.com

Page 16.
2600.20 Resident Funds
(4) Most facilities have tight management on resident funds. Access to these funds is limited to key staff. Key staff that manage these funds are generally available during normal business hours. In order to meet the proposed regulation, numerous employees would have to have access to these funds. This is not a liability that I wish to take, nor, would I assume that other administrators would want to take. There needs to be some control on protection of resident funds. My recommendation is that funds are available within 72 hours of request and that $10 is available the same day during normal business hours.

Page 16.
(9) The homes should give the resident an annual written account of financial transactions on the resident's behalf. I believe that this should be changed to be at the request of the resident.

Page 16.
(12) (2) Resident funds should be disbursed during normal business hours within 24 hours of the resident's request. Again, our accounting department manages resident funds. They would not be able to disburse this money within 24 hours if the request of the resident occurred on a Friday or before or on a holiday. Very few businesses can process a request for funds within 24 hours of request. There is a process associated with this refund and only key people responsible. Those key people are not here 365 days a year. A different and more manageable time frame should be considered, perhaps 72 hours.

Page 20
2600.26 Quality Management
Quality Management programs are most usually found in Clinical models of care. Is this the direction that Personal Care homes are going in? From a social to a clinical model? While I do not have any significant objection to implementing a Quality Management program, I estimate the cost associated with managing a quality management program to be around $2,000 per year.

Page 23.
2600.42 Specific Rights.
Page 23
(d) A facility should be able to implement a new rule to protect the health and safety of the residents with less than a 30 day notice.

Page 25
2600.44 (e) and (f) Complaint procedures.
I believe this policy should be developed at the discretion of the facility. Currently, even nursing homes do not have a regulation requiring specific time frames for responding to a complaint. I believe the regulation should simply require that the facility have a complaint resolution policy and procedure and the facility be required to follow its policy.

Page 26
2600.53 Staff Titles and qualifications for administrators.
I agree that an administrator should have a minimum of a high school diploma or GED, but I believe the other requirements may be too high. Currently, there are many PCH administrators who do not meet those criteria.

Page 27
2600.54 Qualifications for direct care staff

(b) I agree that direct care staff under the age of 18 should not perform tasks related to medication administration. However, I strongly disagree with the regulation that would prevent a 16 or 17 year old from performing tasks related to incontinence care, bathing or dressing without supervision.

I have had several direct care staff under the age of 18 who were very good employees and very good care givers. Most of the time, I have at least one caregiver on my 3-11 shift under the age of 18. This is a very difficult shift to staff and eliminating anyone 18 will make this even harder. One can be a certified nursing assistant in a nursing home and be under the age of 18 and perform these tasks. Why would DPW want to adopt a regulation regarding direct care staff that is even more stringent than nursing homes where residents require even more care and services? I believe this requirement should be changed to the age of 16 and have no limitations on caring for a member of the opposite sex.

Likewise, I disagree that direct care staff should have a high school diploma or GED. Being that I believe we should be able to hire direct care staff under the age of 18, this requirement would have to be eliminated.

Page 27
2600.55 Exceptions for staff qualifications

This section is unclear to me. If an employee with ten years of experience takes a year off to care for elderly parents or have a baby and returns to work a year later at a different facility, they would be unable to work as a direct care employee of a Personal Care Home unless they met the criteria in 2600.54 (a)? If that is the case, I recommend this requirement be eliminated. If you are grand fathered, you are grand-fathered. There should not be restrictions with a break in employment.

Page 27
2600.56 Staffing

Does this mean that if an administrator is on vacation or for whatever reason, is not available at the home for 20 hours per week, there must be another qualified Personal Care Home administrator on the premise at least 20 hours per week? If this is the case, every home must have two qualified Personal Care Home administrators. This would be at considerable expense to the home. I believe this area needs further clarification and

consideration.

Page 29
2600.60 Additional Staffing.

(a) and (b). This regulation would require support plans to be very specific to how many hours a day of assistance each resident needs. This can change significantly from day to day depending on the resident and what the resident's needs are that day. I do not see how the Department is ever going to be able to consistently and fairly determine a staffing pattern for a facility based on these criteria. Even nursing homes have a flat requirement of direct care staff per patient per day. Nursing homes do not predetermine how many hours per day of care each individual resident needs and then determine their staffing pattern. The Department should stick with its current staffing requirements and make their determination if a facility is adequately meeting the needs of the residents through the survey process and any formal complaints received just as the Department of Health does with nursing homes.

Page 29
2600.61 Substitute Personnel
Many facilities use agency home health aides or certified nursing assistants on a temporary basis. These aides would not necessarily have the same exact training requirements as these regulations are requiring but that does not mean that they are not capable of providing care. My recommendation is to make an exemption for temporary staff and require that staff that will do direct, hands on care either be a nurse, certified nursing assistant or home health aide. Emergency procedures and resident rights should be reviewed with temporary employees. Require that if temporary help is being used for a consecutive period of 30 days or more, then the same training requirements would apply. If they are being used on an interim basis or less than a 30 day stretch of time, the training requirements would not be necessary if there was at least one other qualified and trained person in the facility with them.

Page 30
2600.64. Administrator Training and orientation

(11) Most personal care homes do not specifically serve clients with mental retardation. I do not believe this should be a mandatory requirement.

Page 31
(6) 24 hours of annual training is a considerable number of hours. This is what is required of Nursing Home Administrators who manage much more complex operations and care for much sicker residents. Twelve hours of training annual seems sufficient.

Page 31
(d) How is the Department going to go about approving training courses and providers?

Page 33
2600.65 Direct Care staff person training and orientation.
(a) (5) (b). It would be almost impossible to assure that all new direct care staff receives this training within 40 hours of their start date. A facility would virtually have to hire a person just to handle training and do nothing else in order to achieve this regulation. An administrator would have to do almost nothing else the week that a new hire starts except get this orientation and training completed within this time frame. I believe receiving this training within the first 30 days is sufficient and more realistic. My facility could not afford to hire an additional person just to handle inservice training for new direct care staff and I doubt most other personal care facilities could afford this either.

(a)(5) (d) This is one of the most concerning proposed regulations in the entire Chapter. Anyone managing a personal care home knows how difficult it is to recruit and keep direct care staff. It takes my facility anywhere from 6 weeks to 6 months to replace a direct care staff person depending on the shift. What the Department is proposing will make getting a person hired and on the job and able to care for residents even more difficult. Is the Department suggesting a program like nursing assistants must go through to work in nursing homes? Who will provide this training? Where will training classes be held? How often? I do not believe a state approved training program is necessary for providing the type of care provided in personal care facilities. Most homes successfully provide adequate and competent care without this training now. Requiring direct care staff to go to a state approved training program will be very expensive. This will inevitably drive up operating costs. Employees who have to go through an approved training program will undoubtedly demand higher pay. The cost associated with this training and higher wages will have to be passed back to the consumer. Can most consumers afford this? The answer is "No", they can not.

Requiring that this training be received and an exam passed before direct care staff can start providing direct care for residents will cripple this industry. If a facility loses a direct care staff member, a facility could be looking at several weeks or even months before a new employee is hired. Then they would have to go through all of this training before ever being able to start doing direct care. How is a home to survive and provide care during that time frame? The answer is simple. It will not be able to do so.

Page 34 and 35.
2600.65 Direct Care staff orienation and trainuing
(f) (2) through(7)
Who is expected to provide these inservices? There are many required topics that a typical personal care home does not usually face. Inservices such as reinforcing appropriate behaviors, conflict resolution, violence prevention, de-escalation techniques, alternative and techniques to identify depression, methods to diffuse potential emergency safety situation, are all rather complex topics. These topics are not even required of staff in nursing facilities.

Page 35

(1) Fire Safety Training
Nursing homes do not require that those providing training on fire safety be trained by a fire safety expert. Fire safety videos are used and facility policies are explained. Having to have an employee get trained by a fire safety expert is an expense. Who are considered "Fire safety experts"? Who defines what the training should entail? I believe this requirement should be eliminated. The use of fire safety videos and review of the facility's fire and emergency procedures by the administrator or designee should be sufficient.

Page 36
2600.66 Staff Training Plan

I agree and support a staff training plan that would allow for staff to obtain all required inservice topics throughout the year. However, what is being proposed is, again, exceeding requirements of nursing homes. The Department of Health does not even require at annual assessment of staff training needs, a mechanism to collect written feedback on completed training and an annual evaluation of the staff training plan. A competent administrator would do this on an informal basis and schedule inservicing accordingly. The addition of staff or staff hours to manage this program will result in increased operational cost that will inevitably be passed on the to the consumer in the way of higher monthly fees. I estimate the cost associated with meeting these requirements to be between $1,000 and $2,000 a year.

Page 44
2600.105 Laundry
While my specific facility can meet this regulation, there may be some personal care facilities, especially larger facilities, that use an external linen service to do personal laundry. If that is the case, the return of personal laundry within 24 hours will not be achieved.

Page 45.
2600.107 Emergency Preparedness
(a) This regulation assumes that local emergency management of fire officials would be willing to develop and approve these plans. I've had difficulty getting our local volunteer fire company to assist with supervising an annual drill. I would venture to guess that most personal care facilities are in municipalities that use volunteer fire and emergency management personnel. This being the case, it is questionable that a facility would get cooperation with their assistance with this matter. This is not even required of nursing homes.

(b) Again, who is going to be willing to do this? A fire safety expert may be willing to do this, for a fee, at the expense to the facility.

Page 48
2600.130 Smoke detectors and fire alarms

(a) There should be an operable smoke detector located within 15 feet of each bedroom door. My facility would not be in compliance with this regulation. The estimated cost to do this and tie it into our fire alarm system would be between $6,000 and $8,000.

(e) My facility does not have strobe lights on my fire alarms. To meet this requirement, I would virtually have to have strobe lighting on every alarm because a deaf resident could be living in any room of the facility. To have a strobe light in every bedroom would cost over $5,000. I've never even heard of individual signaling devices. Where would one get these and what is the cost? It is the staff's responsibility to see that a residents with an impairment get out of the building safely if they can not hear an alarm. I believe this is an extreme requirement.

Page 49
2600.132 Fire Drills
(d) I do not believe any competent fire safety expert is going to be willing to determine a specific time frame for evacuating a building. My facility is sprinklered and has fire doors. It would be very unlikely that we would ever have to totally evacuate all residents from the facility. Establishing a time frame for evacuation is arbitrary, difficult to determine and I would doubt any expert would want to take on the responsibility or liability of determining a time frame for evacuation. Nursing homes do not even have defined time frames for evacuating residents from the facility.

(j) Elevators may be used during an actual fire if the fire company determines that it is safe to do so.

(k) This regulation is unnecessary. Keep the regulation at once per month and leave it at that.

Page 59
2600.190 Medication Administration Training

I am in support of a defined training program for medications. What is not clear to me is how this training will be obtained. Can a facility submit its own program for approval? Will staff have to go to specific training sites for this program? What will the cost be? This training has to be such that it is readily available to staff who need it. There can not be any significant time delay in getting such training or facilities could be put in jeopardy of not having direct care staff trained to assist with medications.

Page 77
2600.268 Notice of Violations

(a) through (b)
The Department of Health requires nursing homes to post a copy of their deficiencies in an accessible area of the home. This way, any interested resident or family member can review this information. I believe this requirement should follow that process. I believe it is unnecessary and could cause undo alarm to residents and families to specifically see that each person receives personal notification. This regulation being proposed is more

stringent that what is required of nursing homes.

Something that is not addressed in these regulations is the development of a Plan of Correction for deficiencies. The current practice is for the administrator to write their Plan of Correction right at the time of exit before the surveyor leaves the facilities. These regulations have just made the operation of personal care homes much more complex. I believe many facilities will want to approach their plans of correction with careful thought, consideration and planning. This can not be done "under the gun" at the time of exit. Facilities should even have the right to review their deficiencies with legal counsel if they so chose prior to developing a plan of correction. I strongly recommend the regulations address this issue. Currently the Department of Health and Life Safety both allow for the Plan of Correction to be developed and submitted within 10 days of receipt of the deficiencies (pertaining to nursing homes). I believe this practice should be adopted.

I am requesting that the IRRC not review and approve these regulations in their current form and ask the Department of Public Welfare to listen to the concerns of the operators and managers and make realistic changes to the regulations. If the regulations were to be approved in the current form, they will have a serious negative financial and operational impact on most personal care facilities and would put smaller homes right out of business.

Sincerely,

Karen Russell

Karen Russell
Administrator

(69)

Original: 2294

1/9/05

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

RE: Proposed Regulations for Personal Care Homes
Chapter 2600. Personal Care Homes

Dear Sirs and Madam:

I am writing to you as an owner of a 40 bed Personal Care Home. All of my residents are disabled veterans and who most have a very fixed income. The impact of the regulations could be devastating to my residents. I would have to off set the costs of implementing these regulations on to my residents. If they could not afford my costs there is a very real possibility that many of my men would have to either go to a state nursing home. Then the cost would be paid by all of our tax dollars.

I understand that there is a need to make changes in the current regulations; however, I feel that once again the DPW has tried to go over board with regulations that will make my home no longer a home, but an institution. In reviewing the newest proposed regulations, it seems to me that the DPW did not take seriously the recommendations that you as a board made to them. I kept reading over and over that they chose not to address a regulation that you told them to fix.

I have enclosed comments on a few of the proposed regulations that I feel are too difficult to comply with and cost estimates where I could.

Please review these regulations and once again come to the conclusion that we are indeed a social model; a Home; and not a medical model. I agree that changes must be made, but I want to remain the Home that I am, so my residents can live in "their home" not some institution.

Thank you for your time.

Sincerely,

Linda Mueller R.N
Owner/Administrator
Colonial Gardens Guest House
121 Steppland Rd.
Butler, PA 16002

2600.25 Resident-home contract:

(2 The fee schedules will now have to be listed as actual charges for services. We contract out some of the services, such as Barber services. To list the actual price in the contract would not be doing justice to the contracted help- if the haircuts are listed on the contract as $15.00, we would have to give a 30 day notice to have this price changed and add an addendum to the contract. This would have to be done each time the barber changed his fees. This would cost me time to develop a new addendum, having the residents sign the addendum and/or I would have to hire a clerical employee whose job it would be to develop and monitor this additional paperwork. To hire a clerical employee would add between $12,000.00 and 15,000.00 per year in employment salary, insurance and taxes, which would then cause my rates for each resident to increase. As it is now my residents are low income people who cannot afford this additional cost.

(11) We must list the actual costs of food, shelter, and services and how, when and by whom the payment is to be made. To break out the room and board is difficult. We purchase food items monthly according to the menus. This means to me that if a resident refuses to eat a meal that we would be responsible for refunding this amount. This would bankrupt most homes. We all have residents who will refuse a meal or two, the food is purchased, and prepared for the number of residents we have. We cannot go back to the store with prepared foods asking for a refund if it is not all eaten.

Services are to be listed according to the support plan, we are a social model not a medical model as was reiterated by IRRC in the comments that they made on the proposed regulations. This is referring to us as a medical model- support plans equal care plans that are used in hospital and nursing home settings.

2600.42 Specific Rights

(x) A resident has the right to repayment by the home if the home fails to safeguard resident's money or property. Residents are responsible for their belonging. We are not always told what monies that the resident has on their person. Therefore this is opening a gamut that a resident may lie in order to receive undo compensation. It is the resident's right to privacy of his or her belongings.

2600.53 Qualifications and responsibilities of administrators

(a) (1-5) The administrator shall have one of the following qualifications: RN, LPN, NHA, or for an 8 bed or less high school diploma.

My home is a family home, my sister and nieces work with me, however if I or my sister is no longer the administrators, my nieces will not be able to run the business since they do not have an RN, LPN, Associates degree nor are the Nursing Home Administrators. The family home will go by the way side. Since my home is a low income home, we have all disabled veterans who are on fixed incomes; the home would have to be sold since the costs of hiring an RN would be more than what the home could afford. At this time RN's

can make $38.00 per hour in a hospital setting. LPN's can make upward of $20.00 per hour. I do not know many homes that can afford this expense.

This added educational requirement will also increase the operating costs since there is a great deal of turn over in administrative staff. As I said above R.N.'s are making more money in a hospital setting than what we can afford to pay and with the nursing shortage, nurses are hard to come by.

2600.54 Qualifications for direct care staff
(a) (2) Have a high school diploma or GED. The cost to find this out is $7.50 per person if you can find the school in which they graduated from. PCH's depending on the area can have a very high turn over in staff, this could prove to be very costly. In our area, we have many under educated people who can with the proper training do an excellent job in PCH's. A high school diploma does not necessarily guarantee that a person is qualified to do the job.

2600.56 Administrator staffing
Shall be present in the home an average of 20 hours or more per week. This is now saying that administrators cannot take vacations! There is no other business that requires the administrator, president or owner to be present 20 hours or more per week.

2600.64 Administrator training and orientation
(c) An administrator shall have at least 24 hours of training annually. This once again is more than the Nursing Home Administrators. They can get their education of 24 hours over 2 years. This is also more than is required by hospitals for their nursing staff. All the training is to be provided by Department approved training sources. At this time there are few if any approved Department training sources. If we are to take courses taught by an accredited college or university the costs would be very expensive. First we would have to have an employee as our designee paid in our place during the time we are not at the home, plus the cost of the college course. Most courses cost between $250.00 and $300.00 per 6 hours session. Add this to the cost of hiring the designee at a wage of $7.50 per hour times 6 adds another $50.00 (providing you can find someone to work for $7.50 per hour) on to the cost of the course. This of course does not include the cost of insurance or taxes. Low income home cannot afford to pay these costs for a one day course

2600.65 Direct care staff person training and orientation
(2) Successful completion and passing of Dept. approved direct care training course and passing of the competency test. This would all have to be done before the employee can work with the resident. This would entail us paying a regular staff member to do the work, and we then have to pay overtime while the new employee is taking and passing the tests. I find this to be an unrealistic requirement, we may have an employee who is tasked oriented and may not be able to pass a written test. So therefore we cannot hire them. In all reality with what we can afford to pay (those of us with lower income

residents) we are not going to get the most highly educated staff to make beds and to do laundry and change diapers.

(e) Annual training of 12 hours relating to their job, this is more than what is required in a hospital or nursing home. It would cost an employer to train an employee for 12 hours per year $12.00 per hour that includes salary and benefits. And there is a possibility of overtime to provide the coverage needed to care for the residents while staff is in training. So for a staff of 12 employees at $12.00 per hour times 12 not counting overtime we are looking at a minimum of $1800.00 per year added to our costs. CPR and 1st Aid are very important, but the average cost per class is $50.00 per employee.

I believe that training should be home specific, we cannot all be put into the same mold since we all have various specialties that we offer to our residents.

2600.66 Staff training plan
Shall be developed annually and include the dates, times, locations of scheduled training for the up coming year.
In taking courses myself, I usually do not know until several weeks before the class when one is offered. It is not possible to schedule the entire staff in all the courses they are to take a year in advance.
This is not even required in a hospital yet we are not being treated as the social model we are but as a medical model.

2600.68 Instructor approval
This entire section deals with the Department of Public Welfare approving and certifying instructors for training. In **no other industry does the state** have to give approval for instructors to teach. If the person who is doing the instructing has the educational background needed to teach a specific course then there should be no interference by the state. If the instructors must follow the protocol set forth in this regulation it would be cost prohibitive for us to be able to afford the costs of the courses.

2600.89 Water
(c) a home not connected to a public water system shall have a coliform water test done every 3 months. The department insists that this will cost just $30.00 every three months. However if you are a large home with more than 25 residents (including staff members) you must test for all the same byproducts as a large municipality must test for. I have enclosed a sheet listing just several of the testing that must be done for my home. This is not an all inclusive list since many of the tests are outsourced by the laboratory that I use and they bill me directly.

2600.122 Exits
All building shall have at least 2 independent and accessible exits from every floor. This will add costs to older homes that will then have to conform to all the **new** building codes **including upgrading the entire home** when they add these exits. I priced the cost

to replace a fire escape that is in use. I would now have to conform to the new fire and safety codes and no longer be grandfathered in. The cost to replace an existing fire escape was $25,000.00. Once again to whom can I off set these costs, the low income residents.

2600.132 Fire Drills
(d).....in writing by a fire safety expert that may not be an employee of the home. In the times we live in, I find it hard to believe that anyone would put into writing the time it should take to evacuate a building or areas in which they (the expert) feels is a safe haven during a fire. That would just open them up to possible law suits by families for residents who may be injured because of their recommendations.

2600.227 Development of support plan
A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home.....
This is used in hospitals for continuity of care, this follows the medical model and should not be used in a personal care home. This requires us to be responsible for the medical, dental, visual, hearing, mental health and other behavioral care services of the resident. What if the resident refuses all this? This is their home, not some institution where they are all treated the same. I know that support plans are to be individualized but the time to develop and to update these would take time away from our residents. So once again we are looking at time spent doing paperwork. As I said before if I have to hire a clerical person at $12,000.00 to $15,000.00 per year to do this extra paperwork, the costs are paid by our residents. I am NOT a nursing home, I offer a clean HOME for my residents to live.

Environmental
Laboratory
Services, Inc.

(724) 652-5770
1135 Butler Avenue - New Castle, PA 16101 FAX (724) 652-3814

October 12, 2004

To: Linda Mueller
Colonial Gardens

From: Marianne Whipkey
Environmental Laboratory Services

Linda,

These are the following prices for the analytical testing you requested.

Parameter	Cost
Haloacetic Acids	$ 180.00
Trihalomethanes	$ 100.00
Total Coliform	$ 20.00
Alpha/Excl. Radon & Uranium	$ 100.00
Lead/Copper (each sample)	$ 60.00
IOC's	$ 245.00
Nitrate/Nitrite	$ 30.00
20 Regulated VOC's	$ 185.00

If you have any further questions please feel free to call me.

Very truly yours,

Marianne Whipkey
Lab Manager

Original: 2294

The Bell of Hope
MENTAL HEALTH ASSOCIATION OF SOUTHEASTERN PENNSYLVANIA

December 15, 2004

Robert E. Nyce
Executive Director
Independent Regulatory Review Commission
333 Market St, 14th Floor
Harrisburg, PA 17101

Dear Mr. Nyce:

The Mental Health Association of SEPA is a non-profit organization dedicated to advocating for persons with mental illness. **We strongly urge the Independent Regulatory Review Commission to support the final form personal care home regulations released by the Department of Public Welfare on November 4, 2004 and vote that they move forward as written.**

The final form regulations are the result of **5 years** of discussion, negotiation, and compromise amongst providers, consumer advocates and Department staff about critical life safety and quality of life issues.

The Mental Health Association of SEPA is pleased that the final form regulations will mean a much-needed improvement in staff and administrator training for new hires, in needs assessment and individualized service delivery, and in fire safety. We are especially pleased that:

1) All homes will be inspected annually and that the inspections will be unannounced.
2) New homes will receive a full license instead of provisional (which gives the appearance of poor performance before the home has had any chance to perform) but be inspected within 3 month to insure that the home is performing well.
3) Homes will be required to prove actual correction of violations and not just simply submit a plan of correction before being relicensed and before fines will be lifted.
4) The department will use the statutorily permitted ban on new admissions as an enforcement tool and will issue provisional licenses to poor performing homes, even if they have corrected their violations.

1211 Chestnut Street, 11th Floor • Philadelphia, PA 19107 • 215.751.1800 • Fax: 215. 636.6300
Website: www.mhasp.org • Email: mha@mhasp.org

5) All deaths must be reported to the department and not just those that a self-preserving provider deems suspicious.
6) Existing waivers are not being grandfathered in perpetuity and that there will be annual review of any waivers granted.
7) Residents' f unds will be available within 24 hours of a resident's request and that residents will receive quarterly accountings of any funds held by their home.
8) A medication administration training component will be developed and required of any staff handling medications.
9) The regulations employ universal terminology of Activities of Daily Living and Instrumental Activities of Daily Living and make clear that ancillary staff are not permitted to assist with ADLs, and that Assistance with nail care, foot care, securing healthcare, skin care are included in the list of ADLS and IADLS.
10) The regulations set forth a list of some of the applicable laws, putting PCHs on notice of their legal responsibilities.
11) The regulations clarify that failure to provide contracted services is neglect.
12) The regulations clarify that residents can complain to any source, without having to exhaust internal options first, and that a shorter timeframe for homes to respond to complaints is established.

The Mental Health Association of SEPA believes, in fact, that the regulations should be even more stringent in certain areas – especially including administrator training and assessments - where the Department has eased requirements from the proposed regulations in response to provider cost concerns. We are very unhappy to see that:

1) All existing staff and administrators have been grandfathered into the qualification and training requirements. Too many deaths, injuries, and rights violations have resulted from untrained or poorly trained staff. While we were comfortable with the grandfathering of administrators and staff on the qualifications requirements, we are very concerned that existing administrators and staff will not even be required to pass the competency test demonstrating ability to care for residents and to understand and comply with the new regulations.
2) Assessments are to be completed 15 days from admission during which time consumers' needs may not be met, because not identified, and where the costs for their care are not revealed, because also not identified, to them until several weeks in to their stay. By the time they know what meeting their needs will cost, it will be far less practicable to return to where they were or leave for different setting.
3) Only 1 staff person, regardless of the size or census of a population is required to be trained in first aid and CPR. It is unthinkable that the department did not, at a minimum, alter their proposed regulation of having all staff trained in first aid and CPR to having a proportional amount of

training based on size and census. In this instance, persons in large homes are placed at risk of being too many floors and halls away from a person who knows how to administer life-saving CPR.

4) The administrator need only be present for an average of 20 of the 168 hours that comprise a week yet the designee they charge with running the place in their absence need not have any of the training the administrator has had. This is too far a step away from the proposed regulation that the administrator's designee have the same training. In essence, no measures are implemented to insure that the designee will know anything necessary to actually run the place in compliance with the regulations.
5) The resident's rent ne ed not be refunded until 30 days from the date they leave and take their last belonging. While the Elder Care Repayment Restitution Act speaks to refunds of rent after the death of a person over 60 happening within 30 days of the removal of their last belonging, the situation is much different for a live person who needs their refunded rent in order to move to another PCH.
6) Lastly, the final-form regulations eliminated the proposed requirement that reportable incidents include a situation in which "there are no staff **or inadequate staff** to supervise **or provide care in** the home " . Bold was our recommendation to improve this section. Instead, the entire section was removed.

There is no hiding that we believe the final-form regulations should go considerably farther than they do. Notwithstanding, we firmly believe that the final form regulations make essential strides towards improving and protecting the lives of personal care home residents. While the regulations do not do all that we had hoped, they represent meaningfully improvement to a system that has seen too many preventable tragedies in recent years. Additionally, we appreciate that all compromise involves conciliation and know that it would be impractical to have expected that all our recommendations would be included.

We have heard providers argue that the final form regulations will be too expensive for homes to comply with and survive. We are well aware of the cost concerns of providers. However, it is critical to note several things:

1) **The fire safety costs are vital to preventing the kinds of fires that have taken the lives of 55 personal care home residents over the last several years.** The majority of these fires and deaths could have been prevented by the fire safety measures in these regulations.
2) **The costs have been significantly reduced from the proposed regulations, in response to the cost concerns providers raised when the proposed regulations were released.** Limiting application of several regulations to only those homes with nine or more residents, eliminating most written policies and procedures requirements, and grand-fathering on staff training, qualifications, and some

physical site requirements in the proposed regulations were all done to reduce provider costs.

3) **Some of the larger one-time costs will result in improved standards and safety that will significantly reduce the providers' risk of liability and, consequently, their annual liability insurance costs.** Also, many of the costs are capital improvements for which tax deductions will be taken. We urge you to inquire of the provider industry as to what the net costs will be after all resulting deductions and cost-savings. We especially urge you to inquire of the provider industry as to what analysis they have undertaken to determine the overall impact safety and training improvements will have on their annual insurance premiums.

In conclusion, we again urge you to support the adoption of the final form personal care home regulations. These regulations shore up many of the gaps in the current system and provide protections for our vulnerable citizens, while balancing the needs of the personal care home industry.

Sincerely,

Joseph Rogers
President & Chief Executive Officer
Mental Health Association of SEPA

Original: 2294

Adams Personal Care Home

115 Old National Pike
Brownsville , Pa 15417

Phone 724-785-5258

December 6, 2004

We are contacting you about the final-form regulation, 55 Pa. Code Chapter 2600, Personal Care Homes. If these changes are approved by you, us and many other Personal Care Homes would be forced to out of business. The cost of changing the structure of the building , alarm systems, communication systems, sewage systems for our home alone would be at least if not more $18,000.00. This does not include the annual costs of staff training, inspections, and paper work. To be in compliance with all the new paper work and documentation we and other homes would have to hire a person just to take care of all of this which we cannot afford. All of our residents are private pay who most have a fixed income. It would be impossible for us to raise their rates to cover these extra costs.

A Personal Care Home provides a home atmosphere for people who need assistance with their daily needs. To force smaller homes to close by means of regulations is not fair to these people. If this were to happen they would be in large Corporate owned homes with a institution like atmosphere(if they can afford it)or return home which defeats the purpose of why we have Personal Care Homes in Pennsylvania. Someone who needs assistance with there daily need are much safer in Personal Care Homes that operate under the present regulations than being forced to return home and taking care of themselves.

Listed below are some of our main concerns but not all.

2600.64 Administrator training and orientation

Comment: These requirements for future administrators are too strict and in our opinion will hurt the industry as many people would not want to open a Personal Care Home.

2600.85 Sanitation.

(f) A home serving 9 or more residents that is not connected to a public sewer system there shall be a written sanitation approval for its sewage system by the sewage enforcement official of the municipality in which the home is located.

Comment: Our Personal Care Home and many others are located in a rural area that do not have a public sewer system. We have a septic system which is in good operating condition and was approved by the zoning board when we opened our home which was 19 years ago. If it were to be inspected now we may have to install a sand mound system which would cost on an average of $12,000.00 to $15,000.00. The DPW should not be concerned with this since this is enforced by the local authorities.

2600.101 Residents Bedrooms

(e) Ceiling height in each bedroom shall be an average of at least 7 feet.

Comment: We have an older building which the ceiling height on our second floor is 6feet 10 inches. We would have to close this floor and lose 8 beds which would drop our capacity from 20 beds to 12.

These are some of our concerns but not all the proposed changes in the regulations in our and many other owners of Personal Care Homes opinions are not necessary . Under the current regulations homes offer a safe and home style atmosphere. If these new regulations were to go through a Personal Care Home would have no choice but to provide a high cost institutional atmosphere for its residents.

I'm sure there are homes now operating that are a problem. Don't punish the good homes because of the bad homes have the DPW enforce the current regulations.

We have a 20 bed facility which has been in operation for 20 years. We are noted for giving a excellent care and a clean safe environment.

Thank You
Sam and Sandy Adams

(61)

Original: 2294

COALITION FOR PERSONAL CARE HOME REFORM

~THE ADVOCACY ALLIANCE~
~THE ARC OF PENNSYLVANIA~
~ CENTER FOR ADVOCACY FOR THE RIGHTS AND INTERESTS OF THE ELDERLY ~
~ CONSUMER HEALTH COALITION ~
~ DISABILITIES LAW PROJECT~
~ ELDERLY LAW PROJECT OF COMMUNITY LEGAL SERVICES~
~ THE HOMELESS ADVOCACY PROJECT ~
~ MENTAL HEALTH ASSOCIATION OF ALLEGHENY COUNTY ~
~ MENTAL HEALTH ASSOCIATION OF FAYETTE COUNTY ~
~ MENTAL HEALTH ASSOCIATION OF FRANKLIN & FULTON COUNTIES ~
~ MENTAL HEALTH ASSOCIATION OF LANCASTER COUNTY ~
~ MENTAL HEALTH ASSOCIATION IN PA~
~ MENTAL HEALTH ASSOCIATION OF SE PA~
~PENNSYLVANIA HEALTH LAW PROJECT~
~PA MENTAL HEALTH CONSUMERS ASSOCIATION~
~PENNSYLVANIA PROTECTION AND ADVOCACY~
~ PENNSYLVANIA VA MEDICAL CENTER – BEHAVIORAL HEALTH ~
~ UNITED CEREBRAL PALSY OF PENNSYLVANIA ~
~ UNITED WAY OF SOUTHEASTERN PENNSYLVANIA ~

December 14, 2004

Robert E. Nyce
Executive Director
Independent Regulatory Review Commission
333 Market St, 14th Floor
Harrisburg, PA 17101

Dear Mr. Nyce:

The Coalition for Personal Care Home Reform is a coalition of organizations that represent consumers who reside in the Commonwealth's personal care homes. **We strongly urge the Independent Regulatory Review Commission to support the final form personal care home regulations released by the Department of Public Welfare on November 4, 2004 and vote that they move forward as written.**

The final form regulations are the result of **5 years** of discussion, negotiation, and compromise amongst providers, consumer advocates and Department staff about critical life safety and quality of life issues.

The Coalition for Personal Care Home Reform is pleased that the final form regulations will mean a much-needed improvement in staff and administrator training for new hires, in needs assessment and individualized service delivery, and in fire safety. We are especially pleased that:

1) All homes will be inspected annually and that the inspections will be unannounced.
2) New homes will receive a full license instead of provisional (which gives the appearance of poor performance before the home has had any chance to perform) but be inspected within 3 month to insure that the home is performing well.
3) Homes will be required to prove actual correction of violations and not just simply submit a plan of correction before being relicensed and before fines will be lifted.
4) The department will use the statutorily permitted ban on new admissions as an enforcement tool and will issue provisional licenses to poor performing homes, even if they have corrected their violations.
5) All deaths must be reported to the department and not just those that a self-preserving provider deems suspicious.
6) Existing waivers are not being grandfathered in perpetuity and that there will be annual review of any waivers granted.
7) Residents funds will be available within 24 hours of a resident's request and that residents will receive quarterly accountings of any funds held by their home.
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9) The regulations employ universal terminology of Activities of Daily Living and Instrumental Activities of Daily Living and make clear that ancillary staff are not permitted to assist with ADLs, and that Assistance with nail care, foot care, securing healthcare, skin care are included in the list of ADLS and IADLS.
10) The regulations set forth a list of some of the applicable laws, putting PCHs on notice of their legal responsibilities.
11) The regulations clarify that failure to provide contracted services is neglect.
12) The regulations clarify that residents can complain to any source, without having to exhaust internal options first, and that a shorter timeframe for homes to respond to complaints is established.

The Coalition for Personal Care Home Reform believes, in fact, that the regulations should be even more stringent in certain areas – especially including administrator training and assessments - where the Department has eased requirements from the proposed regulations in response to provider cost concerns. We are very unhappy to see that:

1) All existing staff and administrators have been grandfathered into the qualification and training requirements. Too many deaths, injuries, and rights violations have resulted from untrained or poorly trained staff. While we were comfortable with the grandfathering of administrators and staff on the qualifications requirements, we are very concerned that existing

administrators and staff will not even be required to pass the competency test demonstrating ability to care for residents and to understand and comply with the new regulations.

2) Assessments are to be completed 15 days from admission during which time consumers' needs may not be met, because not identified, and where the costs for their care are not revealed, because also not identified, to them until several weeks in to their stay. By the time they know what meeting their needs will cost, it will be far less practicable to return to where they were or leave for different setting.

3) Only 1 staff person, regardless of the size or census of a population is required to be trained in first aid and CPR. It is unthinkable that the department did not, at a minimum, alter their proposed regulation of having all staff trained in first aid and CPR to having a proportional amount training based on size and census. In this instance, persons in large homes are placed at risk of being too many floors and halls away from a person who knows how to administer life-saving CPR.

4) The administrator need only be present for an average of 20 of the 168 hours that comprise a week yet the designee they charge with running the place in their absence need not have any of the training the administrator has had. This is too far a step away from the proposed regulation that the administrator's designee have the same training. In essence, no measures are implemented to insure that the designee will know anything necessary to actually run the place in compliance with the regulations.

5) The resident's rent need not be refunded until 30 days from the date they leave and take their last belonging. While the Elder Care Repayment Restitution Act speaks to refunds of rent after the death of a person over 60 happening within 30 days of the removal of their last belonging, the situation is much different for a live person who needs their refunded rent in order to move to another PCH.

6) Lastly, the final-form regulations eliminated the proposed requirement that reportable incidents include a situation in which "there are no staff **or inadequate staff** to supervise **or provide care in** the home". Bold was our recommendation to improve this section. Instead, the entire section was removed.

There is no hiding that we believe the final-form regulations should go considerably farther than they do. In fact, our Coalition submitted 44 pages of comments on how the proposed regulations should be improved to provide greater protections of and provisions for health, safety, and well-being. Only about 20% of our recommended improvements were actually incorporated into the final-form regulations.

Notwithstanding, we firmly believe that the final form regulations make essential strides towards improving and protecting the lives of personal care home residents. While the regulations do not do all that we had hoped, they represent meaningfully improvement to a system that has seen too many preventable tragedies in recent years. Additionally, we appreciate that all compromise involves conciliation and know that it would be impractical to have expected that all our recommendations would be included.

We have heard providers argue that the final form regulations will be too expensive for homes to comply with and survive. We are well aware of the cost concerns of providers. However, it is critical to note several things:

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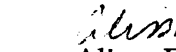
2) **The costs have been significantly reduced from the proposed regulations, in response to the cost concerns providers raised when the proposed regulations were released.** Limiting application of several regulations to only those homes with nine or more residents, eliminating most written policies and procedures requirements, and grand-fathering on staff training, qualifications, and some physical site requirements in the proposed regulations were all done to reduce provider costs.
3) **Some of the larger one-time costs will result in improved standards and safety that will significantly reduce the providers' risk of liability and, consequently, their annual liability insurance costs.** Also, many of the costs are capital improvements for which tax deductions will be taken. We urge you to inquire of the provider industry as to what the net costs will be after all resulting deductions and cost-savings. We especially urge you to inquire of the provider industry as to what analysis they have undertaken to determine the overall impact safety and training improvements will have on their annual insurance premiums.

In conclusion, we again urge you to support the adoption of the final form personal care home regulations. These regulations shore up many of the gaps in the current system and provide protections for our vulnerable citizens, while balancing the needs of the personal care home industry.

Sincerely,



Alissa Eden Halperin
Managing Attorney -
Pennsylvania Health Law Project
On behalf of the Coalition for
Personal Care Home Reform

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

Original: 2294
IRRC email rec'd: 12-3-04

RECEIVED
2004 DEC -7 AM 8:45
INDEPENDENT REGULATORY REVIEW COMMISSION

Easy Living
ESTATES AND MANAGEMENT CORPORATION
PERSONAL CARE & ASSISTED LIVING

CORPORATE OFFICE
One Corporate Drive
Hunker, PA 15639
724-755-1070
Fax 724-755-0615

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

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

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

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

December 3, 2004

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

Dear Executive Director,

Enclosed you will find the hard copy of what I emailed to you on December 2, 2004. I performed Technical and Financial Review of Title 55. Public Welfare, Chapter 2600: Personal Care Homes. This copy is not in its final form and I apologize but due to the fact that the DPW placed in your hands on the last possible day, November 4, 2004 and they neglected to publish the final form on the internet for the public, and that they did not mail it to stakeholders and other interested parties unless requested, time for completion for this study was restricted.

I am finishing the summary of this study and making final notations. You and fellow members of the IRRC will receive the final copy shortly.

Feel free to contact me with comments or questions.

Thank you,

Istvan "Steve" Upor
Easy Living Estates
1 Corporate Drive
Hunker, PA 15639
724-755-1070 (phone)
724-755-1070 (fax)

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

(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 oversite 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
By:
Istvan "Steve" Upor
Easy Living Estates
1 Corporate Drive
Hunker, PA 15639
724-755-1070 (P)
724-755-0615 (F)
easylivingestates@mail.com
www.easylivingestates.com

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

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
There are 18 more documents that need to 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 **$10,701.00 per facility**

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

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	**$307.50**	**/person 15th day**
Medical Evaluation	**$307.50**	**person 30th day**

2600.23 "ACTIVITIES"

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

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

ADL's & IADL's on assessment and support plan at admission **$286.00 each time**

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

Change ADL's and IADL's in contract **$143.00 each time**

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

2600.24 "PERSONAL HYGIENE"

2600.25 "RESIDENT-HOME CONTRACT"

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

Doing this on weekends and holidays is unattainable. "Explain its contents to the resident" The word explain is unattainable with a Dementia Patient. It may have costly legal implications.
Cost: Having a Administrator coming in to work on the weekends and the holidays = 30,000.00 year/ facility

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

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

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

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

If these 3 documents are part of the contract, then each time any of the 3 documents change the contract must be changed, re-agreed, and signed.
Cost : Change contract with resident, designated person, and payer. Each time 5 hours x $20.50/hr = $102.50

Change Contract **$102.50 each time**

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 **$307.50 each time**

If a resident wishes to add or delete a service: $307.50 each time
If a facility wishes to add a new service or delete any services not necessary - $307.50
This one requirement at Easy Living of Somerset, which is a 30 resident Facility will cost:
$307.50 x 30 = **$9,225.00** minimum a month, assuming but un-likely to only have one change per month.

Support plan & assessment as part of contract at EL Somerset **$9,225.00 per month**

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

30 days advance notice with, Annual Assessment
30 days advance notice with, Medical Evaluation
30 days advance notice with, Support plan change

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

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

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

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

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

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

Is placement considered a service?

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

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

2600.26 "QUALITY MANAGEMENT"

2600.26 (a) "The home shall establish and implement a quality management plan."
2600.26 (b) "...periodic review and evaluation of the following."
Reportable incident
Complaint procedures
Staff training
Licensing Violations and plans of correction, if applicable
Resident and family councils or both.
Say "four times" as nursing homes at 5 hrs each time to identify and develop improvement plans.
The administrator and employee must be present.
Cost of Administrator: $20.50/hr.
Cost of Employee: $8.96/hr.
Total Cost: $29.46/hr. X 5 hrs. = $147.30
Four times a year 4 X $147.30 = $589.20 per year.

Periodic review **$589.20 per year**

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	**$75.00 each time**
To Store furniture	**$2.00 per day**
To replace or clean carpet crushed or soiled	**$350.00 each time**

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

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

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

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

2600.43 "PROHIBITION AGAINST DEPRIVATION OF RIGHTS"

2600.44 "Complaint Procedures"

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

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

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

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

2600.45 - 2600.52 omitted

2600.51 "CRIMINAL HISTORY CHECKS."

2600.52 "STAFF HIRING, RETENTION AND UTILIZATION"

2600.53 "QUALIFICATIONS AND RESPONSIBILITIES OF ADMINISTRATORS"

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

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

Additional cost per year at each PCH **$15,000.00 per yr**
Qualifications of administrator **$25,500,000.00 /yr in PA**

2600.54 "QUALIFICATIONS FOR DIRECT CARE STAFF PERSONS"

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

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

If we in your point of view need to raise the caregivers proverbial education level, to a graduate degree you will see the cost below.
Current minimum of $5.50 should be raised to at least to $7.50 as is in nursing homes. Additional cost to PA. 53,000 residents X 1 hr/day X 365 Days X $2.00/hr = $38,690,000.00

Direct Care Staff Qualifications **$38,690,000.00 /yr in PA**
plus 10% for Immobile Direct Care Staff Qualifications **$3,869,000.00 /yr in PA**

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

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

2600.55 "EXCEPTIONS FOR STAFF QUALIFICATIONS"

2600.56 "ADMINISTRATOR STAFFING"

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

Easy living has 3 facilities and a management company. I spend most of my time at the management company. My assistant administrator spends her time at each facility. If 2600 succeeds it means I need one additional administrator in spite that Easy Living 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
Dental: $225.00
Equals = $74,492.00/year. This will add to my yearly operating cost.

Additional Administrator **$74,492.00 per year**

2600.57 "Direct Care Staffing "

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

Since every elderly person has "mobility needs" it opens the door to double the required labor hours. Current definition is "immobile." This
has the potential to cost in PA, 53,000 residents x 365 days x $8.98 = $173,718,100.00

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

Labor cost :$6.50/ hr
Tax 32% :$2.08/hr
WC $4.67/100: .40 =$8.98

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

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

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 X 365 X 30 = $98,331.00 at Easy Living Somerset
For details see 2600.57

Cost of one hour extra care statewide (see 2600.57)	**$173,718,100.00 statewide**
Two hours extra care	**$347,436,200.00 statewide**
Three hours extra care	**$521,154,300.00 statewide**
Three and a half hours extra care	**$608,013,350.00 statewide**

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

2600.61 "SUBSTITUTE PERSONNEL"

2600.62 "LIST OF STAFF PERSONS"

2600.63 "FIRST AID, CPR AND OBSTRUCTED AIRWAY TRAINING"

2600.64 "ADMINISTRATOR TRAINING AND ORIENTATION"

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

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

Orientation Program	**$1,022.80 each time**

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 =	**$500.00 each time**
At Westmoreland County Community College (WCCC)	
Material: Approx. $1.00/hour =	**$100.00 each time**
100 Hour Wages: Minimum $12.00/hr. = $1200	**$1,200.00 each time**
Tax: 32% or $3.84/hr.=	**$384.00 each time**
Workers Compensation: $4.67/100=	**$56.00 each time**
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 =	**$829.00 each time**
Transportation: 100 miles x 25 x $.32/mi =	**$800.00 each time**
Wages to Replace: $8.30 x 150 =	**$1,245.00 each time**
100 Hour Standardized Training	**$5,114.00 each time**
Average Cost per Class	***$51.14/ hr ****

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

The average failing rate in the college what I attend currently is 50%
1. Therefore the cost will double.
2. Some will retake it.
3. Most will give up.

Competency testing	**$2,557.00**

Discourse about the Test:
Currently I am taking Philosophy at WCCC.
A Passing grade is 70%
The class average is 66%
Therefore 50% as a minimum will fail, or will retake class, retake test, or will drop out.
(Not addressed in Regulation.)
Cost of Test 8 Hrs. X $51.14 = $409.12

Cost of Competency Test	**$409.12**

We should safely conclude:

2600.64 (a) (1) Orientation Program	**$1,022.80 each time**
2600.64 (a) (2) 100 Hour Standardized Training	**$5,114.00 each time**
2600.64 (a) (3) Competency Test	**$2,557.00 each time**
Cost of Test	**$409.12 each time**
Administrator Training	**$9,102.92 each time**

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

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

Using the same per hr * cost rate of $51.14
Note: I have been an administrator since 1993, have taken 6 hrs. per year. By now I have taken all available approved courses. It seems to me 24 hrs. annual training is an overkill.
24 X $51.14 = $1,227.36 Administrator yearly training cost

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

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

Each course 4 hrs.= 6 times
To and from 2 hrs per class = 12 hrs.
12 X $16.58 = $198.96

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

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

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

2600.65 "DIRECT CARE STAFF PERSON TRAINING AND ORIENTATION

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

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

2600.65 (a) (1) continued
A Minimum of 4 hrs. training, with the aide of Administrator
Employee Cost: $6.00/ hr.
Administrator Trainer: $15.00/hr
Total: $21.00/ hr.
Tax: 32% : $6.72/hr
WC: $4.67/100: $.98
Total Cost per Hour: $21+6.72+.98=$28.70
Cost of pre-employment training $28.70 X 4 hrs. = $114.80

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

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

Pre-employment training at Easy Living Estates of Somerset **$3,444.00 per year**

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

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

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

Ancillary staff also will need Direct Care staff training, since they may need to act as substitute personal.
Specific job function training is 16 hrs.
16 X $28.60 = $459.20

Specific job function training **$459.20 each time**
Plus Direct Care Staff Training **$1,148.00 each time**

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 **$3,444.00**

$1148.00 X 30 = $34,440.00 per year

Training New Hires in Easy Living of Somerset for 1 year. **$34,440.00 per year**
5 Employee specific job functions **$2,296.00 per year**

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 **$344.40 per year**

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 **$3,788.40 per year**

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

Overtime rate required for Direct Care Staff Annual Training at Easy Living of Somerset **$1,894.20 per year**

Total Cost of Direct Care Staff Annual Training at Easy Living of Somerset **$5,682.60 per year**

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

$440.00 per class

Fire safety training **$440.00 each time**

2600.66 "STAFF TRAINING PLAN"

There is no major cost involved, it is only impractical since there is no curriculum, text book or recordings.
How will you determine a year prior who will teach what subject and when?
Currently you offer subjects what the administrator deems worthwhile, as an instructor becomes available.
Mostly from Home Health Care Groups. You will be selective since employees must be paid for their overtime.
If this monstrosity called Regulation 2600 would be permitted to survive, it proposes to send each employee to a specific training class. We are located in the country, it will take several hours to locate a school site with this type of training to be offered. No employee can ever be convinced to drive to the city.
Transportation: To and from 3 trips X 150 miles X $ 0.32/mi = $144.00

Transportation to and from class **$144.00 each staff**

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

Cost of classes **$177.20 each class**

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

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 **$25,000.00 per year**

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

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

2600.82 "POISONS"

2600.83 "TEMPERATURE"

2600.84 "HEAT SOURCES"

2600.85 "SANITATION"

2600.85 (d)& (e) "...prevent the penetration of insect or rodents... "
Only gasket type airtight containers will do that. It is not attainable to open and close, it is too burdensome.

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

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

2600.86 "VENTILATION"

2600.87 "LIGHTING"

2600.88 "SURFACES"

2600.89 "WATER"

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

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

Water temperature **$800.00 each time**

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** **$5,000.00 one time**

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

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

If water is contaminated **$500.00 each time**

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

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

2600.90 "COMMUNICATION SYSTEM"

"The Department estimates the cost will be between $20.00 to a $100.00."
Two number four cans with an appropriate length of string connecting the two will cost $20.00.
The building should have a working telephone as a minimum. Many have interconnecting fire alarm to 911 system, with manual pull station. The problem is the cost of internal communication.
Less than $100.00 walkie-talkies are not for continuous use. We at our facility have it. You need a walkie-talkie for each employee, including cook, housekeeper, maintenance, aide, med-aide, administrator, and manager. If it is new it will hold the battery charge not more than 8 hours. Therefore you need at least two sets, preferably one for each employee. The attrition rate is about 6 months. Therefore we will need, at a minimum.
At Least: 8 units X 2 Shifts X 2 per year = 32
As a minimum - 32 X $100 (Battery or charger unit.) = $3,200.00

Walkie-Talkie communication system **$3,200.00 per year**

Note:
It will be the job of the administrator to check employees to verify that the unit is being worn and that they are operational.
3 Shifts X Check once a week X 1 hr. X $20.50 = $3198.00/year

Check on communication system **$3,198.00 per year**

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

2600.91 "EMERGENCY TELEPHONE NUMBERS"

2600.92 "WINDOWS AND SCREENS"

2600.93 "HANDRAILS AND RAILINGS"

2600.94 "LANDINGS AND STAIRS"

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

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

2600.95 "FURNITURE AND EQUIPMENT

2600.96 "FIRST AID KIT"

2600.97 "ELEVATORS AND STAIR GLIDES"

2600.98 "INDOOR ACTIVITY SPACE"

2600.99 "RECREATION SPACE"

2600.100 "EXTERIOR CONDITIONS"

2600.101 "RESIDENT BEDROOMS"

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

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

Bedroom mobility requirements **$1,600.00 per resident**

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

Toiletry items per year **$204.00 /yr/person**

2600.103 "FOOD SERVICE"

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

Isn't it too excessive to sanitize each cabinet, after breakfast, lunch, and dinner.
At a minimum of 2 hrs. X $8.96/hr X 3/day X 365 = $19,666.00

Sanitizing after each meal **$19,666.00 per year**

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 **$18,155.00 per year**

2600.106 "SWIMMING AREAS"

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

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

2600.107 "EMERGENCY PREPAREDNESS"

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

8 hours X $20.50 = **$164.00 each time**

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

28 hrs. X $20.50 = **$574.00 each time**

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

28 hrs. X $20.50 = **$574.00 each time**

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

2 hrs. X $20.50 = $41.00 each time

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

1 hr X $20.50 = $20.50 each time

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

56 hrs X $20.50 = $1,148.00 each time

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

Water = spring & lake electricity = generator = $3,500.00
Gas = oil = tank and furnace = $7,500.00 each time

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

$10.00 X 3 Days X 30 residents = $900.00 once

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

each time

12 hrs. X $20.50 = $246.00 each time

Total cost of emergency preparedness $14,667.50

2600.108 "FIREARMS AND WEAPONS"

2600.109 "PETS"

Liability issues.

2600.110 2600.120 omitted

2600.121 "UNOBSTRUCTED EGRESS"

2600.122 "EXITS"

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

Exists other than Labor and Industry required is an overkill.
A blanket statement like this is absurd especially on a small floor or for a basement where there is not a resident
It will cost $5,000.00/floor

Exits **$5,000.00 per floor**

2600.123 "EMERGENCY EVACUATION"

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

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

$800.00 per year

2600.124 "NOTIFICATION OF LOCAL FIRE OFFICIALS"

2600.125 "FLAMMABLE AND COMBUSTIBLE MATERIALS"

2600.126 "FURNACES"

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

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

2600.127 "SPACE HEATERS"

2600.127(a) "Portable space heaters are prohibited"

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

2600.128 "SUPPLEMENTAL HEATING SOURCES"

2600.129 "FIREPLACES"

2600.130 "SMOKE DETECTORS AND FIRE ALARMS

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

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

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

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

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

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

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

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

Smoke Detector testing at Somerset per month	**$365.40 per month**
Inspection of the fire alarm system	**$414.75 per month**
TC Alarm (charge on the bill)	**$21.00 per month**
Cost to test alarm and smoke detectors	**$801.15 per month**

12 X $801.15 = $9613.80 per year.

Smoke Detector testing per year.	**$9,613.80 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	**$40,000.00 once**
Monitoring system	**$300.00 per year**

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

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

2600.131 "FIRE EXTINGUISHERS"

2600.132 "FIRE DRILLS

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

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

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

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..."

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

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

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

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

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

2600.133 "EXIT SIGNS"

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

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

2600.134 - 2600.140 omitted

2600.141 "RESIDENT EVALUATION AND HEALTH CARE

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

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

The cost difference between a PCH med-aide and a medically licensed aide.
Current Aide salary: $6.00/hr
Licensed Aide for medication: $8.00/hr
Additional Cost: $2.00/hr
Tax 32%: $0.64
Worker's Compensation: $4.67/100: $0.09
Total additional cost $2.73
$2.73 X 24/hr X (53,000:16) X 365 = $79,231,025.00

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

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

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 **$65,190,000.00 per year**

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

2600.142 "ASSISTANCE WITH HEALTH CARE"

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

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

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

Cost: 5 sets of documents

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

Assistance with health care **$37,412.00 each time**

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

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

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

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

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

Additional Assistance with health care **$82.00 each time**

2600.143 "EMERGENCY MEDICAL PLAN"

2600.144 "USE OF TOBACCO"

2600.145 "SUPERVISED CARE"

2600.146 - 2600.160 omitted

2600.161 "NUTRITIONAL ADEQUACY"

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

To meet special needs means that each PCH must have a dietitian.
Cost: $35,000.00
Tax 32%: $4,200.00
WC $4.67/100: $1634.00

Cost of a Dietitian (special Dietary needs) **$47,834.00 per year**

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

It is impossible unless you have a specially trained employee.

2600.162 "MEALS"

2600.163 "PERSONAL HYGIENE FOR FOOD SERVICE WORKERS"

2600.164 "WITHHOLDING OR FORCING OF FOOD PROHIBITED"

2600.165 -2600.170 omitted

2600.171 "TRANSPORTATION"

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

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

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

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

$20 X 1.5 hrs. X 2 staff = $60.00
$0.32 X 10 miles = $3.20

Transportion to Doctor **$63.20 each time**

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 proved medication administration services..."

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

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

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

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

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

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

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

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

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

Medication administration trained staff:
Hourly wage: $8.00
Tax 32%: $2.56
WC $4.67/100: $0.49
$8.00 + $2.56 + $0.49 = $11.05
Total cost in PA. = 53,000 X 365 X $11.05 ÷2 (because it is 1/2 hour)

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

2600.183 "STORAGE AND DISPOSAL OF MEDICATIONS AND MEDICAL

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"

2600.190 "MEDICATION ADMINISTRATION TRAINING

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

8 hrs X $28.70/hr =		**$229.60**
100 miles travel $0.32 =		**$32.00**
Travel time 3 hrs. =		**$33.15**
Overtime =		**$60.77**
	Total for each med-aide	**$355.52**
	6 med-aides/yr X $355.00 in Easy Living Somerset	**$2,133.12**

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	**$861.00**

2600.192 - 2600.200 omitted

2600.201 "SAFE MANAGEMENT TECHNIQUES"

2600.202 "PROHIBITIONS"

2600.203 - 2600.220 omitted

2600.221 "ACTIVITIES PROGRAM"

2600.222 "COMMUNITY SOCIAL SERVICES"

2600.223 "DESCRIPTION OF SERVICES

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

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

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

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

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

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

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

2600.224 "PREADMISSION SCREENING TOOL"

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 **$61.50 per resident**

Extra caretaker cost:
53,000 X $8.96 X 365 = $173,331,200.00

Extra caretaker cost: **$17,331,200.00 per year**

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	**$102.50** each time
Change to be transferred to assessment and contract	**$307.50** each time

Note:

Every year at Easy Living Estates the residents go to a nice restraurant 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."

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"

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 "REVOCATION OR NONRENEWABLE OF LICENSES"

2600.266 (a) "...will temporarly 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

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