Original; 2294

October 21, 2002

Office of Licensing and Regulatory Management
Department of Public Welfare
PO Box 2675
Harrisburg, PA 17105

CC: IRRC
% Robert Nyc, Executive Director
333 Market Street, 14th Floor
Harrisburg, PA 17101

To Whom It May Concern;

I am the assistant administrator of a nonprofit, licensed personal care facility in Northeastern PA. We are have a licensed capacity of 43 residents, but in actuality, our census is based on 29 due to room structure, layout, etc. We were founded to provide low cost housing to the elderly and as a mission of the First Baptist Church in our town.

The pending proposed regulations have me very concerned. First of all in our small, rural area, adequate staff persons are hard to come by. We cannot afford to pay a high wage to these people, and they frequently seek employment in larger facilities with benefits. The training requirements alone will discourage many qualified applicants.

The staff training requirements as outlined are very cost prohibitive and overly comprehensive for what the staff actually performs. In our Home the day to day personal care staff will never be doing intake assessments and care plans. That is solely the job of the Administrator and myself.

I agree with at least 6 hours of yearly training for the staff, and in fact, that is appropriate. But 24 hours is excessive, and very expensive. They will spend more time in training than in actually working. To say nothing of the cost of providing all this training and the coverage needed while staff is training. The individual training plan is redundant. All of our staff is trained in the same way, to do the same thing. We don't tailor our job duties to the individual. If they cannot perform the job, they cannot work here.

I also feel that 24 hours is overly excessive for the Administrative positions. When you are employed day to day with these elderly people, you are constantly learning and utilizing all of the Administrator initial training. 12 hours is more than sufficient to keep up with training requirements.

Secondly, the inclusion of detailed assessments and "support" plans make the personal care home appear to be on nursing home level. Not the resident's home, but a management facility complete with mountains of annual paperwork. We aren't "managing" residents, we are providing them a loving HOME. It is completely within their right to live anywhere they choose and can afford. You are making our home an unattractive alternative with all of these plans and assessments.

Thank you for your consideration to these comments,

Sincerely,
Melissa Hazelton
Melissa Hazelton
Assistant Administrator
Wellsboro Shared Homes, Inc.

Original: 2294

Green Hills Manor
10 Tranquility Lane
Reading, PA 19607

October 21, 2002

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

Dear Mr. Robert Nyce:

After reviewing the proposed Chapter 2600 PCH Regulations I have the following comments and/or concerns.

2600.17 Confidentiality of records

Should be clarified, since it does not include personal care staff as persons allowed to see resident's record.

2600.20 Resident funds

Needs clarification as to who the administrator should surrender the resident's valuables to, in the event of death, when the resident has no living relatives.

2600.26 Resident/home contract; information on resident rights

The cost of developing and printing new individualized home contracts outweighs the benefit, especially since the need for an individualized home contract has not been evident. Individualized agreement implies that every time there is a change in services provided, a revision needs to be made, creating a need for an addendum to the agreement and an adjustment in the rent. This leads to an unnecessary waste of time and cost. The existing DPW developed contract serves its purpose and has not become outdated. Incorporating this regulation would be the equivalent to each personal care home requesting an individualized set of regulations.

2600.42 Specific Rights

There should be more reasons listed giving a PCH the right to terminate an agreement. The PCH should be able to terminate an agreement in situations where the resident will not respect the rights and dignity of staff and other residents, whether it is by abuse, stealing, or not abiding by the home rules.

It is unrealistic and unfair to assume that a PCH is aware of the residents who need clothing or if their clothing is in disrepair. Unlike a nursing home, the care staff in a PCH is not always aware of what is in a resident's closet or drawers.

PCHs are not medical facilities and have no control over the prescribing of medication.

PCHs should not be responsible for any money that the resident chooses to keep in their room.

2600.53 Staff titles and qualifications for direct care staff.

It is becoming more and more difficult to staff for kitchen help in a PCH. By raising the age to18 years and older it cuts our ability to staff drastically. If properly trained and supervised by an adult, a16 year old is capable of working as well as an 18 year old.

2600.56 Staffing

It should be at the discretion of the PCH as to how to schedule the minimum staffing requirements of one hour per resident and two hours per immobile resident per day. This will ensure the individualized care required in support plans.

I need the name and number of the local assessment agency that is willing to take calls when a PCH is unable to meet the needs of a resident.

2600.58 Staff training and Orientation

It would be detrimental to require a facility to train new staff before they can provide care to the residents. Except for the new employee, all staff members on duty have completed required training. For the first three days of employment, the new employee will work under the direction of a preceptor who has completed the required training. The expectation of completing the required training within the first 30 days of employment is more cost effective and realistic.

Who would have the qualifications to provide the safe management technique training and at what cost?

The PCH would need to hire a full-time person to implement the required staff training and record keeping along with the individualized staff development program. This person would need to be qualified in all areas since he would have to train every staff member in all departments. A person with these qualifications would require a considerably high rate of pay.

2600.101 Resident bedrooms

Items 1 & 2 under K. are conflicting. If we place plastic coverings on fire retardant mattresses wouldn't that make them less retardant? Plastic coverings on mattresses are not needed in PCH and should be the resident's choice based on comfort.

2600.142 Emergency medical plan

The wording needs to be changed in item (a). A PCH can assist the resident in receiving the emergency medical care and treatment necessary, but we have no control over the ambulance service and hospital and cannot therefore ensure immediate and direct access.

In item (c) clarification needed for "An emergency staffing plan".

2600.161 Nutritional adequacy

PCH are not medical facilities and do not have the qualified staff (dieticians) to developed and implement therapeutic diets as prescribed by a physician.

2600.162 Meal preparation

Items (a) and (h) require the expertise of a speech therapist and/or occupational therapist.

2600.171 Transportation

There are no ratios in 2600.56.

If residents in a facility are friends and want to offer each other rides to the doctor's office what right does a PCH have to prohibit.

Volunteers and transporters are considered ancillary staff (defined as "A person who provides services for the personal care home but does not provide the services provided by direct care staff.") and cannot administer medication (syrup of ipecac).

2600.201 Safe management techniques

This is not indicated for a PCH since if at any time a resident's behavior is endangering to himself or others the agreement with this resident will be terminated and the appropriate agency contacted, so a suitable placement can be found.

2600.225 Initial assessment and annual assessment

Personal care staff are not qualified to do Medical, Medication and Psychological Assessments.

2600.226 Development of the support plan

Clarify when the support plan needs to be developed and implemented. Some areas state at the time of admission along with an individualized plan and list of services needed. Other areas state it should be completed within 15 calendar days. Both of these time frames are unrealistic because you need a sufficient amount of time to adequately assess a resident. Many factors influence how a resident is able to perform ADLS, including success of adjustment to the PCH. Many residents are depressed or angry when they first come into a PCH and although they are able to perform the ADLS they are unwilling to do so. Also time is needed for all parties to agree to a date and time that they can come together and develop the support plan.

2600.228 Notification of termination

If these are truly the only grounds for discharge and we are required to retain persons that need the services of a mental health treatment center, we will have the cost of training the staff on how to care for residents with behavior problems. We would also require increase in staffing to monitor the behavior and prevent the other residents from being harmed. This will institutionalize personal care homes and be the end to the homelike setting that we worked so hard to achieve.

I realize that a lot of time and effort went into these regulations but that is not enough reason to release them now just to beat a deadline. This is an opportunity to make a difference in the lives of these residents who have earned the right to enjoy their last

days without bureaucracy. We cannot let them down and let pride stand in our way of doing what is right. Personal care homes are simply housing with assistance. Do not complicate the issue. We are not medical facilities we do not need all the formalities and regulations of a nursing home. There has been no research to support the need for change. You would not want a car released into the public without a test drive. Why release these regulations without first putting them into practice and see if they are really necessary.

Sincerely,

Charlene Kleman

Charlene Kleman, RN
Director of Nursing
Green Hills Manor

Original: 2294

October 21, 2002

2002 NOV -8 AM 9:31

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

REVIEW COMMISSION

Dear IRRC:

I am an employee in a personal care home. I have been informed about the proposed changes in the Personal Care Home regulations. While I am in total support of a solid set of regulations that ensure that the health, safety and well being of the residents, I find many of the proposed changes to be excessive. Many of these requirements are stricter than those in nursing homes, which take care of sicker and more dependent residents.

I am particularly concerned about the age requirements for new employees and the qualifications for staff. It is extremely difficult to find caring individuals who want to do this type of work. Because you are under the age of 18 or do not possess a high school diploma or GED does not mean that you are not a hard worker, caring and compassionate; three things that are far more important than age or education. While I understand that current employees not meeting these qualifications will be "grand fathered", I feel it is ridiculous that they must meet the new requirements if they leave this work environment for more than a year and want to return to this setting.

I support training and education. The personal care home that I work in provides me with numerous opportunities to expand my knowledge and teach me more about caring for the elderly. However, requiring 24 hours of training is more than what is required if you work in a nursing home setting. I think that the training hours that are required need to be more realistic. How will my personal care home cover my absence when I am in three days of training each year?

These are just a small few of the proposed changes that I feel are unnecessary and excessive. There are many more that require additional paperwork and additional expense to the facility and the residents will end up paying for these changes in the end. Many of our residents are on SSI and cannot afford to pay for the full cost of care. The facility will struggle to stay afloat if these regulations are approved. I am asking that approval of these regulations be stopped until a reasonable set of regulations can be put forth and cause no additional expense to the residents.

Sincerely,

Rebecca Cumba

Personal Care Attendant

Original: 2294

Colonial Gardens Guest House
121 Steppland Road
Butler, PA 16002
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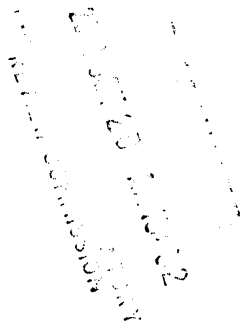

10/21/02

Mary Lou Harris
Senior Regulatory Analyst
Independent Regulatory Review Commission
333 Market St., 14th Floor
Harrisburg, PA 17101

RE: Proposed 2600 Regulations for Personal Care Homes

Dear Ms. Harris:

I am Linda Mueller the owner and administrator of Colonial Gardens Guest House. It is a 40-bed personal care home located in Butler PA. I have been the owner and administrator for the past 20 years. During this time I have taken care of many residents. The majority of my residents are veterans who are on a very limited income. If the proposed regulations go into effect I would seriously have to look at my financials to see if it would be feasible for me to continue doing business. I have just briefly looked at the amount of money it would cost to implement just the policies and procedures that would now be required. Just development and printing would cost over $1,000.00. This does not include my time to develop these. This is time taken away from my residents. The cost for implementing these regulations will have to be passed on to my residents. I know that they will not be able to afford these.

These regulations are severely excessive. In the pages that follow, I feel it is apparent that our industry who care for the lower income, more independent and self to semi self-care residents will have more regulations to follow than nursing homes. I am not saying that I oppose to regulations but I firmly believe that the regulations 2620 that were passed in 1990 are more than sufficient. The problem with the 2620 regulations is that the DPW dropped the ball. They chose not to enforce the violations. This put the entire industry in a very bad light.

The interesting thing that I have found about these proposed regulations is that even though it is stressed "resident well being", the state seems to think more paper work equals good care. The time taken away for the resident to do all this excess paperwork is going to ensure good care. Hands on care gives good care. I will not be able to assess my residents if all my time is spent on doing paperwork. All this does is open us to lawsuits because what may be written may not necessarily be done. We are homes and we want to stay homes. Our residents came to live with us because we are homes and not

institutions. They enjoy our pets, our patio areas and our homey feel, because this is their home. If they wanted institutions then they would have lived in a nursing home to begin with. I have residents who have lived with me for the entire 20 years of business. I also have residents who were bumped from home to home until they found their home with me. All they and I ask is that they be able to continue to live in their home not a overloaded paperwork institution.

I belong to NAPCHAA, The Northern Area Personal Care Home Administrators Association, and have been very active in trying to get these proposed regulations changed. As I said I am not opposed to regulations, but why change something that could work if everyone fulfilled their jobs. Please review what I have written and take into consideration the points that I tried to make. The education requirement for the administrator is excessive as is some of the requirements of what that administrator does. With my home I only have my sister, who is also an administrator, to rely on to assist me with the work. According to the new regulations, one of us must be in the home at all times. Even criminals get time off for good behavior.

I firmly believe that these regulations are being pushed through by Nursing Homes and their lobbyists. The reason I believe, is that they wish to have the resident from their most independent state (the physical state of most personal care homes residents) to their demise. This way they can control all the money. They are pushing out homes like mine and many others.

Please notify me of whatever decision your commission makes on these regulations. I appreciate your time in reviewing what information I have sent.

Thanking you in advance for your assistance in this matter.

Sincerely,

Linda Mueller

Linda Mueller
Owner/Administrator
Colonial Gardens Guest House
linda@ianc.com

COLONIAL GARDENS GUEST HOUSE
P.O. Box 129
Freeport, PA 16229

Comments to the Proposed Regulations

Before I begin with my comments, I would like to comment on Feather Houstoun's comment section. She alluded that the Department solicited comments from many providers. This is false, we were never asked if we wanted to make comments until after the first draft came out and there was an extreme outpour of comments from the providers. Even after that we were basically ignored. The three-day meeting that was held in May was not widely made known either. Most of us were not informed about this until after the meeting. She continually refers to external stakeholders; this is to be interpreted as advocacy groups not providers. We are the ones who provide the care for our residents; not the advocacy groups and we were the ones who should have been involved. Who better to assist in the development of regulations but the people who do the actual providing of care. I sincerely wish that all who developed these regulations, walk in my shoes for just one week.

She states under resident contracts that a resident will have 72 hours to change his/her mind to rescind the contract with refunds to be made. "This is good business practice". This is not good business practice; we have to give the resident a 30-day notice for removal from the home. If the resident is allowed to move every 72 hours knowing that he will be refunded, we as home owners would have chaos on our hands. We must now mandate an actual list of charges for both room and board plus extras- this would be a budget nightmare- would we have to refund a meal if the resident is absent for the meal or if he refuses to eat?

Residents with physical disabilities will have a larger room to allow for easy passage. Once again what happens if the resident is on SSI and the larger room is a private room which we can charge more for, are we going to lose income to house a SSI resident. I think not, so where will the SSI residents be housed?

A comprehensive assessment is to be done within 72 hours. This is not always feasible, many residents need time to adjust to a new setting and once settled an assessment is more easily done.

We are now to develop a support plan. We are NOT a medical facility; we are homes, this is an unnecessary paperwork exercise that will take time away from the residents. It is not reasonable to say we will bathe someone on Monday and Thursday and have to be held to this schedule. What happens if a bath is needed on Sunday? I guess we say "Sorry you have to wait until tomorrow, I don't want to break our support plan". This is not necessary!

She then listed the mandatory and optional costs to the personal care homes, then she went on to say there will be no costs to the general public. Where does she think the money will come from? The residents that can afford the new costs are ok but the government will have to support the ones who cannot. In the past two years SSI received a whole $2.00 raise to $29.25 a day. New Jersey pays $70.00 per day with a new increase recently of $10.00 per day. It is a shame that Pennsylvania doesn't care for its elderly population. We are the state with the highest number of elderly and the lowest SSI payments. It should also be noted that additional state employees will need to be hired to handle the additional reporting reports that will be required. Plus phone staff to handle all the extraneous phone calls we will have to make, government at work, the bigger the better!

Also after reviewing the entire draft, we personal care homeowners will have to develop no less than 25 new policy and procedures. Many of which are ridiculous for small to medium homes that may only have family as staff and that have mostly self-care, independent residents.

PERSONAL CARE HOME REGULATIONS 2600

2600.5 Access requirements. (a)The department will have the right to enter, visit and inspect... In our current regulations it states that the inspections will be done during normal business hours, not this requires 24/7 access to do the inspections. While I have no problem with anyone visiting my home at any time I do request that anyone who visits after 7pm to call and at least let the staff know they are arriving. I am sure that the residents will be highly upset to have inspectors disturbing their sleep to ask how they are.

2600.11 Procedural requirements for Licensure...(b) PCH shall be inspected as often as required and more often if necessary. After initial inspection...need not be visited or inspected annually....but 75% of all PCH's shall be inspected every two years and all homes every three years. On one hand the department is putting severe undue hardship on all homes then with the over regulation we will be inspected every two-three years. This over regulation with less-inspections will NOT improve resident care. The annual or at least semi-inspections that are done annually should still be done. What we do NOT need is more regulations, we need is more GOOD, ADEQUATELY TRAINED INSPECTORS.

2600.14 Fire safety approval. (a) We would all now be required to have Labor & Industry give each home a written fire safety approval. Assuming that L & I is not currently overstaffed, additional tax dollars will be required to fund this requirement. Most homes are covered by local fire authorities, it should remain that way.

2600.16 Reportable incidents. (11) Now requires us to notify the Department with any incident that requires the services of the fire department or law enforcement including any false alarm in the fire system or if the police come to our homes for any reason. If it is not an emergency or an emergency issue, there should be no need to contact the Department.

2600.17 Confidentiality of records. Residents records shall be confidential....not opened by anyone except resident, designee, DPW, ombudsman... What about health care professionals?

2600.19 Waivers.(g) Structural waiver will not be granted to a new facility ...or renovations after the effective date of this chapter. No where does it say that existing facilities will be grandfathered in, this is imperative that this is included. The cost to change or renovate to meet this regulation will be too costly for homes to stay in business.

2600.20 Residents Funds. (1) Documentation of counseling sessions... If the administrator is made payee for funds this usually means the resident is incapable of handling funds, therefore this is wasted time and effort. We are already held accountable to the institutions that releases the funds; such as Social Security and the Veterans Administration. If the resident needs to be counseled then the state should provide them with professional financial consultants.
(2) Home shall not prohibit resident's right to manage his funds... Same as above.
(3) Residents shall have immediate access to the money that the home has responsibility for maintaining if it is under $10.00. What happens if the resident does not have $10.00 at his disposal. Some of the residents only get $1.00 or $2.00 per day because they cannot manage their funds. This regulation would be a financial disaster for these type of people. We also should not be forced to keep that kind of money available for staff to handle since we the administrators are responsible. In my home alone this would be $400.00, and that could be very tempting. Leave the money management with the people who have been entrusted with the resident's welfare.
(4) The home shall give the resident an annual written account.... They have daily access to see what is being spent, why go through additional paperwork to repeat something that is already done.
(12)upon discharge or transfer...shall immediately return the funds.... This is not always possible, transfers and discharges occur at all hours of the day. Within 7 days would be much more reasonable.

2600.21 Off-site services. The home shall ensure that the residents' support plans are followed. This is an unrealistic goal. If the resident is off the site, on their own or with others, it is impossible to ensure that the support plans are followed without sending staff members with the resident or without providing a copy of the support plan. Which would increase costs to have copies of the support plans on hand to send with the residents. This will cause the costs of staffing to once again increase drastically.

2600.23 Personnel Management. This is making us sound more like a hospital than the home that we are. Also it would be interesting to tell your family member who is also a staff member their "job description". Jack of all trades is very difficult to describe. With homes with less than 50 beds this is not appropriate.

2600.26 Resident-Home Contract (2)The actual amount of allowable resident charges for each service or item i.e. charge for food, shelter..... This opens the door to having the residents wanting refunds if they are out of the home and miss a meal due to their own doing. If they leave to go on vacation they would be requesting a refund for days not spent in the home or any other item that was not done while away. This would cause an accounting nightmare not to mention that the home has to purchase food and many other items in advance assuming that the resident will be present.
(3) Explanation of annual support plans, screenings ... We are not hospitals or long-term care facilities, support plans belong in a medical model which we are not. We are, and wish to stay, a social model.

(11) List of all personal care service and the costs based on the support plan... This is another accounting nightmare. If a resident's needs change we would then have to add an addendum to the agreement and it would cause additional costs to the resident. For example, if a resident who was completely self care now requires assistance with bathing then the cost would have to be assessed to the resident to provide that service. Where will the additional monies come from with our lower income residents?

(12)Any additional costs that shall be billed to the resident for the cost of services not included in the cost of care... These would include ambulance services and prescriptions. We will have to add an addendum to the agreement every time a cost rises. We would have volumes of charts for just one resident.

(16) The resident or designee shall have the right to rescind the contract for up to 72 hours after the initial dated signature... This is both unfair and an accounting nightmare. We as administrators must give a 30-day written notice to have someone removed from the home. We should expect the same from the residents. With the new refund policies these regulations are putting forward, we would need to hire an accountant just to handle this type of issue.

2600.27.Quality Management. Homes shall establish quality assessment and management plans... This is a medical model once again, hospitals and nursing homes hire personnel to do just this job. This is a waste of time for small homes that may have family members working. We are here to provide a needed service to our residents. Developing and continuing to assess these plans will take time away from our residents and /or result in additional unnecessary costs to the residents.

2600.32. Specific rights. (k) "A consumer has the right to access, review, and request modifications to his or her consumer records"

A doctor should decide whether the consumer has access to his or her records; consider for example, psychiatric patients.

(w)Resident shall have a right to remain in the home...except of nonpayment, higher level of care needed or a danger to self or others. When dealing with psychiatric patients, behavior can be a major problem and this should be included in this part of the regulation. If a resident's behavior is such that neighbors are complaining, we should have the right to have the resident removed from the home.

(x)Resident shall have immediate payment by home of stolen or mismanaged by staff money.. Who is to decide what mismanaged money is- a resident may not want for example diapers purchased for him but if we do is this now going to be considered mismanagment?

2600.53. Staff titles and qualifications for administrator. (a) The administrator shall have one of the following qualifications: RN, LPN, 60 credits, NHA... The requirements to become a personal care home administrator are excessive. Most homes will find it impossible to hire a R.N. or L.P.N.; it would be too costly, especially homes that have SSI residents. A R.N.'s starting salary in hospitals is over $50,000.00 and and L.P.N. can start at $32,000.00, where would we get this type of money. Plus with the nursing shortages in the hospitals and nursing homes there is little chance of hiring this type of staff with the money we can afford to pay. That kind of skill level is unnecessary

and only adds additional cost to the residents. New administrators should be able to take a course provided by the state and test out to ensure that they meet all the qualifications that the state requires without the added education. In the meeting we had with the DPW Director, Teleta Nevius, it was agreed verbally that the education requirements would be 60 hours of class by the DPW and 80 hours on the job training with an approved home. It is "surprising" that the DPW would go back on their word! This is a medical model once again, we are homes. A small or moderate home with ambulatory, independent or semi-independent residents do not need this type of qualified administrator.

2600.54 Staff Titles...(1) staff have to be 18 yr. or older. Many of us have 16 year olds that provide excellent care. We use students from Vo-Tech. How would they get the experience they need to determine if this is their career choice? Hospital use volunteers that are 16 years old. That would be a much more reasonable age.
(2) Have a high school diploma or GED. Many small homes do not have the employment pools to pick and choose older employees who may or may not have a high school education or GED. What happens if the staff member is unable to find their diploma.

2600.56 Staffing (c) Administrator or designee on premises on a 24-hour basis....designee must meet all the qualifications and training for an administrator under 2600.53. There is many trained staff who do not have the education of the proposed administrators that can handle the home in any given situation or reach the administrator by phone. It would be financially prohibitive to have an administrator on duty 24/7. Even nursing homes have aids on the units alone with the residents without this type of education.

2600.57 Administrative training and orientation (l)staff supervision...(iv) Marketing I This has nothing to do with resident care.
(e) The administrator shall have 24 hours of annual training.. This is as much as a nursing home administrator, in fact the NHA's are permitted to get 24 hours in TWO years, not 24 a year! The majority of their CEU's are spend learning the new Medicare and Medicade rules and regulations which we do not need to know since we RECEIVE NO FEDERAL OR STATE MONIES! In our meetings with DPW Director, Teleta Nevius, it was once again verbally agreed upon that 12 hours was sufficient. "Surprise" another DPW fib. We are not medical facilities- we are and want to stay "homes". The cost to hire someone to supervise the home (using a R.N.) would be $720.00 for 24 hours of training (using the $30.00 per hour temporary staffing charges). But remember we would not be able to use the R.N. unless she also is a trained personal care home administrator.

(11)(f) An administrator ...shall provide written verification of successful completion to the appropriate PCH office.. More paper work! We used to be able to keep our records in our homes and the inspectors reviewed them. There is going have to be an increase in DPW's budget to hire a person who will have file the mountains of paper that we will be sending to DPW.

2600.58. Staff training and orientation. (c) ...Prior to direct contact with residents staff shall complete and pass the following... This area lists 14 different competencies that staff must pass in order to start to work. Who is going to pay of all this training to be done prior to working? If we are fortunate enough to hire one employee that is fairly intelligent and complete the competencies within 16 hours the cost will be $160.00 however we must still pay the other employees to work with the resident while the training is going on. So as you can see we are doubling our costs. I guess we just pass it on to the residents. But remember there is no cost to the general public! Homes currently use on-the-job-training (under supervision of the administrator and current employees) that is supplemented by formal training classes on items such as first aid and CPR. This system works fine. Don't add this additional cost to the residents.
(e) Direct care staff shall have at least 24 hours of annual training.. Twenty-four hours of staff training each year is too high. Some of the training items (such as, pre-admission screening tools, annual assessments) that are mentioned in the draft are done by the administrator and not the staff. The staff needs to be trained annually on the following items: first aid; CPR; fire & safety; activities of daily living; and transfer techniques. This can easily be done in 8 hours on an annual basis (first aid only needs to be done every 3 years). Other training may be appropriate depending on the type of residents in the home. Training is an ongoing thing with each different type of resident, while not always formal, it is in fact education. Even in hospitals the aids are only trained 8 hours per year and in nursing homes the training is 10 hours. Why then do we who care for more mobile and self care residents required to take 2.4 times as much training as a nursing home?

2600.59. Staff training plan. "The administrator shall ensure that a comprehensive staff development plan is developed annually for staff..."
This is overkill. The staff should be trained as needed, and the inspections should be geared toward the health and well fair of the residents, not excess paperwork.
(1) Annual assessments of staff training needs shall include questionaires.. To do annual assessments that includes questionnaires with data compiled is definitely over kill. We are not statisticians, we are care providers. Once again we are taking time away from our residents to do excessive paperwork that will not give the residents better care. We also need to look at the cost of the time spent away from the residents to take the hours of training per employee. We as administrators will have to have an extremely large staff to be able to schedule the appropriate coverage while this training is going on. Our job pools are extremely limited in this area. Not to mention an extremely large budget to afford all these added costs.

2600.60. Individual staff training plan. (a) "An annual written individual staff training plan for each employee, appropriate to that employee's skill level, shall be developed annually..."
This is overkill. We will have already done the staff training plan. Why repeat it again with more paperwork. We are missing the point that we are here to provide for our residents not be saddled with so much paper work that we are unable to take care of our residents needs.

2600.85. Sanitation. (d) "Trash in kitchens and bathrooms shall be kept in covered trash receptacles. This looks good on paper but in many instances this will cause trash to be thrown on the floor in bathrooms because many elderly cannot see well enough to notice a covered container.
(f)Homes not connected to a public sewer system shall have a written sanitation approval... Homes with septic tanks would now be responsible to have an approval by the sewage enforcement official of the township. If you have a septic, you had to do this when you applied to have one put in, why then repeat the process?

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2600.91. Emergency telephone numbers. "Telephone numbers of the following...." Dialing 911 is enough to guide anyone through the emergency process. Don't complicate the process.

2600.101 Resident bedrooms (c) Each bedroom for a resident with a physical immobility shall have 100 sq. ft. per resident... unless there is doctor's order stating he doesn't need added space. This will be impossible in many homes that have rooms that are 160 sq. ft. for 2 residents. If one is now in "need " of 100 sq. ft. then we will only be permitted to have 1 resident in that room. This is not financially feasible for many homes. There are very few doctors who are willing to state the room's size needed or not needed by a resident. Even apartments or efficiency apartments have smaller rooms that what we are required to have. Does this mean that if a person uses a walker while in the hospital- he will not be allowed to return home since his bedroom is too small?
(r) Resident shall determine what type of chair is comfortable. This could introduce many problems due to space. If you have 3 residents in a room and they all want recliners, space would be a definite problem. Mary will want a better chair than Betty. Plus who is to pay for the choice of chair? If Mary is on SSI and wants an electric raising chair, do we have to provide it because she wants it?

2600.104. Dining room.(e) Animals are not permitted in dining room when meals are prepared, served, or consumed.... Once again the focus is away from the fact that we are HOMES and homes have pets.

2600.107. Internal and external disasters. (a) The home shall have written ER procedures developed and approved by qualified fire and safety management office. I wonder if anyone asked these offices if they will be willing to do all this extra work for free? I think a home plan that highlights the points in this regulation should be sufficient.

2600.123 Emergency evacuation (d) Copies of an emergency evacuation plan shall be prepared in conjunction with fire, safety or local ER management office.. Once again, we have to try and rely on an agency that has to be willing to spend time to assist in the development of our plans. A home plan with the exit routes and the phone numbers of facilities that you can use in an emergency is sufficient.

2600.126 Furnaces (a) Professional cleaning and documentation to that effect shall be kept. More money to be spent on something that the home's maintenance person can do. The cost of annual furnace cleaning is $125.00 base per furnace.

2600.132.Fire drills. (c) "A written fire drill record shall be kept of the date, time, the amount of time it took for evacuation, the exit route[s] used..."
Why is it necessary to know which exit routes are taken? It is best that the resident just evacuates the building!
(d) The residents shall....evacuate within 2 ½ minutes. This requirement to evacuate a building in 2.5 minutes is unrealistic. The Dept of L & I states 5 minutes, as does the American Red Cross- their slogan is "Alive in 5". This is also a safety issue. We are to practice the fire drills. It is better to practice slowly and repeatedly so the residents become familiar with the routes and where to go. If we try to rush them out of the home, we risk the chance that someone may become injured. Hospitals have fire drills but they are simulated, as are many nursing homes. They do not put the safety of the residents in danger, they make sure the staff know what to do.
(g) Fire drills shall be held on...different times of the day and night. This is a major safety issue. When you are awakened from a sound sleep many times you are confused as to time and place, just think about our elderly who already may have that problem. It would definitely cause them to be more confused and disoriented, then possibly cause injury. It is also a health issue, the elderly could also develop pulmonary problems taking them out at night or in the winter.

2600.141. Resident health exam and medical care. (5) Allergies. The allergies are already listed on the initial assessment why repeat the same things over and over.
(6) Immunization history. Listing the immunization history yearly is a waste of time. Once it is in the record, updates should be recorded not just repeating the same information.
(7)Medication regimen, contraindicated medicines, and side effect. Listing the medications that are currently used is fine but to list all the contraindicated medicines and the side effects would create volumes of paperwork. If the contraindications and side effects are listed with the medicine log or in a drug resource book, why create more paperwork with repeating them again?

2600.161. Nutritional adequacy. (d) "Each meal shall contain at least one item from the dairy, protein, fruits and vegetables, and grain food groups..."
To have every single food group represented in every meal is not normal. Things should be made available and be offered, but most elderly do not eat a great deal at any one time.

2600.164 (b) Resident shall not be forced to eat. But in the 2600.161 states that each meals shall contain..... So we have to serve many foods, then it gets thrown away when they don't eat.

2600.181. Self Administration. (d) Resident who does not need assistance with medications may store them in their room. We will be required to take precautions to assure that medicines stored in the resident's rooms are protected. We are opening ourselves to lawsuits by even allowing medicines to kept in the residents rooms.
(e) Resident is capable of self administrating medications if he can use medicine in prescribed manner...recognizes medication...knows why he's on medication...correct does... This entire area should be eliminated, too many times the doctors tell the resident, but the resident has have no idea what the medication is or why it should help. Also this was one of the two issues that the governor wanted deleted from this regulation. But DPW put it back in through the back door by changing some words. Once again it is stated that if the resident is not able to self administration medicines, then a licensed person i.e. R.N., L.P.N. would have to be hired to administer medicines. The resident's are here because they need assistance, if they could remember all of the above and could do all what is required, why live in a personal care home?

2600.182. Storage and disposal of medications and medical supplies. The prescriptions, OTC and CAMs are to be stored locked and separately. We would need another room to store these separately. This unnecessarily complicates the assisting with medications and will result in either treatments or doses being missed.
(f) Discontinued, expired or no longer prescribed drugs shall be destroyed in a safe manner according to DEP.. If we do not have an agreement with the pharmacy or we're unable to flush them down the commodes, this will be very costly. We will have to contact a biomedical company who will be paid take away the old drugs.

2600.183 Labeling of medications. Sample medicines shall be identified...and accompanied by a physician's order. Doctor's do not send written orders with sample drugs, the DPW will have to contact the AMA and let them know that this is a new requirement that doctor's must do.

2600.185. Use of medications. If home helps with self-administration, then only prescriptions, OTC and CAMS that are allowed to be given are prescribed, approved or ordered by MD,CRNP... This is a violation of the resident's right to purchase over the counter drugs to be taken with assistance, things such as Tylenol, or cough syrup. This was to be removed from the draft (meeting with Teleta Nevius) but it's still here.

2600.186. Medication records. (b) A medication record shall be kept to include the following for each consumer's prescription medications: ... (2) Possible side effects. (3) Contraindicated medications... If we have a good reference book listing the drugs and side effects etc, we do not need to have all of this information on the medicine record sheet. It would create volumes pages for one resident who is on multiple medications. Besides, this is a medical model and we are not a medical or treatment facility.

2600.187 Medication errors. ...Medication errors include failure to self administer medication...failure to document the self administration of the medicine.. It is a right of the resident to refuse medication. The physician should be notified in a reasonable amount of time that the resident is refusing medicines. This should not be considered a medication error. Failure to document (which means as soon as you assist the administration of the medicine) due to other circumstances, should not be a medication error provided that the documentation is done prior to leaving that shift. Even in hospitals nurses document at the end of the shift instead of immediately.

2600.201. Safe management techniques. (b) Home shall incorporate a quality improvement program designed to continuously review, assess and analyze ongoing steps to positively intervene in inappropriate behaviors. Once again, here is more paper work, we are taking away time from the resident to write, write, write. If we would spend more time with the residents and less time filling out unnecessary papers then we would not need this type of program. We would be able to defuse any problem before it occurs. A course that is offered in safe management techniques is a 16 hour course at the cost of $800.00. Once again, the cost will have to be assessed to the residents.

2600.223. Description of services. (a)The home shall have a written description of services and activities that the home provides. All of this information is or should be already included in the Resident agreement. We do not need to have another procedure to follow and write about. A written procedure is institutional. This does not affect the safety of the resident.
(b) The home shall develop written procedures for delivery & management of services from admission to discharge. Another unneeded procedure, we already have copious amounts of paper being developed to show that we are delivering services(support plan for one), we do not need another.

2600.226. Development of support plans.(a) Support plan shall be developed and implemented for each resident within 15 days and revised within 30 days of annual assessment or upon changes in level of functioning...shall address all of the needs of the resident. In hospitals and nursing homes these are care plans, in personal care homes the residents are more independent and self-sufficient. This type of plan is not necessary for the residents in our homes. This will also set us up for a variety of lawsuits. If we are to assist with bathing twice a week, and we do not, this could be considered neglect. We want to be homes.

2600.228. Notification of termination. (e) Only grounds for discharge or transfer of a resident from a home are the following- danger to self or others.
The home should have the right to serve notice to a resident who has presented continued problems for either the other residents, is abusive to staff or causing problems in the neighborhood. While this is not considered as a danger to self or others, this behavior could cause chaos in a home. Many homes are in rural areas that have other private homes around it and inappropriate behavior is not tolerated.

2600.252 Penalties. (e) The Department will assess a minimum of $5.00 per resident per day up to $15.00 per resident per day for Class II. This class states that violations have a substantial adverse effect on health, safety or well being. What is defined as substantial adverse effects? Who defines it? The new state inspectors who may feel that a spot on a rug or a rust spot on a fan in the ceiling is substantial, leaves us open to many interpretations. If the regulations that were put into place in 1990 the 2620's were enforced- all of this would have not been needed!

Original: 2294

2002 NOV -4 AM 9:17

REVIEW COMMISSION

October 21, 2002

Teleta Nevious, Director
Dept. Of Public Welfare
Room 316
Health and Welfare Building
P.O. Box 2675
Harrisburg, PA 17120

IRRC
333 Market Street
14th Floor
Harrisburg, PA 17101

Senator Harold Mowery, Chairman
PA Senate Public Health and Welfare
Committee
Senate District 31
Senate Box 203031
Harrisburg, PA 17120-3031

George Kinney, Chairman
PA House of Representatives
Health and Human Services
Committee
Room 108
Ryan Office Building
Harrisburg, PA 17120-2020

Dear Ms. Nevious, IRRC, Senator Mowery and Mr. Kinney,

I am writing because someone I care about resides in a personal care home. My loved one is unable to live independently, but is not in need of nursing home care. The personal care home provides my loved one with the support and assistance they need while still encourages them to be as independent as possible.

I have been advised about the proposed changes in the regulations and this has caused me great concern. We have been happy with the care that is being provided and as you know, care is expensive. I am concerned that many of these proposed changes are excessive and undoubtedly will result in even more expense to the residents residing in personal care homes because of the cost to the facility of implementing these changes. Many residents residing in this home are not in a position to bear any more expense, including our sister-in-law.

I am requesting that the proposed regulations be stopped and that the Department of Public Welfare work with personal care home operators, employees, residents and families and they be given an opportunity to make suggestions and come to a reasonable and agreeable set of regulations.

Sincerely, Mary C Burchell, M.D.
Austin E. Brown, M.D
10/28/02

Address: P.O. Box 769
Alamo, CA. 94507

Due to short notification we have not had time to write individualized letters but we concur with delay and further consideration

Original: 2294

2002 NOV -8 AM 9:32

INDEPENDENT REGULATORY REVIEW COMMISSION

October 21, 2002

Teleta Nevious, Director
Dept. Of Public Welfare
Room 316
Health and Welfare Building
P.O. Box 2675
Harrisburg, PA 17120

IRRC
333 Market Street
14th Floor
Harrisburg, PA 17101

Senator Harold Mowery, Chairman
PA Senate Public Health and Welfare
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Senate Box 203031
Harrisburg, PA 17120-3031

George Kinney, Chairman
PA House of Representatives
Health and Human Services
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Room 108
Ryan Office Building
Harrisburg, PA 17120-2020

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I am requesting that the proposed regulations be stopped and that the Department of Public Welfare work with personal care home operators, employees, residents and families and they be given an opportunity to make suggestions and come to a reasonable and agreeable set of regulations.

Sincerely,

Sandra K. Beckwith

Address: Sandra K. Beckwith
3373 Cramlington Dr.
Cobsonia, PA 15044

Original: 2294

THE ARBORS AT VALENCIA WOODS

85 CHARITY PLACE, VALENCIA, PA 16059

October 21, 2002

Teleta Nevious, Director
Dept. Of Public Welfare
Room 316
Health and Welfare Building
P.O. Box 2675
Harrisburg, PA 17120

IRRC
333 Market Street
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Harrisburg, PA 17101

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Harrisburg, PA 17120-2020

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I am requesting that the proposed regulations be stopped and that the Department of Public Welfare work with personal care home operators, employees, residents and families and they be given an opportunity to make suggestions and come to a reasonable and agreeable set of regulations.

Sincerely, Daniel M. Rankart, for my sister Dorothy Berman who is a resident at the Arbors at Valencia Woods, 85 Charity Place, Valencia, Pa. I have been the responsible party for Dorothy for the last three years.

Address: my address is:
Daniel Rankart
14535 Kelmscot Rd.
Silver Spring, Md 20906

October 21, 2002

Teleta Nevious, Director
Dept. Of Public Welfare
Room 316
Health and Welfare Building
P.O. Box 2675
Harrisburg, PA 17120

IRRC
333 Market Street
14th Floor
Harrisburg, PA 17101

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Sincerely,

Florence C. Pizzica

Address:

October 21, 2002

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

Dear IRRC:

I am a member of the management team at a personal care home. I have been advised about the proposed changes in the Personal Care Home regulations. While I am in total support of a solid set of regulations that ensure that the health, safety and well being of the residents, I find many of the proposed changes to be excessive. Many of these requirements are stricter than those in nursing homes, which take care of sicker and more dependent residents.

Many of these proposed regulations seem quite excessive and will require much more time to manage and complete paperwork, paperwork that does not seem like it will have a direct impact on improving the lives of the residents. The personal care homes will have an even more difficult time finding staff. Many of the requirements will cause additional expense to the facility to implement and there is no one to bear the burden of these additional expenses except to pass the cost on to the resident in the form of higher monthly fees. Twenty-five percent of our residents are either on SSI or get a discounted monthly rate. The facility struggles each month to make ends meet so that it can continue to take care of the residents. Few of our residents are in the position to take on a higher monthly rate. If they can no longer afford the care, where are they to go? Those with limited financial resources would not be "optioned" for long term care under medical assistance. They don't need a nursing home yet, but they also cannot return home. How will they afford the cost of these changes?

Personal care homes are social models. They are not meant to be clinical in nature. Yes, they have a health care component, but residents in personal care homes are not medically complex or critically ill. Many of the changes that are proposed closely follow that of a medical model or a nursing home. Is this the direction that the Department of Public Welfare really wanted to go? Has anyone in the Department of Public Welfare ever asked the residents and their families if they are satisfied with the care they are receiving under the current regulations? Don't penalize the good homes because of a few poorly performing homes. That is what happened to the nursing home industry and now they are riddled with paperwork and regulations that have had little effect on improving the quality of care.

Please stop these proposed changes until a set of regulations can be established that are reasonable and would not result in increased expense to the resident.

Sincerely,

Jeffrey D Yough

October 21, 2002

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

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Sincerely,

Rev. Joseph Largo
Chaplain

October 21, 2002

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

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Sincerely,

Nancy Kuhns

October 21, 2002

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

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Sincerely,

Thomas J. Owens

October 21, 2002

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

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Sincerely,

Christa M Ritter

October 21, 2002

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

Dear IRRC:

I am an employee in a personal care home. I have been informed about the proposed changes in the Personal Care Home regulations. While I am in total support of a solid set of regulations that ensure that the health, safety and well being of the residents, I find many of the proposed changes to be excessive. Many of these requirements are stricter than those in nursing homes, which take care of sicker and more dependent residents.

I am particularly concerned about the age requirements for new employees and the qualifications for staff. It is extremely difficult to find caring individuals who want to do this type of work. Because you are under the age of 18 or do not possess a high school diploma or GED does not mean that you are not a hard worker, caring and compassionate; three things that are far more important than age or education. While I understand that current employees not meeting these qualifications will be "grand fathered", I feel it is ridiculous that they must meet the new requirements if they leave this work environment for more than a year and want to return to this setting.

I support training and education. The personal care home that I work in provides me with numerous opportunities to expand my knowledge and teach me more about caring for the elderly. However, requiring 24 hours of training is more than what is required if you work in a nursing home setting. I think that the training hours that are required need to be more realistic. How will my personal care home cover my absence when I am in three days of training each year?

These are just a small few of the proposed changes that I feel are unnecessary and excessive. There are many more that require additional paperwork and additional expense to the facility and the residents will end up paying for these changes in the end. Many of our residents are on SSI and cannot afford to pay for the full cost of care. The facility will struggle to stay afloat if these regulations are approved. I am asking that approval of these regulations be stopped until a reasonable set of regulations can be put forth and cause no additional expense to the residents.

Sincerely,

Tiffany Wissinger LPN.

October 21, 2002

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

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Sincerely,

Helen Gregory Lyon

October 21, 2002

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

Dear IRRC:

I am an employee in a personal care home. I have been informed about the proposed changes in the Personal Care Home regulations. While I am in total support of a solid set of regulations that ensure that the health, safety and well being of the residents, I find many of the proposed changes to be excessive. Many of these requirements are stricter than those in nursing homes, which take care of sicker and more dependent residents.

I am particularly concerned about the age requirements for new employees and the qualifications for staff. It is extremely difficult to find caring individuals who want to do this type of work. Because you are under the age of 18 or do not possess a high school diploma or GED does not mean that you are not a hard worker, caring and compassionate; three things that are far more important than age or education. While I understand that current employees not meeting these qualifications will be "grand fathered", I feel it is ridiculous that they must meet the new requirements if they leave this work environment for more than a year and want to return to this setting.

I support training and education. The personal care home that I work in provides me with numerous opportunities to expand my knowledge and teach me more about caring for the elderly. However, requiring 24 hours of training is more than what is required if you work in a nursing home setting. I think that the training hours that are required need to be more realistic. How will my personal care home cover my absence when I am in three days of training each year?

These are just a small few of the proposed changes that I feel are unnecessary and excessive. There are many more that require additional paperwork and additional expense to the facility and the residents will end up paying for these changes in the end. Many of our residents are on SSI and cannot afford to pay for the full cost of care. The facility will struggle to stay afloat if these regulations are approved. I am asking that approval of these regulations be stopped until a reasonable set of regulations can be put forth and cause no additional expense to the residents.

Sincerely,

Casi Warren Team Leader

October 21, 2002

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

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Sincerely,

Shirley Hornyak PCA

October 21, 2002

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

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Sincerely,

Cindy Hoppes

personal care attendant

October 21, 2002

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

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Sincerely,

Danielle J. Ulmer

personal care attendant

Original: 2294

#14-475 (35)

Woods Services

Founded in 1913

October 21, 2002

Department of Public Welfare
Office of Licensing and Regulatory Management
Teleta Nevius, Director
P.O. Box 2675
Harrisburg, PA 17120

Dear Ms. Nevius:

Enclosed please find Woods Services' comments to the proposed rulemaking for the Personal Care Home (PCH) regulations. We appreciate your review of our comments. If you should have any questions please call me at 215-750-4218.

Sincerely,

Pat Boyle

Pat Boyle
Director, Quality Improvement

cc: file

PB/sc

Regulation Number followed by Section Title	Comment Followed by Recommendation
2600.16(9)	Reportable Incidents Physical assault needs to be defined. Recommended language – if medical care was needed beyond first aid (i.e. – ER visit).
2600.20(4)	Resident Funds Resident shall be given funds immediately if the request is for $10 or less. This would be problematic with residents with poor memory and/or poor impulse control who repetitively make requests. Recommended language Any request should be processed within 24 hours.
2600.20(5)	Home shall obtain a written receipt from the resident for cash disbursements. Receipts for expenditures would be cumbersome (i.e. soda, etc.) Recommended language – Home shall maintain receipts for all expenditures over $15.
2600.20(7)	Home is holding funds in excess of $200, etc. Woods uses a Client Savings account for residents with very limited ability to access local banks due to serious physical and cognitive disabilities and for residents who we are the representative payee. Funds are not co-mingled and Woods pays interest on the account. Recommended language The home may have savings accounts in the residents' names as long as they are interest bearing.
2600.26(3)	Resident Home Contract Resident has right to rescind contract up to 72 hours after the initial dated signature of the contract. Recommended language The administrator may require a 30-day prior written notice from a resident who chooses to leave the home.
2600.58	Staff training and orientation Please define all staff – does this include administrative, professional (i.e. physical therapists, speech & occupational therapists, nurses, etc.) or just direct care staff? This entire section will have a major fiscal impact on providers with the proposal for 24 hours per staff plus all staff must be certified in CPR and first aid when previously it was just a sufficient number of staff were required to be certified.

Regulation Number followed by Section Title	Comment Followed by Recommendation
2600.58(3)	Medication procedures
(13)	Use of medications Please define. Is there an approved DPW medication course or will each provider be expected to develop their own?
2600.59	Staff training plan
2600.60	Individual staff training plan Recommend that these two regulations be phased in over a period of time. This will have a major impact on our program since we have approximately 125-150 staff. Recommended language – There should be a 6 – 12 month phase in period.
2600.109	Firearms and Weapons We think that the section would be a liability for any agency. Recommended language – Delete entire section.
2600.225	Initial Assessment and the Annual Assessment. DPW is supposed to be developing standardized forms which will be required to be used for these assessments. Without seeing the forms it is difficult to make any meaningful comments. We believe that 72 hours is too short a time, especially when an admission is on Friday. Recommended language – Written initial assessment within 30 days of admission.
2600.226	Development of the support plan Recommended language – Support plan developed and implemented for each resident within 30 calendar days of admission to the home.
2600.252(3)	Contents of records We currently take adult photos every five years. Children change appearance frequently; but adults do not. Recommended language – A current photograph of the resident that is no more than 5 years old.
2600.253(2)	Records Retention and Disposal Proposal states the resident's record **SHALL** be destroyed 4 years after discharge. Recommended language - **May be destroyed**

Original: 2294

#14-475 (592)

October 21, 2002

Teleta Nevious, Director
Dept. Of Public Welfare
Room 316
Health and Welfare Building
P.O. Box 2675
Harrisburg, PA 17120

IRRC
333 Market Street
14th Floor
Harrisburg, PA 17101

Senator Harold Mowery, Chairman
PA Senate Public Health and Welfare
Committee
Senate District 31
Senate Box 203031
Harrisburg, PA 17120-3031

George Kinney, Chairman
PA House of Representatives
Health and Human Services
Committee
Room 108
Ryan Office Building
Harrisburg, PA 17120-2020

Dear Ms. Nevious, IRRC, Senator Mowery and Mr. Kinney,

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I have been advised about the proposed changes in the regulations and this has caused me great concern. We have been happy with the care that is being provided and as you know, care is expensive. I am concerned that many of these proposed changes are excessive and undoubtedly will result in even more expense to the residents residing in personal care homes because of the cost to the facility of implementing these changes. Many residents residing in this home are not in a position to bear any more expense.

I am requesting that the proposed regulations be stopped and that the Department of Public Welfare work with personal care home operators, employees, residents and families and they be given an opportunity to make suggestions and come to a reasonable and agreeable set of regulations.

Sincerely,

Marie J Woad

Address: 207 ILLINOIS DRIVE
GLENSHAW, PA 15116

Original: 2294

#14-475 (13)

WJW

October 21, 2002

4131 Edgehill Drive
Upper Arlington, OH 43220-4510

Commonwealth of Pennsylvania
Department of Public Welfare
Office of Licensing and Regulatory Management
P O Box 2675
Harrisburg, PA 17105-2675

Attention: Teleta Nevius, Director

Subject: Proposed new regulations for Personal Care Homes

Gentlemen:

It is our understanding that there is some sort of movement to enact additional regulations regarding Personal Care Homes.

I would strongly suggest that you consider that any additional costs which these new regulations would cause would have to be passed on to residents of these facilities. This would be a terrible burden to many who are already living on reduced incomes in these most uncertain economic times. Consider the fact that the increase in social security payments for this coming year is practically negligible. Also, consider the rising cost of medical attention and prescription medicines.

My mother, Emma Walker, has been a resident of Woodcrest in Scottdale since 1998. I had originally intended to bring her out to a facility here in Columbus, but I can vouch for the fact that after much research, I am certain that Woodcrest is doing a far superior job than anything I could possibly find here.

Therefore, I would suggest that you think very severely about the consequences of any additional regulations which you are considering.

Thank you.

W Jack Walker ❖ ❖

Original: 2294

14-475
(343)

2002 NOV -4 P 3:35
REVIEW COMMISSION

October 21, 2002

Teleta Nevious, Director
Dept. Of Public Welfare
Room 316
Health and Welfare Building
P.O. Box 2675
Harrisburg, PA 17120

IRRC
333 Market Street
14th Floor
Harrisburg, PA 17101

Senator Harold Mowery, Chairman
PA Senate Public Health and Welfare
Committee
Senate District 31
Senate Box 203031
Harrisburg, PA 17120-3031

George Kinney, Chairman
PA House of Representatives
Health and Human Services
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Room 108
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Harrisburg, PA 17120-2020

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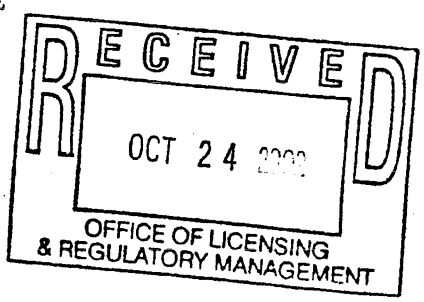
Sincerely,

Marilyn P. Watties

Address:
3054 Hartswood Dr.
Allison Park, PA, 15101

#14-475 (30)

ROSE MANOR PERSONAL CARE HOME
9176 Route 119 Highway South
Blairsville, Pa. 15717
(724-248-1444)



Original: 2294

October 21, 2002

Dear Teleta Nevius:

As a personal care home provider located in Indiana County, (licensed capacity for 8 people) and someone who attended work sessions this summer at Cordia Commons with you and Ellen, I am appalled to say the least that it was all for nothing. It was just a formality on your part and again a waste of taxpayer money for your wages. I don't know how anyone could visit the homes small and large as you did and still make uneducated decisions about personal care. As someone who might someday find herself in a situation where **"SHE"** needs personal care please help straighten this mess out before the personal care industry is lost and destroyed forever.

Although the Proposed Regulations as a whole are bad and inappropiately written, I would like to again give you a few examples of ones that are of great concern to me.

2600.53 Staff titles and qualifications for adminstrators:

No home will be able to stand the financial burden of the first four items. Even if they could, with the shortage of nurses where would the R.N. or L.P.N.'S come from, thus forcing closures of homes.This is geared strictly toward skilled care!

2600.54 Staff qualifications for direct care staff:

(2) Have high school diploma or GED
In todays society there are many people who hold high school diplomas and college degrees who cannot read or follow the simplest instructions. With the unemployment rate at an all time high this is not a good decision. And it doesn't mean a person is not a good and valuable worker just because they do not possess one of these credentials. Besides, this would blow the welfare work program right out of the water, since this is where a lot of aides come from.

2600.55 Exceptions for staff qualifications:

(B) A staff person who transfers to another licensed home, with no more than a year break in service, may work in the same capacity as long as he/she meets the qualifications outlined in subsection (a).

Why is personal care adminstrators and staff held to a higher standard than any other profession? This is not found in any other profession.

2600.56 Staffing:

(C) Adminstrators or designee with same credentials must be on premises on a 24 hour basis **UNREASONABLE-DELETE.**

2600.57 Adminstrator training and orientation:

(E) Annual training of 24 hours for adminstrators
Excessive-to much time on training and writing policies and not enough time spent with residents.

2600.58 Staff training and orientation:

(A) Prior to working with residents
Delete prior but with trained personnel very costly to home-cost would be passed on to resident.

(E) 24 hours annual training for direct care staff too excessive. 12 hours would be sufficent-again cost would be passed on to resident.

2600.101 Resident Bedrooms:

(R) Minimum of one chair per bedroom per resident-resident shall determine what type of chair is comfortable. What if resident determines that only a 700-800.00 chair is comfortable? Unreasonable language-should be deleted.

2600.102 Bathrooms:

(A) One functioning flush toilet for every 6 users or less to include residents, family, staff.
Where are you people coming from. Do you not realize how unreasonable this wording is? What if it is a holiday and you are having a function that involves residents families as well as employees and their families-are we to to go out and rent port-a-johns for the day in order to comply with this regulation? Sneaky way on your part to get more toilets.

(B) One sink and wall mirror for every six users or less including residents, families, employees. DELETE-UNREASONABLE!

2600.141 Resident health exam and medical care:

(8) Body positioning and movement stimulation for resident.
THIS IS SKILLED CARE PEOPLE-NOT PERSONAL CARE_DELETE

(B) If admission to hospital is necessay-resident should be transported to hospital of their choice. What if resident chooses to go to hospital which insurance or HMO does not pay for ?Who then makes the decision when your resident file says otherwise?

2600.161 Nutritional adequacy:

(G) Beverages offered every two hours to resident.
again this is SKILLED- what is wrong with the resident getting his own drink whenever he needs it?

(H) Adaptive eating equipment and utensils must be made available to resident.
REPETATIVE-cost would be passed on to resident.

2600.171 Transportation:

(6) Vehicle shall have non porous disposable gloves, antiseptic bandages, guaze pads, tape, scissors, and syrup of ipeac.
WE ARE NOT AN AMBULANCE CREW WE ARE JUST TRANSPORTING RESIDENTS FOR DOCTOR VISITS.

(B) Doctumentation of 1-2-3-4-5
What will happen here is that I will no longer provide any kind of transportation for my residents which will result in an increase from 15.00 per trip to 40-50.00 per trip by a transport van, and this cost increases every year.

2600.181 Self Adminstration:

We were told by the OLRM that they were reverting back to our current regulations for this section-**ANOTHER LIE!!!!!**
If you have a resident with lets say Parkinson's disease who can tell you what the med is, the dosage, and how often it is taken, but shakes to much to put it in his mouth-----then what?

2600.252 Penalties:

Will generate a lot of revenue for DPW-maybe they can give their-selves a nice raise for a job NOT well done in the past.

There are many more points which I would like to touch on, but I feel I can best sum it up by saying the Proposed Regulations are **"BULGING"** with written policies and proceedures and support plans and thats putting it mildly. The negatative and economical impact these regulations if passed will have on the residents, their families and the personal care homes can only spell diaster. Is this truly the legacy you want to be associated with?

The money figure quoted by Feather Houston as to what the cost of these changes would be to the personal care homes was a out and out lie. Ms. Houston should be held accountable for such a lie.

It is still not to late to say "let's start all over again and do it right this time". You cannot and should not over-regulate any industry, inspect them less and say we have corrected the problem. That is called fanastizing my friends.

As a personal care home provider (with a good record) who is telling you now, that if these regulations pass it will definitely force me to close my business as I will not be able to come into compliance with them. Would you like to be the one to come and tell my people they no longer have a home to live in?

Respectfully Submitted:

James & Elizabeth Kitzmiller
Owner/Operators

Original: 2294

14-475
350

October 21, 2002

Teleta Nevious, Director
Dept. Of Public Welfare
Room 316
Health and Welfare Building
P.O. Box 2675
Harrisburg, PA 17120

IRRC
333 Market Street
14th Floor
Harrisburg, PA 17101

Senator Harold Mowery, Chairman
PA Senate Public Health and Welfare
Committee
Senate District 31
Senate Box 203031
Harrisburg, PA 17120-3031

George Kinney, Chairman
PA House of Representatives
Health and Human Services
Committee
Room 108
Ryan Office Building
Harrisburg, PA 17120-2020

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Sincerely,

John D Rowlett

Address: 98 CHRISTONIA RD
GIBSONIA, PA. 15044

Original: 2294

14-475
517

October 21, 2002

Teleta Nevious, Director
Dept. Of Public Welfare
Room 316
Health and Welfare Building
P.O. Box 2675
Harrisburg, PA 17120

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14th Floor
Harrisburg, PA 17101

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Sincerely, Daniel M. Rankart, for my sister Dorothy Berman who is a resident at the Arbors at Valencia Woods, 85 County Place, Valencia, Pa. I have been the responsible party for Dorothy for the last three years.

Address: my address is:
Daniel Rankart
14535 Kelmscot Dr.
Silver Spring, Md 20906

14475 (518)

Original: 2294

October 21, 2002

Teleta Nevious, Director
Dept. Of Public Welfare
Room 316
Health and Welfare Building
P.O. Box 2675
Harrisburg, PA 17120

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Sincerely,

Bruce C. Rizzia

Address:

#14-475 (6)

W.C.P.C.H.A.A.
P.O.Box 73
Crabtree, PA.
15624

October 21, 2002

Teleta Nevius, Director of OLRM
Department of Public Welfare
Room 316, Health and Welfare Building
P.O.Box 2675
Harrisburg, PA. 17120

Dear Teleta Nevius,

This will be one of several memos which you will receive from the Westmoreland County Administrators Association. We will be sending our concensus viewpoint on Chapter 2600 by November 4. I would like to submit comment on just one important issue today.

W.C.P.C.H.A.A. would like to discuss:

2600.19 Waivers

(g) A structural waiver will not be granted to a new facility, new construction, or renovations begun after the effective date of this chapter Upon request, the Department will review building plans to assure complianc with the requirements of this chapter.

Is this in the realm of DPW?? or is it under L&I??

Perhaps the more important issue to be discussed revolves around existing homes/buildings. THERE MUST BE AN UNCONDITIONAL WAIVER FOR BUILDINGS THAT ARE CURRENTLY LICENSED.

You have done us a disservice to "grandfather" the staff without grandfathering" the buildings. Many homes have been licensed for many years, and will not be able to structurally comply with all the mandated building requirements. Some things may not be economically feasible, and other items may not be structurally possible when zoning requirements etc, are taken into consideration.

EXISTING PCH MUST HAVE THEIR BUILDINGS GRANDFATHERED IN.
STRUCTURAL WAIVERS MUST BE CONSIDERED!!

Our residents consider the PCH their "home". Some have lived at the same location for many years. It would create an undue and emotional hardship on our residents if they would have to be removed from the homes that they love because waivers will not be granted to the building. **THIS IS UNFAIR!!**

Sincerely Yours,
Elgin Panichelle
Elgin Panichelle
WCPCHAA

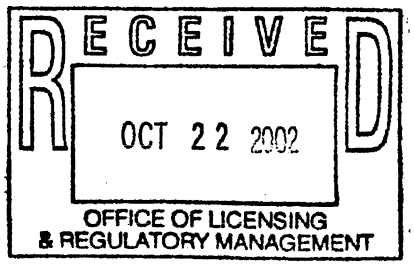
A decision NOT to grandfather is criminal as you have stripped individual providers' of their livelyhood and robbed them of the value of their property. You have stolen their retirement plans by taking the building funtions as a PCH. You might as well go into my desk drawer and steal from my "piggybank" also!!!

10-21-02

#14-475 (10)

Original: 2294

Ms. Teleta Nevius, Director
Department of Public Welfare,
Office of Licensing & Regulatory Management
Room 316 Health & Welfare Building
PO Box 2675
Harrisburg, PA 17120



Dear Ms. Nevius

This letter provides formal public comment to the Chapter 2600 Personal Care Home Regulations published in the 10/4/02 edition of the Pennsylvania Bulletin. I am extremely concerned that these proposed regulations will harm or even close many fine Personal Care Homes, and also seriously reduce housing options and the quality of life of low-income individuals- many of whom are disabled. One of the greatest features of Pennsylvania's PCH market is that it can offer consumers a home-like, even family, environment- not a "facility"- in which to live. I feel that the proposed regulations will place an insurmountable burden on PCH providers and are a definite shift to an institutional/facility model. The quality of life of PCH residents is not best served by forcing them back to an institutional setting.

Smaller, family style homes (possibly all those from 4-50 beds, representing over 1200 homes throughout the State), and those that serve the poor (10,500 beds in the State) simply will not be able to comply. The closure of many homes, or at best higher costs, will result in a transfer of the resulting costs to the consumer, or to the Commonwealth in cases of low-income residents. My major points of concern are as follows:

- Administrator qualification requirements (2600.57) have been increased from 40 hours of training, and 6 hours annual continuing education, to 60 hours of training, 80 hours of internship in another PCH, and 24 hours of annual continuing education, with no demonstrated need. In addition, new administrators must have some form of secondary education, or be a licensed nursing home administrator. Smaller, family style homes, and those that serve the poor simply will not be able to afford this level of qualification when seeking new administrators. Furthermore, to require PCH providers to assist in training their competitors is unreasonable.

- Direct care staff training has also significantly increased (2600.58-60), with extensive written training plans, individualized training plans for each employee (including required orientation, demonstration of duties, guided practice, and testing before they may work unsupervised). This is excessive in a residential living environment. PCH's are not skilled care as are nursing homes. Smaller, family style homes, and those that serve the poor, will not be able to comply.

- PCH providers will be required to assume greater responsibility- and insurance liability- by proposed statutes in 2600.226 that make the Home responsible for developing Support Plans that document all the resident's needs, and how they are met. The regulations (2600.41) also require that the Home be the primary source of assistance in obtaining clothing, transportation, rehab, health and dental care. These tasks have been historically, and more appropriately, the responsibility of Social Service agencies such as Dept of Aging, MH/MR, and DPW. By forcing these tasks upon the home, DPW will open up PCH's to increased frivolous lawsuits, affect insurance coverage/availability, and force PCH to hire Social Workers- a cost which smaller homes and those that serve the poor can not bear.

- The proposed regulations (2600.4, 2600.54-56) have also confused the terminology of direct care staff and personal care staff as they pertain to staffing ratios. "Direct care staff" is a new term introduced in this draft, and applies only to non-administrative personnel who assist with "Activities of Daily Living"

such as hygiene, dressing, eating. Yet there are a substantial number of services in the current regs under "Personal Care Services" that are now classified as "Instrumental activities of daily living" such as managing money and doing laundry. These tasks would thus no longer be considered as actual personal care (now direct care) hours. Yet while the draft still requires 1 hour of personal care per resident, only Direct Care personnel and their tasks count towards the requirement. Many semi-independent people simply do not need 1 hour a day of grooming and hygiene assistance. As a result this will cause higher staffing, as additional staff will be hired to do those tasks that used to be counted as personal care. In other words, although the Draft claims to have not changed staffing ratios, it has changed the definition of what can be counted towards those ratios, which will indirectly therefore require more staff. Family style homes, and those that serve the poor, simply will not be able to survive.

- The proposed regulations (2600.228) are seriously lacking in enabling PCH providers to remove unsuitable residents from the home. This requirement essentially negates the role or force of house rules to maintain order and harmony. It is not appropriate to require PCH providers to guarantee a resident a home for life as long as they pay their rent, are within PCH care limitations, and are not a danger to themselves or others. PCH's involve the group living of numerous individuals, of various personalities, behavioral patterns, and at times mental illnesses. A resident can be extremely disruptive or offensive to the home, its residents, and the community without being "a danger". In such cases, the home must have the ability to remove this person, maintain order, and protect the rights and the quality of life of the other paying residents.

- Finally, when detailing the costs of the new regs to the private and public sectors, there is no mention of the resulting manpower cost to the PCH for developing these home specific programs, procedures, Support Plans and other documents. There is no mention of the additional staff that will be required to maintain the programs (like Quality Management 2600.27), record keeping, or extra staff to do personal care that is not direct care. There is no consideration for the cost of removing administrators and staff from the home for additional training. Since training is not "direct care" there is no consideration of the cost to use supplemental staff to fill in for staff while they are being trained. There is also no mention of the additional costs associated with physical changes required in the number of toilets (2600.102), a communication system (2600.90), installing new surfaces (2600.88), dishwashers (2600.103), or type of mattress (2600.102k).

Contrary to what is stated, these proposed regulations will not improve the quality of PCH care, and will have significant cost impacts to the Private and Public sectors. They will not preserve and nurture good personal care homes, as they are cost prohibitive, are facility- not home- modeled, and add such a burden of liability as to remove the incentive for new individuals to enter the PCH field, especially in regards to low-income, disabled residents. Not only will many small businesses fold, but the quality of life for Personal Care Home residents will take a step backward. These regulations do not serve the short and long term needs of the Commonwealth. Public hearings should be held, and the draft again re-evaluated and revised to protect the interests of all Pennsylvanians, especially the most vulnerable.

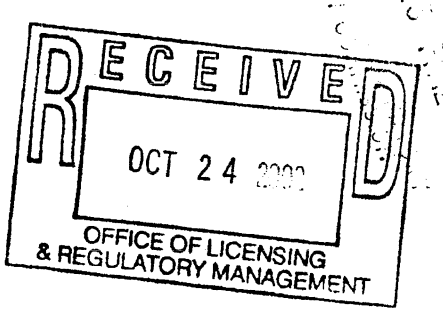
Sincerely,

Shirley L. Mayer

SHIRLEY L. MAYER

#14-475 (32)

Original: 2294



October 21, 2002

Ms. Teleta Nevius, Director
Department of Public Welfare
Office of Licensing and Regulatory Management
Room 316 Health and Welfare Building
P.O. Box 2675
Harrisburg, PA 17120

Dear Ms. Teleta Nevius:

After reviewing the proposed Chapter 2600 PCH Regulations I have the following comments and/or concerns.

2600.17 Confidentiality of records

Should be clarified, since it does not include personal care staff as persons allowed to see resident's record.

2600.20 Resident funds

Needs clarification as to who the administrator should surrender the resident's valuables to, in the event of death, when the resident has no living relatives.

2600.26 Resident/home contract; information on resident rights

The cost of developing and printing new individualized home contracts outweighs the benefit, especially since the need for an individualized home contract has not been evident. Individualized agreement implies that every time there is a change in services provided, a revision needs to be made, creating a need for an addendum to the agreement and an adjustment in the rent. This leads to an unnecessary waste of time and cost. The existing DPW developed contract serves its purpose and has not become outdated. Incorporating this regulation would be the equivalent to each personal care home requesting an individualized set of regulations.

2600.42 Specific Rights

There should be more reasons listed giving a PCH the right to terminate an agreement. The PCH should be able to terminate an agreement in situations where the resident will not respect the rights and dignity of staff and other residents, whether it is by abuse, stealing, or not abiding by the home rules.

It is unrealistic and unfair to assume that a PCH is aware of the residents who need clothing or if their clothing is in disrepair. Unlike a nursing home, the care staff in a PCH is not always aware of what is in a resident's closet or drawers.

PCHs are not medical facilities and have no control over the prescribing of medication.

PCHs should not be responsible for any money that the resident chooses to keep in their room.

2600.53 Staff titles and qualifications for direct care staff.

It is becoming more and more difficult to staff for kitchen help in a PCH. By raising the age to18 years and older it cuts our ability to staff drastically. If properly trained and supervised by an adult, a16 year old is capable of working as well as an 18 year old.

2600.56 Staffing

It should be at the discretion of the PCH as to how to schedule the minimum staffing requirements of one hour per resident and two hours per immobile resident per day. This will ensure the individualized care required in support plans.

I need the name and number of the local assessment agency that is willing to take calls when a PCH is unable to meet the needs of a resident.

2600.58 Staff training and Orientation

It would be detrimental to require a facility to train new staff before they can provide care to the residents. Except for the new employee, all staff members on duty have completed required training. For the first three days of employment, the new employee will work under the direction of a preceptor who has completed the required training. The expectation of completing the required training within the first 30 days of employment is more cost effective and realistic.

Who would have the qualifications to provide the safe management technique training and at what cost?

The PCH would need to hire a full-time person to implement the required staff training and record keeping along with the individualized staff development program. This person would need to be qualified in all areas since he would have to train every staff member in all departments. A person with these qualifications would require a considerably high rate of pay.

2600.101 Resident bedrooms

Items 1 & 2 under K. are conflicting. If we place plastic coverings on fire retardant mattresses wouldn't that make them less retardant? Plastic coverings on mattresses are not needed in PCH and should be the resident's choice based on comfort.

2600.142 Emergency medical plan

The wording needs to be changed in item (a). A PCH can assist the resident in receiving the emergency medical care and treatment necessary, but we have no control over the ambulance service and hospital and cannot therefore ensure immediate and direct access.

In item (c) clarification needed for "An emergency staffing plan".

2600.161 Nutritional adequacy

PCH are not medical facilities and do not have the qualified staff (dieticians) to developed and implement therapeutic diets as prescribed by a physician.

2600.162 Meal preparation

Items (a) and (h) require the expertise of a speech therapist and/or occupational therapist.

2600.171 Transportation

There are no ratios in 2600.56.

If residents in a facility are friends and want to offer each other rides to the doctor's office what right does a PCH have to prohibit.

Volunteers and transporters are considered ancillary staff (defined as "A person who provides services for the personal care home but does not provide the services provided by direct care staff.") and cannot administer medication (syrup of ipecac).

2600.201 Safe management techniques

This is not indicated for a PCH since if at any time a resident's behavior is endangering to himself or others the agreement with this resident will be terminated and the appropriate agency contacted, so a suitable placement can be found.

2600.225 Initial assessment and annual assessment

Personal care staff are not qualified to do Medical, Medication and Psychological Assessments.

2600.226 Development of the support plan

Clarify when the support plan needs to be developed and implemented. Some areas state at the time of admission along with an individualized plan and list of services needed. Other areas state it should be completed within 15 calendar days. Both of these time frames are unrealistic because you need a sufficient amount of time to adequately assess a resident. Many factors influence how a resident is able to perform ADLS, including success of adjustment to the PCH. Many residents are depressed or angry when they first come into a PCH and although they are able to perform the ADLS they are unwilling to do so. Also time is needed for all parties to agree to a date and time that they can come together and develop the support plan.

2600.228 Notification of termination

If these are truly the only grounds for discharge and we are required to retain persons that need the services of a mental health treatment center, we will have the cost of training the staff on how to care for residents with behavior problems. We would also require increase in staffing to monitor the behavior and prevent the other residents from being harmed. This will institutionalize personal care homes and be the end to the homelike setting that we worked so hard to achieve.

I realize that a lot of time and effort went into these regulations but that is not enough reason to release them now just to beat a deadline. This is an opportunity to make

a difference in the lives of these residents who have earned the right to enjoy their last days without bureaucracy. We cannot let them down and let pride stand in our way of doing what is right. Personal care homes are simply housing with assistance. Do not complicate the issue. We are not medical facilities we do not need all the formalities and regulations of a nursing home. There has been no research to support the need for change. You would not want a car released into the public without a test drive. Why release these regulations without first putting them into practice and see if they are really necessary.

Sincerely,

Charlene Kleman

Charlene Kleman, RN
Director of Nursing
Green Hills Manor

Original: 2294

14-475 (448)

October 21, 2002

Teleta Nevious, Director
Dept. Of Public Welfare
Room 316
Health and Welfare Building
P.O. Box 2675
Harrisburg, PA 17120

IRRC
333 Market Street
14th Floor
Harrisburg, PA 17101

Senator Harold Mowery, Chairman
PA Senate Public Health and Welfare
Committee
Senate District 31
Senate Box 203031
Harrisburg, PA 17120-3031

George Kinney, Chairman
PA House of Representatives
Health and Human Services
Committee
Room 108
Ryan Office Building
Harrisburg, PA 17120-2020

Dear Ms. Nevious, IRRC, Senator Mowery and Mr. Kinney,

I am writing because someone I care about resides in a personal care home. My loved one is unable to live independently, but is not in need of nursing home care. The personal care home provides my loved one with the support and assistance they need while still encourages them to be as independent as possible.

I have been advised about the proposed changes in the regulations and this has caused me great concern. We have been happy with the care that is being provided and as you know, care is expensive. I am concerned that many of these proposed changes are excessive and undoubtedly will result in even more expense to the residents residing in personal care homes because of the cost to the facility of implementing these changes. Many residents residing in this home are not in a position to bear any more expense.

I am requesting that the proposed regulations be stopped and that the Department of Public Welfare work with personal care home operators, employees, residents and families and they be given an opportunity to make suggestions and come to a reasonable and agreeable set of regulations.

Sincerely,

David A. Frank

DAVID A. FRANK
Address:
10425 GRUBBS RD.
WEXFORD, PA 15090

Original: 2294

14-475
326

October 21, 2002

Teleta Nevious, Director
Dept. Of Public Welfare
Room 316
Health and Welfare Building
P.O. Box 2675
Harrisburg, PA 17120

IRRC
333 Market Street
14th Floor
Harrisburg, PA 17101

Senator Harold Mowery, Chairman
PA Senate Public Health and Welfare
Committee
Senate District 31
Senate Box 203031
Harrisburg, PA 17120-3031

George Kinney, Chairman
PA House of Representatives
Health and Human Services
Committee
Room 108
Ryan Office Building
Harrisburg, PA 17120-2020

Dear Ms. Nevious, IRRC, Senator Mowery and Mr. Kinney,

I am writing because someone I care about resides in a personal care home. My loved one is unable to live independently, but is not in need of nursing home care. The personal care home provides my loved one with the support and assistance they need while still encourages them to be as independent as possible.

I have been advised about the proposed changes in the regulations and this has caused me great concern. We have been happy with the care that is being provided and as you know, care is expensive. I am concerned that many of these proposed changes are excessive and undoubtedly will result in even more expense to the residents residing in personal care homes because of the cost to the facility of implementing these changes. Many residents residing in this home are not in a position to bear any more expense, including our sister-in-law.

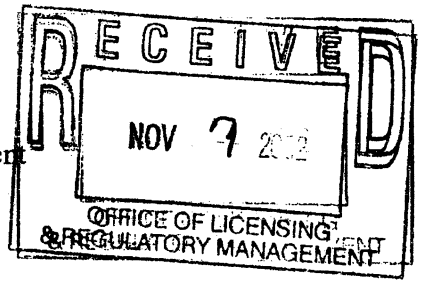
I am requesting that the proposed regulations be stopped and that the Department of Public Welfare work with personal care home operators, employees, residents and families and they be given an opportunity to make suggestions and come to a reasonable and agreeable set of regulations.

Sincerely, Mary C Burchell, M.D.
Austin E. Brown, M.D
10/28/02

Address: P.O. Box 769
Alamo, CA. 94507

14-475 (639)

October 21, 2002



PA Department of Public Welfare
Teleta Nevius, Director of Office License/Regulatory Management
Room 316 Health and Welfare Building PO Box 2675
Harrisburg, PA 17120

Dear Ms. Nevius:

I would like to take this opportunity to comment on the proposed revisions to the personal care home regulations, Chapters 2600 and 2620. Throughout, over one hundred new, **unfunded** regulations are being proposed which are expensive to implement and will not only create a hardship for my small business, but threaten its continued existence. This in turn threatens my residents and my employees. The proposed regulations must be stopped in their current form. They are unreasonable, excessive and unfair.

1. **Administrator Qualifications**: (2600.53 (1), (2), (3), (4). These requirements are excessive. One does not need to be a nurse, nursing home administrator or have a college degree to manage a houseful of residents who do not need nursing care. These criteria do not produce a competent, caring administrator and **need to be deleted**. These criteria also discriminate against small business. It jeopardizes being able to pass it on in the family. **The proposed increases in training hours and internships are sufficient.**

2. **Staff Training**: 2600.58 (c), (e). I attended a meeting where you agreed that 12 hours annual direct care staff training was sufficient. Also, in this printing are unreasonable, new items which prohibit one from caring for residents until after 24 hours of training (new staff are typically quite experienced). An annual 24 hours is **twice** that required for nursing home aides and three times that of hospital aides. Implementation costs are **exorbitant** for a characteristically high turnover set of employees! 12 hours of on the job training is adequate by any standard. Duplicity of paperwork is being asked for in documentation of training. **One training plan is sufficient.**

3. **Resident Funds**: 2600.20 (b)(1),(4). In order for residents to have access to their personal spending money 24 hours a day, every staff person would have access to this cash. This is not practical nor does it promote good safekeeping of what very little spending money residents on SSI have. Spending money needs to be available during regular business hours only. In addition, it is in violation of residents' rights and it is insulting to force them to receive "counseling" whenever they do want to use some of their money! This requirement should be deleted.

4. **Personnel Management**: 2600.27 (a), (c) My home is licensed for 30 beds. It is small and should not be expected to operate like a hospital or nursing home, which is demanded in the Quality Management section. These criteria are inappropriate for independent, family owned businesses and need to be eliminated totally.

5. **Waivers**: 2600,19 (g) When I bought my building I followed all the proper channels with Labor and Industry, County Health and DPW. I spent large sums of money renovating my building and satisfying all the involved regulatory bodies. **I MUST INSIST THAT MY HOME BE WAIVERED or PERMANENTLY GRANDFATHERED!** I have acted in good faith and I expect the same in return.

5. **Resident Contract**: 2600.26 (ii),(iii), (xi), (xii). These criteria are **unnecessary** and should be omitted. I serve low-income, SSI folks. What could possibly be put on their support plan that they could pay for? I don't even understand what exactly the regulation means. Also, I am entitled to a 30 day notice. DPW should not be permitted to take that away from me. I cannot force outside agencies to perform their services 24 hours a day 365 days a year. (Even the Welfare Office is closed on weekends and holidays).

6. **Medications**: 2600.181 (b), (c), (d), (e), (3); 2600.182 (d); 2600.183 (b); 2600.186 (b) (2,3,6) Instead of nurses, which is virtually impossible for a small, family owned business like mine to afford, Pennsylvania needs to follow the example of other states and sponsor a **medication aide bill** which gives personal care home staff access to a **decent medication training program**. In Pennsylvania, this is done for Mental Health/Mental Retardation group homes. In addition, the requirements for a resident to be considered capable of self administration of his/her medications are ridiculous. Lack of knowledge about one factor of one medication does not Option a person for nursing care. If my resident does not meet criteria for a nursing home then I should not have to provide nursing care in my personal care home. **Personal Care homes are not nursing homes!!!** A medication aide certification program is the right solution.

I am asking you to STOP the proposed regulations until any future versions are proposed by a team of knowledgeable and experienced persons with involvement from actual pch owners. **If enforced**, the current regulations are sufficient until such a time. My home is small and my 30 SSI residents cannot absorb the increase in costs. Despite what may have been said by DPW, the cost of implementing these current proposed regulations is prohibitive and would cause me to lose my business and put my 30 residents out on the street or warehoused in a large institution somewhere. There are 20,000 other SSI recipients in Pennsylvania personal care homes who face a similar fate unless you stop this inane action. Thank you.

Very truly yours,

Dianne M. English,
Owner and Administrator
Evergreen Assisted Living, Inc.
141 Evergreen Avenue
Millvale, PA 15209

Original: 2294

Deborah Stevens, Administrator and Owner
Evergreen Assisted Living, INC.
141 Evergreen Avenue, Pittsburgh PA 15209

October 20, 2002

Independent Regulatory Review Commission
333 Market Street 14th floor
Harrisburg, PA 17101
Attention: Mary Lou Harris

Dear Commissioner Harris:

I am writing to express my dismay about the proposed personal care home regulations printed in the Pennsylvania Bulletin on October 5, 2002. My 30 residents are **SSI recipients and they cannot afford all the increases in cost caused by the new regulations**. Because the increased costs cannot be passed onto them, my small business will be forced to absorb this heavy burden without one cent from the Commonwealth to help. Serving low income residents results in a very low, if any, profit margin. The increased cost due to **unfair and unnecessary** regulations by the Welfare Department may cause the closure of my home and the displacement of 30 low income residents. Where will they go? Will they be **warehoused in an institution** somewhere? This is a crucial question because these regulations will most likely result in the closure of all homes across Pennsylvania dedicated to serving the low income/SSI recipient. This amounts to approximately **20,000 homeless SSI recipients who used to have a nice, safe place to live until the Department of Welfare decided to punish the entire personal care home industry for its own failure to enforce current regulations against the small number of homes that need to be shut down**. I believe that Secretary Houston has misled others in implying that there is no or minimal cost ("only a $680.00 one time cost per resident"). This is simply not true. I would also like to point out that at several meetings held across Western Pennsylvania, representatives from DPQ/OLRM assured providers that it is not their intention to shut down small businesses in Pennsylvania. Department staff also acknowledged the need for medication aide training, not RN's, in personal care homes. They acknowledged the overkill in the requirements for administrators and in the number of hours of annual training for direct care staff. Twelve hours was agreed upon. None the less, when the regs were published, it was apparent they did not follow through on the commitments made to my residents and their families. There are even many disturbing and new items! I have been operating my home for eight years. I have never had a citation that involved the health or safety of my residents. **The proposed 2600 Personal Care Home regulations need to be stopped now.** The current regulations are sufficient, **if enforced**, until which time reasonable revisions can be made by a team of **knowledgeable, experienced** people which will include the very providers being regulated. The following are areas of particular concern:

Qualifications for Administrators. 2600.53 (1),(2),(3),(4). Proposed regs require an administrator to be a nurse or a nursing home administrator. DPW dictates very strict standards regarding the level of care a personal care home can provide. Residents who exceed these standards must be placed in a higher level of care, i.e. a nursing home. Therefore, it is clear that the needs of a personal care home resident are much less than in a nursing home. Why is such a medical background necessary? Or why would a nursing home administrator run a personal care home? They are not the same thing. A personal care home is not a nursing home nor a hospital. The proposed regs also require an administrator to have a college degree. **The proposed increase in administrator training and orientation is an improvement over current requirements and will improve the health, safety and welfare of the residents** and thus will negate the proposed requirements. My home is a small, family owned business and I would not be able to pass it on to my sons, who live daily with the experience of running a personal care home. Proposed regulations discriminate against family businesses and small businesses. Again, proposed improvements in training and internships for administrators is sufficient. (I happen to have a master degree in clinical psychology and it didn't help me very much in learning how to operate a personal care home and it doesn't have much to do with my values about how to treat other people).

Medication Administration.2600.181 (b) (c) (d) (e); 2600.182 (d); 2600.186 (b) (2,3,6,) (d). Currently, personal care home staff can **assist** residents with their medications. The proposed regulations state that unless the resident knows and understands everything about his or her medications (including side effects, contra indications, drug interactions), they no longer qualify for assistance, but need **administration** of medication by a licensed nurse. This is ridiculous – expecting a personal care home resident to be as knowledgeable about medication as a pharmacist! I personally take 2 prescribed medications. I probably don't know as much about my medications as I could, however, I trust my physician and my pharmacist. Personal care home residents have physicians and pharmacists too! The need for a nurse indicates that personal care is an inadequate level of care. You just try to get someone optioned into a nursing home just because they don't understand something about one of their medications! They would not be eligible for nursing care under the DPW and Department of Aging criteria. The personal care home industry as a whole is very adamant about the need for a **medication aide bill** which would allow certain trained personal care home staff to assist personal care home residents with their medication. State sponsored medication training programs are utilized in other group home settings (i.e. mental retardation homes with residents who I am sure do not know as much about their medication as what DPW expects personal care home residents to know). This would be appropriate and adequate for personal care home staff. People being care for in their own home have their medication monitored by social service and private home health agency staff who are not nurses.

Direct Care Staff Training. 2600.58 (c) (e); 24 hours per year of training is proposed and new staff may not interact with residents until they have had their first 24 hours of training (all at once!) The annual training requirement for nursing home aides is 10 hours and for hospital aides only 8.

Again, the proposed regs for personal care homes **exceed** standards for other healthcare industries. On the job training is not given any credence even though it is an integral part of staff training and orientation in hospitals and nursing homes! How are new staff to learn their job without any interaction with the residents? What about new staff with years of experience? At the meetings between providers and DPW staff, 12 hours was agreed to. At least, that is what we were assured by your office. Most homes, in addition to the current required training, require approximately 40 hours per week on the job training before a staff person would ever work **independently** with a resident. By the way, a nursing home administrator is required to obtain 48 hours training (equal to a personal care home aide!) only the nursing home administrator has 2 years to obtain the hours.

New paperwork. 2600.27(a) (b) (c); 2600.59; 2600.60; 2600.16 (b); 2600.26 (iii) (ii) 2600.201 (b):2600.223 (a) (b). I would like to know why the current screening instrument is not sufficient. DPW is proposing yet a second and third screening instrument on each resident. Why? It is redundant. The same applies to the "Care Plan". DPW is again attempting to turn personal care into mini nursing homes. What if the resident doesn't want the items addressed in the state-dictated care plan? Who is going to pay for the services required in the Care Plan? The demands of these new requirements are excessive and inappropriate to the small personal care home.

Safe Management Techniques. 2600.201(b) I would like to know if this means that I have to keep a resident in my home that creates chaos and makes the other residents uncomfortable or frightened? A personal care home is a **home**, not an institution. These regulations are not necessary and are inappropriate in a personal care home setting.

DPW and the Office of Licensing and Regulatory Management has ignored the knowledge and experience of hundreds of personal care home owners and administrators, including myself. Department staff has been deceptive in allowing me to believe that I had some stake in how my industry is regulated and that I deserved a fair hearing. I feel like my residents as well as myself are being punished for the Department's failure. I am asking that the proposed regulations 2600 be **stopped.** They are unacceptable in current form and they jeopardize my business and my residents. If DPW would **enforce the current regulations,** this would be sufficient in correcting the wrongs that are being done by a very small percentage of personal care homes. Meanwhile, reasonable and acceptable changes could be made to the existing regulations that would benefit everyone involved, including my residents and myself. Any changes need to allow me the opportunity to continue to operate my small business in the Commonwealth of Pennsylvania and afford my residents the choice to remain in their home. Thank you.

Very truly yours,

Deborah Stevens

Deborah Stevens, President
Evergreen Assisted Living, Inc.
141 Evergreen Avenue
Pittsburgh, PA 15209

October 21, 2002

Independent Regulatory Review Commission
Attention: Mary Lou Harris, Commissioner
333 Market Street, 14th floor
Harrisburg, PA 17101

Dear Ms. Harris:

I would like to take this opportunity to comment on the proposed revisions to the personal care home regulations, Chapters 2600 and 2620. Throughout, over one hundred new, **unfunded** regulations are being proposed which are expensive to implement and will not only create a hardship for my small business, but threaten its continued existence. This in turn threatens my residents and my employees. The proposed regulations must be stopped in their current form. They are unreasonable, excessive and unfair.

1. **Administrator Qualifications**: (2600.53 (1), (2), (3), (4). These requirements are excessive. One does not need to be a nurse, nursing home administrator or have a college degree to manage a houseful of residents who do not need nursing care. These criteria do not produce a competent, caring administrator and **need to be deleted**. These criteria also discriminate against small business. It jeopardizes being able to pass it on in the family. **The proposed increases in training hours and internships are sufficient.**

2. **Staff Training**: 2600.58 (c), (e). I attended a meeting where Teleta Nevius from DPW/OLRM agreed to 12 hours annual direct care staff training. Also, in this printing are unreasonable, new items which prohibit one from caring for residents until after 24 hours of training (new staff are typically quite experienced). An annual 24 hours is **twice** that required for nursing home aides and three times that of hospital aides. Implementation costs are **exorbitant** for a characteristically high turnover set of employees! 12 hours of on the job training is adequate by any standard. Duplicity of paperwork is being asked for in documentation of training. **One training plan is sufficient.**

3. **Resident Funds**: 2600.20 (b)(1),(4). In order for residents to have access to their personal spending money 24 hours a day, every staff person would have access to this cash. This is not practical nor does it promote good safekeeping of what very little spending money residents on SSI have. Spending money needs to be available during regular business hours only. In addition, it is in violation of residents' rights and it is insulting to force them to receive "counseling" whenever they do want to use some of their money! This requirement should be deleted.

4. **Personnel Management**: 2600.27 (a), (c) My home is licensed for 30 beds. It is small and should not be expected to operate like a hospital or nursing home, which is demanded in the Quality Management section. These criteria are inappropriate for independent, family owned businesses and need to be eliminated totally.

5. **Waivers**: 2600,19 (g) When I bought my building I followed all the proper channels with Labor and Industry, County Health and DPW. I spent large sums of money renovating my building and satisfying all the involved regulatory bodies. **I MUST INSIST THAT MY HOME BE WAIVERED or PERMANENTLY GRANDFATHERED!** I have acted in good faith and I expect the same in return.

5. **Resident Contract**: 2600.26 (ii),(iii), (xi), (xii). These criteria are **unnecessary** and should be omitted. I serve low-income, SSI folks. What could possibly be put on their support plan that they could pay for? I don't even understand what exactly the regulation means. Also, I am entitled to a 30 day notice. DPW should not be permitted to take that away from me. I cannot force outside agencies to perform their services 24 hours a day 365 days a year. (Even the Welfare Office is closed on weekends and holidays).

6. **Medications**: 2600.181 (b), (c), (d), (e), (3); 2600.182 (d); 2600.183 (b); 2600.186 (b) (2,3,6) Instead of nurses, which is virtually impossible for a small, family owned business like mine to afford, Pennsylvania needs to follow the example of other states and sponsor a **medication aide bill** which gives personal care home staff access to a **decent medication training program**. In Pennsylvania, this is done for Mental Health/Mental Retardation group homes. In addition, the requirements for a resident to be considered capable of self administration of his/her medications are ridiculous. Lack of knowledge about one factor of one medication does not Option a person for nursing care. If my resident does not meet criteria for a nursing home then I should not have to provide nursing care in my personal care home. **Personal Care homes are not nursing homes!!!** A medication aide certification program is the right solution.

I am asking you to STOP the proposed regulations until any future versions are proposed by a team of knowledgeable and experienced persons with involvement from actual pch owners. **If enforced**, the current regulations are sufficient until such a time. My home is small and my 30 SSI residents cannot absorb the increase in costs. Despite what may have been said by DPW, the cost of implementing these current proposed regulations is prohibitive and would cause me to lose my business and put my 30 residents out on the street or warehoused in a large institution somewhere. There are 20,000 other SSI recipients in Pennsylvania personal care homes who face a similar fate unless you stop this inane action. Thank you.

Very truly yours,

Dianne M. English,
Owner and Administrator
Evergreen Assisted Living, Inc.
141 Evergreen Avenue
Millvale, PA 15209

Evergreen Assisted Living
141 Evergreen Ave
Pgh PA 15209

10/29/02

The Attached are
letters of support
from Staff & Evergreen
in Millvale who are
very concerned about
the new regulation
proposals & would
want them stopped
if it meant the
failure of Evergreen to
survive. Thankyou —
Evergreen Staff

October 18, 2002

To Whom it may concern:

It has come to my attention that the regulations for Personal care homes and Assisted Living Homes may be changing. While I agree some changes are necessary,I am concerned about the low income people who call these places home. Where will they go? How will the system benefit them? Higher quality care will push them out of their home. Higher paid professionals, RN's ,LPN'S on duty at these homes will not only burden the owners and the residents with higher costs. Cost which I feel is unnecessary, these people do not require skilled care. I have been employed in a few of these homes for 12 years. The In-services and staff meetings are adequate to meet the residents needs. The residents in these homes need minimal assistance and take their own medication with the assistance of conscientious caring people. My fear is the residents will fall through the cracks, they don't require the skilled care of a nursing home, yet they may not be able to afford a Personal Care or Assisted Living Home. I ask again , Where will they go, what is the plan for the low income residents who reside in these homes, If these regulations are passed? All these residents need to keep their independence is a little assistance, a helping hand, not more burdens to overcome.

Sincerely,

Mary kay Wolkiewicz

Mary Kay Wolkiewicz

Evergreen Park

THE REASON WHY I WORK IN A SMALLER ASSISTED LIVING HOME.

The reason why I work in a home with fewer people is that the person-to-person care is much easier and convinient. The residents get more help everytime they need it. This would be hard if I was working in a bigger home.

Another reason is that you come to know or you make friendship with the residents which I think makes them feel at home. This helps the residents to not feel left unattended to.

Most of the time, I feel that working in a smaller home is the best way to know that the residents are being well cared for. This is because, their needs like laundry, meals and the medication is done more effeciently than it would in a bigger nursing home. Thank you.

MERCY KOMUNTALE

Working in Assited living Homes?

I like working in nursing/Ass Living Homes & smaller settings.
There one on one contact with Residents.
You for alot of them become family.
The fact that it is in my area also helps. I & many others walk here. My children come & visit me & the residents here. They interact with the resident they all know my children by name.
In case of Emergency sake I'm only 5 mins away. It's also very easy to work with people I know from your or my home town. When we have new staff & a family member come in & see how the place is & I am with all the residents. I know them so well. It really helps to know theyre proclivety's & personalitys.
I've been here for 15 months & couldn't see myself someone else. I love these people & would greatly miss them. If they were in bigger homes.

Tammy W.

Caroline D. Murray
460 North Avenue
Pittsburgh, PA 15209

October 28, 2002

To Whom It May Concern:

It has come to my attention that the regulations for Personal Care Homes and Assisted Living Homes may be changing. While I agree some changes are necessary, I am concerned about the low-income people who call these places home. Where will they go? Higher quality care will push them out of their home. Higher paid professionals, such as RN's, and LPN's on duty at these homes will not only burden the owners, but the residents as well. These residents do not require skilled care.

Eighteen years ago I found out that my youngest child of four has Cerebral Palsy. I immediately sought out help and guidance for him. It has been extremely hard over the past nineteen years, but with the GRACE of GOD we have made it through numerous pitfalls. I am one of a very few that has a very sensitive family that is willing and able to care for my son in the event that anything happens to me. Most of these residents don't have a family or one that could care for them.

Fifteen years ago I joined a Volunteer Ambulance Service in this area. To my surprise I thoroughly enjoyed working with the sick and injured to get them to the proper facility to give them quality care. I ended up being paid staff for an ambulance service. Two and a half years ago a nurse that was taking care of my son in my home while I was at work burned him in the bathtub. I stopped working for a while to take care of him 24 hours a day 7 days a week. I've been through a number of nurses either incompetent or just didn't like this type of work. My son is considered skilled care.

In June of this year, there was an add in the paper for workers needed at this assisted living house. I applied and was hired. I started out with the intentions of working two days a week. It turned into full time, 7a-3p Monday through Friday. I feel I have the best job in the world. I am there to assist the residents with: getting to their doctors appointments, getting to group sessions, listening to them, being their friend, laughing with them, and crying with them. I take my work to heart. Even though I'm not a RN or LPN, I've learned to assist the residents with their every day needs and wants. This house is common sense. I'm grateful to have experienced the work of an Emergency Technician, EKG Technician, and Phlebotomy. The most joyful experience is one of being a mother and friend. We as caregivers are not left alone. We have the ICM, CM, Social Workers, Department of Aging, Nurses, and Doctors, and a pharmacy to call for any assistance.

The people that live in this house only need a place to live with minimal assistance. They all know what medications they take and when they need to take them. They can feed themselves, bath themselves, and know how to get from one place to another. They do not require skilled assistance. They do not have anywhere else to go because they have no family and they definitely have no money. If these low-income homes are forced to have RN's or LPN's staff them, they will have to close. This will leave the

residents with no were to live. Secondly this will leave a void in my life. It isn't the money, because we do not get a very large income. I left a job bringing home $1,000 a week because I didn't like what I was doing.

It would not be fair to these people to put this burden on them. They have a difficult time as it is with no one out there that can help them and to take their independence away from them. This is their home and we are their family. I agree that there is a need for education, we are supplied with in house training on a regular basis. If the state would require more training in medications I would be more than willing to go for a certificate.

Sincerely,

Caroline D. Murray