

Original: 2294

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Barbara J. Strause
424 Spruce Street
West Reading, PA 19611

October 22, 2002

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

Dear Sir:

I have been informed regarding the proposed changes to the regulations for community-based long-term residential care services. The increase from the existing 45 regulation to the proposed 127 is ridiculous. The costs associated with the implementation would be astronomical. Many personal care homes would be forced out of business. My mother is a resident of an assisted living community and is receiving exceptionally good care. The residence is affordable now, but with the recommended changes and costs incurred it may not be. Does she then go into a nursing home with help from Medicaid? I believe she would.

Sincerely,



Barbara J. Strause

Original: 2294

#14-475 (574)
"Same
Comment as
573"

Phyllis N. Mrosco
R.D.#1, Box 261P
New Stanton, PA 15672-9608
412-580-6940

October 22, 2002

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

Dear Teleta Nevius:

2600.53 Staff titles and qualifications for administrators: You require the following:

- (a) The administrator shall have one of the following qualifications:
- (1) A valid license as a registered nurse, from this commonwealth.
 - (2) An associate's degree or 60 credit hours from an accredited college or university.
 - (3) A valid license as a licensed practical nurse, from this commonwealth and one year of work related experience in a related field.
 - (4) A valid license as a nursing home administrator from this commonwealth.

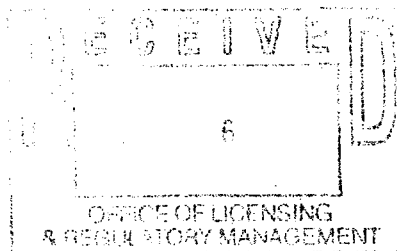
I have a very serious problem with this regulation. The entire personal care/assisted living system is based on a social model. Both as a personal care home administrator and as a consumer (I am POA for my uncle, who lives in an SSI personal care home) I strongly oppose this requirement.

I am qualified under the proposed regulations. But many, many of the administrators who I work with would not be. The administrator of the home where my uncle resides would be forced to close.

There are acceptable options to these requirements. Please explain why those options have not been explored. I await your response.

Sincerely,

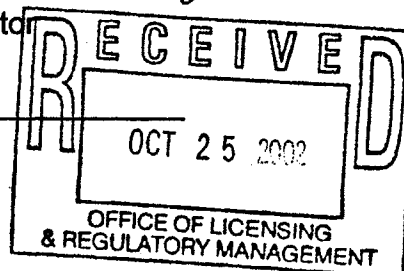

Phyllis N. Mrosco



Susan's Victorian Cottage

Susan S. Jones RN, Administrator
RR #5 Box 64-E
Mt. Pleasant, PA 15666

Phone: (724) 423-8706



October 22, 2002

My comments on proposed Personal Care Home Regulations printed in PA Bulletin October 5, 2002:

First of all, these changes would not be necessary if DPW had properly enforced the current 2600 regulations. DPW allowed the "bad" homes to continue to operate which gave the entire PCH industry bad publicity and influenced the creation of these new regulations. We must keep Chapter 2600 and train DPW to comply.

We are one of the hundreds of "good" homes. I began operation in March, 1997 and am an RN owner and administrator of this 13 bed PCH. All our residents are mobile, alert and love living here. We presently have three (3) DOM Care residents, six (6) SSI residents, three (3) private pay residents and four (4) employees plus myself. This home's 2001 net profit was under \$20,000 because we have many low income residents. That profit is actually adequate for my needs because I live in this 6000 sq. ft. PCH and have minimal housing, utility and food expenses to pay. I don't take a salary and am busy working here 16 hrs every day, sometimes 18+ hrs. I did take a 5 day vacation in September which was my first overnight away from this home in three years. Many of the nurses and other personnel who come to visit our residents tell us that this is the one of the best and nicest homes they've ever been in. We have always had excellent yearly inspections. Our last two inspections found no deficiencies although some paperwork ones could have been found if the inspector had looked harder. I'm always busy working on something and do spend a lot of time with the residents...but now MUCH more paperwork is proposed. I worked in several nursing homes over many years and never had enough time to give to the residents because of all the required paperwork. A PCH is NOT a medical facility and should not be forced to operate like one as is proposed with these new, over-regulating regulations.

I would really like to be made aware of the big picture here. What is the real goal with all of this? You have to know that these regulations will definitely close down most small homes. Is the goal to move all of our residents into large corporate-run warehouse nursing homes? Is it being set up for them to receive Medicare & Medicaid for our PCH residents? Where do you plan for the thousands of SSI recipients to live when you force the small homes to close? Whatever the goal, I am certain it involves BIG \$\$, NOT the residents' wishes or well-being!

Necessary regulation changes include:

GENERAL REGULATIONS

2600.17 Confidentiality of records

This must be changed to include health care professionals.

As this is written I would need the resident's consent to call a doctor, pharmacist, nurse, caseworker, etc. when the resident says, "No, I'm OK."

2600.20 Resident funds

[a](2) and [b] (5) ...written receipts...

I always keep exact resident receipt, deposit, expense and withdrawal records in QuickBooks. I record all cash given to residents and retain all receipts for all purchases. For cash handouts it is often impossible to get a receipt when the resident can't write. What good is a receipt for cash handouts when someone could forge these receipts if they wanted to steal the residents' money? The bottom line here is and always will be honesty, not a piece of paper.

[b](1) ...documentation of counseling sessions...

I've tried to counsel a retarded 40 yr. old who tells me, "My dad always gave me \$20.00 a day." [impossible] Even since outside MR services have been working with her she still has no idea of how to count or handle money. I'm not a financial advisor or an elementary school teacher. Please don't make me write more papers.

[b] [4] Mandating 24 hr access to resident's funds

What do I need to do now, buy an ATM? I do not give employees access to the residents' cash. Residents have access to their funds during normal business hours only [my awake hours, which are long hours.]

[b] [12] Giving resident all funds on transfer

By this regulation I would have to send all the resident's cash with a disoriented resident during a transfer via ambulance to a hospital emergency room. Very unwise! This wording needs changed to say what you mean.

2600.26 Resident contract

[a][1][vi] Refund of admission fee

I don't charge an admission fee but if I did it would not be refundable since it would pay for the burdensome process of admission with all the paperwork. Security deposits are refundable based on the condition the resident left his/her room upon discharge. Incontinence on carpet and upholstery requires it to be replaced.

[a][1][xi] A list of all PC services and their costs

OK, I will stoop down and untangle your O2 tubing 3x a day for \$50.00/mo. I will run out to catch the mail person to give her the letters you just handed me to stamp for \$50.00/mo. I'll work on your PC to figure out why it won't connect to the internet for \$50.00 per month....come on, really! Itemization of cost for everything provided is impossible. One fee for room, board and care covers everything needed and everything provided. If we charged a fee for everything we do for our residents no one could afford us.

[d] Services available 365 days a year

Some services can not be available 365 days a year. We prepare for major holidays the day before and do only essentials on the holiday because everyone [residents and staff] wants to enjoy the day with its extra special meals and holiday program of activities. We only paint fingernails once a week and our beautician only comes once every 6 weeks. These services are not available here 365 days/year but the family is welcome to take the resident out to a beauty shop any day they desire.

2600.29 Refunds

[e] Is vague. Which days are paid to the home and which days are refunded? This only states when to refund not which days to refund. Should there be a comma between "discharge when" or does this assume all belongings will be out within 7 days? What if notice of admission to another facility comes on Tuesday but the family doesn't remove the belongings for 2 weeks? Belongings must be out ASAP so I can prepare the room for someone else. I need full payment as long as belongings remain or many belongings would remain forever.

2600.42 Specific rights

[a] thru [t] Many more rights for residents, all of which I agree with and do already ensure.

[u] PCH's rights have been reduced. A resident can only be terminated for three reasons: [1] non-payment, [2] needing higher level of care or [3] danger to himself or others. I would have to keep a resident who {after extensive counseling and outside services} hated me or others in the home, was verbally offensive and abusive, and whose behavior caused such turmoil in the home and anxiety for the other residents that they would want to leave the home to get away from him. This is my home and I have to live in it too. I can't tolerate that type of behavior in my home or around my family and I won't subject my other residents to that type of abuse. Unacceptable behavior must be addressed. Please see regulation 2600.228 [h] [1] thru [6] with 6 reasons.

[X] An unproven report of money "stolen" from a resident should not be refunded because I offer keep their money for them for safekeeping and discourage any money being kept in resident rooms. The residents are made aware that any money in their rooms could possibly be stolen or misplaced. There has been no missing money here in the 5 ½ years that I've operated.

2600.53 Staff titles and qualifications for administrators

I'm disappointed on this since it's much too medically oriented. We are NOT a medical facility. My best and most dedicated employee has worked at this home for 15 years (she worked here before I bought it) and knows almost as much about this business as I do. She would make an excellent administrator and we had plans for her to take over here when I retire. But now, since she isn't a nurse and has no college credit, she suddenly isn't qualified. That is so unfair to restrict a very experienced and very qualified person from a position she has given her life's work to assume. Now I'll be even further restricted by the qualifications of who I will eventually be able to sell this home to. There has been a nurse shortage for quite some time. The goal really is to shut down all PCHs, isn't it?

2600.54 Staff qualifications

(2) I employ an excellent part timer who is older and never received a high school diploma or a GED.

2600.57 Administrator training and orientation

This is all new since the last draft. Where and how am I going to get the initial training I need to be able to develop all these new support plans, screening tools, assessments, contracts, orientation & training manuals, etc.? Will all this mass of paperwork be provided to me by the department? Will I be provided with outlines, sample forms and guidelines containing all the information I'm expected to write?

2600.58 Staff training and orientation

(e) 24 hours of annual training

Hospital aides require 8 hours annually, nursing home aides require 12 hours annually, but we require 24 hours annually. Does this assume that a PCH has so many more complex diagnoses, procedures and treatments to deal with that we need twice the training of a nursing home aide? Or does it assume that we are more stupid and require twice as many hours to learn? What uninformed person sitting at some desk decided this?

I alone am our home's Personnel, In-Service and Quality Control Dept. All this training for a new hire might be easily accomplished by multiple staff of a large home but will be extremely difficult for me, alone, to do. It would be so helpful if this required training could be offered in a local program such as a DPW sponsored training program. Then a new hire could swiftly complete the training and be ready for a 1 or 2 day orientation at any PCH. If I have to do all the training by myself, it will take much longer as I will still have all my other duties to do. If the new hire works for one day (or one week or month) and decides, "It's not for me," I will just have to start all over again with another new hire. It's such a gamble of so much time and money to see if they'll stay since they can't have any direct contact until AFTER all the training. Unlike a large home, I can't afford to pay wages to train a class of 6 or 8 with hopes that a couple of them will stay. I can only afford one at a time. I will need DPW to provide me with a staff training manual that covers all the topics and individual pieces of information that they require me to teach. Then I will only have to add the information to it to suit our individual training needs. Surely small providers can't be expected to write our own complete training manuals along with all the other masses of paperwork we are required to write. I just feel so alone, not knowing if I can possibly manage to do all this. I'll have to find the money for wages somewhere to pay someone to relieve me so I'll be able to take a few hours a day for my own personal hygiene and sleeping. This PCH will certainly close when all this proposed work kills me.

2600.59 Staff training plan

"...annual assessmentquestionnaires....data compiled...narrative...group discussions ...overall plan... written feedback..." STOP!! This is a small PCH, NOT a nursing home with several staff people to dedicate to writing all this paperwork. This is all extremely excessive and absolutely unnecessary. I have periodic discussions with our 4 employees that are highly effective for communicating everyone's needs.

2600.60 Individual staff training plan

This plan is more than adequate for my staff of 4. Could a small PCH please just eliminate 2600.59?

PHYSICAL SITE

2600.102 Bathrooms

[a] The wording has been changed here since the last draft from "one...toilet for every 6 or less RESIDENTS" to "one...toilet for every 6 or less USERS." We have 5 toilets for resident and visitor use. 5 toilets x 6 users = 30 total USERS. This means that we will have to restrict visitors at our parties to only 30 total people since we're not allowed more than 30 USERS? What about the homes with 2 toilets and 10 residents? Will they have to restrict visitors to only 12 total people in their building? Or how about: "Sorry, Mrs. Smith, but you can't come to visit today because we already have 6 people signed up for the toilet! Would you like to visit tomorrow since we have a toilet opening in the afternoon?" Could she promise not to use the toilet? Ridiculous! This is stepping into L & I's territory in determining building occupancy.

[j] Toiletries...shall be in the possession of the resident....

We had a resident here who would rub her toothpaste and Head & Shoulders on her skin like it was lotion until we figured out why she had such a bad rash. Should SHE have possession of her toiletries? What about residents who EAT these items? This should be left to the discretion of the home per each resident's status. Over-regulation is not a good thing.

2600.130 Smoke detectors and fire alarms

[f] All smoke detectors and fire alarms shall be tested for operability at least once monthly.

Once each year the county fire inspector comes and sprays smoke from a can into each of our 27 smoke detectors until each sets off the fire alarm. Our detectors do not have a "test button" like battery operated detectors and canned smoke is the only way to "test their operability." This fire alarm system is designed to eliminate testing because the control panel will beep if one of the detectors should ever fail. It takes the inspector well over an hour to complete the testing and the residents must endure each of the 27 loud fire alarm blasts. Please don't make us do this 27 times every month which would only teach the residents to ignore the fire alarm blasts. We need the residents to know that when they hear that sound they must get up and get out ASAP! Repeated smoke exposure decreases the sensitivity and effectiveness of the detectors. The fire alarm company does NOT recommend the spraying of canned smoke. We also have 9 heat detectors. I'll need to create intense heat near each of them to set them each off every month? Will we be required to test all our detectors monthly when we already know they are all operable? We also have seven pull stations that we test by rotating their use to set off our monthly fire drills.

2600.228 Notification of termination

[h][1][2][3][4][5][6]

These 6 grounds for termination or discharge differ from only 3 grounds listed in 2600.42 [u][1][2] & [3].

In conclusion, I want to ask again that you please don't do this to the PCH industry. The cost of implementation and compliance with these regulations will impact all small homes tremendously and force the closure of most. Where are all the SSI residents going to get the extra money to pay for the cost of all this? This home will require an income increase of at least \$2600.00 each month to survive this horrific attack.

Sincerely,



Susan S. Jones

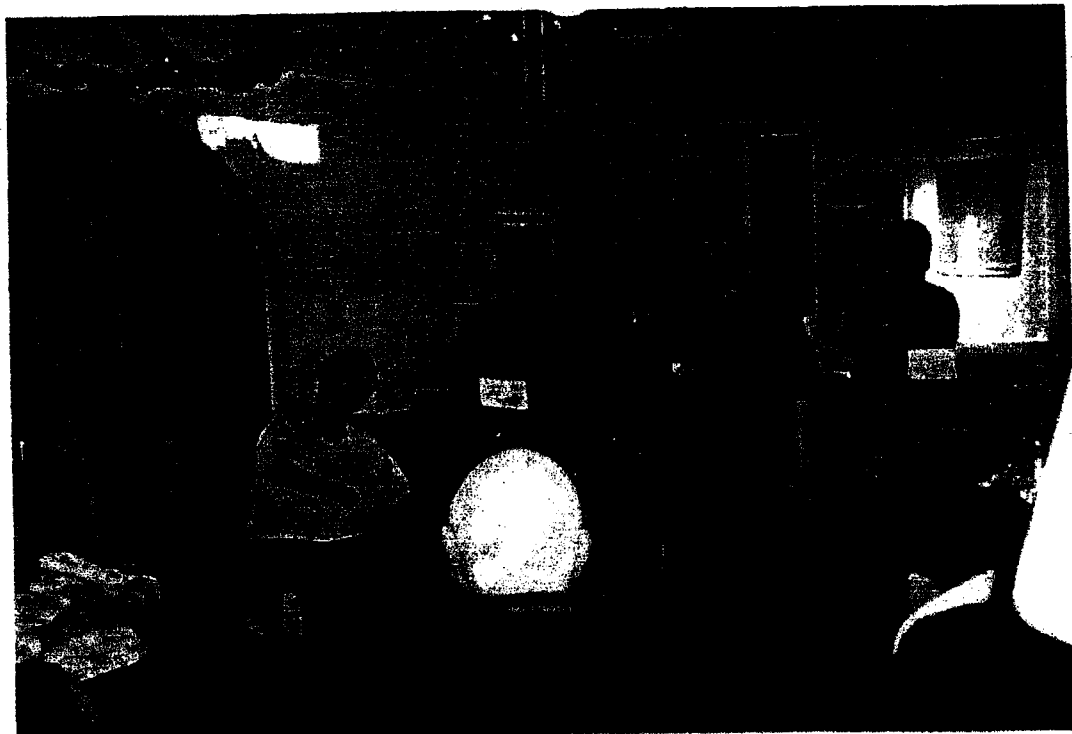


Employee brought her wedding party to
visit the residents who couldn't attend
the wedding.



"Bingo!"

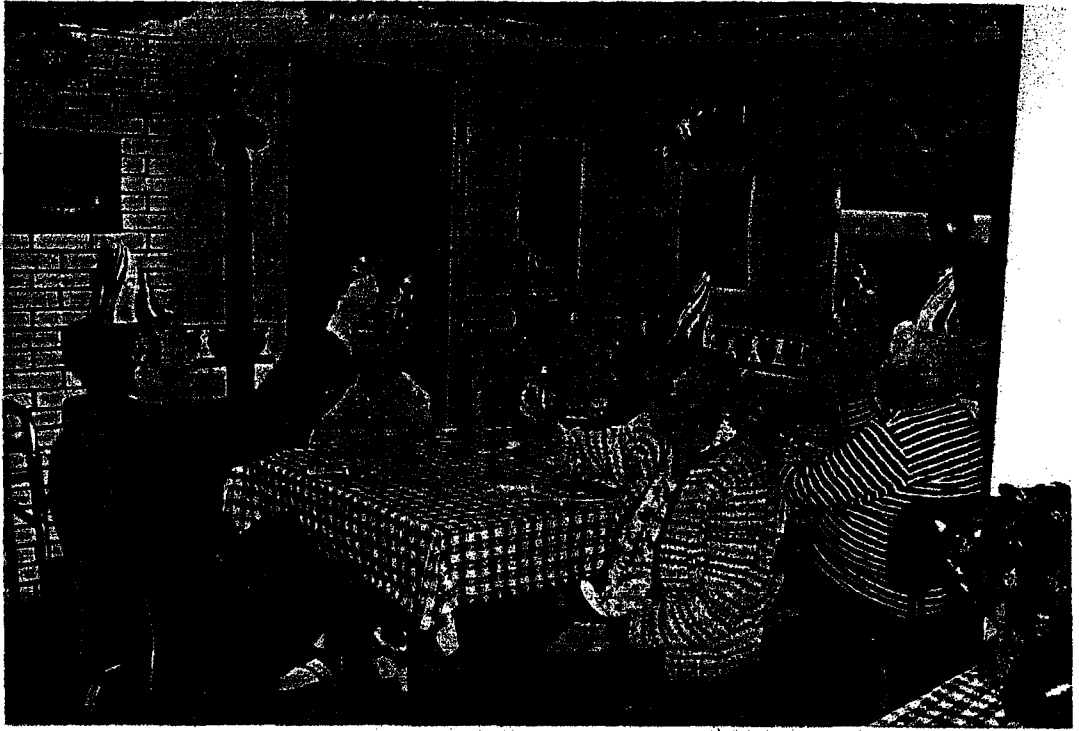
Karaoke



Here comes
Santa with
a sack full
of gifts for
the residents.



New
Year's
Eve
toast
(sparkling
water)



Remembering
the past
year and
plans for
the new.





Another Karaoke



#14-475 (135)

Original: 2294

October 22, 2002

RECEIVED
OCT 23 2002
OFFICE OF THE AUDITOR GENERAL
REGULATORY
REVIEW COMMISSION

Director Teleta Nevius O.L.R.M
Room 623
Health And Welfare Building
Commonwealth and Forester Streets
Harrisburg, Pa.

17105

Westmoreland County Personal Care Home
Administrator's Association
100 Bristol Lane
Irwin PA 15642

Dear Director Teleta Nevius O.L.R.M

We appeal to you: **STOP THE PROPOSED REGULATIONS!!** We, the providers of the Westmoreland County Personal Care Home Administrator's Association, have attempted to have our voice heard since March 2001 when the first draft was released. There have been countless hours spent in meetings with the Department of Public Welfare Advisory Committee, Office of License and Regulatory Management, and other statewide professional organizations. We have reviewed the regulations, offered suggestions and repeatedly asked that our voice be heard. After a year and a half of discussions, we feel that nothing has been accomplished because our voice has fallen on deaf ears! Our consensus critique for Chapter 2600 is attached – our official written public comment.

In meeting with Teleta Nevius, we were assured that the intention of the proposed regulation was not to close homes. A cost analysis done by our association proves that homes would still be put out of business by these proposed regulations. In Westmoreland County this amounts to 86 homes which serve 2063 residents, 364 which are SSI recipients.

ENFORCE OUR CURRENT REGULATIONS – DO NOT OVER REGULATE! The release of the Auditor General's report seemed to fuel the fire. We contend that there were no incidents that occurred that were not covered by our current regulations. The problem is not the current Regulations – it is the lack of enforcement of the regulations by the Department of Public Welfare. There are approximately 34 inspectors for 1776 homes. Our inspectors obviously do not have the support of the state.

WE ARE CURRENTLY FOLLOWING A SOCIAL MODEL AND SHOULD REMAIN THAT WAY. The push toward the Medical Model by the proposed regulations would require personal care homes to have more stringent staff training than nursing homes. Over regulation by countless policies and procedures would increase cost that will be passed on to the residents. We know this would result in a loss of choice for our residents and a decrease in the quality of care – the exact **opposite** of their intention: to improve the health, safety, and welfare of our residents.

We demand, for the sake of our residents and our homes, that these regulations be revisited, reviewed, and rewritten. **THE REGULATIONS AS PROPOSED MUST BE STOPPED!**

Respectfully Submitted,

Westmoreland County Personal Care Home
Administrator's Association
Enclosures



COMMUNITY HOMEHEALTH CARE

900 Greengate North Plaza, Greensburg PA 15601 724-837-7730

October 21, 2002

Teleta Nevius, Director
Office of Licensing and Regulatory Management
Department of Public Welfare
Room 316, Health and Welfare Building
Harrisburg, PA 17120

RE: Comments regarding D.P.W. PA Bulletin Published October 05, 2002 regarding Personal Care Homes and the potential impact of proposed regulations.

Dear Ms. Nevius:

As an administrator of a Pennsylvania State Licensed, Medicare Certified Home Care Agency, I wanted to express my concerns regarding the above mentioned Personal Care Homes change in regulations during this comment period.

Regarding Chapter 2600. Personal Care Homes - SUBCHAPTER A. Section §2600.1 **Purpose** - It states the purpose of this chapter is to assure that personal care homes provide safe, humane, comfortable, and supportive residential settings for dependant adults who require assistance beyond basic necessities of food and shelter but who do not need hospitalization, skilled or intermediate nursing care.

Comment - Have we not had regulations in place for some time that should make sure that the above goals are met? I would suggest that we have. I would suggest that the problem homes that are currently in existence are there because they have been allowed to operate even though they have not been in compliance with current regulations or laws. In order to correct individual problems, which will always be there, we react by creating new regulations that are in essence unfunded mandates. Why not deal with the problem homes individually instead of creating a modified set of regulations that will most likely put the small independent homes out of business.

From my perspective, our Federal and State legislators have created an over regulated health care delivery system that is in jeopardy of failing in the not to distant future. A prime example of this on a Federal level is the Health Insurance Portability and Accountability Act (HIPAA). It is estimated

that it will cost the health care delivery system 30 Billion Dollars to implement this unfunded mandate, yet the Medicare program has cut the reimbursement to providers across the board. Would it not be more productive to put this 30 billion toward research or providing care to those that are not currently covered by some type of health insurance. Have we not already created enough laws and regulations to keep the legal profession busy? Another prime example in the home health industry was the Balanced Budget Act of 1997. Regarding the home health portion of the Medicare Budget it was projected to save 16 Billion Dollars in the first year, yet actual reductions amounted to 70 Billion Dollars driving about 40 percent of the home care providers in this country out of business. The Health Care Financing Administration attributed this reduction in providers as a "market adjustment" yet we now see many patients that need home health care that do not have providers to implement the necessary care. Prior to the implementation of the Balanced Budget Act the number of home care agencies in this country was steadily increasing. I would suggest in reality that the members of congress had no concept of the potential impact that implementing this change would actually bring about. The point that I am making here, should be to learn from our past mistakes in the health care delivery system and strive not to make them again. I would suggest that even though the goals of this section talk about patients that do not need skilled or intermediate care your proposed regulations regarding the administration of medications will required licensed nursing to comply with the regulations in the real world. (§2600.2 - Section (e)) outline the capabilities of a patient that would be capable of self administration. I would suggest that someone tests their theory to see what percentage of individuals in personal care homes are capable of meeting this criteria. I would suggest that it would be very low, ultimately forcing personal care homes to hire licensed nursing staff.

I am aware of one small personal care home that accepts SSI patients. Their reimbursement is a mere \$30 per day for this type of patient, yet the prison system get \$67.50 per day for inmates. What message are we sending to our elderly. Perhaps one that suggests that they commit crimes so that they can be housed in the prison system instead of trying to make it on their own. With the current nursing shortage reaching new highs every day, where will the personal care homes be able to find this type of staff. How will they be able to compete for this type of staff that are commanding hourly wages in many cases exceeding \$34 per hour plus full benefits. Many hospitals have had to shut down units and turn patients away because of staffing issues increasing the need for personal care homes. The proposed regulations will make a bad scenario even worse. Even if the personal care homes are able to find staffing, has anyone considered the impact on costs. Unlike in government, the funds that businesses take in, must not be exceeded by the cost to provide services. Businesses cannot have regulations continue to be shoved down their throats that increase costs and not pass it along to the consumer. Every day small businesses in the health care delivery system are seeing decreases in reimbursement for their services while costs continue to skyrocket. Workers compensation for the employment categories that personal care homes need as staff, have increased yearly. Insurance costs for health insurance increased an average of 26% this year, required business insurance in some cases has tripled this year. Has anyone in the states regulatory process considered these facts?

Since it seems to be obvious at this point that the regulations will increase costs to provide services, who will bear the burden of the increased costs. Although it will certainly fall on the personal care home providers that are able to survive, the cost must be passed on to the consumer that is using the

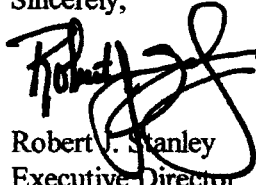
service. I would suggest that a number of things will happen if these regulations are enacted. First it will drive the majority of small providers of this service out of business. The majority of consumers will not be able to afford the increased costs brought on by these proposed regulations or their hard earned assets that they have managed to accumulate will be depleted much quicker. Also realizing that a large portion of funds for personal care home services comes from the individuals or the families of the residents. These are the homes that although may not be perfect in every way, are the foundation that enable consumers that need this service to find affordable accommodations, that meet their needs and means, in their neighborhoods close to their families. Our country was developed on the small business concept that is quickly fading away and what about the consumers rights to choose what best meets their needs. These regulations seem to negate the fact that the consumers and their families are able to make choices to live in the personal care home as there are without any further interference from government. What about when we have regulated the industry to the point where only the big guys can survive and consumers have little if any choice. Next, the personal care homes that are able to survive, will need to increase their fees to cover increased costs. Considering the economics of this scenario, decreased availability of resources, and a continuing increase in demand because of the baby boomer generation will result in unreasonable fees for services that the average consumer will no longer be able to afford. This coupled with a health care delivery system that is doomed for failure because of over regulation and unfunded mandates insures another nail in the proverbial coffin of the health care delivery system. If you do not think these regulations will put providers out of business, take a look at the impact of the Balanced Budget Act of 1997 and the number of home health providers that closed their doors, and the number of hospitals that were perfectly healthy from a financial perspective that are now in severe trouble and failing daily. In our locality the community hospital will soon be a thing of the past. Is the personal care home the next victim of over regulation?

Who will care for the elderly that fall between the cracks that will be created in this scenario. I believe that it is the states intent to create a better overall system, but I am not convinced that this is the best approach. As a home care provide we encounter patients in a variety of personal care home settings daily. In most cases we find the patients are cared for in an appropriate way. We also realize that the small homes tend to provide this service because they care about what they are doing. I would suggest in the larger corporate type homes the primary focus is about the bottom line and making a return for the share holders. There is a world of major difference in the approach. The owners of these small homes fight each and every day just to make ends meet. How much longer do you expect these small providers to risk their assets and continue the uphill battle just to stay open. There is a point where it is no longer viable to stay in business.

The last area of concern that I will mention here is that once the personal care homes are in essence required to have nurses on their staff, from a home care providers perspective, we will most likely not be able to provide our much needed services to residents of personal care homes. I would suggest that Medicare would consider this a duplication of services and therefore not reasonable and necessary. We currently deal with this problem for homes that do have nursing services available for their residents. In providing intermittent services to patients in personal care homes we are responsible to provide any and all necessary therapies, cost of needed medical supplies, and to coordinate their medical care for the episode of care. How can the personal care home possibly afford to replace this Medicare Benefit?

In closing, I believe that if these regulations, that are well intended, are implemented it will cause undue harm to the very people that it is intended to protect. It will ultimately create an environment where those who need this valuable service may not be able to find them at prices they can afford. Please give the consumer the right to choose an environment that may not be perfect, but may exceed their needs to maintain a realistic lifestyle during the golden years of their life versus the environment that you may be creating by implementing these regulations as presented.

Sincerely,

A handwritten signature in black ink, appearing to read "Robert J. Stanley", written over a circular stamp or mark.

Robert J. Stanley
Executive Director
Community HomeHealth Care

This study represents the cost as a consequence of regulation 2600.

The cost to the each resident would be \$107,048.00 per year

The cost to the state would be \$4.4 billion

This cost study was prepared using the following assumptions:

1 All cost was based on Easy Living Estates of Somerset.
A small rural town facility with about 30 residents

2 Salary and overhead

Administrator \$45,000 + 32% for taxes, Workman's Comp., Unemployment, Etc. = \$59,400.00 or \$29.70 per hour

Average Labor \$6.00 per hour + 32% = \$7.92 per hour

3 Total staff 15 employees plus extra

Regulation	Calculation	Each Time Cost	Yearly Cost	Cost to State	Additional Insurance
2600.20 (b) (7)	To take resident to the bank once a month Mileage 15 miles x .30 = \$4.50 Administrator Labor 1 Hour \$29.70 \$29.70 x 10 residents x 12 months		\$3,654.00		
2600.20 (b) (10)	To write and obtain signature at death Administrator Labor 2 hours x \$29.70	\$59.40			
2600.23 (2)	At hire and weekly 15 positions Administrator Labor 1 hour \$29.70 15 x 29.70 x 52		\$23,166.00		
2600.24 (1)	Securing Transportation Administrator Labor 15 minutes	\$7.42			
2600.24 (2)	Shopping Administrator Labor 1 hour \$29.70 Mileage 15 miles x .30 = \$4.50	\$34.20			
2600.24 (3)	Making Appointment Administrator Labor 15 minutes	\$7.42			
	Keeping appointment Administrator Labor 1 hour \$29.70 Mileage 15 miles x .30 = \$4.50	\$34.20			
2600.24 (6)	Correspondence Administrator Labor 20 minutes	\$9.90			

Regulation	Calculation	Each Time Cost	Yearly Cost	Cost to State	Additional Insurance
2600.25	Personal Hygiene Time needed to document Direct Care Staff 15 min/day/resident Staff wage \$7.92 \$1.98 x 365 x 30 residents		\$21,681.00		
2600.26	Resident Contract to Explain Admission Director Labor 30 Minutes Witness Administrator 30 minutes	\$29.70			
		once per contract			
2600.26 (a)	If the resident agrees Admission Director Labor 30 minutes	\$14.85			
		once per contract			
2600.26 (a) (3 & 4)	Itemize Charges Admission Director Labor 2 hours	\$59.40			
		once per contract	each occurrence		
2600.26 (a) (6)	Detailed Refund Policy Admission Director Labor 15 minutes	\$7.42			
		once per contract			
2600.26(a) (10)	30 day advance letter Administrator labor 1 hour \$29.70 This can change daily \$29.70 x 365 x 30 residents		\$325,215.00		
2600.26 (a) (11)	List of Services Admission Director Labor 30 minutes This can change daily \$14.85 x 365 x 30 residents		\$162,607.50		

Regulation	Calculation	Each Time Cost	Yearly Cost	Cost to State	Additional Insurance
2600.26 (a) (12)	Any Additional Services This is to detailed "any" Manager 30 minutes Admission Director 30 minutes \$29.70 x 365 x 30		\$325,215.00		
2600.26 (d)	Extra person for Saturday, Sunday, Holiday Sat & Sun 104 days x 8 hours = 832 hours Holiday 6 days x 8 hours = 48 hours 880 hours x \$7.92 = \$6969.60 yearly		\$6,969.60		
2600.27 (a)	Quality Assessment & Management plan Manager Labor 30 minutes Administrator Labor 1 hour Manager x employees x months \$14.85 x 15 x 12 = \$2673.00 Administrator x months \$29.70 x 12 = \$356.40		\$3,029.40		
2600.27 (b) 5	Family council Manager 1 hour per month \$29.70 x 12 Administrator 1 hour per month \$29.70 x 12		\$712.80		
	Resident council Manager 1 hour per month \$29.70 x 12 Administrator 1 hour per month \$29.70 x 12		\$712.80		

Regulation	Calculation	Each Time Cost	Yearly Cost	Cost to State	Additional Insurance
2600.31 (a)	Family, advocate Notice Admission Director 3 hours	\$89.10 once per resident			
2600.31 (b)	"in a language" Interpreter 1 hour \$29.70 Admission Director 1 hour \$29.70 Manager 1 Hour \$29.70	\$89.10 once per resident			
2600.31 (d)	Signed Statement of rights Manager or Admission director 1 hour	\$29.70 once per resident			
2600.31 (g)	Complaint decision Administrator and Manager 1 hour per resident per week \$59.40 x 30 x 52		\$92,664.00		
2600.32 (v)	Resident Right Contracted services Administrator 8 hours per week \$29.70 x 8 x 52 = \$12355.20 Lawyer 8 hours per week \$60.00 x 8 x 52 = \$24960.00		\$37,315.20		
2600.32 (w)	Resident right to appeal Administrator 1 hour per week \$29.70 x 52		\$1,544.40		
2600.31 (x)	Bonding each employee 15 employees		\$3,750.00		
2600.53 (a) (2)	Associate Degree Additional Salary		\$3,000.00		

Regulation	Calculation	Each Time Cost	Yearly Cost	Cost to State	Additional Insurance
2600.53 (d)	Administrator's responsibility Liability Insurance premium		\$7,000.00		\$7,000.00
2600.54 (2)	Have a high school diploma or GED .50 per hour per employee per year .50 x 2000 hours in a year x 15 employees		\$15,000.00		
2600.56 (a)	"each" mobile resident 50% cost of wages half needs less than 1 hour half needs more than 1 hour \$80,886.78 (yearly wage cost) x 32% (cost of taxes, Unemployment, etc) / 50%		\$53,385.27		
2600.56 (a)	immobile "special needs" 50% cost of wages		\$53,385.27		
2600.56 (c)	Administrator designee 7 days x 24 hour at \$40,000/year 4.2 designee at \$25,000/year overhead 32% = \$33,600.00		\$138,600.00		
2600.57 (b)	Administrator Training additional salary for administrator additional salary for 4.2 designee		\$26,000.00		

Regulation	Calculation	Each Time Cost	Yearly Cost	Cost to State	Additional Insurance
2600.57 (e)	Administrator 24 hours annual training 18 hours additional 9-2 hour classes (including travel) = 36 hours total 54 hours x \$29.70 = \$1603.80 Replacement administrator 32 hours x \$29.70 = \$950.40 Administrator designee same training as administrator 4.2 x \$2554.20 Cost of Class Administrator 18 hours x \$25.00 = \$450.00 Designees 4.2 x 24 hours x \$25.00 = \$2520.00		\$16,251.84		
2600.57 (e) (1)	CPR & First Aid 3 hour class + 2 hours travel = 5 hours 5 hours x \$29.70 = \$148.50 Cost of Class = \$35.00		\$183.50		
2600.58 (a)	Prior to working with residents 1 30 minutes (i) 30 minutes (ii) 15 minutes (iii) 10 minutes (iv) 10 minutes (v) 30 minutes (vi) 45 minutes (vii) 5 minutes 2 15 minutes 3 10 minutes 4 15 minutes 5 30 minutes total 21 hours		\$9,937.62		

Regulation	Calculation	Each Time Cost	Yearly Cost	Cost to State	Additional Insurance
	21 hours x 56 employee = 1176 hours 1176 hours x \$7.92 = \$9313.92 Administrator 21 hours x \$29.70 = \$623.70				
2600.58 (c)	Training		\$10,644.48		
	24 hours x \$7.92 = \$190.08 \$190.08 x 56 employees = \$10,644.48				
2600.58 (e)	24 hours annual training		\$8,553.60		
	24 hours x 30 employees x 720 hours Wages \$7.92 + overtime \$3.96 = \$11.88 \$11.88 x 720 = \$8553.60				
2600.59	Staff Training Plan		\$1,722.60		
	1 3 hours 2 5 hours 3 2 hours 4 8 hours 58 hours total by administrator 58 hours \$29.70 = \$1722.60				
2600.60	Individual staff training plan		\$712.80		
	4 hours 1 2 hours 2 16 hours 3 2 hours 24 hours by administrator 24 x \$29.70 = \$712.80				

Regulation	Calculation	Each Time Cost	Yearly Cost	Cost to State	Additional Insurance
2600.85 (d)	Trash - covered 1 hour per room per day = 30 hours labor \$7.92 per hour = \$237.60 \$237.60 x 365 days = \$86,724.00		\$86,724.00		
2600.89	Water \$150 each 3 months + labor Test and Delivery = 4 hours each time \$150.00 x 4 = \$600.00 per year 16 hours x \$29.70 = \$475.20		\$475.20		
2600.90	Communication System \$100.00 month x 12 months		\$1,200.00		
2600.98 (c)	Indoor Activity space 24 hours per week 24 x \$7.92 employee = \$190.08 12 x \$29.70 administrator = \$356.40 \$546.48 x 52 weeks = \$28,416.96		\$28,416.96		
2600.101 (l)	Resident's Privacy - curtains around beds \$500.00 per room x 30	\$15,000.00			
2600.101 (k) (1)	Bed description \$200.00 per bed x 30	\$6,000.00			
2600.101 (r)	Lift chair as a comfortable chair \$2500.00 x 30	\$75,500.00			
2600.102 (g)	Bathrooms - toiletry items for everyone \$100.00 x 30 residents	\$3,000.00			

Regulation	Calculation	Each Time Cost	Yearly Cost	Cost to State	Additional Insurance
2600.102 (j)	Toiletry and linens \$15.00 x 30 residents	\$450.00			
2600.103 (b)	Sanitized after each meal 3 hours per meal = 9 hours per day 9 \$ \$7.92 = \$71.28 per day \$71.28 x 365 days = \$26,017.20		\$26,017.20		
2600.103 (e)	Food labeled and rotated 2 hours per week 2 x \$7.92 x 52 weeks = \$823.68		\$823.68		
2600.105 (g)	Laundry - lint removal 15 minutes x 24 hours x 365 days = 2190 hours 2190 hours x \$7.92 = \$17344.80		\$17,344.80		
2600.107 (b)	Written emergency procedures - annually 8 hours x \$29.70 administrator = \$237.60 Saftey inspector \$200.00 per year		\$437.60		
2600.126	Furnace inspection		\$200.00		
2600.130 (f)	Written record smoke detectors / alarms \$450.00 per month		\$5,400.00		
2600.130 (l)	Fire alarm system for 5 immobile new panel cost	\$6,000.00			
2600.142 (a)	resident support plan 1 hour x 30 residents x \$29.70 administrator		\$10,692.00		

Regulation	Calculation	Each Time Cost	Yearly Cost	Cost to State	Additional Insurance
2600.142 (b)	Train resident about needs 1 hour x 30 residents x \$29.70 administrator		\$891.00		
2600.161 (f)	Therapeutic diets This will double cost of kitchen 12 hours per day x \$7.92 x 365 days		\$34,689.60		
2600.161 (g)	Drink every 2 hours Cost of beverage .35 x every 2hours x 30 residents x 365 days		\$45,990.00		
2600.163 (d)	Staff with infected wound, etc. Will raise kitchen cost 10% 12 hours x \$7.92 x 365 days / 10%		\$2,468.96		
2600.181 (e)	Resident must know medication 4.2 RN's x 24 hours a day x \$23.76 X 365		\$874,177.92		
2600.181 (e)	53,926 x \$227 per day x 365 days Cost to state if all PCH homes close See comment at the end.			\$4,468,038,730.00	
2600.182 (a)	Medication Storage - original container 1 hour x 3 times a day x 365 days \$7.92 x 3 x 365 = \$8672.40		\$8,672.40		
2600.184 (b) 1	Documentation 1.5 hours x 3 times a day x 365 days \$76.92 x 1.5 x 3 x 365 = \$13,008.60		\$13,008.60		
2600.201 (b)	Quality Improvement program Administrator 1 hour x \$29.70 x 30 residents x 52 weeks		\$46,332.00		

Regulation	Calculation	Each Time Cost	Yearly Cost	Cost to State	Additional Insurance
2600.223	Description of services Administrator 2 hours per resident per day 2 x \$29.70 x 30 x 365		\$650,430.00		
2600.225 (d) (3&4)	Assessment - Hospital Discharge / Agency Administrator 1 hour x 6 times per year \$29.70 x 6 x 30 residents		\$5,346.00		
2600.226	Development of support plan Cost was addressed in 2600.223				

	Each Time Cost	Yearly Cost Average facility	Cost to State	Additional Insurance
Total Cost	\$107,312.81 varies	\$3,211,460.60	\$4,468,038,730.00	\$7,000.00

At an average facility, the present private pay is \$55.28 per day or \$20,177.00 per year.
 This new regulation as proposed will cost \$107,048.00 per year per resident or \$293.28 per day.
 Plus the items listed as "each time"
 Currently Personal Care Homes, cost to the public is 1/2 the amount of Nursing Homes.
 With this new regulation 2600, Personal Care Homes will cost twice as much.

2600 Regulations Cost Study

"NO COST TO THE PUBLIC"

This was the statement made by Feather Houstoun, Secretary of Public Welfare, on page 12 of her letter.

There are 18 policy and procedure manuals and 59 separate documentations that are being required. Along with the additional calculations that will be needed from the support plan for staffing requirements, the DPW will have to double the inspectors for Personal Care Homes.

With approximately 64 inspectors statewide at an annual salary of \$35,000.00 + 32% = \$46,200.00

This would cost the State, per year **\$2,956,800.00**

If the 2600 regulations are implemented, PCH homes will close.

This will force the state to transfer the residents to skilled nursing facilities.

May 2002 census of PCH Residents 53,926

53,926 x \$227 per day x 365 days

This would cost the State, per year **\$4,468,038,730.00**

The cost to implement 2600.181 (e), alone, will cause PCH homes to close.

This is a stupid and malicious as a regulation can get.

The intent of just this one regulations is to close the door on Personal Care Homes.

I am an administrator but I can't recall all what is required to meet the requirements for self-administration of medicine.

Therefore, most likely no PCH/AL resident can, that is why they consented to be a resident in the first place.

They will not qualify for residency, therefore they will need to be transferred to a skilled nursing facility at a cost to the state, because Personal Care Homes will be out of business.

As a consequence of the new regulation, no SSI resident will be accepted at PCH/AL facilities.

The state pays \$29.00 per day, the fair SSI rate should be \$51.98.

Current SSI Population in State 10,529.00

Nursing home Daily rate \$227.00

10529.00 x \$227.00 x 365 days

This would cost the State, per year **\$872,380,295.00**