Original: 2294

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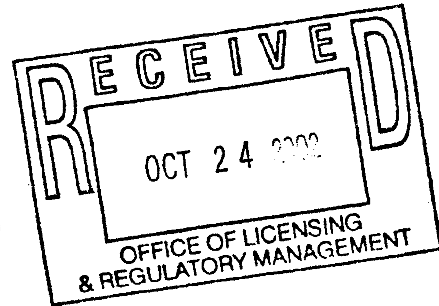


Barbara J. Strause
424 Spruce Street
West Reading, PA 19611

October 22, 2002

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

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, who suffers from dementia, 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,

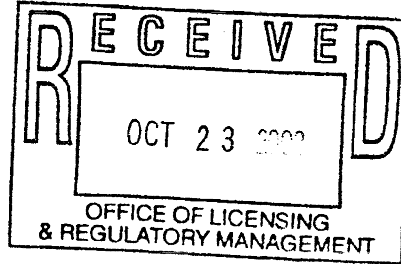
Barbara J. Strause

Barbara J. Strause

#14-475 (17)

Original: 2294

Ms. Teleta Nevius, Director
Room 316, Health and Welfare Building
PO Box 2675
Harrisburg, PA 17120



October 22, 2002

Dear Ms. Nevius:

The following comments and questions cover the Proposed Personal Care Home Regulations 55 PA. Code CHS. 2600 and 2620. Having served providers the past 25 years, first in profit and now the not-for-profit sector, I have gained a practical understanding of the operational, financial, marketing, and regulatory functions for such organizations that I have applied to these regulations. Added to this, I have had several family members living as residents in various senior housing settings. This background allows me to offer broad oversight into the value and challenges of these proposed regulations for both the provider and consumer as listed below. Being an accounting major by education, I have also included expected costs a typical personal care home of approximately 30 beds might experience to implement specific portions of the regulations.

2600.1. The former terms of intermediate and skilled nursing care are used which no longer apply to long term care facilities. Continued use of these terms adds confusion for the consumer and their family toward understanding long term care. Since the term "assisted living" is the term commonly used today both in Pennsylvania and throughout the nation, I also suggest this term replace "personal care" which would lessen the current confusion common among consumers.

2600.4. "Abuse" (i) "the infliction of injury" could include accidental injury or pain caused to a resident. This is unreasonable given the facts that common skin conditions of older adults can easily result in injury or pain unintentionally and dementia symptoms can cause unexpected mental anguish for a resident with the slightest of interventions. This unintentional aspect must be considered in defining abuse.

"Direct care staff" (ii) should not include temporary employees and volunteers given the expectations for these groups found in later portions of the regulations. Both groups hold essential roles both for the well-being and fulfillment of residents and should not be precluded from offering service to residents in a PCH.

"Fire safety expert" This definition includes any local fire company member (volunteers) among others. Due to the frequent experience of people in these roles failing to agree with one another on what is the proper action or proper procedure has caused confusion and uncertainty for providers and residents in a variety of important situations. Because

clear, consistent and decisive authority has not been available in the past from these "experts", the role of these "experts" in the proposed regulations should be reconsidered.

"Personal care home" This definition excludes any resident determined to need a licensed long term care facility. This eliminates the option of consumer choice and negotiated risk for those residents aging in place that prefer to avoid the medical and institutional environment nursing homes have become in order to remain with those residents and staff they already know. I have seen great trauma and emotional suffering for both residents and families that are forced to move to a nursing home regardless of the fact that the higher levels of staffing and staff qualifications at the PCH combined with access to home health services could have well-served the resident's needs in the opinion of assessment agents. This problem MUST be changed if Pennsylvania regulators intend to serve the desires of both consumers and tax payers.

"Restraint" (i) seems to include any locked door that exits the building. This should not be included if the locking device is for security from intruders, the exit is not required for emergency exiting, and residents can clearly understand how to operate the lock.

"Volunteer" (i) Requires all volunteers to meet direct care staff requirements. This would preclude any family member or visitor from doing anything in the PCH that could be construed by anyone as volunteering. This would practically divorce residents from interaction with families and the local community by excluding all outside groups that come to provide parties, music, and entertainment (activities and therapies), services (spiritual care and counseling), and families that may make a resident's bed, take them for a walk, assist in their mealtime. Furthermore, those few volunteers that would be willing to submit to the extensive direct staff requirements for training would cost the PCH approximately $27,000 annually. Furthermore, this would preclude ANY intergenerational involvement of children in volunteerism due to age and education limitations and fire company members from participating in emergency activities.

2600.5. (a) and (b) Does not offer a resident the choice of privacy for their medical records from regulators. What basis does Pennsylvania have for assuming greater control over a resident's medical record than the resident themselves? Should not regulators be obligated to obtain permission to access records and transfer those records just as any other healthcare agency is required to do so? Also see 2600.17.

2600.15. (a) and (b) "suspected abuse" and "allegation of abuse" should be defined since it is quite unclear how a PCH administrator will be expected to act upon any rumor or comment overheard. Also see 2600.16. (a) (13).

2600.16. (a) (2) Is the PCH administrator expected to determine and act upon "attempted suicide" prior to actual determination by law enforcement authorities?

(a) (4) Is it the in the sole discretion of the PCH administrator as to when a resident's rights have been violated that determines when contact is made to authorities?

(a) (11) Is it expected that DPW be contacted for every false alarm that brings a fire company to the PCH or a police officer investigates a possible "Peeping Tom"?

2600.20. b. (7) Most people today must maintain cash balances of $1,000 or more in checking accounts to receive interest. This $200 limit should be changed accordingly.

2600. 20. b. (12) If immediate discharge or transfer occurs after regular business hours and the administrator handles larger cash payouts; this could require the administrator to be constantly on-call. A reasonable period of time should be allowed for a full withdrawal of funds much like anyone would have to comply with for withdrawals from their commercial bank.

2600.23. This section is too prescriptive and enters the realm of telling the PCH owner how to run their business. Regulations should be outcome oriented, not process oriented.

2600.25. This section implies that personal hygiene is required for all residents regardless of their ability to perform those tasks on their own. Resident choice and ability should direct if these services are provided.

2600.26. (a) (1) (i) A personal needs allowance should not be required for private pay residents as they are in charge of their own resources and have sufficient resources for their personal needs.

(v) Why are long distance phone calls segregated out from other additional charges? Payment arrangements for all additional charges should be sufficient to cover this information.

(xi) This requirement is unclear with the phrase "based on the outcome of the resident's support plan". A listing of charges for all additional services should be sufficient.

2600.27. The terms "quality assessment and management plans" and "plan review" should be defined to ensure that what the PCH administrator considers to be acceptable is in accordance with what DPW considers acceptable. This requirement is expected to cost $4,200 annually. Would it be more reasonable to drop the quality assessment and management plans and indicate that records of the following items (1 through 5) and action taken upon them be available if requested by DPW?

2600.28. (a) Is it not illegal to require providers to offer additional services, staffing and monitoring without additional reimbursement by third party payors? This letter will illustrate that these regulations will add approximately $28/day to the cost of services with no increase in total SSI/personal care home supplement payments. Initial implementation costs for these regulations would be approximately $390,000 for a 30 bed PCH. Reliable cost studies done in 1998-99 indicated the average cost of personal care

services in Pennsylvania was approximately $60.00/day under then current regulations. These regulations are not justified without an increase in the level of reimbursement to $88/day for each PCH resident.

2600.28. (b) Additional resources coming available to the resident that take them beyond the current maximum SSI asset levels should justify conversion to private pay status until the asset levels return to SSI maximums. Otherwise, they are unfairly permitted to retain greater assets than other SSI residents. The resulting reduction in persons receiving SSI benefits may assist the State in correcting the inadequate funding levels currently in place for personal care residents who truly have no additional resources. This requirement should be removed.

2600.41. (b) The United States has been able to succeed partly due to the common ability of all to communicate in one language. Failure to maintain this approach can harm our future ability to communicate with one another. All citizens of the United States should be expected to understand English in order to benefit from life in this country. Otherwise, PCH operators would be forced to seek assistance in translating various modes of communication to residents and their families at a cost of $19,500 annually. This requirement should be removed.

(d) & (e) These sections are good examples of the difficulty complex wording can be to understanding the content. This type of wording also creates difficulty for residents and families in understanding their rights and the expectations of the PCH provider. This entire document should be reviewed and revised to utilize simple wording for ease of understanding by the older adult reader.

(f) A definition for "alleged violation" is needed to provide a clear understanding of the responsibility of the PCH.

2600.42. (g) This requirement does not take into account services that may be provided by an outside contractor such as Hospice, a home health agency, etc. none of which the PCH can provide but all of which should be included in a support plan. These services may also be limited by weather conditions precluding their ability to reach the PCH 365 days per year. This should be removed.

(h) Shall PCH operators be deterred from practicing their religion fully as it may relate to their employment/business by establishing certain requirements for living in their PCH with the resident being made clearly aware of those requirements prior to an admission decision? This requirement should be removed.

(j) Who shall determine what "gender appropriate" clothing is? How shall this definition be changed as society opinions change? This requirement should be removed.

(q) If household chores were an important part of a resident's past life activity and should be continued as a beneficial part of their support plan, is this not possible for the resident to continue these activities for areas beyond their own living space? Often the work a resident may perform in these tasks would need to be redone or completed correctly by staff

anyway. Nevertheless, resident participation in these activities of daily living should be permitted without undue limitation to improve and "normalize" their life to what is most familiar for them and if desired by them.

(v) Is this section really necessary if those services are included in the contract? If yes, the words "if available" should be added here if any services provided by outside sources should no longer be available (example: public transportation to local destinations).

(z) A definition is needed for "excessive medication".

2600.53. (h) Is the PCH administrator responsible to verify the technical work done by their CPA is proper and adequate? Cannot the PCH administrator rely on such professionals to perform their tasks according to their own professional requirements and monitoring? These skills and knowledge may well be beyond the ability of the administrator or DPW inspector to evaluate. This requirement extends beyond the scope of the intended purpose of this regulation.

(i) A definition of "moral character" is needed. Would this preclude a PCH administrator or staff person from being part owner in a chain of adult video stores, being a member of a white power organization, or being a "Traveler"?

(j) A definition of "reasonable skill" may be required, otherwise eliminate this reference.

2600.56. (b) This section is too vague for a PCH operator to understand what the requirements may be or for the DPW inspector to determine if adequate coverage is provided. Furthermore, an open-ended requirement like this should provide for open-ended reimbursement to cover the additional cost for such care. In addition, if a resident prefers to remain in that PCH with additional services that could be provided by home health agencies or other such outside service providers to meet their changing needs, would this not (1) provide improved consumer choice in remaining where they prefer, (2) reducing over-all costs for long term care over relocation to a nursing home, and (3) eliminate the potential trauma for the resident and family from finding other living arrangements, moving, etc.?

(c) This requirement would eliminate the PCH administrator from attending valuable conferences of several days in length, taking vacations, or personal leave/illness periods without additional PCH administrator coverage. Having the coverage of a second person with PCH administrator qualifications would cost $26,000 annually.

(d) This requirement, as worded, seems to imply that additional staffing beyond 1 hour per resident day (or 2 hours for immobile) would be required but is unclear as to how much more staffing is expected. Such lack of clarity is not acceptable nor can it be enforced in a fair manner.

(e) This regulation would effectually require one staff person for the four people in each building. This requirement is beyond being reasonable and does not consider the effect of new communication technologies available to provide adequate communication. The additional staffing cost would be

$730,000 additional annually for a 32 bed PCH with eight buildings (4 residents each building).
(i) This requirement is too vague and open ended to allow the PCH to understand and plan for the costs that will be required from time to time as residents change and their care needs change. If any additional staffing may be required, is should also be appropriate to allow for a reduction in staffing below one hour (or 2 hours for immobile) per resident per day for the improved design of the building, its safety features, and other technology systems that would improve the efficiency of staff and safety for residents.
(j) Does this allow DPW to determine how many additional hours a given PCH must provide in each of these areas? If yes, these must be clearly specified in the regulations to afford proper and fair enforcement.

2600.57. These training requirements are more complicated than is necessary. They also become duplicative of the NHA training requirements. Would this concern be addressed more appropriately if DPW and the NHA Board of Examiners could agree on proper requirements to apply to both roles thereby clarifying and improving PCH administrator requirements while keeping these very similar roles coordinated with one another? In any event, the cost of this initial training is expected to be $4,250.
(g) This section implies that an actively licensed NHA that is not currently employed as a PCH administrator at the time these regulations are effective, would not comply with the training requirements. This would mean that the on-going educational credit requirements of NHA's are inadequate to meet PCH administrator requirements while a currently licensed NHA currently employed as a PCH and receiving those same continuing education credits would qualify. It is inappropriate to require currently licensed NHA's to have any additional training or education. The demands upon the skills of the NHA are at least equal to if not measurably greater than those demanded of a PCH administrator. The care received by a PCH resident is not, by regulation, to be greater than that of a nursing facility therefore nor should the requirements be greater for their administrators.

2600.58. (e) A definition for "on the job training" should be provided.
(g) A definition for "temporary staff" should be provided. If this is to include agency staffing, it will be impossible to access agency staff with this required degree of on-going training specific for PCH's. The inability to access agency staffing could present a major risk to PCH residents if adequate agency staff were not available to cover daily care needs in the event of an emergency or the extensive illness of regular staff.
(g) (7) (i) Volunteers should not be required to complete and maintain this extensive training as mentioned in the above section related to the definition of volunteers. Otherwise, this would extensively eliminate family member and local community group involvement in PCH resident life.

2600.58

2600.59
2600.60 These three sections are quite extensive and will require a fulltime person to properly complete and maintain the extensive training requirements. This cost would be $39,000 annually.

2600.85 (b) How is the PCH expected to address an infestation problem without first finding evidence of a problem? Would it be better to require a regular pest control program on an as-needed basis?

(d) and (e) What is the purpose to have trash covered in bathrooms and out of doors? This is not a requirement in other health care settings. The cost for new trash cans would be $1,350.

(f) This requirement is beyond the scope of PCH regulations and is not necessary since it is adequately covered by municipalities in their codes and regulations.

2600.86. Are closets and storage areas of any size included in this requirement? If yes, this cost would be $22,800 to provide proper ventilation.

2600.87. Define "sufficient lighting to ensure safe evacuation". I have found this matter to be one of great debate with previous inspectors requiring additional wiring to meet differing expectations of inspectors.

2600.88 This section is not necessary as asbestos products are no longer available for new construction/renovation. If this is necessary, why are lead paints and other such discontinued building products not mentioned as well?

2600.89 This requirement is beyond the scope of PCH regulations and is already addressed adequately by current public water system regulations.

2600.90. The term "communication system" is vague and could include a portable air horn, a school bell, cell phones, or an expensive wired or wireless computerized nurse call system. This cost could be $15,000 or more.

2600.91. It is inconsistent to require numerous other services and monitoring of services for the PCH resident and then expect them to make contact to authorities in the event of an emergency. Furthermore, it is inappropriate to expect or to allow dementia residents to call emergency services. Having all these numbers near their phone could also add to confusion in trying to make such a call for emergency assistance. With the current staff coverage requirements, it is inappropriate to expect or depend upon any resident to make this emergency contact.

2600.98. (b) This requirement would appear to imply that a PCH must have sufficient tables and seating for all residents, and their families, and their visitors at one time. This would require additional construction of common space of approximately 1,800 sq. ft. at a cost of $162,000.

(f) This requirement forces the PCH to have what could be a noisy and/or confusing environment in common spaces which are also used for other activity programs, visiting with families, worship services, etc. Since radios and T. V.'s are affordable enough for any resident to have their own (even using their personal needs allowance) and most bring their own from home anyway for use in their room, is it time that this antiquated requirement be removed from the regulations?

2600.99. Why is this requirement so specific with regard to the items required? Would it not be better to indicate "equipment and supplies suited for physical, mental, artistic, spiritual and social fulfillment"?

2600.101. (a) (b) and (c) When considering resident preferences, my experience has been that of all the physical requirements desired by residents, having a private room is outstandingly the highest desire of consumers. If DPW really wants to meet consumer needs and preferences, why not drop much of the expense these new regulations require and recommend private rooms for all new construction and portions of existing PCH's undergoing major renovation? This would do far more to reach consumer's desires and preferences. It would of course, cost more by approximately $108,000 for a newly constructed/renovated 30 bed PCH.

(e) Does this requirement allow for bulkheads (for HVAC & plumbing lines) lowering ceiling height below 7 feet?

(f) It is not advisable to provide opening windows in rooms serving residents with dementia symptoms due to the hazard of falling out of those windows or escaping. Residents not understanding the efficient operation of modern HVAC systems (a common finding among older adults) may also keep windows opened to their greater discomfort and cost. This practice could also jeopardize the proper operation of the HVAC system for others in the building.

2600.101. (j) Does this preclude requiring limited access during times of mechanical repairs, finish replacements, major cleaning, or plumbing emergencies?

(k) (1) Plastic covered mattresses are inappropriate for residents not needing the incontinence protection. These mattresses create a very unsatisfactory sleeping and comfort experience that is not necessary for many PCH residents. Other products are also available to preclude the need for these mattresses in many cases. Otherwise, the cost for mattress replacement would be $5,119.

(l) Does "portable beds" imply that wheeled hospital beds are not permitted based on resident request or resident care needs?

(r) If the resident is the sole determination of the type of chair defined as comfortable, this could include reclining chairs, leather chairs, power lift chairs some of which could result in an average total cost of $13,500.

(t) Window treatments that cover the entire window may be unnecessary or not desirable for very tall windows, skylights, or other such window arrangements. They may also be difficult for older adults to operate. This section should indicate that window treatments should provide privacy from likely human view and offer ease of operation.

2600.102. (i) Is marked bar soap required for baths in private resident rooms?

2600.103. (b) All kitchen surfaces being sanitized after each meal would require additional kitchen staff to perform this frequent and thorough cleaning at a cost of $24,637.50 annually.

2600.103. (c) For food to be protected while being transported and served would require plate covers at an initial cost of $510 and an on-going cost of $4,106.25 annually for care, handling and replacement of these covers.

(d) If boxes may no longer be stored on wooden skids on a storage room floor, additional racks would cost $235.
(e) Performing a weekly inventory of all food products will require additional staff time of $1,300 annually.
(h) Does this section preclude the thawing of some frozen items at room temperature (example: frozen prepared cake, some deserts, concentrated beverages, etc.)?

2600.103. (i) The definition of "holding temperature" is uncertain. How can one determine the holding temperature of food items like peas or carrots on an individual resident's plate? How will "cold items" be defined? This could present problems for certain beverages, deserts, salads, etc. Unenforceable requirements such as this should be removed and replaced with a requirement for reasonable resolution to food service problems as identified by residents. Residents are capable of indicating when food service is unsatisfactory to their preferences.

2600.104. (a) Many residents come to the dining room in wheelchairs. Having regular chairs for all of these residents would add to the congestion of space in the dining room and is unnecessary. The additional cost would be $2,775.
(f) (2) If a resident chooses to eat elsewhere whether in their room, in a café for visitors on the campus, with a spouse in nursing care, etc. they should be permitted to do so. Some residents may never grow accustomed to eating with many other people, especially if they have eaten alone for 20 or 30 years or more. How can DPW know better than the resident where they should eat? Individual and changing resident choice should be the only guide in these decisions.

2600.105. (g) This requirement is ridiculous and has no reasonable bearing upon fire safety. For one person to circulate daily removing lint from residents and staff's clothing would cost $23,400 annually.

2600.106. This section is beyond the scope of PCH regulations and should be eliminated since appropriate regulations are covered in code for public swimming pools.

2600.107. (c) (3) This requirement is unclear and could be construed to include the need for emergency generators for all electric usage, alternate bottled gas supplies, etc. The cost of these accommodations could be as high as $157,500 or more.
(c) (5) This requirement could present problems for very short term medications, highly expensive medications, etc. How or who would cover this additional cost for the three days of unused medications? The cost and practicality of this requirement could be immeasurable. Managing the records for this could also require additional staff. How does this requirement measurably improve resident care?

2600.109. This requirement is far beyond necessary control and does not address inoperable antique firearms for decorative/display purposes, firearms brought by residents for display with no ammunition, etc. It would be far

more practical to use the first sentence of item number (5) and drop the rest of the section

2600.121. (b) Does this imply that card access systems for improved security purposes are not permitted? Any required exit door must have panic hardware on it anyway.

2600.129. (b) Does this apply if fireplaces are rarely or never used? Several fireplaces have been used regularly in my home for 30 years with only one cleaning and inspection in that time period. The additional cost for an annual inspection of little, if any, value would be $150 per fireplace.

2600.130. (g) This requirement would imply that a PCH would have to have several detectors available on-site should a backorder occur or a delay in receiving replacement parts occurs. This cost would be $600.

2600.132. (d) This would require repeated inspections and verifications by a fire safety expert each year. This cost could be $500 annually or more.
(e) How are "sleeping hours" determined?

2600. 141. (a) Will Medicare cover the cost of a physician's appointment to complete this customized form provided by the Department? The qualifications and experience of the physician should be adequate to determine what the exam should entail since it is the physician that has to approve if the resident is suitable for a PCH. This requirement implies that physicians (who are familiar with and who meet the regular medical care needs of the resident) are not capable of making decisions on the content of an exam as well as the Department (who has never seen the resident) is able to determine. Is all the content of this section really necessary?
(b) This section forces the PCH to be responsible for any outside medical services that may be beneficial (i.e.: hospital care, Hospice, home health, therapies, etc.) when all these services may not be available in the locality of the PCH. Can the PCH really be held responsible for the availability of such outside services?

2600.143. (c) (3) A definition is needed for "emergency staffing plan". It is unclear what this term applies to and for whom it applies.

2600. 144. (e) This section implies that no resident is capable of smoking alone. This is also applied irregardless of the fire safety features of the resident room or the PCH.

2600. 145. This requirement does not consider the staffing practicalities of larger PCH operations where it is impractical for the PCH administrator to supervise direct care staff. This duty should be able to be delegated to other appropriate supervisory staff.

2600. 162. (d) What is meant by "considered satisfactory"? Does this requirement mean donations from food banks, local service groups, restaurants, etc. cannot be used (all of which are deemed suitable for the general population)?
(i) Is this section needed since it is covered in section 2600. 161. (a)?

2600.163. (a) This section is redundant with 2600.163. (b) and is unnecessary.

2600.171. (a) (1) This would preclude using volunteers to do transportation and would require staff to be on all transporting trips. The additional cost could be at least $1,800 annually.

2600.171. (b) These items are unnecessary since they are already requirements of other current laws.

2600.181. (e) It is nearly impossible for many older adults to perform these tasks and have this knowledge of each medication. This would imply LPN coverage to "administer" medications. This additional cost would be $82,125 annually.

2600.182. (g) This would require additional medication cart space. One additional cart would cost $4,500.

2600. 184. This section would require complete medication records. This additional work would be done by the LPN's indicated in 2600.181. (e).

2600.186. (a) This requirement could be problematic due to the PCH's inability to ensure that the resident informs the staff of every and all medication changes in a timely, accurate, and complete manner. With an incomplete or inaccurate record, medical care or decisions could be made to the detriment of the resident by staff or emergency medical care personnel.

2600.201. (b) This quality improvement program, along with several other sections of these proposed regulations would increase the expectations of the PCH administrator thereby requiring an assistant with reasonable training to understand and properly interpret facility records, reports, regulations, etc. This cost would be $48,750 annually.

2600.225. (g) The phrase "continually assessed" seems to imply daily and will need clear definition.

2600.231. (2) and (8) These sections are inconsistent and take the PCH beyond the scope of PCH regulations since they require an occupancy (C-1) which is reserved for long term care nursing facilities while DPW refuses to allow a PCH to accept residents who need the services of a long term care facility. This is inappropriate and would require complete replacement for most current PCH facilities that care for dementia residents. The costs for this capital replacement would be very large.

(4) The reason for the necessity of this requirement is unclear. If the exit is not for required Life Safety exiting, and the lock is used to contain residents during night-time hours or poor weather, would this not provide improved safety?

2600.232. (2) If this requirement helps residents to live more comfortably in a secure unit, why does this not apply to other PCH residents? Why should it apply to dementia residents more than others who can understand privacy?

(4) What purpose does this description provide? How will this document be used that is would bring continued benefit? Can these features not be observed when the PCH receives its initial inspection?

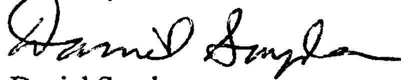
2600.233. (2) Will this assessment be required to be completed by an outside source? If yes, the cost annually for a 30 bed PCH would be $3,000 annually.

2600.238. This section is too vague and does not enable the PCH to clearly understand and plan for what future costs will be necessary. It should be removed due to lack of clarity.

The reader may find this letter to be ridiculous, missing the point or unreasonable in its interpretation. As a reader of these proposed PCH regulations, I could make the same statement about them. Such a method of government oversight does not serve well the end user of services, the PCH resident. These regulations will only recreate the same medically oriented, institutional model for personal care that our nursing homes have become over the past 20 years. No one wants nursing homes anymore nor will future consumers want personal care if these regulations are enacted.

Personal care homes now enjoy the freedom of a residential model of service delivery that residents appreciate as well as families. Let us not destroy that desirable model with expensive over regulation that will price many consumers out of the personal care market. I request your serious consideration of these observations as you review these proposed regulations.

Sincerely,



Daniel Snyder
14A Market Square
Manheim, PA 17545

Enclosures:
PCH Proposed Regs Cost

PCH Proposed Regs Costs

Staffing costs:	Cost per hour	W/Benefits	Total per hour
PCH administrator	$25.00	125%	$31.25
RN/Supervisor/Assessment	$20.00	125%	$25.00
LPN/trainer/translator	$15.00	125%	$18.75
NA	$10.00	125%	$12.50
Activity/other	$9.00	125%	$11.25

Volunteers trained:

30 residents X 2 volunteers per X 24 hrs. @ LPN $'s
$27,000.00 annually

Quality assessment and management plan:

Task:	Hours per month:	Cost/hr.:	Total cost:
Incident reports	3	$25.00	$900.00
Complaints	4	$25.00	$1,200.00
Staff training	2	$25.00	$600.00
Monitoring data/plans	1	$25.00	$300.00
Councils	4	$25.00	$1,200.00
			$4,200.00

Language translators:

1 part time @ $18.75 $19,500.00 annually

PCH second qualified administrator:

1 PT person at $25.00 $26,000.00 annually

One person per four people in one building:

24 hours of staffing per day per 4 person building		$109,500.00 annually
1 hour per resident per day of staffing		$18,250.00 annually
		$91,250.00 net
32 residents / 4 = 8 buildings	$91,250.00 X 8 =	$730,000.00 annually

PCH administrator initial training:

60 hours / 6 hoursepr day = 10 days		
10 days training at $175 per day =		$1,750
PCH administrator time per hour =	$31.25	$2,500.00
Total		$4,250

Staff orientation and training position:

1 fulltime at $18.75 $39,000.00 annually

Covered trash cans:

30 resident bathrooms X $15.00 each	$450
6 exterior trash cans X $150 each	$900
	$1,350

Closet ventilation:

40 closets X $570 per closet $22,800

All private rooms:

Semi private room of 120 sq. ft.	$90. per sq. ft.	$162,000
Private room of 100 sq. ft.	$90. per sq. ft.	$270,000
Difference		$108,000

Mattress replacement:

30 mattresses at	$150. each		$4,500
Staff time for removal & replacement		15 hours	$168.75
Trash removal of current mattresses		$15/per	$450
			$5,119

"Comfortable" resident chairs:
30 @ an avg. cost of $450 $13,500

Additional kitchen cleaning staff:
1 person @ 6 hours per day minimum $24,637.50 annually

Plate covers and care:
60 place settings @ three covers each = $8.50 per setting $510

Washing, additional handling of covers 3 times per day $4,106.25 annually

Weekly food inventory:
1 person @ 2 hours per week $12.50 per hour $1,300.00 annually

Dining Room chairs:
15 at $185 each $2,775

Removing lint:
1 person full time between shifts @ $11.25 $23,400.00 annually

Emergency utilities:

Emergency generator for full electric power	$150,000
Bottled gas for replacement of natural gas (including alternate nozzles)	$5,000
Alternate cell phone system	$2,500
	$157,500

Smoke detectors in stock:
4 detectors minimum at $150 each $600

Staff available for all transports:
6 trips per month @ 2 hours each trip $1,800.00 annually

LPN coverage 7 days per week:
1 LPN 12 hours per day $18.75 cost per hour $82,125.00 annually

PCH asst. administrator:
1 person @ 75% 0f: $31.25 = $23.44 $48,750.00 annually

Dementia initial assessments:
30 / 2 year avg. length of stay = 15 assessments per year $3,000 annually

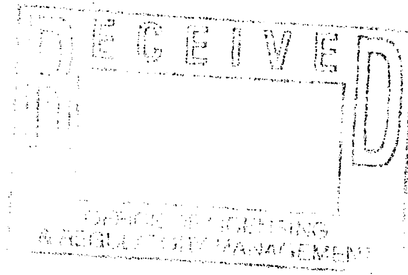
Total annual costs: $305,318.75 $27.88 Cost per day additional

Total initial costs: $390,139.00 $13,004.63 Cost per resident

Original: 2294

#14-475 (593)
same commenter as 573, 574, 575, 576, 577, 578, 579, 580, + 581

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:

According to the proposed regulations, 2600.32 (e), "the personal care home must provide local phone service for the resident". Why? This is a cost to the facility and they should be allowed to collect for these costs.

Please provide your thought process on this matter.

I can be reached anytime at the above phone number or daily at my office, 412-244-9901. You can also fax me at 412-244-1548 or e-mail me at pmrosco@grane.com.

Thank you for your time in responding to my concerns.

Sincerely,

Phyllis N. Mrosco

Original: 2294

#14-475 (584)

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:

Getting older certainly has its down side! I am afraid by the time I am in a position to actually need care, there will not be any of the small, home like facilities left.

My understanding is that personal care/assisted living is set up based on the social model, not a medical model. From what I am seeing, this will no longer be the case.

My daughter is a personal care home administrator. She has a college degree and has worked in the business for several years. While we all understand continuing education, what can you possibly expect she will learn new that needs to cover 24 hours a year?

My opinion is that these proposed regulations are in response to the few "bad apples" that DPW has not regulated properly in the past. So now you will increase the regulations, but reduce the number of inspections?!? Please explain that logic.

Sincerely,

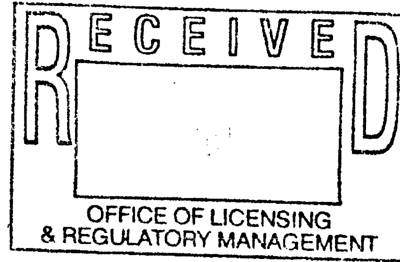
Alice Reece

Alice Reece
224 Kuehn Drive
Trafford, OA 15085

RECEIVED

14-475 (292)

Original: 2294



October 22, 2002

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

Dear Ms. Nevious:

I am writing in reference to the proposed Personal Care Home regulations (55 PA. CODE CHS. 2600,2620). This is not the first time I have written the Department of Public Welfare or legislators about the changes that have been proposed in these regulations in the last year and one half. Once again I find myself frustrated that despite the multiple comments and suggestions made by personal care home owners, operators and staff on these regulations, I see the regulations have had very little change in their content at this late stage in the approval process.

I am a personal care home administrator. I am also a nursing home administrator. I have seen what over-regulation has done to the nursing home industry. It has created a mountain of paperwork, yet has had very little impact on the care delivery to the residents. I see that same thing happening in the personal care/assisted living industry if these regulations are to be approved in their current state. The nursing home industry is the most regulated health care industry there is, yet the Department of Public Welfare has proposed changes that exceed what is required in a nursing home; which takes care of sicker and more dependent elderly people.

The Department of Public Welfare seems to believe that implementing these changes would result in some cost to the facility, however, does not seem to fully understand just how much cost. Some smaller facilities will not be able to afford these changes and will go out of business. Often these smaller homes take care of the indigent, those who are on SSI or cannot afford to pay hardly anything at all for their care. Where will these people go when these homes close? I don't know of too many personal care homes that can absorb many, if any, residents who can only afford to pay about $800 a month (about what at SSI resident pays).

The Department of Public Welfare claims these regulations will not pose any cost to the general public. However, the Department of Public Welfare failed to explain that the cost of these changes would undoubtedly end up getting passed on to the consumers in the form of higher monthly fees. Facilities cannot be expected to incur these additional expenses and just absorb the cost. Despite what many seem to believe, many personal care facilities are not big money makers, if they make any money at all.

Twenty-five percent of my residents are either on SSI or receive a significantly reduced monthly rate because they cannot afford to pay the normal monthly fee. As a result, my facility, which is non-profit, struggles each month to just break even. Implementing these changes will have a significant financial impact on my facility. It will probably not put my particular facility out of business, but we would need to make some drastic reductions in other expenses that would reduce the standard of service we want to provide. We will also have no choice but to become more selective with our admissions because we may no longer be able to afford to care for residents who may immobile or require a moderate amount of assistance. I am sure that we will not be alone with these changes. When residents cannot afford a personal care facility it cannot be assumed that they will be approved for medical assistance and can move into a nursing home. If their level of care is assessed by the Area Agency on Aging as NOT needing a nursing home, the resident cannot move into a nursing home and have medical assistance pay for them. What will happen to this segment of the population who can no longer afford a personal care home or require more care than a personal care home can afford to provide, but yet can't get into a nursing home?

I am a member of a very active personal care home association. I know that many, many comments have been given to the Department of Public Welfare on these regulations. I know that this association has been told that good points were made and that changes would be made in the final drafts. Yet, the Department of Public Welfare was not good on its word. The Department of Public Welfare did not embrace, in good faith, this organization's desire to become involved in this regulatory process. This organization is not opposed to changes in the existing regulations. We support enforcement of the current regulations, which the Department of Public Welfare has failed to do consistently. We support regulations that would improve the quality of care and ensure the health and safety of the residents. However, these regulations need to have logic, need to be reasonable and need not be higher than what is required in health care settings that provide a higher level of care. And most of all will not result in higher cost to the residents.

I have enclosed a rather lengthy attachment that contains my questions, comments and suggestions on the changes in the regulations that I find are unclear, unnecessary or excessive. I would appreciate a review of these comments and I am requesting that the regulations proposed in the PA Bulletin are stopped until The Department of Public Welfare can establish a set of regulations that are reasonable, fair, and economical.

I would appreciate a written acknowledgement of the receipt of this letter.

Sincerely,

Karen Russell
Administrator
The Arbors at Valencia Woods
85 Charity Place
Valencia, PA 16059

Comments of Proposed Personal Care Home Regulations

2600.20 Resident Funds

(b) (1)

There shall be documentation of counseling sessions, concerning the use of funds and property, if requested by the resident.

Comment: This makes the facility sound like they should be giving the resident advice as to how to use their money. The facility does not have the role of a financial planner. I believe this item should be removed from the regulations.

(4)

The resident shall be given funds requested within 24 hours if available, and immediately, if the request is for$10 or less. This service shall be offered on a daily basis.

Comment: If funds are not available in 24 hours, then what? Most facilities have tight management of the resident's personal funds. Access to these funds is usually limited to key staff. Access to these funds is not something that facilities would want all staff to have access to. This regulation would require any staff to have accessibility to be able to give the residents their money at any time. This is too risky. It leaves the facility too open for liability. After all, banks aren't open 24 hours a day to access your money. Why would this be necessary for PCH residents? There needs to be some control for protection of the residents' funds. My recommendation is that funds be available within 72 hours and $10 be available Monday through Friday during normal business hours.

(9)

The home should give the resident an annual written account of financial transactions on the resident's behalf.

Comment: This should be changed to be at the request of the resident.

(12)

Upon discharge or transfer or the resident, the administrator shall immediately return the resident's funds being managed or being stored by the home to the resident.

Comment: I have the same objection as in (4). Funds of this type, could be a large amount) are not usually housed at the facility. The money is kept in a bank or at another location (example, business office that could be at another location). Personnel who would have access to these funds are not available 24 hours a day. My recommendation is to have these funds available to the resident within 72 hours.

2600.26 Resident-home contract: information on resident rights

(2)

The actual amount of allowable resident charges for each service or item. The actual amount of the periodic-for example, monthly-charge for food, shelter, services and additional charges, and how, when and by whom payment is to be made.

Comment: Most facilities do not have separate charges for food and shelter. This regulation needs some clarification. I don't think we are really expected to separate food cost from shelter cost from board cost, are we?

2600.29 Refunds

(d)

If the home does not require written notice prior to a resident's departure, the administrator shall refund the remainder of the previously paid charges to the resident with 7 days of the date the resident moved from the home.

Comment: Refund timelines should be consistent with 30 days. It is nonsensical to have various refund time limits depending on the circumstance.

(e)

If a resident is identified as needing a higher level of care and is discharged to another facility, the home must provide a refund within 7 days from the date of discharge when the room is vacated or within 7 days from notification by the facility.

Comment: Again, timelines should be consistent with 30 days. It is nonsensical to have various refund time limits depending on circumstances.

2600.31 Notification of rights and complaint procedures

(k)

A resident and, upon their request, his family and advocate, if any, shall have the right to access, review and request modification to the resident's record.

Comment: I agree with being able to have access to and review the resident's record, but I need clarification on "and request modifications to the resident's record". Does this mean we must modify the record at the resident's request? They may request a modification that is not accurate. This regulation needs clarification.

2600.32 Specific Rights.

(d)

A resident shall be informed of the rules of the home and given 30 days' written notice prior to the effective date of the new rule of the home.

Comment: A facility may implement a new rule to protect the health and safety of the residents. In a case like that, the notice should be able to be given with less than a 30 days notice. I recommend that an alteration to this regulation be made to state

" A resident shall be informed of the rules of the home and given 30 days' written notice prior to the effective date of the new rule of the home. If a new rule is implemented to protect the health and safety of the resident, less than 30 days notice may b given."

(x) A resident shall have the right to immediate payment by the home to resident's money stolen or mismanaged by the home's staff.

Comment: I have the same objection as earlier. Funds are stored for safekeeping and not accessible for disbursement 24 hours a day.

(z) A resident shall have the right to be free from excessive medication.

Comment: Who has the authority and knowledge to determine what is excessive? Is a not skilled, non-medical inspector going to make this decision? Ultimately, medication management is the responsibility of the physician, not the facility. This item needs removed from the regulations. I do not see how the Dept of Public Welfare is going to determine what is excessive.

2600.53 Staff Titles and qualifications for administrators

(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 experience in a related field
(4) A valid license as a Nursing Home administrator from this Commonwealth

Comment: I believe that an administrator should have a minimum of a high school diploma or GED, but I believe the other requirements may be too high. Currently, there are many PCH administrators who don't meet these requirements and that does not mean they are not good administrators.

2600.54 Staff titles and qualifications for direct care staff

(1)

Be 18 years of age of older

Comment: Most facilities employee employees under the age of 18 and they work out just fine. To eliminate this age group from employment would limit each facility's ability to find staff, particularly on the evening shift. Finding staff that want to do this type of work is difficult enough as it is. Granted not every 16 or 17 year old is cut out for this work, but that should be left to the discretion of the administrator. Current regulations require that any staff under the age of 21 not be left alone in the facility and I believe that regulation is sufficient. My recommendation is to remove this requirement from the regulations.

(2)
Have a high school diploma or GED.

Comment: Just because you do not have a high school diploma or GED does not mean that you can't be caring, compassionate and a good worker. These traits are far more important to the job that a diploma. My recommendation is to remove this requirement from the regulations.

2600.55 Exceptions for staff qualifications
(b)
A staff person who transfers to another licensed home, with no more than a one-year break in service, may work in the same capacity as long as he meets the requirements outline in subsection (a)

Comment: This requirement is ridiculous. You could have an employee who has been doing this work for 10 years and takes a year off to care for elderly parents or have a baby. This person would then no longer be eligible to return to work in a PCH? Does this then mean that if this person did not have a high school diploma or GED he could not work in this field again? My recommendation is to remove this requirement from the regulations. If you are grand-fathered, you are grand-fathered. There should not be restrictions with a break in employment.

(c)

A 16 or 17 year old may be employed as a staff person at a home, but shall not perform tasks related to medication administration, and the incontinence care or bathing of persons of the opposite sex.

Comment: I need clarification on this. This seems to contradict 2600.54(1). I agree that a 16 or 17 year old should not be involved with medication, but I do not see any justification to having that person do incontinence care or bathing of the opposite sex. This requirement needs clarified and changed to allow incontinence care and bathing of persons of the opposite sex.

2600.56 Staffing
(c)
An administrator, or a designee who is 21 years of age or older and meets the qualification outlined in 2600.54 shall be on the premises on a 24 hours basis. The administrator shall be present in the home an average of 20 hours per week or in the alternative, his designee must meet all of the qualifications and training for an administrator under 2600.53.

Comment: This item needs clarification. Does this mean that if an administrator is on vacation, another qualified administrator has to be in the facility? If so, this would mean each facility would need at least two qualified administrators on staff. This isn't even a requirement in nursing homes.

(k)
When regularly scheduled direct care staff persons are absent, the administrator shall arrange for coverage by substitute personnel who meet the direct care staff qualifications and training requirements

Comment: Facilities would not be able to staff their buildings during staffing shortages, vacations, etc., if this requirement is to be met. Many facilities use agency home health aides or certified nursing assistants on a temporary basis. These folks would not necessarily have the same training that is required. My recommendation is to make an exemption for temporary staff and require that staff that will do direct, hands on care of the residents either be a nurse, certified nursing assistant or home health aide. Fire safety and resident rights should be reviewed with temporary employees. Require that if temporary help is being used and they are a nurse, home health aide or certified nursing assistant and are being used for a consecutive period of 30 days of more, then the same training requirements would apply. If they are being used on an interim basis or less than a 30 day stretch of time, the training requirements would not be necessary if there was at least one other qualified and trained person in the facility with them.

2600.57 Administrator training and orientation

(6)
Mental Illness and gerontology, which shall include but not be limited to:
(ii)
care for persons with dementia and cognitive impairments
(iii)
care for persons with mental retardation

Comment: If you are not planning to or do not work with those populations, I do not believe training in both areas is necessary. Many facilities do not have residents who are mentally retarded and I don't see where training in that area is necessary if they don't service that population.

2600.58 Staff training and orientation
(c)
Training of direct care staff hired after the effective date of this regulations shall include a demonstration of job duties, followed by guided practice, then proven competency before a newly hired direct care staff may provide unsupervised direct care in any particular area. Prior to direct contact with residents, all direct care staff shall complete and pass the following competency-based training including, but not be limited to the following.....

Comment: First, to not allow direct resident contact until a test is passed is not in the best interest of the employee or facility. An employee needs to have some direct contact with residents to even make sure this is the type of work they want to do. Sometimes facilities spend an enormous amount of time and money on a new hire only to find out that the employee has decided this is not the work for them. To require all of this training and testing prior to resident contact will not allow the employee to get a true sense of the job.
Who will create these competency tests? Will the facility and administrator be responsible for developing these tests? Do you realize what great variance the Dept of Public Welfare will see in these tests from facility to facility? Will these tests really be an accurate predictor of performance and competency? This section needs re-worked and clarified.

(e)
Direct care home staff shall have at least 24 hours of annual training relating to their job duties. Staff orientation shall be included in the 24 hours of training for the first year of employment. On the hob training for direct care staff may count for 12 out of the 24 training hours required.

Comment: The number of hours required in excessive. This is a higher training requirement than nursing homes require which take care of sicker and more dependent elderly. Requiring each employee to have the equivalent of three full days of training each year would be very costly to the facility and would make it very difficult to cover the staff who provide care to the residents when they are getting training. For my small facility alone, I would have to cover the equivalent 54 days of direct care while employees are getting training. This extra expense will undoubtedly get passed on to the consumer in the form of higher rates. I am in total support of increased training requirements, but I believe 12 hours (the equivalent of what is required in nursing homes) is sufficient and reasonable.

(7) (vii)

Comment: What exactly are de-escalation techniques? I have a Bachelor's degree in Gerontology, a Master's Degree in social work and I am a licensed nursing home administrator and I have never heard of de-escalation techniques nor have I ever heard that learning such techniques are critical to working with the elderly population. Who would be qualified to teach such techniques? This item needs clarification

2600.60 Individual staff training plan

Comment: Again, I support increased training requirements; however, requiring individual documented staff training plans is an excessive requirement. This is not even a requirement in a nursing home setting. Annual training should be required on designated topics and the administrator should track attendance as currently required. The administrator should have the discretion to decide if a particular employee is in need

of additional training in a particular area and see that he gets it. An individual plan for each employee is not necessary and time consuming.

2600.59 Staff Training Plan

Comment: These requirements to annual develop a plan, have questionnaires, collect feedback, and are again excessive. A facility would just about have to dedicate someone at least on a part-time basis just to handle this training and documentation, especially if you are a medium to large facility. Smaller facilities with small staffs would probably find this impossible to do. The resources to implement and create such a plan would just not be available. If this requirement was to be approved, it is going to be an additional expense for the facility in staff time and inservice materials. This cost will end up being passed on to the residents in the form of higher monthly fees. My staff development coordinator in the nursing home that I work in isn't required to implement this type of plan and documentation.

2600.101 Resident Bedrooms
(c)
Each bedroom for a resident with a resident with a physical immobility shall have 100 square feet per resident or allow for easy passage between beds and other furniture...

Comment: Eliminate any reference to greater square footage requirements for immobile resident. The regulation should maintain the current square footage and allow for easy passage between beds and other furniture.

(r)
There shall be a minimum of one comfortable chair per resident per bedroom. The resident shall determine what type of chair is comfortable.

Comment: Eliminate the statement "The resident shall determine what type of chair is comfortable". You will have residents who think nothing but a Lazy Boy is comfortable and facilities cannot be expected to meet each resident's definition of comfortable.

2600.102 Bathrooms
(g)
Individual toiletry items including toothpaste, toothbrush, shampoo, deodorant, comb, and hairbrush should be made available.

Comment: This item needs the addition of "These items may be at a charge to the resident" unless the resident is SSI. Otherwise, this requirement reads as if the facility should provide these items at no cost to the resident.

2600.130 Smoke detectors and fire alarms
(e)

If one or more residents or staff persons are not able to hear the smoke detector or fire alarm system, all smoke detectors and fire alarms shall be equipped so that each person with a hearing impairment will be alerted in the event of a fire.

Comment: If I am interpreting this requirement correctly this would mean that if a facility had even one deaf resident, all smoke detectors in the building would require strobe lighting in addition to an audible noise. This requirement is excessive. It is not even a requirement in a nursing home. I agree that some smoke detectors should have strobe lighting at various locations in the facility, but to require this on each smoke detector is not necessary and expensive. It would cost my facility between $500 and $750 to make this modification. My facility is fully sprinklered, has smoke and heat detectors and is connected to a 24 hour alarm monitoring service and fire company. This should be sufficient.

2600.132 Fire Drills

(d)

Residents should be able to evacuate the entire building into a public thoroughfare, or to a fire safe area designated in writing within the past year by a fire safety expert within 2 ½ minutes or within the period of time specified in writing within the past year by a fire safety expert.

Comment: Evacuating a dorm building with young, mobile students would probably be impossible to do in 2 ½ minutes. This is an impossible requirement for personal care homes. Yes, the regulation states that if a fire safety expert agrees that a longer period of time is acceptable, but what fire safety expert will be willing to determine what a reasonable period of time is for evacuation? Who came up with this time requirement? Since many facilities are sprinklered and have fire doors in various locations through the facility, the evacuation of the entire facility would likely never be needed.

(j)

Elevators shall not be used during a fire drill or a fire.

Comment: Elevators can be used during a fire with the approval and supervision of the fire company. It is not forbidden or against any law to use elevators during a fire if safe to do so. As I mentioned earlier, many facilities have various fire zones with fire doors and an elevator may not be anywhere near the site of fire and, therefore, could be used for transport. If this would be required, facilities would not be able to put anyone above the first floor that could not walk up or down stairs. This would eliminate a large percentage of residents living in facilities on the second floor or above.

2600.161 Nutritional adequacy

(g)

Drinking water shall be available to the residents at all times. Other beverages shall be available and offered to the resident at least every two hours.

Comment: It is excessive to require that other beverages be offered every two hours. This is not a requirement in a nursing home with sicker more dependent residents unless the resident is at risk for dehydration. Other beverages should be available at any time when requested. It is not necessary for the personal care home population to be offered something to drink every two hours unless there is a physician's order that says it is necessary to do so. This requirement, as written, would indicate that this must be offered every two hours around the clock. Even when they are in bed?

2600.162 Meal Preparation

(h)

Adaptive eating equipment or utensils shall be made available and meet the needs of the residents.

Comment: The requirement needs the addition of "The resident may be charged for this adaptive equipment". Otherwise, residents/families will think that adaptive equipment (which can be costly) should be provided at no cost.

2600.171 Transportation

(a) The following requirements apply whenever staff person, or volunteers of the home provide transportation for the resident. These requirements do not apply if transportation is provided by a source other than the home.

Comment: If these requirements do not apply (and I don't believe they should) to persons providing transportation other than the home, why should they apply to the home? What is the significance of having a person present in the vehicle that meets the required training of direct care staff if it is okay to put them in a vehicle where someone else is driving that doesn't have this training?

Medication

2600.181 Self -administration

Comment: The definition of self-administration is no clearer to me now as it has ever been. Even the inspectors can't seem to agree on what the definition of self-administration is. I am not in support of any regulations that would require a nurse or physician to assist with medications. It isn't necessary. You can help your grandmother with her medications, why couldn't you help a resident if you have some knowledge About what you are doing? It is near impossible to find nurses these days. Personal care homes will NOT survive if this becomes a requirement. I am in support of a standardized teaching program that would teach someone how to assist with medications and a standardized competency exam following training before an employee would be permitted to assist with medications.

2600.182 Storage and disposal of medications and medical supplies

(d)

Prescription, OTC and CAM shall be stored separately.

Comment: Why? I don't see any good reasonable why a resident's medication should not be stored together. You store them together in your own home. Nursing homes and hospitals store these items together. You would need extra med carts to do this. That would lead to an additional expense to the facility. It would also take much longer to assist with medications. There is no logic to this requirement whatsoever.

2600.186 Medication Records

(b)

If the home helps the resident with self-administration, then a medication record shall be kept to include the following for each resident's prescription, OTC and CAM:

(2)

possible side effects

(3)

contraindicated medications.

Comments: To keep a list of possible side effect for each medication that each resident in the facility is on would be a mountain of work for the pharmacy. I would think that requiring a physician's desk reference (PDR) on hand to reference would be sufficient. Additionally, most pharmacy computers are already set up to flag any contraindications between medications. I do not believe having a list of all possible contraindicated medications is necessary. Again, finding a pharmacy to give you a list for each medication for each of your residents would be expecting the impossible. Again, having a PDR available for reference would address this.

2600.225 Initial assessment and the annual assessment

(b)

The resident's initial assessment and his annual assessment shall include the following areas:

(6)

IADL assessment

Comments: I would clarify what IADL's are. I do not believe most staff in a personal care home knows what IADL's are. It is terminology that is not commonly used.

2600.228 Notification of termination

(h)

The only grounds for discharge or transfer of a resident from a home are for the following conditions:

Comments: The approved reasons for discharge do not include any reference to a resident consistently violating the house rules or infringing consistently upon the rights of

the other residents. There needs to be a provision for this or facilities will be forced to keep residents who are disruptive to others.

Original: 2294

#14-475 (591)
"same commenter as 573, 574, 575, 576, 577, 578, 579, 580 + 581.

RECEIVED
INDEPENDENT REGULATORY
REVIEW COMMISSION

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:

According to section 2600.161 Nutritional adequacy (g) "Drinking water shall be available to the residents at all times. Other beverages shall be available and offered to the resident at least every 2 hours."

Can you tell me what the requirements are for a nursing home? Is it possible you assume staff, which is actually caring for the residents are not offering water? But to "require" staff to offer beverages every 2 hours seems a bit extreme.

Sincerely,

Phyllis N. Mrosco

Phyllis N. Mrosco

Original: 2294

#14-475 (8)
"SAME COMMENTER AS #14-475 (6)"

RECEIVED
2002 OCT 23 AM 8:57
REVIEW COMMISSION

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

October 22, 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:

MEDICATIONS 2600.181 - 2800.188

We were extremely upset with this section of the regulations. We were disappointed because there has been so much discussion about medications in PCH since the Draft 2600 released last March. There have been numerous written comments. There have been many occasions for open dialogue between OLRM and PCH providers. We thought that we had come to mutual understandings and some agreements, and yet in the end, once again we were apparently NOT heard. And the advocates, who do not work in PCH got their way.

We were told by Teleta Nevius that the regulations were going to revert back to those of Chapter 2620, with the understanding that there was ongoing work by the DPW Advissory Committee. And that the work and recommendations of that subcommittee would be considered.

WHAT HAPPENED???

WHERE DID THESE REGULATIONS COME FROM???

The work of the DPW Advisory Committee subcommittee is near completion. It has specifically designed a comprehensive training program for PCH throughout the Commonwealth. The program will have 2 tracks: one for the administrators and one for the direct care staff who will be assisting with the self-administration of medications. This program will have a universal applications for small and large homes.

We understand that the standards need to be raised to promote the health, safety, and welfare of our residents. We understand that medication problems are the number 1 reason for Class I citations across the state. We are anxious to rectify the situation.

We feel that some groups are being proactive, to find solutions, and to develop appropriate medication training programs. CALM has developed a program to meet the needs of PCH. The Advisory subcommittee which is headed by Matt Harvey has also been very aggressive in their proactive stance and is about ready to launch its program.

The WCPCHAA has been supportive with developing pertinent programs and are anxious to "try" them.

It is appropriate that lay staff in PCH who are trained in

medications be allowed to pass medications. Especially since DPW already has a course outline for other entities such as Youth Development Centers & Youth Forestry Camps! The DPW course outline is titled "Staff Medication Administration Training" and it does satisfy the regulations in the 55 PA Code 3800.

We feel that it is extremely discriminatory that similar guidelines are not considered by the same DPW in regards to PCH.

OUR SUGGESTIONS; REVERT BACK TO 2620.34, and ADD THE RECOMMENDATIONS OF THE SUBCOMMITTEE FOR A MEDICATION TRAINING PROGRAM.

Specific areas that we have issues with are:

2600.181 Self administration (e) which identifies residents which are capable of self-administering. DELETE THIS as many independent persons who dwell in their own homes would not be classified as "capable" under this stingent definition.

The inherent danger of this verbage is that if a resident is not capable then a licensed person as described in **(b)** would need to administer the medication.

We have already written endlessly on this very topic...which has layers of problems.

FIRST: There is a huge nursing shortage across the USA. This has been well documented in newspapers, magazines, and television. There are not enough nurses for hospitals, skilled facilities, and homecare. These institutions are willing to pay top wages of $30-45/hr., and they are still unable to hire enough nurses. So how do you think that the PCH industry will attract nurses???

SECOND: A PCH does not have the income to pay a nurses'wages. Especially those homes that cater to the SSI residents. I do not need to insult your intelligence by trying to explain how SSI rate of $30/day cannot pay for a nurse at $25-45/hr.

THIRD: Nurses are unable to carry malpractice insurance for working in a PCH in Pennsyvania. Can verify this with NSO. So how many nurses are going to agree to work without insurance in our litigious society???

2600.182 Storage... The entire storage section is unclear and may leave room for error.

2600.186 medication records (b) (2) & (3) are not necessary on the medication record. This information is never on the MAR's which are used by hospitals and skilled facilities.

OUR SUGGESTION: DELETE (2) & (3). Would highly recommend that a drug resource book be available.

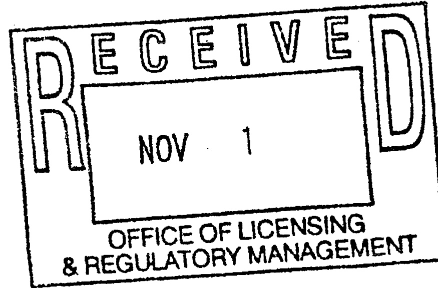
Sincerely yours,

Elgin Panichelle

UC PCH AA.

iginal: 2294

#14-1-12 (315)



Department of Public Welfare
Office of Licensing and Regulatory Management
Teleta Nevius, Director,
Room 316 Health and Welfare Building
P. O. Box 2675 Harrisburg, PA 17120
(717) 705- 0383

I have spent the past few weeks reviewing the Proposed Personal Care Regulations. I feel that I need to take the time to express my opinions and concerns regarding the proposed regulations.

On the first page is a sentence that I feel best describes a personal care facility. **"Personal care homes are a vital and important component of the continuum of community-based residential long-term care services available to the residents of the Commonwealth".**

It is my firm belief that if the proposed regulations go into effect, as proposed, a multitude of this Commonwealths smaller facilities will be forced to close their doors. The larger facilities will also feel the ramifications of these regulations, like less time to spend with your residents because you're too busy on your computer trying to complete the extensive new paperwork.

2600.58 Staff Training and orientation

Prior to working with residents, all staff including temporary staff, part-time staff, and volunteers shall have an orientation that includes the following..........

I, firmly believe that you learn by doing. The direct care staff, should have "on the job" training. to start a new job, and having to learn fire safety, evacuation, drills, designated meeting place, smoking safety, smoking areas, location of fire extinguishers, smoke detectors, fire alarms, resident rights, emergency medical plan, personnel policies and procedures, and the general operation of the personal care home etc., (boy, is this job for this pitiful amount of pay, really worth it?), and then to turn around and have to learn about ADL's, medication procedures, medical terminology, and personal hygiene (by the way, what does personal hygiene have to do with medications?), personal care services, implementation of the initial assessment, annual assessment and the support plan, nutrition, food handling, sanitation, recreation, gerentology, staff supervision, resident needs, safety management and prevention, use of medications, purposes and side effects of medications, and use of universal precautions, policies and procedures of the home including reportable incidents, and implementation of the support plans.

WHEW, AFTER ALL THAT, I FINALLY, IF I PASSED THAT PART OF THE ORIENTATION, ACTUALLY, MAYBE, GET TO BE ON THE FLOOR TO LEARN THE RESIDENTS AND THEIR CARE NEEDS WHICH IS WHAT I WANTED TO DO IN THE FIRST PLACE.
(Like I said before is it really worth it?).

Yes, it's really worth it. Yes, staff need training, but, lets get them on the job, on the floor, with the residents to see if they even like the job. (no, we're not working on the floor by ourselves, we have an experienced employee teaching us).

Section e

I have worked in personal care for more years than I care to remember. I have heard numerous comments that a "Personal Care Facility" is not considered a "Medical Facility". I do not recall skilled care requirements for their direct care staff, but, twenty-four hours seems like a little too long to me. I would suggest cutting that in half.

Section f

(3) Understanding, locating and implementing preadmission screening tools, initial assessments,

annual assessments, and support plans.

(6) Personal care service needs of the resident

These two sections in my opinion, repeat themselves. Shouldn't personal care needs be a part of the resident support plan?????

(5) Infection control and general principles of cleanliness and hygiene and areas associated with immobility,
such as prevention of decubitis ulcers, incontinence, malnutrition, and dehydration.

I feel that infection control should be seperate.

Section 2600.59 Staff Training Plan
Section 2600.60 Individual Staff Training Plan

Wouldn't it be simpler to incorporate these two? Just by adding a section to staff training plan, something to the effect that this employee received special training in regards to_____________.

Section 2600.181 Self Administration

Okay, here we go!

(e) A resident is capable of self administering medication if the resident can use the medication as prescribed in the manner prescribed. The resident shall be able to recognize and distinguish the medication and know the condition or illness for which the medication is prescribed, the correct dosage, and when the medication is to be taken. Examples include being capable of placing the medication in the residents own mouth and swallowing completely, applying topical medication and not disturbing the application site, properly placing drops in eyes, correctly inhaling inhalants and properly snorting nasal therapies.

WOW!

The Commonwealth should supply the residents of Personal Care Facilities with their own PDR.

I have passed more medication in my career than Bayer made aspirin. I still have to stop and think which medication I am giving is for what condition, then throw in a generic or two, and yes, I still go look them up to make sure it is the right medication before I give it.

While we're on the subject of medication adninistration.

I sincerely feel that personal care assistants, WHO HAVE BEEN TRAINED, are competent to assist residents with self administration of medications. Yes, medication errors happen. But, these errors occur whether a Physician, R. N., Dentist, L. P. N., or a Physicians Assistant has administered the medication.

2600.201 Safe Management Techniques

Here we go again.

In my experience, when you have a resident who has become so agitated and distressed that they become verbally or physically aggressive, the more you try a deescalation technique, the more agitated they become. First off, make sure your resident is safe and won't hurt himself / herself or anyone else. If any question call 911 and ask for assistance. What I have found to be the most successful, is to quietly and calmly ask them to leave the situation that has caused them to become so distressed, if possible and go to a quiet place, More often than not, they will get themselves calmed down, then come to you and want to

talk it over. Okay, you actually need to spend the time to get to know your residents to know if they would be harmful to self or others, and not be sitting at the computer all day doing paperwork!!!!!!!

2600.226 Development of Support Plan

Talk about more paperwork! I enjoy spending time with my residents, not sitting at a computer all day. The facility I work at already does these things. It's called resident care. No, it's not all down on one piece of paper in one neat file, It's on several pieces of paper in one (hopefully) neat chart.

2600.253 Record Retention and Disposal

(1) Maintain for minimun of 3 years following discharge from the home.

(2) .....destroyed after 4 years after discharge from the home

Isn't this contradicting???????

THANK-YOU
FOR YOUR TIME AND CONCERN

JUDY L. PULLING L. P. N.
QUALITY LIVING CENTER OF CRAWFORD COUNTY
16871 Craig Rd.
Saegertown, PA 16433

14-475
(716)

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* CERTIFIED ELDER LAW ATTORNEY
BY THE NATIONAL ELDER LAW FOUNDATION

CYNTHIA L. CHOPKO, PARALEGAL
CAREN C. LADD, M.A., LEGAL ASSISTANT
HELEN LYNN, RN BSN, LEGAL ASSISTANT

JOSEPH E. PAPPANO
1933-1978

November 1, 2002

Department of Public Welfare
Edward J. Zogby, Director
Bureau of Policy, Room 431
Health and Welfare Building
Harrisburg, PA 17120

Re: Proposed Regulations for Personal Care Homes; Published October 5, 2002, in the Pennsylvania Bulletin

Dear Sir:

Through my work with our Ombudsman Program and Advisory Council to the Area Agency on Aging Protective Services Unit, I have seen firsthand the abuse and neglect of persons residing in personal care homes. I fully endorse the efforts of the Department to begin to regulate this industry. While the proposals could be stricter, they are a good beginning and very much needed. I therefore ask that the regulations become final.

Respectfully submitted,

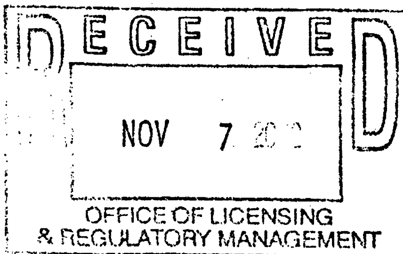
Dana M. Breslin

DMB:njm
cc: The Honorable Harold F. Mowery, Jr.
The Honorable Vincent Hughes
The Honorable George Kenney, Jr.
The Honorable Frank Oliver
Dennis O'Brien
Independent Regulatory Review Commission

Office of Income Maintenance
Bureau of Policy

NOV 05 2002

REFER TO:



Original: 2294

#14-475 (589)

November 1, 2002

To Whom It May Concern:

I am writing to you on behalf of my Grandmother who is not able to do so herself.

My Grandmother is 89 years old. Her health is overall pretty good but she has dementia and is not able to care for herself. She is in a personal care home in Kittanning, PA where they take wonderful care of her and she is treated like a person with the love and respect she deserves. She does not qualify for nursing home care nor does she or her family members have the money or other resources needed to care for her at home.

I was informed that some now pending regulations could soon raise the monthly cost to care for my Grandmother to an additional $1,000.00 to $1,500.00 per month. This is impossible to even think since she only has a small amount of Social Security as her income.

If the personal care home does not make the additional rate changes in order to meet all of the new regulations, they would be forced to close. Where do these people go then? What happens to them?

It is unfair and wrong for so many people to have to leave all they now know as their home. Please give this some thought as you and I will be one of these residents some day who need a personal care home.

I am hoping this letter will help you to understand and move you to help keep personal care homes an affordable and available option for families like mine who want to give the care to our loved ones who need this extra help and care as they mature.

Thank you for your time.

Sincerely,

Amy L. Sebulsky

Amy L. Sebulsky

Amy Sebulsky
10333 Stratton Rd.
Salem, OH 44460

REVIEW COMMISSION

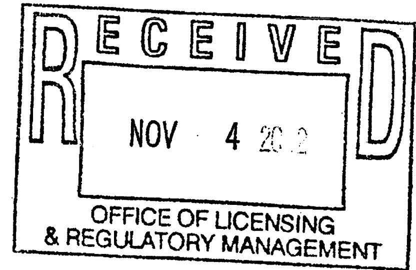
#14-475 (369)

Original: 2294

November 1, 2002

2002 NOV -7 AM 11:17

INDEPENDENT REGULATORY REVIEW COMMISSION



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

Dear Department of Public Welfare,

I am a Personal Care Administrator in Pennsylvania and responding to the proposed regulations for Personal Care Homes (PCH) published in the Pennsylvania Bulletin on Saturday, October 5, 2002. After careful reading of the proposed regulations, my position is that these regulations should be withdrawn. The proposed regulations are based on a medical model and are more suitable in the Long Term Care environment or in a MH/MR facility. In many cases, the regulations proposed are much more stringent and inflexible than even the current Long Term Care or MH/MR regulations.

Developing support plans, completing assessments, providing staff training, implementing quality initiatives would most definitively drive up costs for services and make this level of care too expensive and out of reach for many potential residents. A PCH does not receive third party reimbursement and implementing these new regulations would drastically increase costs to the facility and ultimately these costs would have to be passed on to the resident.

There seems to be an increase of negative attention from the community and the media in regards to some poorly managed Personal Care homes. The pressure is on to make changes and to "fix" the regulations. This is not a result of sub-standard regulations. The current regulations are appropriate and applicable to the residents that we provide for. Any problems with current regulations lie in the enforcement of these regulations. The decent, high-quality providers agree that those providers that are providing unsatisfactory, poor quality care should be forced to improve their facility or risk penalties and closure.

COMMENTS ON THE PROPOSED CHAPTER 2600 PCH REGULATIONS

2600.4. Definitions.

Direct care staff – Please clarify this definition. The Direct Care Staff should provide the hands-on care and provide assistance in medication, hygiene and grooming, activities of daily living, etc. **All** staff in a Personal Care Home (PCH) are responsible for the health, safety and welfare of the residents.

2600.14. Fire safety approval.

(a) Please clarify. A "certificate of compliance" is issued annually. In order to obtain a written fire safety approval, this regulation would require an annual visit from either the Department of Labor and Industry or the Department of Health. Is this necessary and what code or standard would be used?

2600.16 Reportable incidents.

(4) A violation of a resident's rights – as reported by whom?

(9) This requirement is holding Personal Care homes to a stricter requirement than Long Term Care

regulations. Please remove.

(11) This requirement is not practical. A confused resident may call the emergency system on their own by mistake. Please remove.

2600.20. Resident funds.

(4) Not practical. A request for funds cannot be available immediately. The resident shall be given funds requested when funds are available.

2600.28. Quality management.

(a) The regulation should allow for a facility wide plan for CCRCs.

2600.29. Refunds.

(d) This regulation does not take into consideration the specific conditions that CCRCs are faced with, such as, entrance fees. Many entrance fees are refundable when the apartment is reoccupied and an entrance fee is paid.

(e) 7 days is not a reasonable about of time. Consider, " within 15 days or soon if available."

2600.42. Specific rights.

(i) Requiring that a resident **shall** receive assistance in accessing these services is not realistic. There are many residents in Personal Care homes that cannot afford these services. This should not be the responsibility of the PCH. Regulation 2620.33. Tasks of daily living. of the current regulations is appropriate and sufficient.

(j) This regulation should be removed. Residents retain a personal needs allowance for personal items.

(x) Please remove this regulation. If a resident's money is stolen or mismanaged by any the home's staff, the resident has the right to file charges with local law enforcement.

(z) Please remove this regulation. The PCH does not have control over what medication is prescribed for a resident and cannot be responsible for this right.

2600.54. Staff titles and qualifications for direct care staff.

(1) & (2) Staff should be able to meet the qualifications in the job description regardless of age and/or education.

2600.56 Staffing.

(b) Delete this paragraph. If a resident's support plan indicates that the resident's personal care needs exceed the minimum staffing levels; the PCH should do a screening and move the resident to a higher level of care.

(k) Substitute coverage cannot always be provided by staff that have the required training as outlined in these regulations. Exceptions should be made for agency staff that have a minimum level of training such as certified nursing assistants or licensed nurses.

2600.57. Administrator training and orientation.
(e) 24 hours of annual training is too costly for a facility. Nursing Home Administrators are required to have 48 hours biannually. This training could cost upwards of $100 per six-hour session. 12 hours annually is a reasonable amount of training for a Personal Care administrator. In addition, please clarify "which includes", does this mean that the training must include all of the areas 1 through 10 or can training include any of the areas of training listed.
(1) Remove the word **annual** in first aid and CPR training. Should maintain **current** CPR and first aid training. Most first aid training is current for 3 years and CPR can be current for 2 years.

2600.58. Staff training and orientation.
(a) Remove the word volunteer. A section should be developed specifically for the requirements of volunteers. If we impose the copious amounts of training on volunteers, it will most definitely reduce the already limited numbers of these generous persons.

(c) It is not realistic to expect that newly-hired direct care staff will be able to demonstrate job duties, receive guided practice and prove competency prior to providing any unsupervised care. No consideration is given to certified nursing assistants who have had formal training in many of the required areas. Our facility provides a minimum of a week orientation and many times the Personal Care aide may perform duties that are unsupervised. Hands-on training is probably the most effective training there is and it cannot always be

(14)(e) The requirement of a specific amount of hours for training is not an appropriate training program. Long Term Care regulations require training in specific areas and the facility determines how long the training should be. May CCRCs are already providing at least one training program each month. These programs last approximately 30 minutes. 24 hours of annual training is excessive for the direct care staff person. Even 12 hours of training is excessive. Why not list 12 areas of training that are similar to the requirements for LTC.

(f)(1) Remove the term **annual** in regards to CPR and First Aid training. A more suitable term would be **current**.

2600.59. Staff training plan. 2600.60. Individual staff training plan.
A staff training plan and individual staff training plan is unnecessary if the facility is complying with the required annual training for all staff. Developing training plans, questionnaires, policies, collecting written feedback and completing documentation are all time consuming tasks that take away time from the care of our residents.

2600.82. Poisons.
(a)(b)(c) Replace the term poisonous with current up-to-date terminology such as hazardous.

2600.85. Sanitation.
(d) It is not reasonable to expect that a trash receptacle in resident's private bathroom or kitchen is kept covered. How can a large home, especially a CCRC control a resident's own trash receptacle?

2600.91. Emergency telephone numbers.

It is not practical or necessary to require that all outside telephone lines have the phone number of the nearest hospital, poison control or PCH hotline. Posting the PCH hotline in a common area and including this in the contract or resident rights should be sufficient. The PCH should have the nearest hospital and poison control numbers at a reception desk or a staff phone. In many of the PCHs today, residents reside with dementia for which this would be confusing and useless.

2600.96. First aid supplies.

(a) Please remove syrup of ipecac. It is not an appropriate item to keep on hand. Our PCH has been in operation for 11 years and never once have we had the need for syrup of ipecac or have been ask by a physician to obtain item.

2600.98. Indoor activity space.

(e) The PCH should determine what is the most suitable room in the home for the television.

2600.101. Resident bedrooms.

(k) Should read, "If the PCH provides the bedroom furniture, the following shall be provided:" Residents supply their own furniture.

(l) It would not be reasonable to inspect all residents' individual mattresses.

(t) Our residents provide their own window treatments. Some choose to have uncovered windows. What about resident preference?

2600.102. Bathrooms.

(f) Please delete. Residents have a personal needs allowance that should be for these items. Currently some homes provide these items but it is at the discretion of the PCH.

(g) What does made available mean? Again, the resident has a personal needs allowance that should cover these items. This requirement should be removed.

(h) It is not appropriate for the PCH to supply toilet paper for all toilets. In a CCRC arrangement, our residents reside in private apartments and have private bathrooms. Change to, "Toilet paper shall be provided for all public toilets in the home."

(i) A dispenser with soap shall be provided in all **public or shared** bathrooms.

2600.105. Laundry.

(g) Please delete this. This statement is downright silly.

2600.107. Internal and external disasters.

(4) Change to, "The home shall have **accessible** at least a 3-day supply of nonperishable food and drinking water for all residents and personnel." Many large PCHs have agreements with companies to provide for these necessities in a disaster situation.

(5) Change to, "The home shall have **accessible** at least a 3-day supply of all resident medication." Our PCH contracts with a pharmacy and we are on a 7-day slide pack. The day of or the day before a delivery we would be out of compliance. Though we have a contract with this pharmacy and can get resident medications within 2 hours if needed.

2600.130. Smoke detectors and fire alarms.
(f) Testing all smoke detectors monthly is not reasonable. The Department of Health follows the NFPA Life Safety Code for Long Term Care which requires smoke detectors to be checked every 6 months.

2600.141. Resident health exam and medical care.
(8) Delete this requirement. Body positioning and movement stimulation is not applicable for the residents we are serving.

(b) Please define access to medical care. A PCH should provide assistance in scheduling appointments or transportation only.

2600.143. Emergency medical plan.
(d)(1) Please remove the age requirement. The ages of our residents are continually changing and trying to keep the records up to date is time consuming. Requiring birth date only is more efficient.

(e) Should state, "shall provide assistance in making arrangements, for the resident's transfer to an appropriate facility." The statement, "shall provide **whatever assistance is necessary**," is too open a statement and may be burdensome for the facility.

2600.144. Use of tobacco and tobacco-related products.
(1) For facilities that permit smoking in a resident's own apartment and where the residents provide their own furniture, it is not practical to require fire retardant furniture.

(e) This will be difficult to monitor when a resident has a private apartment and smoking is permitted in ones own apartment.

2600.161 Nutritional adequacy.
(g) It is not appropriate in the PCH setting to offer beverages to a resident at least every 2 hours. Why not state, "Other beverages shall be on-hand and available for the resident at all times."

2600.171. Transportation.
(5) Staff should be trained in their job responsibilities and duties only. Transportation staff that only transports residents should not be required to complete the training for direct care staff.

(6) Please remove "syrup of ipecac." It is not appropriate for a vehicle first aid kit to contain this item.

2600.181. Self-administration.
(c) This regulation needs to be very specific when it refers to "medication not prescribed for the resident's self-administration." What kinds of medication are in this category?

2600.182. Storage and disposal of medications and medical supplies.

This section does not address what should happen with medications when a resident expires. Medication should be discarded or when applicable, returned to the pharmacy. It is not a safe practice to turn over medication to a family member.

(d) Why do these medications have to be stored separately if they are in individual packages? This should be the recommendation of the pharmacist when there is a contraindication for storage.

2600.183. Labeling of medications.

(e) Please clarify "shall be identified to the particular resident's use." Does this mean label with the resident's name?

2600.187. Medication errors.

(a) Documentation of medication errors should be kept in the resident record not the medication record. Having anything but the correct medication on the medication record is a dangerous practice.

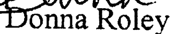
2600.225. Initial assessment and the annual assessment.

This section is promoting a medical type model for the PCH. Assessments such as those listed, are typically done by professional staff such as registered nurse, physical therapist, occupational therapist and social worker. PCHs do not traditionally have these professionals on staff. Consider an assessment that would include a functional and social assessment. Can the prospective resident manage appointments, laundry, getting to meals, checkbook, etc?

2600.228. Notification of termination.

(a) This regulation puts the burden of relocating a resident on the facility. If a resident chooses to relocate for whatever reason, the resident and/or family should be referred to the appropriate agency for assistance in relocating.

Respectfully,



Donna Roley
Personal Care Home Administrator
Heritage Towers
200 Veterans Lane
Doylestown, PA 18901
215-345-4300 x 3029

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

14-475 (534)

Original: 2294

November 1, 2002

NOV -7 ... REVIEW COMMISSION

Dear Teleta Nevius:

Before I get into the content of my letter I would like you to note that this is not a "form" letter. It is addressed to you--not your aide--not some person designated by you to count letters by volume and reply with a "form" letter that doesn"t address my issues. I expect you Ms. Nevius to read this letter and reply.

I have been fuming for over a year now over these new proposed regulations concerning personal care homes. Is it your absolute intention to put personal care homes out of business? Have you ever been in a personal care Home? If so, were your eyes and ears closed?

In personal care we "assist" people with their everyday living needs just like they did for themselves when they were able. Now we need to be an R.N.,Doctor, Dentist, etc to assist residents with their medications. Have you lost your mind?

In my home I will not see volunteers anymore because they are simply volunteering their time entertaining my residents. They will object very strongly to being "trained" before being allowed to enter my home. How much of an "increase" in rates will my residents have to bear to offset the costs associated with training requirements now contained in the new regulations.

Another issue is SSI residents. I will have to give 30 day notices to those residents just prior to these new regulations going into effect since the new regulations would not allow me to do so afterwards. I can't afford to house SSI residents now for $899.30 monthly. That will be a sad day for me.

SSI is an income level and these people should never be judged or treated differently than those who can afford to pay my current rate of $1425.00 monthly. You and your new regulations will force them out of my facility---NOT ME---. Most other facilities will not be able to house them either.

I could write many more pages in this letter addressing the new regulations and how they will negatively affect both the personal care homes and their residents but I really feel that dealing with your department is a total waste of time. When you deal with highly educated people who have very little knowledge in their area of responsibilty it creates real problems for those of us who do.

The D.P.W. failed miserably by not enforcing the current regulations You now want to justify new regulations by claiming that you will have the enforcement power you didn't have before. However, you and I know where the fault lies----don't we?

RECEIVED
NOV 5
OFFICE OF LICENSING
& REGULATORY MANAGEMENT

Respectfully Submitted

James R. Kitzmiller

James R Kitzmiller
Owner/Operator

FROM : Carmella's House PCH FAX NO. : 724 853-1862 Nov. 01 2002 03:08PM P1

Original: 2294

#14-475 (358)
SAME commenter as #6, 8, 12, 23, 92, 93, 163 + 167"

2002 NOV -4 PM 3:36
INDEPENDENT REGULATORY REVIEW COMMISSION

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

~~October~~ November 1, 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:

2600.16 Reportable incidents

The specified types of reportable incidents has expanded from 7 to 18. Our discussion involves (3) &(9).

(3) states:"A serious physical bodily injury, trauma, or medication error requiring treatment at a hospital or medical facility."

"physical bodily" are redundant adjectives.

Are you aware of how many residents are sent out to be checked?

OUR SUGGESTION: to use the verbage from 2620.63 (2) which clearly states "A serious injury which requires hospitalization."

(9) states: "Any physical assault by or against a resident"

How practical is this in a dementia unit???

Again are you aware of how often this happens on a daily basis?

The other issue with this section is with the numerous reports that are mandated. Refer to (c) (d) and (e), which specify 3 seperate reports; immediate, preliminary, and final. Excessive paperwork!!

Also it states THE HOME...vs...the administrator

OUR SUGGESTION: to use exact verbage from 2620.63 (a) and (b). An immediate telephone call to notify the Dept. followed by a final report within 5 days from the administrator or designee is quite sufficient. The other two written reports simply take away from our residents' care.

The final issue with this is (f) which refers to 2600.243 (b). There is NO 2600.243 (b)!!

And further more incident reports are NEVER kept on a resident or a patients chart. A narrative is made but the incident report is NOT part of the individual's file. Check with a hospital or nursing home!!

To cross reference to **2600.242 Content of records (b) (6)** This needs to be deleted. We advise that you seek legal counsel as to the fact that lawyers would advise against this practice...at least business lawyers would. Verify this point before you put the PCH in a delicate suit-situation.

Sincerely yours,

Elgin Panichelle - WCPCHAA

#14-475
(310)

Original: 2294

2002 NOV -4 PM 3:34
INDEPENDENT REGULATORY REVIEW COMMISSION

316 Oak Drive
Kittanning, PA 16201
October 30, 2002

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

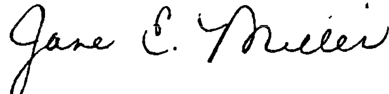
Dear Mrs. Nevius:

I am writing to express my strong opposition to the proposed changes to Chapter 2600 regulating personal care homes.

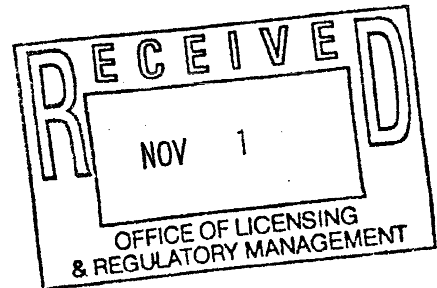
In January, 2002, my mother began a new life in an assisted living facility. She has adjusted well to her surroundings and receives outstanding care from all the employees. However, with these proposed regulations, I fear she may not be able to continue her stay there due to increased costs.

I urge you to look carefully at these proposed changes and keep these facilities affordable for the residents and their families.

Sincerely,



Jane E. Miller



14-475 (702)

November 1, 2002

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

Dear Ms. Nevius,

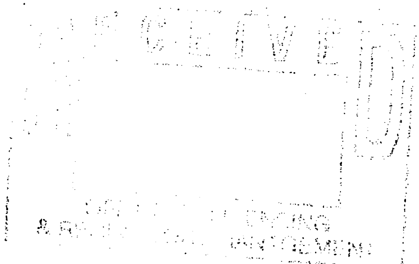
We are very concerned about the direction the Department of Public Welfare appears to be taking in "updating" the regulations of Personal Care Homes in Pennsylvania. These are the Chapter 2600 Personal Home Care regulations that were published in the October 4, 2002 edition of the Pennsylvania Bulletin. We understand that the Department of Public Welfare has been legitimately concerned about the poorly managed homes in the state, however, it appears that the DPW's solution is to take away the good along with the bad. Rather than finding ways to nurture and encourage the good Personal Care Homes to continue in their provision of caring smaller family-like atmospheres, the department seems to be headed in the direction of assigning overwhelming administrative and financial burdens to bear. The good and worthy Personal Care Homes, under such regulations, will necessarily have to become more institutionlike and less caring and personal. This would lead to grave results for the administrators and the residents alike.

What a sad thing that would be for our state, if these plans, with the good intent of closing down poorly run homes, would also shut down these good homes and make it almost impossible for new ones to start up. This could make these more family-like options a rarity or even nonexistent.

Please consider reevaluating and revising the plans before deciding on these regulations as the only solution. We encourage you to explore the possibilities of how to help the people who are in poorly run homes without harming the ones who are in good ones. Consider the sad and depriving effect the outcome of these regulations would likely have on these folks who are thriving in a Personal Care Home atmosphere that is in most cases the closest thing they have to a real family and a home where they are known personally and loved. Let us not let these dear people who have little or no voice in our society, the elderly or disabled with little financial resources, just fall through the cracks and lose what little homelike care they get in the good existing Personal Care Homes (or that they could get in good new-start PCHs).

More detailed explanations of the effects of these proposed regulations will likely be brought to the attention of the Department of Public Welfare by other concerned citizens. We add our voices to theirs and ask that the DPW seriously reconsider the approach taken to improve the situation, by realizing the devastating consequences these regulations would have on those who truly want to provide good Personal Care Homes to the people who so much need them and benefit from them.

For the McMahon Family,



Melinda M. McMahon

Melinda M. McMahon

Valerie E. McMahon

Valerie E. McMahon

2551 Hilltop Rd. Oakdale, Pennsylvania 15071-2104

14-475 (2079)

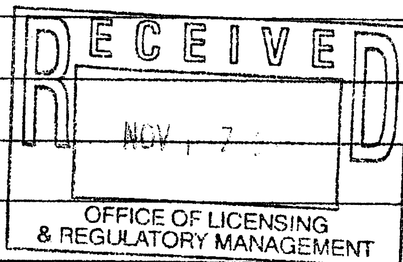
11-1-02

The Dept of Public Welfare
To whom it may concern:

I do not agree with the new regulations proposed for personal care homes

Sincerely
Dana M Kline

Dana M Kline
100 Bryn Mawr Ct Apt 215
Pittsburgh PA 15221



14-475 (536)

Original: 2294

Buehrle Center
for Assisted Living

Breidegam Center
for Assisted Living
Dementia Care

One South Home Avenue
Topton, PA 19562

phone (610) 682-1364
fax (610) 682-1581

www.diakon.org

*A Program of
Diakon Lutheran
Social Ministries*

November 1, 2002

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

Dear Ms. Nevius,

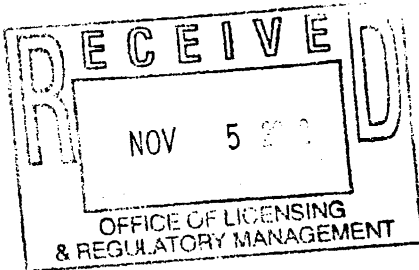
Enclosed please find comments on the proposed Personal Care Home regulations.

I am strongly in favor of a program that would require a certification for those administering medications.

Sincerely yours,

KMahanna

Katie Mahanna
Assistant Administrator
Buehrle Center for Assisted Living
The Lutheran Home at Topton



Phone 610-682-1360
Cell Phone 610-451-3165
Fax 610-682-1134

2600.4 DEFINITIONS

Direct Care Staff

(i) A person who assists residents with activities of daily living, provides services or is otherwise responsible for the health, safety and welfare of residents.

COMMENT: This definition is too broad and will encompass nearly every staff member of a personal care home. For example, the maintenance staff that shovels the sidewalks is responsible for the health and safety of the residents.

(ii) "The term includes full and part time employees, temporary employees and volunteers"

COMMENT: The inclusion of volunteers in this definition is unreasonable due to the proposed training from direct care staff. The inclusion of volunteers in the direct care staff would cause facilities to lose volunteers who visit homes to do activities, etc.

RECOMMENDATION: Volunteers that act as direct care staff should to be addressed separately from volunteers who visit occasionally to assist with special events, etc.

2600.27 QUALITY MANAGEMENT

(a) The personal care home shall establish and implement quality assessment and management plans.

(b) At minimum, the following shall be addressed in the plan review:

(1) Incident reports
(2) Complaint procedures
(3) Staff training
(4) Monitoring licensing data and plans of correction, if applicable
(5) Resident or family councils or both

COMMENT: Clarification is needed on (b-2) in regards to complaint procedure. If this is interpreted to mean documentation of every complaint of every magnitude it would create an enormous amount of paperwork and consume a substantial amount of time.

2600.42 SPECIFIC RIGHTS

(i) A resident shall receive assistance in accessing medical, behavioral health, rehabilitation services and dental treatment.

COMMENT: Clarification is needed as to what measures are considered "assistance in accessing ... treatment". If this is interpreted to mean financial assistance this could have a substantial negative financial impact on the facility.

RECCOMENDATION: Keep current regulation (2630.33) which states "PCH shall provide residents with assistance with ... securing transportation... making and keeping appointments."

(j) A resident shall receive assistance in attaining clean, seasonal clothing that is age and gender appropriate.

COMMENT: Clarification is needed as to what measures are considered "assistance in attaining". If this is interpreted to mean financial assistance this could have a substantial negative financial impact on the facility. In addition, this regulation impedes upon the residents right to wear what they want.

RECOMMENDATION: Remove this regulation

(x) A resident shall have the right to immediate payment by the personal care home to the resident's money stolen or mismanaged by the home's staff.

COMMENT: The PCH should not necessarily be responsible for repayment of moneys stolen by staff. This regulation does not take into account the judiciary system.

RECOMMENDATION: This regulation should be removed.

(z) A resident shall have the right to be free from excessive medication.

COMMENT: Clarification would be needed as what is what is considered excessive medication additionally, this issue that is more between a doctor and resident than the PCH and the resident. Clarification on who decides on "excessive" medication needs to be more clear. Such a regulation would also need to address the ramifications involved is removing a resident from medication would make them no longer appropriate for the PCH.

RECOMMENDATION: This regulation should be removed.

2600.60. INDIVIDUAL STAFF TRAINING PLAN

A written individual staff training plan for each employee, appropriate to that employee's skill level, shall be developed annually with input from both the employee and the employee's supervisor. The individual training plan shall

identify the subject areas and potential resources for training which meet the requirements for the employee's position and which relate to the employee's skill level and interest.

COMMENT: All staff need to be trained to meet minimally the requirements of their job Description. All other training will be as required in 2600.58.

RECOMMENDATION: All staff will attend required inservice training sessions as developed by the personal care home.

2600.105. LAUNDRY

(g) To reduce the risks of fire hazards, the home shall ensure all lint is removed from all clothes.

COMMENT: Is the intent that lint shall be removed from all clothes or from the clothes dryer.

RECOMMENDATION: Lint shall be removed from all dryers after each use.

2600.161. NUTRITION ADEQUACEY.

(g) Drinking water shall be available to the residents at all times. Other beverages shall be available and offered to the resident at least every two hours.

COMMENT: Offering residents drinking water or other beverages every two hours is inappropriate in a personal care home setting.

RECOMMENDATION: Drinking water and other beverages are available for residents twenty-four hours daily as requested.

2600.181. SELF-ADMINISTRATION.

A home shall provide residents with assistance, as needed, with medication prescribed for the resident's self-administration. The assistance includes helping the residents to remember the schedule for taking the medication; storing the medication in a secure place and offering the resident the medication at prescribed times.

COMMENT: The regulation does not reflect who can provide the assistance, as needed, for the residents self-administration nor type of training required. Competency based training module not noted in regulation.

RECOMMENDATION: A state approved competency based training program for all direct care staff who provide residents with assistance, as needed, with medication prescribed for the residents self-administration.

2600.54. STAFF TITLES AND QUALIFICATIONS FOR DIRECT CARE STAFF

(1) Be 18 years or Older
(2) Have a high school diploma or GED
(3) Be of good moral character
(4) Be free from medical condition, including drug or alcohol addiction that would limit the direct care staff from providing necessary personal care services with reasonable skill and safety.

COMMENT: Regarding point: (1) In the proposed regulations, volunteers are considered "direct care staff". We would not have the ability to have high-school age volunteers due to the 18 years or older criteria. Including younger volunteers enhances programming and encourages intergenerational interaction that would not exist with this regulation in effect.

RECOMMENDATION: Direct care staff shall be 16 years of age or older. Regarding point (2) recommend to drop GED or High School Diploma. This should be considered "preferred" but not required.

2600.56 STAFFING

(b) If a resident's support plan indicates that the resident's personal care service needs exceed the minimum staffing levels in subsection (a), the personal care home shall provide a sufficient number of trained direct care staff to provide the necessary level of care required by the resident's support plan. If a home cannot meet a resident's needs, the resident shall be referred to a local assessment agency or agent under 2600.225 (e) relating to initial assessment and the annual assessment).

COMMENT: needs more clarity

RECOMMENDATION: More specific regulation needed in regards to clarity of assessment tool.

2600.58. STAFF TRAINING AND ORIENTATION

(a) Prior to working with residents, all staff including temporary staff, part-time staff and volunteers shall have an orientation that includes the following....(extensive listing follows)

COMMENT: Although training for all staff is important, extensive training of volunteers in the same manner is not reasonable. We will have no volunteers if this regulation is in effect.

SUGGESTION: Depending on the "volunteer" job responsibility, training should be the responsibility of the facility director utilizing volunteer job descriptions.

(c) Training direct care staff hired after ____. The blank refers to the effective date of adoption of this proposal.) shall include a demonstration of job duties, followed by guided practice, then proven competency before newly-hired direct care staff may provide unsupervised direct care in any particular area. Prior to direct contact with residents, all direct care staff shall successfully complete and pass the following competency-based training including the following specific job duties and responsibilities:

COMMENT: According to this regulation, agency staff and volunteers would be considered direct care staff and fall under this training requirement. Agency staff could not be utilized. Volunteers would not volunteer for the required training.

RECOMMENDATION: A provision needs to be made for agency staff usage. Do not include volunteers under direct care staff.

(e) Direct care home staff shall have at least 24 hours of annual training relating to their job duties. Staff orientation shall be included in the 24 hours of training for the first year of employment. On the job training for direct care staff may count for 12 out of the 24 training hours required annually.

COMMENTS: 24 hours is excessive and cost of training will be high.

RECOMMENDATION: A minimum of 12 hours of annual training is recommended for direct care staff.

2600.57 ADMINISTRATOR TRAINING AND ORIENTATION

(a) Prior to initial employment at a personal care home, an administrator shall successfully complete an orientation program approved by the Department and administered by the Department or its approved designee.

COMMENTS: It would be difficult for most people to complete an orientation program prior to being employed.

RECOMMENDATION: "as an administrator" should be added after "Prior to initial employment *as an administrator*.......

(b) Prior to licensure of a personal care home, the legal entity shall appoint an administrator who has successfully completed an passed a Department approved competency-based training that includes 60 hours of Department approved competency-based training, and has successfully completed and

passed 80 hours of competency-based internship in a licensed home under the supervision of a Department-trained administrator.

COMMENT/SUGGESTION: Regulation needs clarification of "competency-based training".

(e) An administrator shall have at least 24 hours of annual training relating to the job duties, which includes the following:….(a list follows)

COMMENTS: More clarity needed as to what exactly must be included in the total hours of annual training.

RECOMMENDATIONS: An administrator shall have at **least 12 hours** of annual training relating to the job duties, which includes the following: …..The recommendation would also include excess training time to be carried over to the following year.