

October 22, 2002

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

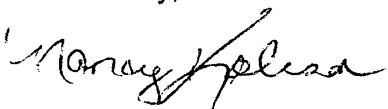
Dear Teleta Nevius:

I am a personal care administrator. I am appalled at the proposed new regulations. If you want to put the small independent operator out of business, there are far easier ways.

Who do you think will pay the price of these changes? Please do not insult our intelligence by stating again and again that there will be no cost to these sweeping changes. The cost of the additional paperwork alone is at least one additional staff person, without considering the additional training (Mandatory, therefore it is paid time.), the additional administrator and administrator training.

Can you please explain the exact purpose of these massive changes? It is certainly not patient care. With the amount of paperwork, no one will have time to actually "take care of the resident". Please explain.

Sincerely,

A handwritten signature in cursive script, appearing to read "Nancy Kolesar".

Nancy Kolesar  
218 Edgewood Avenue  
Trafford, PA 15085

Dorothy "Tracey" Krotseng  
Amber Glen at Forest Hills  
107 Fall Run Road, Room 203  
Pittsburgh, PA 15221

October 22, 2002

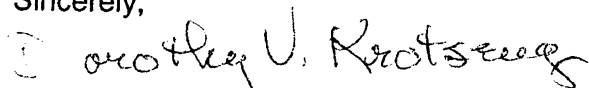
Teleta Nevius, Director  
Department of Public Welfare  
Room 316 Health & Welfare Building  
P. O. Box 2675  
Harrisburg, PA 17120

Dear Teleta Nevius:

I personally know of many small personal care homes in Westmoreland and Fayette Counties who are doing a marvelous job caring for residents. These homes would be forced to close if the new proposed regulations pass.

I am opposed to these regulations.

Sincerely,

A handwritten signature in cursive script that reads "Dorothy U. Krotseng". The signature is written in dark ink and is positioned below the typed name.

Dorothy Krotseng

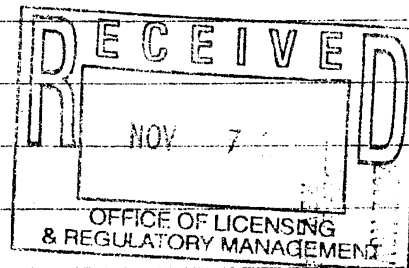


14-475 (657)

I live on SSI. If the current proposed regulations pass for personal care homes my home won't be able to stay open because me and my roommates cannot afford to pay more. I don't know where I would go. I love my home, I don't want to live in a nursing home. I don't need nurses to care for me - In my small home the staff care about me. I can talk to the owners in the middle of the night if I need to. Staff call my family when I need to talk to them. Please don't pass the regulations as they are now. I have lived at Evergreen for 5 1/2 years!

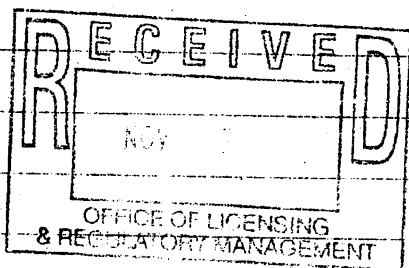
Raymond Worst

ds



14-475 (669)

I have lived at Evergreen for 5 1/4 years. I have been kicked out of a CR. I am not very good about following the rules. I do not want to go to the state hospital and I am ~~afraid~~ afraid that will happen if Evergreen and homes like it also take people like me have to shut down. The people who work here are nice and they give me my medicine so I don't make mistakes and they look up my money for me. I like it here and I don't want to move. I don't have anyplace to move to. My mother can't take care of me. Thank you very much for helping me.



NOV 12 2 33 PM '69  
STATE OF NEW YORK  
DEPARTMENT OF LICENSING

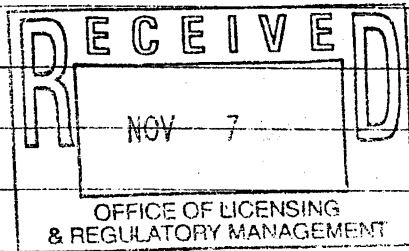
Matthew Charles W. W. W.

14-475 (654)

NOV 2 PM 3:31

REGULATORY  
REVIEW COMMISSION

I live in this home because I use  
to drink + had a stroke. The staff  
spoil me. The owners have explained the  
new regs to me + asked me to dictate  
a letter. I have been here 8 1/2 years.  
The owners will even drive me to visit my  
girlfriend if I want to. I need assistance  
in bathing + dressing. I can't afford to  
live in a fancy home. I've never been  
in a hospital since I've been here. I'm  
taken care of + I like the owners + staff.



Howe Ward, Jr.  
(Howard Ward, Jr.)

14-475 (644)

Working in Assisted Living Homes?

I like working in nursing/Ass Living homes of smaller settings.

There's one on one contact with Residents.

You get a lot of them become family.

The fact that it is in my area also helps. I & many others walk here. My children come & visit me & the residents here. They interact with the residents they all know my children by name.

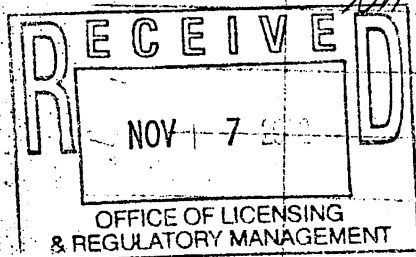
In case of emergency sake I'm only 5 mins away. It's also very easy to

work with people I know from your or my home town. When we have new staff & or family member come in & see how the place

is I am with all the residents. I know them so well. It really helps to know their proclivities & personalities.

I've been here for 15 months & couldn't see myself someone else. I love these people & would gratefully miss them. If they were in bigger homes.

Tammy W.



Original: 22/4

14-475 (511)

## Statewide Provider Organizations Statement on Proposed Regulation CH. 2600

The attached list of individuals participated in the following statement.

The reasons for the following statements and recommendations are:

- No providers, residents or inspectors were involved in the actual writing of the regulations
- To preserve existing homes because the cost to implement the requirements in Chapter 2600 could effectively put nearly 40% of homes out of business and has the potential to displace nearly 22,000 residents without funding the mandates.
- Disappointment with the Chapter (CH.) 2600 published regulations because very few suggestions were incorporated
- No notification was sent to personal care homes when they were published
- PCHs are a social model of housing and services *not* a medical model of care
- No grandfathering of existing buildings was considered

1. **We disapprove of the proposed CH. 2600 regulations as is, and propose to enhance the current regulations, CH.2620, in the following areas:**

These suggestions to CH. 2620 are intended to safeguard and promote the health, safety, well-being, rights, choices and dignity of each PCH resident.

- We support enhanced administrator training – 60 hours classroom, 80-hour on-the-job training for new administrators. We further support competency based testing for administrators.
  - We support staff training combined with supervised in-house training
  - We are committed to the development of an optional state-approved medication training program that can be offered in-house, that would certify unlicensed personnel to administer medications. If this takes legislative action, we are committed to leading this effort. This course should be offered at cost.
  - We support the DPW's decision to implement the current enforcement fines and penalties and we ask for the adoption of the Advisory Committee's January 10, 2002 recommendations for enhanced enforcement.
  - With respect to fire safety, we would recommend that the home have the option of using simulated drills as approved by a fire safety expert or actual drills to a point of safety rather than the excessive requirements in CH. 2600 (e.g., 2.5 min evacuations to outside areas which could potentially put residents' health and safety at risk).
  - The direct care staff are those staff who directly assist residents with personal care services and tasks of daily living as defined in CH. 2620.
2. **We support the hiring of a sufficient complement of inspectors to enforce the CH. 2620 regulations as they were intended.**
  3. **The Department of Public Welfare must increase the State Supplement to SSI residents in PCHs to a total benefit of at least \$60 per day in addition to their personal needs allowance. Government mandates cannot be implemented until this is accomplished.**



Easy Living Estates

# 2600 Regulation Meeting

October 23, 2002

	Name	Organization / PCH
1	Margaret Cannon	Villa Anglora St. Anne Home Shrewsbury, Pa 15681 West B. PCH Admin Ass.
2	Wanda Miller	The HeritAGE Senior Housing of Glen State
3	Debra Doolan	Chelton Manor Philadelphia
4	Ernie Doolan	Chelton Manor Philadelphia
5	Chareyn Shellen Smith (SEB, C.G.A.) Smith Inc. Inc.	406 Broad Street Republic Park Pa.
6	Judy Suppala	Edenwood NACHAA
7	John Tofigly	Windsor Park & Springs for Home / PAUL NACHAA
8	Wendy Harvey	Windsor Place / NACHAA
9	Pete Clark	Country Manor Living
10	Karen Almel	The Pentecost
11	Bob Shobe	Sheffer's Countryside Assisted Living
12	Michael H. Guffee	Country Meadows / C.A.M.
13	Harvey Egan	C.A.M.
14	Steve Orduo	Buget Home Westmoreland County PCH Admin Ass.
15	John Inker	Country Meadows / C.A.M.
16	Mary Jo Tabright	Stone Brook
17	Signe Ponselle	Carmella's House - W.P.C.H.A.
18	Richard Gorman	RIDGEWOOD RESIDENTIAL CARE - W.P.C.H.A.
19	Carol Brind	Denville P.C.H.
20	WALT YOUNG	St. Clare Hosp. P.C. Programs
21	Mark Saxe	Sunnyland Retirement Homes Inc.

Easy Living Estates

# 2600 Regulation Meeting

October 23, 2002

22	Patricia A. McNamara	PA Health Care Association / CALM
23	Walter M. Leonard	Easy Living Estates
24	Christine A. Leonard	PANPHA
25	Ismael Lopez Rodriguez	Easy Living Management Corp.
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14-475 (150)

RECEIVED  
NOV 7 2011  
OFFICE OF LICENSING  
& REGULATORY MANAGEMENT

I was able to move into evergreen which is in the same town I've lived in. My home is close to where my family lives & they can visit me a lot, and I can visit them too. My family is very thankful for my home & the staff & the owners. I don't understand about all the new regs but I know I don't want to move to another place. I'm eighty years old & I want to stay in my hometown. I have lived here for 6 years.

RECEIVED  
NOV 7 2011  
OFFICE OF LICENSING  
& REGULATORY MANAGEMENT

William Sitzmann  
d

14-475 (303)

"SAME Commenter  
AS # 135"

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

14475 (671)

I have lived at Eveyer  
for 10 months I used to  
live with my sister but I  
can't anymore. I ~~can't~~ come  
and go as I want to.

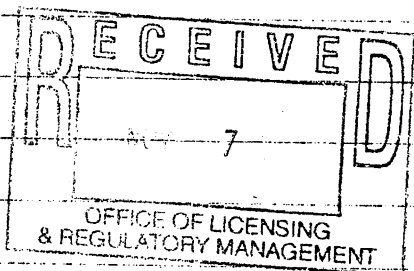
Staff tells me when to take my  
medicine and they keep it locked  
up for me so I don't lose it.

They give me the right medicine  
and have not made a mistake.  
I like it here and want to live  
here for the rest of my life.

My girlfriend can visit me here.

The people are nice. keeps me  
stay here cause I don't have  
any more money.

Very truly yours,



Samuel Shreve

Original: 2294

#14-475 (569)

Dear Department of Public Welfare,

RECEIVED  
NOV 6 1988  
OFFICE OF LICENSING  
& REGULATORY  
MANAGEMENT

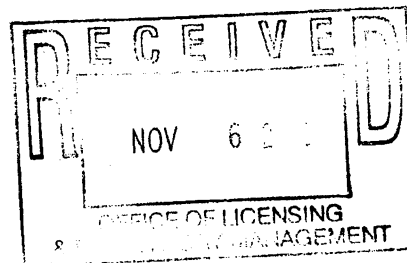
I am writing this letter to you because of my great concern about the changes in the rules and regulations for personal care homes. I have a loved one in a great personal care home, and if these rules and regulations are changed, she will have nowhere to go. The home that she is in could not financially stay in business if all these rules are changed. They try to keep the prices affordable but they would have to raise rates to try to stay in business. We don't have extra money to put towards her care, we would never have to, but if they have to make all these changes we would have a real burden trying to support her. The employees that work there have always provided good care, and this is her home now.

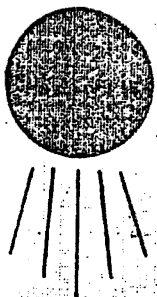
I cant believe that you would want to make these changes when it would put such a hardship on so many families. The only people that could afford a personal care will be the wealthy. I work and can not stay at home to give her the care she needs. She likes to be somewhere where she can talk to other people and not be alone. She gets good meals and gets her medications when needed.

We all know that there are a few bad homes out there but don't penalize the good homes for a few that aren't. I REALLY hope that these rules do not go through. I will be writing my representatives and whoever else I can to stop this.

Sincerely,

Amy B. Vukmir

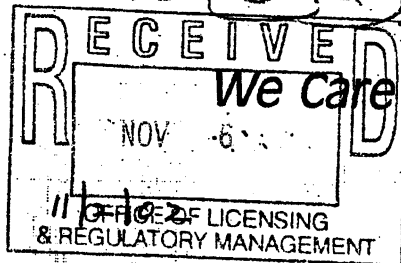




Original: 2294

#14-475 (596)

# REST HAVEN PERSONAL CARE HOMES



Dear Teleta Nervus,

I own Rest Haven Personal Care Homes with 81 beds in 7 homes. 80 to 90% of my beds are SSI and I get a little more for the rest.

My liability went up from 4-5000<sup>00</sup> To 52000<sup>00</sup>/yr.

My Fire insurance went up 4 To 11000<sup>00</sup>/yr.

I receive / da / resident  
27<sup>00</sup> To 29<sup>00</sup> / da

Wash. Jail  
60<sup>00</sup> To 70<sup>00</sup> / da

Group Home  
172<sup>00</sup> / da

I can't keep employees paying minimum wage - I have approx. 15 to 20 working.

I have read all the changes and to sum this up -- pay us we can do the job -- I'm sure you won't work for 10,000<sup>00</sup>/yr.

The old regulations are good until you increase the SSI rate to at least ~~to~~ what the jails gets. Severly the poor deserve what a prisoner gets.

Don't put additional burdens on us

one person making <sup>minimum</sup> wage 24 hrs / da X 31 days = 3831.60

I need 5 SSI residents to pay 1 employee. <sup>payroll cost</sup> 425.00 + 4252.60 / month

Again -- where do I send my residents when I close

Serving Washington County my Homes

Canonsburg, Houston and Mon Valley Areas.  
412-746-4666

Sincerely  
Edwin Jersch

14-475 (639)

Dear Department of Public Welfare,

I am writing to you in regards to the proposed regulations for personal care homes. I have some strong opposition to these regulations for the following reasons.

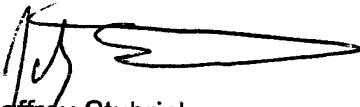
These proposed regulations will have devastating impact both socially and economically. I have a second- generation family business. These regulations could mean that I will have to take away our Residents' homes, separating them from the other residents who many have known each other for over 12 years. Also most likely requiring them to move several miles away from their own families, who they see now on a regular basis. There will not be a PCH within a great distance that will manage your new regulations. This will also cause me to take away my livelihood and supporting my family and my household. My employees who have been with this personal care home majority of them 5-12 years of service will be losing their incomes, and the sense of extended family that they have taken care of for 12 years.

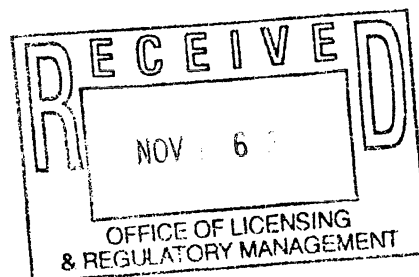
The cost of implementing these proposed regulations will have to be extended to the residents and their families. The general society cannot afford these increases. The residents do not have the income and their families have the high cost of daily living to maintain themselves, not to mention taking care of their parents.

Do these regulations benefit the government or the residents in Pennsylvania? Are you the Department of Public Welfare as the title states? Are you willing to come out and tell the residents who love this place and call it home that they can no longer be here? Will you be prepared to tell the employees that have devoted their lives to move on, find new work, who know no other skill but taking good care of people and say good-bye to their "extended family", or would you be prepared to tell them that someone is going to come in make more hourly rate and have them teach them their positions while they have to move on to the unemployment line?

Change is good and we can accept change, but are these so extreme and lacking common sense that only a few will survive? Please reconsider your plans and let thousands of people continue the happy life they know and love.

Thank you for your time,

  
Jeffrey Stubrick  
Administrator  
RD 5 Box 348  
Kittanning, PA 16201





Dear Department of Public Welfare,

I am ~~a daughter of a mother who's been in the~~ *a daughter of a mother who's been in the Personal Care home.*  
~~owner of 6 years of a personal care home.~~ A home that can truly be called a home. A home for our residents, their families, community members and lastly the other employees and myself. This home was built by the owner's family, one of which resides here. It has an environment that thrives on "family". Why do you want to change what has been built here? Why should this be a nursing facility? The people here need help with the tasks of daily living; they enjoy their time interacting with the others. They would not function in a "facility"; they truly love the environment here, the social time, the holidays and the everyday events of living. The people in our home are comfortable here; they "live" here.

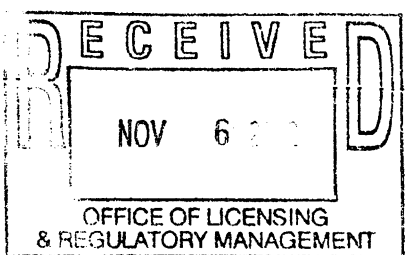
Our administrator/owner has funded any training that we obtain throughout the year. They rely on their income for this sort of training. We have several SSI recipients living in our home. Will you be raising the SSI amounts so the cost will remain a benefit for us? Or perhaps your department will be funding these training hours? Training can be beneficial, and I would be willing, but 24 hours seems unnecessary and out of reach.

As an employee and caretaker to many residents I cannot imagine the devastation in closing the doors of so many personal care homes in our area. The people that I care for truly love it here. These regulations that I have learned of seem only to be benefiting some other government department, certainly not the elderly residents who deserve to live comfortable in a warm loving environment, these are the people who have put us here, these are the people who worked hard in this world and have retired, these are the people who deserve a helping hand. It seems as though you want a medical facility, why would you do that to someone who only needs the help of a daily task? Why would you take away my income and my family security?

Thank you for your time.

*Sincerely*  
*Alene Smith*

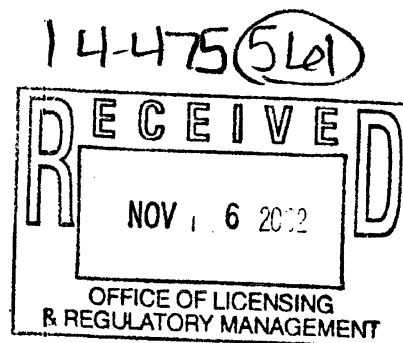
Copies of this letter are being forwarded to:  
State Public Health and Welfare Comm.  
Independent Regulatory Review  
House Health and Human Services Comm.



Theodore & Alene Smith  
R.R. 5 Box 357  
Kittanning, PA 16201-8122

Original: 2294

Dennis L. Raraigh  
329 Sarver Road  
Sarver, PA 16055  
724-353-1529



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

Dear Teleta,

I am writing to you concerning the pending changes in the regulations on personal care homes. I am very familiar with personal care homes because my mother has lived in one for the last eight years. While living in a personal care home, my mother has received excellent care and has always been happy living there. I am greatly concerned that if these new regulations were to pass, living in a personal care home may no longer be possible for her. I certainly understand the need for personal care homes to be regulated. These new proposed regulations will increase the cost of living in a personal care home a considerable amount. This will force many small homes out of business. The minimum estimated increase in my mother's rent would be \$900 per month. That means it will no longer be affordable for my mother to live there. I am not sure were my mother would be forced to live and it would be very difficult for my 65 year old father to care for her in his home. Likewise, it would be a struggle for my sister or I to care for her in our homes. My mother lives in a home that is close to her family. Would my mother be forced to move into a larger home away from her immediate and church families? Would she be forced into a nursing home setting? That would be ridiculous because my mother does not need this kind of care. Stop for a moment and think about that. How would you feel if a loved one of yours were faced with that?

Using plain common sense, these regulations make very little sense. Some of the proposed regulations are stricter than the regulations that nursing homes and hospitals must follow. Why? I do not understand this. The current regulations have not been strictly enforced in recent years. If the regulations are not fully enforced now, then how then how do you expect to enforce three times the current regulations?

The new regulations will greatly affect the lives of the residents of this commonwealth. I urge you to give careful consideration to this. I am not only asking you to fight for Pennsylvania's best interests, but my family's as well.

Sincerely,

Dennis L. Raraigh  
A concerned citizen and son

#10-475 (570)

Dear Ms. Nevius,

We are the owners and administrators of a very nice personal care home in New Castle, PA. We have owned it for eight years now and it is a job that we absolutely love. We are proud of our home and the residents are truly our family. We are writing this letter to try one more time to tell you that we will not be able to stay in business if the new rules go into effect. We will be more specific later in the letter as to which ones will greatly affect us and our residents.

We can not believe that after all the meetings and all the effort to try to work together that these rules have not been altered at all. So many people have tried to work with you and its been all to deaf ears. We can not do all these things . You are turning all the loving homes that provide assistance to the elderly into NURSING HOMES. They don't need that, they need assistance with daily needs . We would have to raise their rates so high that no one could afford us anyway. We pride ourselves on trying to keep our rates affordable. We are not out to get RICH.

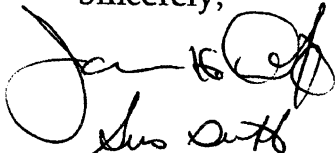
Our budget allowed for three SSI residents ,but now half of our residents are SSI. You know why? Because there are no good homes that will take them because they are such low pay. Like I said we are not out to get rich but we could not afford to keep our SSI residents, and that would kill them. This is their home and we love them dearly but we would have to have only private pay residents and still raise their rates. It totally makes no sense, your so called rules do not provide better and more loving care(which our residents get a lot of that already) it only increases costs and makes paper work unbearable. We don't like doing a lot of paper work, we do what we are suppose to do, but our passion is our residents.

I would like to know who is going to pay for all the training for our staff plus pay them to attend the training, plus pay staff to cover the home??You try to do that without increasing costs. Plus pay for our extra 24 hours of administrator training. It already costs \$50.00 for one of us to go for 6 hours. And that is a burden already, plus we don't learn anything new , we just get a certificate. That is what you want only 4 times more times 2 people ,that's 400.00 instead of \$100.00. That's \$300.00 for WHAT!!!! A certificate that's it, we don't need more of these.

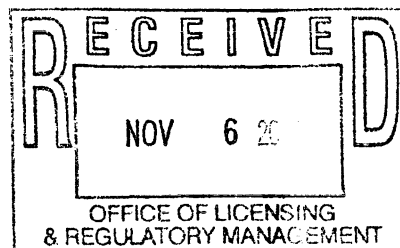
If you are trying to target BAD homes then enforce the rules you already have, we can live with that. We have gone a long time without anything wrong at our inspections. When we did have something wrong it was corrected that day. The inspectors have always been helpful and kind. They know we run a nice home and have never had any complaints. I cant believe in these times that we would have such communistic rules and regulations passing through that will hurt so many people.

I hope you have places to put all the thousands of SSI residents that will no longer have homes. You seem to think that you have done so much to help these people but not a single thought went into that did it?

Sincerely,

  
James H. Duff  
Susan Duff

Duff Personal Care  
RD6 Box 538  
New Castle, PA.  
16101

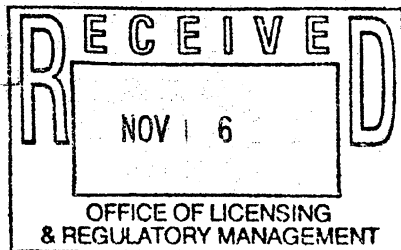


14-475 (1004)  
 Box 166, House 311  
 Plymouth, PA 16244

Dept of Public Welfare  
 Rm 316, Health + Welfare Bldg  
 PO Box 2475, Harrisburg, PA 17150

2002 NOV -8 PM 3:27

DEPENDENT REGULATORY  
 REVIEW COMMISSION



Dear Telita Nevins,

Making regulations to protect the elderly is very hard, but it is distressing to find inspections of PCNs may be decreased with new legislation. Staff tends to be more on their toes when they anticipate inspections. I have witnessed lack of respect for the elderly in PCNs.

We chose the closest PCN to our father's residence when he was recovering from a broken leg. The facility is attractive + clean, but education + compassion do not always go hand in hand. The 2 LPNs do not have the reasoning skills or empathy that one expects. The administrator (one of the LPNs) directed the staff to withhold dessert if 50% of the meal was not eaten. Unfortunately, my father was denied such foods as tapioca + strawberry shortcake which was then left for the staff to eat in front of him. Dad has always eaten healthy + avoids fried +

salty foods so he was punished even though he had paid. 3

He was spoken to by the administrator rarely, expected to belittle or degrade him. He was treated like a child and had to sit rather than stand to void. The administrator would walk into the dining room or living room and only <sup>speak</sup> speak to "chosen" people. There was not time to do the daily wound care on his legs, but there was time to keep a journal on just him as evidence?

The TV was shut off at 9pm & the remote hidden, because she said other residents could hear the TV through the walls, even though Dad does not seem hard of hearing & the facility used to be a motel (with insulated walls?)

The staff was for the most part kind & caring, but the administrator's attitude filtered down making Dad miserable a great deal of the time. Calling Aging Services & the state number did little good as PCN's do not have the same regulations as nursing homes. Dad was asked to leave because we complained.

He is in another PCN with a compassionate administrator. It is not perfect, but the administrator

does what she can. Dad is more content. When I  
 complained about Dad being in PJs at 4<sup>30</sup>pm it was resolved.  
 Dad is getting his desert. He's standing up to void &  
 meals are at reasonable hours. At the other PCH  
 residents were given their evening meal as early as 3<sup>30</sup>pm  
 & staff wondered why residents were confused. I keep  
 praying that pleasant days are ahead for Dad who is  
 87 & that care at the other home has improved.

Thank you for your time.

Yours truly  
 Collette Davis

# Regulations may force closings

Once again the personal care homes — small and large — across the state are fighting to survive. It appears that no industry is exempt from this struggle.

Because of Auditor General Robert Casey's report on these facilities, the state Department of Public Welfare has decided that rather than enforce current regulations, they would instead overregulate to the point that survival will be impossible.

The result? Many good personal care homes will be forced to close.

However, as part of the DPW's plan to make the homes that survive the new regulations better for the elderly, they actually are proposing fewer inspections.

New guidelines say that all homes will be inspected once following implementation of the new regulations, then just 75 percent will be inspected again every two years, with all homes being inspected at least once every three years.

Currently, these inspections are done annually for ALL facilities. You cannot and should not overregulate and inspect less in order to improve any industry.

With the right to visit any facility unannounced under current regulations, what is being proposed makes little sense and is ineffective in improving the quality of care for the elderly.

It appears that everyone but the people who should have been involved were the ones writing these regulations — most of whom had no prior experience in personal care and some with only two-and-a-half hours of DPW office time. Some have even admitted they had no credentials.

Ask yourself how someone with no prior experience in personal care can be allowed to devise regulations

for the industry, and you will know why we are in such a dilemma.

It will only take one of the new regulations to put most, if not all, of the small personal care homes out of business. One of those is requiring facilities to have a doctor, R.N., L.P.N., or a paramedic or EMT on staff to give residents their medication.

To provide 24-hour assistance, the facility would need to hire at least three people with these degrees. Under the same guidelines, residents are required to be able to physically put their medication into their own mouth, know what the pill is for, the dosage, the time given and what it is used for.

Personal care has always been about assisting those who need help with daily living. We are not and should not be a "medical model," but rather a "social model." The proposed regulations are bulging with support plans, written policies and training programs with little empha-

sis on actually resident care.

These types of things are for skilled or nursing homes and are not applicable to the type of care provided in a personal care setting.

As a health care provider, I urge you to get involved now. You may not think this affects you if you don't currently have a loved one in personal care, but it will become an issue when that day comes for a loved one or for yourself and you no longer have the choice of personal care because the DPW has put all the homes out of business with these new regulations.

You can get involved by writing a letter to: Teleta Nevius, director, Dept. of Public Welfare, Room 316 Health and Welfare Building, P.O. Box 2675, Harrisburg, Pa. Pa. 17120. Letters must be received by Nov. 4.

Liz Kitzmiller  
owner/operator  
Rose Manor PCH  
Blairsville



Original: 2294

Independent Regulatory Review Comm.  
333 Market St.  
14th Floor  
Harrisburg, PA 17101

NOV 12 11:52 AM

REGULATORY COMMISSION

November 5, 2002

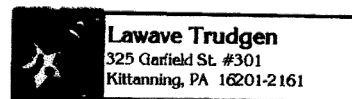
I recently attended an informational meeting on the proposed rules + regulations for Personal Care. I am asking you to reconsider the present draft. I at one point had my mother in a Personal Care Facility, she received the best of care in a loving home like environment. She definitely was not Nursing Home material.

Please reconsider what you have proposed.

Thank you for considering that not all residents have the resources to pay for the increases they would be required to pay or go to Nursing Homes.

Sincerely,

LuWane Trudgen



#14-475 (595)

Dear Department of Public Welfare,

I am an employee of 9 years at one personal care home. A home that can truly be called a home. A home for our residents, their families, community members and lastly the other employees and myself. This home was built by the owner's family, one of which resides here. It has an environment that thrives on "family". Why do you want to change what has been built here? Why should this be a nursing facility? The people here need help with the tasks of daily living; they enjoy their time interacting with the others. They would not function in a "facility"; they truly love the environment here, the social time, the holidays and the everyday events of living. The people in our home are comfortable here; they "live" here.

Our administrator/owner has funded any training that we obtain throughout the year. They rely on their income for this sort of training. We have several SSI recipients living in our home. Will you be raising the SSI amounts so the cost will remain a benefit for us? Or perhaps your department will be funding these training hours? Training can be beneficial, and I would be willing, but 24 hours seems unnecessary and out of reach.

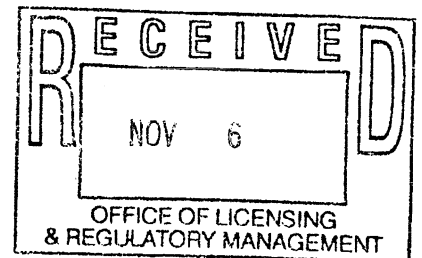
As an employee and caretaker to many residents I cannot imagine the devastation in closing the doors of so many personal care homes in our area. The people that I care for truly love it here. These regulations that I have learned of seem only to be benefiting some other government department, certainly not the elderly residents who deserve to live comfortable in a warm loving environment, these are the people who have put us here, these are the people who worked hard in this world and have retired, these are the people who deserve a helping hand. It seems as though you want a medical facility, why would you do that to someone who only needs the help of a daily task? Why would you take away my income and my family security?

Thank you for your time.

*Lonnie Craig*  
RD #2 Box 329  
Dayton Pa. 16022

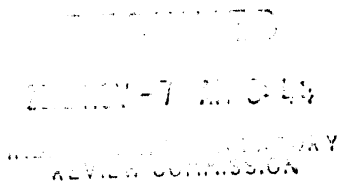
Copies of this letter are being forwarded to:  
State Public Health and Welfare Comm.  
Independent Regulatory Review  
House Health and Human Services Comm.

RECEIVED  
NOV 6 1975  
STATE OF OHIO  
DEPARTMENT OF PUBLIC WELFARE  
REGULATORY COMMISSION



Original: 2294

"The future of long term care"



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November 5, 2002

Contact: Patricia A. McNamara  
Phone: 717-221-7934/ E-mail: pmcnamara@phca.org

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Teleta Nevius, Director  
Office of Licensing and Regulatory Management  
Department Public Welfare  
316 Health Welfare Building  
P.O. Box 2675  
Harrisburg, PA 17101-2675

Re: Proposed Personal Care Home Regulation Comments -- *via e-mail and hand delivery*

Dear Ms. Nevius:

The Center for Assisted Living Management (CALM), affiliate of the Pennsylvania Health Care Association (PHCA), representing more than 100 personal care homes with more than 6500 beds, respectfully submits the attached comments on the draft personal care home (PCH) regulations.

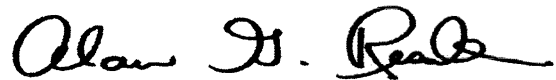
We have attached general overview comments and observations and also line-by-line comments for only the areas in the proposed regulations where would like to see changes made.

It is our hope that we can continue to work together to fashion an updated set of regulations that will:

- Embody a philosophy of regulation that reflects the elements of personal choice and assumption of risk inherent in personal care homes today.
- Protect small and large operators from financial ruin so that access to care is preserved.
- Protect frail seniors as they "age in the *appropriate* place" and as their care needs grow.
- Establish the predicate for greater public funding for personal care homes residents in PA.
- Preserve the social, home-like model of personal care that meets the preferences of the consumer.
- Establish a "quality improvement" rather than a "punishment" model of oversight (for example, the state should consider creating an Office of Technical Assistance for providers that is funded in part by the fines they collect from enforcement).

We appreciate the opportunity to comment and look forward to working together to modify the proposed regulations further to meet all of our goals.

Sincerely,

A handwritten signature in black ink, appearing to read "Alan G. Rosenbloom". The signature is fluid and cursive, with a long horizontal stroke at the end.

Alan G. Rosenbloom  
President

CC: Robert E. Nyce, Executive Director, IRRC  
Senate Public Health and Welfare Committee  
House Health & Human Services Committee

**General Observations and Comments  
to the Proposed Personal Care Home Regulation 55 Pa. Code Chapter  
2600 as published in the Pennsylvania Bulletin  
on October 5, 2002**

**Economic or fiscal impact of the regulation**

Despite years of work by stakeholders and admittedly significant modifications by the Department of Public Welfare (DPW), the proposed regulations continue to pose problems for operators, especially smaller personal care homes. Indeed, several of the regional provider groups of personal care homes believe that they will be forced out of business by the proposed regulations as they stand.

The regulatory analysis form that accompanied the regulations to the Independent Regulatory Review Commission (IRRC) states that the total cost to each licensed personal care home related to certain sections of the regulations is estimated to be \$680.00. This is a gross understatement of the overall increased costs to providers and ultimately consumers.

We have some providers estimating that it will mean two to three times their overall operating costs. On the average, our members have estimated that it will cost an additional \$900 per month or more than \$10,000 per year. DPW's estimated costs did not fully account for the development of more than 15 new policies and procedures and reporting requirements, new training requirements, or the new staff positions that will accompany the implementation of these, such as legal review staff, development trainers, additional administrative personnel to carry out the paperwork requirements, and additional direct care staff. Providers will be forced to pass on increased costs to consumers as a result. In the case of the more than 10,500 residents who receive \$29/day for care in this setting on SSI and the State Supplement, this will mean displacement with few alternatives other than an unlicensed home, the streets, or possibly a nursing facility if functionally eligible.

The Department has repeatedly stated that their goals for this regulatory revision process are as follows:

- Update 20 year old regulation
- Enhance health and safety standards
- Preserve operation of existing homes
- Involvement of Personal Care Home Advisory Committee
- Assure continuous ongoing public meetings

We appreciate and concur with the stated goals of the Department and it is our hope that DPW will see that all of these goals are met through this process. We are especially concerned with the goal of preserving the operation of existing homes given the cost implications of the proposed regulations. To help preserve the operation of existing homes, we would propose the following:

- The Commonwealth should consider alternative solutions for smaller homes placed in jeopardy by the costs inherent in the proposed regulations. Is there a way to set less burdensome

standards for homes with, for example, 20 beds or under since these comprise 41% of the licensed homes (approximately 740 homes out of the 1786) while continuing to ensure the safety and welfare of the residents in these homes? The Commonwealth was able to do this with Domiciliary Care Homes years ago, and there may be a similar solution for this group. For instance, the Commonwealth may want to consider introducing "Assisted Living" as a licensing category and preserve smaller homes under a less prescriptive personal care home regulation. Alternatively, the Commonwealth might consider a small home waiver under whatever final set of regulations is developed.

- Additionally, we strongly recommend that the Department, together with stakeholder groups through the DPW Personal Care Home Advisory Committee (PCHAC) develop *sample* policy and procedures and staff training curriculum for new requirements. This would help assure standardization and provide some monetary relief to the homes who cannot afford to do this on their own.
- Grandfathering provisions must be in place for physical sites (buildings) doing business as a personal care home prior to the date of implementation of the regulations. We are not aware of any other facility regulation that has changed that does not make provisions for existing buildings.
- Further, we believe that DPW has a moral obligation to address the public funding issue for the more than 10,500 residents in personal care homes who receive SSI and the State Supplement *at the same time they are implementing new regulations*. DPW must recognize the real costs to providers which were \$60 per day on the average in 1999<sup>1</sup> to care for residents in this setting. DPW must increase the State Supplement for SSI residents in PCHs to a total benefit of at least \$60 per day in addition to their personal needs allowance. New government mandates cannot be implemented until this is accomplished or we fear that these 20% of the total personal care home residents will be displaced and find it nearly impossible to access the level of care they require.

### **Protection of the public health, safety and welfare and the clarity, feasibility and reasonableness of the regulation**

There is little controversy that the current regulations need to be updated in some areas to keep up with the marketplace phenomena that has occurred within the personal care home community and protect the increasingly frailer residents. However, PHCA/CALM views the proposed regulations as a work in progress that needs significant refinement before it can be implemented.

We support a regulatory system that will focus on standards for service outcomes and resident satisfaction. The *process or how* you accomplish this is not as important as the resulting outcome. We feel that the proposed regulations are far too prescriptive in dictating *how* providers must accomplish compliance rather than focusing on the outcomes. Our detailed comments and suggested language changes outlined below seek to change this focus.

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<sup>1</sup> *Costs of Providing Housing and Services in Personal Care Homes in Pennsylvania: A study conducted for the Department of Public Welfare's Personal Care Home Advisory Committee June 17, 1999* by PANPHA and Shippensburg University's Center for Applied Research and Policy Analysis.

We have to keep in mind that these settings are still not classified by the state as health care facilities but rather they continue to be residential in nature. As such, we should find a way to preserve these home-like settings which consumers prefer without imposing nursing-home like standards on them. We further need to help consumers understand up front that there is most likely a point at which their care needs cannot be met in these settings so that the expectation for indefinite “aging in place” is not perpetuated.

**Does the regulation represent a policy decision of such a substantial nature that it requires legislative review?**

There are significant considerations as we move forward with new regulations for personal care homes. These include the fiscal impact on providers and the public (consumers), the severe workforce shortages that we are experiencing in our profession, and future needs of our aging population which is the second oldest in the nation.

There is a national movement to more uniformly define “assisted living” in each state. Pennsylvania is one of the few states who have yet to do this, despite having assisted living legislation for nearly four years that has not been acted upon. Personal Care Homes are considered the closest entity to “assisted living” in our state and will be impacted by any assisted living legislation. With public and federal pressure to define assisted living, DPW must consider how this will impact the current regulatory reform process.

Further, PHCA/CALM believes there are provisions within the proposed regulations that speak to broader public policy issues. These are in the area of staff training which could have a significant impact on our workforce. The direct care staff training requirements pose a new set of standards for a pool of workers who frequently change jobs from home health to attendant care to nursing facilities to personal care homes. PHCA/CALM supports developing a standardized training and competency-based program that all direct caregivers in our Commonwealth could take that would apply across any setting. This may require legislative review and action. Ultimately this could enhance our workforce and save costs to providers and consumers so that staff could be trained and tested once instead of each time they switch care settings.

In this vein, we also support the creation of a medication administration technician training and testing program that would permit unlicensed personnel to administer medications under the supervision of licensed personnel. This would help providers to keep costs down for consumers and also be part of the solution to the nursing shortages we are experiencing. This too may take legislative review and action. Our organization stands ready to assist with the implementation of training programs such as these.

Finally, there are questions as to DPW’s legal ability to utilize tools such as “bans on admissions” or impose temporary management in the course of their enforcement. We strongly believe that DPW needs the authority to enforce the regulations in a timely and effective manner. There may be a need to review their statutory authority in the area of enforcement.

## **Conclusion**

Our organization has dedicated enormous resources over the past 8 years in participating in the development of new regulations. We believe the framework has been established to move forward to develop a final set of regulations that make sense for everyone and have been told that the DPW Office of Licensing and Regulatory Management is open to continuing stakeholder discussions.

We would like the opportunity to continue working with the Department and other stakeholders to develop a new set of regulations that will assure protection, choice, access and quality to our residents in personal care homes and be operationally feasible to providers. We hope the process will not be rushed but rather conducted with careful consideration in a manner that will permit this care setting to thrive.



# Specific Comments and Language Change Suggestions in the Proposed Regulations

*Key:*

Underlined text is PHCA/CALM suggested changes to the language.

*Underlined italicized text* is PHCA/CALM's comments, questions, or rationale.

~~Strikethroughs~~ are language that PHCA/CALM would like to see deleted.

## PROPOSED RULEMAKING

DEPARTMENT OF  
PUBLIC WELFARE

[55 PA. CODE CHS. 2600 AND 2620]

### Personal Care Homes

#### GENERAL PROVISIONS

##### § 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 the residents.

(ii) The term includes full and part time employees, temporary employees and volunteers who routinely perform direct care staff services.

*We would like to see the following definition added (or something similar) once the barriers have been work out for a medication-technician program. Note that this is the language being used by the National Assisted Living Workgroup. Their work can be found at: <http://www.aahsa.org/alw.htm>*

*Medication Assistive Personnel (MAP)-- are caregivers who are not licensed health professionals but have successfully completed training and a competency examination, approved by the appropriate state licensing agency, that permits the person to administer medications to a resident.*

*Personal care resident or resident*--A person, unrelated to the licensee, who resides in a personal care home and who may require and receive personal care services but does not require the level of care provided by a hospital or long-term care facility. In references to the resident's involvement in decision-making, this term may also refer to the resident's power of attorney or legal representative or responsible party if the resident is incapable of understanding or making decisions on their own behalf.

*Volunteer*--A person who, of his own free will, and without monetary compensation, provides services for residents in the personal care home.

(i) Volunteers who routinely perform direct care services shall meet the minimum qualifications and training of staff persons.

(ii) Residents receiving personal care services who voluntarily perform tasks in the personal care home are not to be considered volunteers for the purpose of determining compliance with the staffing requirements of this chapter.

## GENERAL REQUIREMENTS

### **§ 2600.11. Procedural requirements for licensure or approval of personal care homes.**

(a) Except for §§ 20.31 and 20.32 (relating to annual inspection; and announced inspections), the requirements in Chapter 20 (relating to licensure or approval of facilities and agencies) apply to personal care homes.

(b) Personal care homes shall be inspected as often as required by section 211(l) of the Public Welfare Code (62 P. S. § 211(l)), and more often as necessary. After initial approval, homes need not be visited or inspected annually except that the Department will schedule inspections in accordance with a plan that provides for the coverage of at least 75% of the licensed personal care homes every 2 years and all homes shall be inspected at least once every 3 years.

*We appreciate the Department's intent here to focus on poor performing facilities more frequently than those facilities who routinely remain in full compliance.*

### **§ 2600.16. Reportable incidents.**

(11) An incident requiring the services of an emergency management agency, fire department or law enforcement agency. *Please clarify whether this includes use of ambulance services.*

(18) A final termination notice from a utility.

### **§ 2600.17. Confidentiality of records.**

Resident records shall be confidential, and, except in emergencies, may not be open to anyone other than the authorized home designee, resident, the resident's designee, if any, agents of the Department and the long-term care ombudsman unless the resident, or a designee, consents, or a court orders disclosure.

### **§ 2600.19. Waivers.**

- (g) A structural waiver will not be granted to a new facility, new construction or renovations begun after \_\_\_\_\_ (*Editor's Note: The blank refers to the effective date of adoption of this proposed rulemaking.*) Upon request, the Department will review building plans to assure compliance with this chapter.

*We would hope that the Department will take into consideration those homes with building plans that have been submitted and/or approved prior to the effective date of the final regulation that may already be underway but not completed.*

### **§ 2600.20. Resident funds.**

- (12) Upon discharge or transfer of the resident, the administrator shall ~~immediately~~ return the resident's funds being managed or being stored by the home to the resident in accordance with the terms outlined in the resident contract, not to exceed 30 days. (*Rationale: The home should be given a reasonable amount of time to determine whether the resident has outstanding charges and also nursing facility requirements in PA allow for a 60 day refund period.*)

### **§ 2600.24. Tasks of daily living.**

A home shall provide residents with assistance with tasks of daily living as indicated in their support plan and assessment, which may include ~~including~~ one or more of the following: ...

### **§ 2600.25. Personal hygiene.**

A personal care home shall provide residents with assistance with personal hygiene as indicated in the support plan and assessment which may include ~~including~~ one or more of the following:

### **§ 2600.26. Resident-home contract: information on resident rights.**

(ii) The actual amount of allowable public funding or cost as outlined in the resident contract ~~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. The word "allowable" implies public funding in our interpretation and while this may not be the intent we prefer the language above to clarify this.

(3) The resident, or a designee, or the home, has the right to rescind the contract for up to 72 hours after the initial dated signature of the contract. Rescission of the contract shall be in writing addressed to the home, or the resident or a designee. The home sometimes discovers within three days that the resident's assessment was not accurate and in fact the resident cannot be cared for by that particular home and therefore should be permitted to rescind the contract as well, giving the resident sufficient time to

find alternative placement but not the full 30 days they would otherwise have. This is for the welfare of the resident as well.

**§ 2600.27. Quality management.** Alternative provisions for small homes should be made under this section. We would suggest that the DPW PCH AC work to create a sample plan and one that might be simplified for smaller homes.

**§ 2600.29. Refunds.**

(a) If, after the personal care home gives notice of discharge or transfer in accordance with § 2600.26 **and 2600.228** (relating to requirements for resident/home contract; information on resident rights, and notification of termination), and the resident moves out of the home before the 30 days are over, the home shall give the resident a refund equal to the previously paid charges for rent and personal care services for the remainder of the 30-day time period. The refund shall be issued within 30 days of discharge. The resident's personal needs allowance shall be refunded within 1 week of discharge or transfer.

(b) After a resident gives notice of the intent to leave in accordance with § 2600.26 and 2600.228 and if the resident moves out of the home before expiration of the required 30 days, the resident owes the home the charges for rent and personal care services for the entire length of the 30-day time period for which payment has not been made.

(d) If the personal care home does not require a written notice prior to a resident's departure, the administrator shall refund the remainder of previously paid charges to the resident within ~~7~~ 30 days of the date the resident moved from the home. In the event of a death of a resident, the administrator shall refund the remainder of previously paid charges to the estate of the resident within 30 days of the room being vacated. ~~when the room is vacated and within 30 days of death.~~ The home shall keep documentation of the refund in the resident's file.

(e) If a resident is identified as needing a higher level of care and is discharged to another facility, the personal care home shall provide a refund within ~~30~~ 7 days from the date of discharge when the room is vacated or within 30 ~~7~~ days from notification by the facility. Rationale: Again, nursing facilities are given 60 days to refund monies, and facilities, particularly those under corporate structure, may have possible delay in releasing funds within 7 days.

## RESIDENT RIGHTS

**§ 2600.41. Notification of rights and complaint procedures.**

(e) A resident and, if applicable, the resident's family and advocate, if any, have the right to lodge a written complaint with the home for an alleged violation of specific or civil rights without retaliation, or the fear or threats of retaliation.

(f) The personal care home shall ensure investigation and resolution of written complaints regarding an alleged violation of a resident's rights. The procedures shall include the timeframes, steps, and the person or persons responsible for determining the outcome of the complaint and appeal procedures.

**§ 2600.42. Specific rights.**

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

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

(l) A resident shall have the right to purchase, receive and use personal property, unless the personal property presents a danger to self or others.

(u) A resident shall have the right to remain in the personal care home, as long as it is operating with a license, except in the circumstances of:

*Please add:*

(4) Violation of house rules and/or violation of others residents rights.

(w) A resident or designee shall have the right to appeal in writing discharge, reductions, changes or denials of services originally contracted. The personal care home shall have written resident appeal policies and procedures. The resident shall receive an answer to the appeal within 14-calendar days after submission.

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

(y) A resident shall have the right to manage personal financial affairs.

(z) A resident shall have the right to be free from excessive medication which constitutes a chemical restraint (2600.202).

## STAFFING

**§ 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 the Commonwealth.

(2) An associate's degree, 60 credit hours or greater, from an accredited college or university or commensurate life experience.

(d) The administrator and/or legal entity shall be responsible for the administration and management of the personal care home, including the safety and protection of the residents, implementation of policies and procedures and compliance with this chapter.

**§ 2600.54. Staff titles and qualifications for direct care staff.**

Direct care staff shall have the following qualifications:

(2) Have a high school diploma or GED, or commensurate life experience.

*Please add:*

(4) Sixteen or 17 year olds may be employed as a direct care staff person at a personal care home, but may not perform tasks related to medication administration, and the incontinence care or bathing of persons of the opposite sex.

### **§ 2600.55. Exceptions for staff qualifications.**

(a) The staff qualification requirements for administrator and direct care staff do not apply to persons hired or promoted to the specified positions prior to \_\_\_\_\_ (*Editor's Note: The blank refers to the effective date of adoption of this proposal.*) as long as the home maintains a current license and the individual maintains their continuing education. *Rationale: Almost all licensed professionals (nursing home administrators, doctors, attorneys, etc.) are able to retain their credentials as long as they maintain continuing education requirements no matter how long of a break in service they have. Nurses in our state may maintain their license without continuing education requirements and without practicing. Keep a level playing field here.*

(b) A staff person who transfers to another licensed home, ~~with no more than a 1-year break in service,~~ may work in the same capacity as long as the staff person meets the qualifications outlined in subsection (a). maintains their continuing education.

### **§ 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 an appropriate facility or a local assessment agency or agent under § 2600.225(e) (relating to initial assessment and the annual assessment).

(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. This poses a concern regarding temporary staff and the cost associated with training them according to yet another set of standards that differ from home health or CNAs. There should be a uniform training standard in PA for direct care workers so that they can work more universally across the continuum of care settings.

(m) An administrator may be counted in the staffing hours ratios if the administrator is scheduled to provide direct care services.

### **§ 2600.57. Administrator training and orientation.**

As a trainer of the 40-hour program since 1991, PHCA/CALM has evaluated the list of training subjects required here and is of the opinion that to cover this with any justice, you would need to increase the hours to 80 or more. We originally recommended 120 hours and would support increased hours. Our suggestion is to reduce the inservice requirement and increase the classroom hours.

(d) The 80 (*change this to 60 hours*) hours of competency-based internship in a licensed personal care home under the supervision of a Department-trained administrator shall include the following:

(e) An administrator shall have at least 24 48 hours of ~~annual~~ training relating to the job duties within a two-year period, which may include the following:

...

(g) A licensed nursing home administrator who is employed as a personal care home administrator prior to \_\_\_\_\_ (*Editor's Note: The blank refers to the effective date of adoption of this proposal.*) is exempt from the training and educational requirements of this chapter if the administrator continues to meet the requirements of the State Board of Nursing Home Administrators. A licensed nursing home administrator hired as a personal care home administrator after \_\_\_\_\_ (*Editor's Note: The blank refers to the effective date of adoption of this proposal.*) shall pass the ~~40-hour~~ personal care home administrators competency-based training test *Do you mean have them take the exam or the class or both? Why just 40 hours and not the full course of 60 or more hours as we have recommended above? This would mean that 2 different standardized courses would have to be developed. We would suggest that there be a standardized competency based test that they have to pass.* A licensed nursing home administrator who fails to pass the test shall attend the required 40-hour personal care home administrators training, and retake the competency test, until a passing grade is achieved.

## § 2600.58. Staff training and orientation.

(a) Prior to working with residents ~~unsupervised~~, all staff including temporary staff, part-time staff and volunteers shall have an orientation within 30 days that includes the following: *It is not possible to train them without having them work with residents.*

(c) Training of direct care staff hired after \_\_\_\_\_ (*Editor's Note: The blank refers to the effective date of adoption of this proposal.*) shall include a demonstration of job duties, (*Note: In discussion with the Department of Public Welfare's Personal Care Home Advisory Committee task groups, this demonstration was intended to be a check list of tasks that a supervisor would have the trainee perform in a satisfactory manor. This was not intended to be a written exam. We would just like this to be clarifies here*) 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 (1) Resident care.

~~—(11) Needs of residents with special emphasis on the residents being served in the personal care home.~~ Special emphasis on the needs of the residents being served in the PCH.

(e) Direct care home staff shall have at least ~~24~~12 hours of annual in-house training relating to their job duties. Staff orientation shall be included in the ~~24~~12 hours of training for the first year of employment. On the job training for direct care staff may count for ~~12~~6 out of the ~~24~~12 training hours required annually. (*Rationale: The DPW*

PCH Advisory Committee task groups had recommended this be changed to 12 hours and DPW has verbally agreed but was unable to make the change prior to publication. Note also that nursing assistants in nursing facilities are only required to have 12 hours of continuing education a year).

(f) Training topics for the required annual training for direct care staff may shall include aspects of the following:

(1) Current training in first aid, certification in obstructed airway techniques and certification in cardio-pulmonary resuscitation that is appropriate for the residents served, and shall be completed by an individual certified as a trainer by a hospital or other recognized health care organization. Registered nurses, licensed practical nurses, certified registered nurse practitioners, emergency medical technicians, paramedics, physician's assistants or licensed physicians are exempt from the requirement for annual first aid training.

(2) Medication self-administration training.

(3) Understanding, locating and implementing ~~preadmission screening tools, initial assessments, annual assessments and support plans.~~

(4) Care for persons with dementia and cognitive impairments if applicable.

(5) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration as it relates to the resident populations.

(6) Personal care service needs of the resident.

(7) If the population is served in the home, safe management technique training, which shall include positive interventions such as: (Note that this may be excessive for some homes It would be helpful for the Department to develop some standardized training in this area as this is new for some providers).

## **§ 2600.59. Staff training plan.**

The administrator shall ensure that a comprehensive staff-training plan is developed and conducted annually for the development and improvement of the skills of the home's direct care staff for the resident population being served. The staff training plan shall include the personal care home's policies and procedures for developing and conducting the staff training plan, indicating who is responsible and the time frames for completion of the following components: The plan shall be reviewed/updated annually with staff input.

Note: In discussion with the Department of Public Welfare's Personal Care Home Advisory Committee task group on staffing, the following was agreed to be deleted along with all of 2600.60.

~~—(1) An annual assessment of staff training needs shall include questionnaires completed by all staff with data compiled, or a narrative summarizing group discussion of needs.~~

~~—(2) An overall plan for addressing the needs identified in paragraph (1). This plan shall be based on the assessment of staff training needs, and shall indicate training content, trainers and proposed dates of training.~~

~~—(3) A mechanism to collect written feedback on completed training.~~



~~—(4) An annual evaluation of the staff training plan, including the extent to which implementing the plan met the identified training needs.~~

#### **§ 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.~~

~~—(1) The plan shall be based upon an employee's previous education, experience, current job functions and job performance.~~

~~—(2) The employee shall complete the minimum training hours as listed in § 2600.58(d) (relating to staff training and orientation) with the subject selections being based upon the needs identified in the training plan.~~

~~—(3) Annual documentation of the required training in the individual staff training plan shall be maintained for all staff.~~

### **PHYSICAL SITE**

#### **§ 2600.81. Physical accommodations and equipment.**

Upon new construction and significant renovation 6 months after \_\_\_\_\_ (Editor's Note: The blank refers to the effective date of adoption of this proposal.) The home shall provide or arrange for physical site accommodations and equipment necessary to meet the health and safety needs of a resident with a disability and to allow safe movement within and exiting the home. *Rationale: We understand that it has been common practice to grandfather existing buildings prior to a reasonable date after implementation of new regulations so that any existing buildings or building plans in the works will not be unfairly disadvantaged. This was done most recently with the Drug & Alcohol regulations. We ask for similar consideration here, especially in light of the new Labor & Industry Building code regulations that go into effect January 1, 2003.*

#### **§ 2600.83. Temperature.**

(a) The indoor temperature in resident living areas shall be at least 70°F when residents are present in the home. (concern for garage area in smaller homes and whether the inspector would require the garage to be 70 degrees)

#### **§ 2600.85. Sanitation.**

(a) Sanitary conditions shall be maintained in the home.

Note that (b) through (f) should be under (a) and therefore should be numbered in roman numerals.

b) There may be no evidence of infestation of insects, rodents or other animals (do you mean dogs and cats?) in the home.

(c) Trash shall be removed from the premises at least once a week.

(d) Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents. Covered containers do not prevent infestation.

(e) Trash outside the home shall be kept in closed receptacles. ~~that prevents the penetration of insects and rodents.~~

(f) A home that is not connected to a public sewer system shall have a written sanitation approval for its sewage system by the sewage enforcement official of the municipality in which the home is located.

### **§ 2600.90. Communication system.**

(a) The home shall have a working, noncoin operated, telephone with an outside line that is accessible in emergencies for all residents and staff in the home and is accessible to persons with disabilities.

### **2600.93. Handrails and railings.**

(a) Each ramp, interior stairway and outside steps exceeding two steps shall have a well-secured handrail.

(b) Each porch that has over a 30-inch drop shall have a well-secured railing. for new construction or renovations.

### **§ 2600.94. Landings and stairs.**

(a) Interior and exterior doors that open directly into a stairway and are used for exit doors, resident areas, and fire exits shall have a landing, which is a minimum of 3 feet by 3 feet. For new construction or renovations.

(b) Interior stairs, exterior steps, walkways and ramps shall have nonskid surfaces.

### **§ 2600.96. First aid supplies.**

(a) The home shall have at a minimum, in each building, a first aid manual, nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, tape, scissors, breathing shield, eye coverings and ~~syrup of ipecac~~. These items shall be stored together in a first aid kit.

### **§ 2600.98. Indoor activity space.**

(a) The home shall have indoor activity space for activities such as reading, recreation and group activities.

(b) The home shall have at least one furnished living room or lounge for the use of residents, their families and visitors. The combined living room or lounge areas shall be sufficient to accommodate all residents at one time. ~~These rooms shall contain a sufficient number of tables, chairs and lighting to accommodate the residents, their families and visitors.~~ This is excessive. There has not been a problem with this in the current regulations that we know of.

### **§ 2600.99. Recreation space.**

The home shall provide regular access to outdoor and indoor recreation space and recreational items, ~~including books, magazines, puzzles, games, cards, gliders, paper, markers and the like.~~ This list will change with new generations. Don't specify.

### **§ 2600.101. Resident bedrooms.**

(c) Upon new construction and significant renovation after \_\_\_\_\_ (Editor's Note: The blank refers to the effective date of adoption of this proposal.) each bedroom for a resident with a physical immobility shall have 100 square feet per resident, or allow for easy passage between beds and other furniture, and for comfortable use of a resident's assistive devices, including wheelchairs, walkers, special furniture or oxygen equipment. This requirement does not apply if there is a medical order from the attending physician that states the resident can maneuver without the necessity of the additional space.

(3) Pillows and bedding that are is clean and in good repair.

( l) Cots and portable beds are prohibited for residents.

(n) Upon new construction and significant renovation after \_\_\_\_\_ (Editor's Note: The blank refers to the effective date of adoption of this proposal.) A bedroom may not be used as a means of egress from or used as a passageway to another part of the home unless in an emergency situation.

(o) A resident may share a room with a resident of the opposite sex if they choose but are not required to. ~~not be required to share a bedroom with a person of the opposite sex.~~

### **§ 2600.102. Bathrooms.**

(a) There shall be at least one functioning flush toilet for every six or less residents. ~~users, including residents, family and personnel.~~

(b) There shall be at least one sink and wall mirror for every six or less users, residents. ~~users, including residents, family and personnel.~~

(c) There shall be at least one bathtub or shower for every 15 or less users, residents. ~~users, including residents, family and personnel.~~

(g) Individual toiletry items including toothpaste, toothbrush, shampoo, deodorant, comb and hairbrush shall be made available for SSI residents.

(h) Toilet paper shall be provided for every toilet.

(i) A dispenser with soap shall be provided in all of the bathrooms. Bar soap is not permitted unless there is a separate bar in a clearly labeled container for each resident sharing a bathroom.

(j) Toiletries and linens shall be accessible in the possession of the resident in the resident's living space.

### **§ 2600.103. Kitchen areas.**

(a) A home shall have an operable kitchen area with a refrigerator, sink, stove, oven, cooking equipment and ~~cabinets~~ storage.

(d) Food shall be stored off the floor or the lowest shelf shall be sealed to the floor. *Most health departments say 6 inches or more above floor.*

(e) Food shall be labeled, dated, rotated and inventoried on a regular basis weekly.

(l) With the exception of service animals, Animals are not permitted in the kitchen or other food service areas when meals are being prepared, served or consumed,

### **§ 2600.104. Dining room.**

(a) A dining room area shall be equipped with tables and chairs and able to accommodate the ~~maximum~~ number of residents scheduled for meals at any one seating time.

(c) Condiments shall be available in the dining area. at the dining table.

(d) Special provisions shall be made and adaptive equipment shall be provided, when necessary, to assist residents in eating at the table in order to meet the needs of the residents.

### **§ 2600.105. Laundry.**

(a) Laundry service for bed linens, towels and personal clothing shall be provided by the home, at no additional charge, to residents who are recipients of or eligible applicants for Supplemental Security Income (SSI) benefits. This service shall also be made available to all residents who are unable to perform these tasks independently according to the resident contract. Laundry service does not include dry cleaning.

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

### **§ 2600.107. Internal and external disasters.**

(a) The home shall have written emergency procedures that are shall be developed and approved by qualified fire, safety and local emergency management offices.

(b) The written emergency procedures shall be reviewed and updated annually by the administrator, and approved by qualified fire, safety and local emergency management offices.

- (c) Disaster plans shall include at a minimum:
- (1) Contact names.
  - (2) Contact phone numbers of emergency management agencies and local resources for the housing and emergency care of residents affected.
  - (3) Alternate means of supply of utilities shall be identified and secured. Excessive cost for small providers if they need to purchase a generator.
  - (4) The home shall maintain at least a 3-day supply of nonperishable food and drinking water or plan for obtaining a supply of drinking water for all residents and personnel. *(drinking water may be a problem to store 3-day supply) We need some reasonableness here. 1 gallon per resident per day is the standard.*
  - (5) The home shall maintain at least a 3-day supply of all resident medications or have identified an alternate plan for obtaining meds. (e.g., delivery systems are sometimes weekly only)

## FIRE SAFETY

(b) Doors used for egress routes from rooms and from the building may not be equipped with key-locking devices, electronic card operated systems or other devices which prevent immediate egress of residents from the building. § 2600.122. Exits.

Unless otherwise regulated by the Department of Labor and Industry for new construction and significant renovation after (Editor's Note: The blank refers to the effective date of adoption of this proposal.) all buildings shall have at least two independent and accessible exits from every floor, each arranged to reduce the possibility that both will be blocked in an emergency situation..

### § 2600.123. Emergency evacuation.

(a) In homes housing five or more immobile residents, the fire alarm system shall be directly connected to the local fire department or 24-hour monitoring service that has been approved by the local fire department where upon new construction and significant renovation after (Editor's Note: The blank refers to the effective date of adoption of this proposal.) (b) Evacuation routes shall be well lighted and clear of obstructions at all times.

### § 2600.130. Smoke detectors and fire alarms.

(d) If the home serves four or more residents or if the home has three or more stories including the basement and attic, there shall be at least one smoke detector on each floor interconnected and audible throughout the home or an automatic fire alarm system that is audible throughout the home.

(e) Upon new construction and significant renovation after (Editor's Note: The blank refers to the effective date of adoption of this proposal) 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.

(f) All smoke detectors and fire alarms shall be tested for operability at least once annually ~~monthly~~. A written record of the ~~monthly~~ annual testing shall be kept. *Residents will be up in arms about the noise when testing smoke detectors on a monthly basis. Many large homes have a large number of smoke alarms and this could be very time consuming as well as disruptive to the home's harmony. We also understand that wired smoke detectors may require an electrician to test. This could be very costly on a monthly basis.*

(i) Upon new construction and significant renovation after (Editor's Note: The blank refers to the effective date of adoption of this proposal.) in homes housing five or more immobile residents, the fire alarm system shall be directly connected to the local fire department or 24-hour monitoring service approved by the local fire department.

### **§ 2600.132. Fire drills.**

(d) Residents shall 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 1/2 minutes or within the period of time specified in writing within the past year by a fire safety expert. The fire safety expert may not be an employee of the home. *We continue to have concerns about the 2 1/2 minute requirement even with the alternative to get a fire safety expert to sign off on something higher. Due to liability reasons, we are not sure fire safety experts would agree to sign off on a more reasonable evacuation time. The risk factor for falls and fractures in evacuating frail and physically disabled residents in a very short amount of time is our concern.*

## **RESIDENT HEALTH**

### **§ 2600.141. Resident health exam and medical care.**

(a) A resident shall have a health examination that is documented on standardized forms provided or approved by the Department within 60 days prior to admission or within 30 days after admission. The resident health examination shall be completed annually thereafter. The exam shall include the following:

#### **§ 2600.143. Emergency medical plan.**

(1) The resident's name, age and birth date. *Birth date should be sufficient so that age does not need to be changed every year.*

(11) Personal information and related instructions from the resident regarding advanced directives, do not resuscitate orders or organ donation if the resident has executed the documents. *We would like clarification on this. Our concern is that residents and families will be expecting the home to honor advance directives. Will DPW permit homes to honor them or will current policy continue?*

## NUTRITION

### § 2600.161. Nutritional adequacy.

(c) Daily nutrition ~~Each meal~~ shall contain at least one item from the dairy, protein, fruits and vegetables, and grain food groups, unless otherwise prescribed in writing by a licensed physician or certified nurse practitioner for a specific resident.

(g) Drinking water shall be available to the residents at all times. Other beverages shall be available ~~and offered~~ to the resident each day and the residents shall be informed where they can obtain these beverages. at least every 2 hours. *The outcome here is to have water and beverages available to the resident with some assurance that the resident is aware they are available. Leave it to the home to determine how this will be accomplished. Many homes now have water, juice, soda and other beverages available throughout the day in the community areas. This can be accomplished without the need for additional staff to make rounds every two hours to offer them.*

### § 2600.162. Meal preparation.

(c) There may not be more than 14-16 hours between the evening meal and the first meal of the next day, unless a resident's physician has prescribed otherwise, and there may not be more than 4-6 hours between breakfast and lunch, and between lunch and supper.

(f) Meals may shall include a variety of hot and cold food to meet the preferences of the residents. *Depending on the season, the home with resident input may choose not to offer both hot and cold at some meals.*

### § 2600.163. Personal hygiene for food service workers.

(d) Staff, volunteers or residents who have a discharging or infected wound, sore, lesion on hands, arms ~~on or~~ any exposed portion of their body may not work in the kitchen areas in any capacity.

### § 2600.164. Withholding or forcing of food prohibited.

(c) If a resident refuses to accept any nutrition by mouth ~~eat~~ consecutively during a 24-hour period, the resident's primary care physician and the resident's designee or a family member shall be immediately notified.

### 2600.171. Transportation.

(1) ~~Staff to resident ratios specified in § 2600.56 (relating to staffing) apply.~~ Staffing should be based on needs of the residents.

- (5) At least one staff member transporting residents has completed the initial new hire direct care staff training or been grandfathered in.

## MEDICATIONS

### § 2600.181. Self-administration.

- (e) A resident is capable of self-administering medications 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 medication in the resident's own mouth and swallowing completely, applying topical medications and not disturbing the application site, properly placing drops in eyes, correctly inhaling inhalants and properly snorting nasal therapies. We recommend that this be defined as being the physician's determination as to whether the resident is capable of self-administering medications.
- (f) The appropriate state agency shall develop a medication assistive personnel (MAP) training program that will permit trained staff to assist with administration of medications. (Rationale: With the severe nursing shortage and high cost of care to consumers when you are required to provide professionally licensed services, it makes good sense to train unlicensed staff to assist where needed. This should be a "Train the trainer" model).
- (g) Medication assistive personnel (MAP) may administer medications after successfully completing a state approved and appropriate training course that includes a written and performance-based competency examination. To qualify for training as a MAP, the individual must be a high school graduate and have English language proficiency.

### § 2600.182. Storage and disposal of medications and medical supplies.

- (a) Prescription, OTC and CAMs shall be kept in their original labeled containers and may not be removed more than 2 hours in advance of the scheduled administration. Assistance with injections and sterile liquids shall be provided immediately upon removal of the medication from its container. Many homes do not have the room to store CAMs and CAMs are not always labeled correctly when received by the home.
- (b) Prescription, OTC, CAM and syringes shall be kept in an area or container that is locked.
- (c) Prescription, OTC and CAM stored in a refrigerator shall be kept in a separate locked container. What if refrigerator is in the med room that is locked? Permitted?
- (d) Prescription, OTC and CAM shall be stored separately. Clarify that you mean each resident's meds are stored apart from each other? (e.g., does a divider in med drawer work?)



(f) Prescription, OTC and CAM, discontinued and expired medications, and prescription medications for residents who are no longer served at home shall be destroyed of in a safe manner according to the Department of Environmental Protection and all Federal and State regulations. When a resident permanently leaves the home, the resident the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home. shall be offered their meds upon discharge. ~~medications shall be given to the resident,~~

(h) Prescription, OTC, ~~CAM~~ and syringes shall be stored in accordance with Federal and State regulations.

### **§ 2600.183. Labeling of medications.**

(b) OTC, ~~CAM~~ and ~~sample medications~~ shall be labeled with the original label.

(c) If the OTC and CAM belong to the resident, they shall be identified with the resident's name.

(d) Sample medications shall be identified by the physician with the dosage, time and resident's name. the particular resident's use and accompanied by a physician's order.

*Note: It's not always possible for provider to get this from the physician. Let home determine whether they will store sample meds whether they take them and how many and frequency or in resident contract.*

### **§ 2600.184. Accountability of medication and controlled substances.**

~~(3) Limited access to medication storage areas.~~ Medication storage for controlled substances shall be locked with limited access (i.e., not everyone has a key).

### **§ 2600.185. Use of medications.**

(a) Prescription, OTC, CAM and sample medications shall be clearly marked for whom the medication was prescribed or approved.*repetitive*

(b) If the home helps with self-administration, then the only prescription, OTC and CAM medications that are allowed to be given are those prescribed, approved or ordered by a licensed physician, certified registered nurse practitioner, licensed dentist or physician's assistant within its scope of practice. May be a hardship to get order for OTC and residents get this on their own sometimes without the knowledge of the provider (e.g., nasal spray).

(c) Verbal changes in medication may only be made by the prescriber and shall be documented in writing in the resident's record and the medication record as soon as the home is notified of the change. (make part of training for med assistant)

## § 2600.186. Medication records.

(b) If the home helps the resident with self-administration, a medication record shall be kept to include the medications ordered by those prescribed, approved or ordered by a licensed physician, certified registered nurse practitioner, licensed dentist or physician's assistant within its scope of practice. ~~following for each resident's prescription, OTC and CAM:~~

- (1) The prescribed dosage.
- (2) Possible side effects as provided by pharmacy.
- (3) Contraindicated medications as provided by the pharmacy.
- (4) Specific administration instructions.
- (5) The name of the prescribing physician.
- (6) Drug allergies identified on med eval.

(7) Dosage, date, time and the name of the person who helped with the self-administration of the medication. *This is not self-administration if we are doing all this. Contradicts definition of self-administration.*

(c) The information in subsection (b)(7) shall be recorded at the same time each dosage of medication is self-administered. *This is not self-administration if we are doing all this. Contradicts definition of self-administration.*

(d) If a resident refuses to take a medication, the refusal shall be documented in the resident's record and reported to the physician ~~by the end of the shift.~~ promptly. Subsequent refusals to take a prescribed medication shall be reported as required by the physician. *Faxes acceptable?*

## SAFE MANAGEMENT TECHNIQUES

### § 2600.201. Safe management techniques.

(a) The home shall use positive interventions to modify or eliminate a behavior that endangers residents, staff or others. Positive interventions include improving communications, reinforcing appropriate behavior, redirection, conflict resolution, violence prevention, verbal praise, deescalation techniques and alternatives, techniques or methods to identify and defuse potential emergency situations. *How will DPW measure this? Homes may not understand what their responsibilities are under this requirement. This is a new training piece that may be costly.*

(b) ~~A home shall incorporate a quality improvement program designed to continuously review, assess, and analyze the home's ongoing steps to positively intervene when a resident demonstrates a behavior that endangers residents, staff or others.~~ There shall be documentation of the follow-up action that was taken to prevent future incidences.

**§ 2600.202. Prohibition on the use of seclusion and restraints.**

(2) The use of aversive conditioning, defined as the application of startling, painful or noxious stimuli. What does this mean? Not all providers understand this terminology. Give examples.

**SERVICES**

**§ 2600.222. Community social services.**

The administrator ~~may shall~~ encourage and assist residents to use social services in the community where available and appropriate which may benefit the resident, including a county mental health and mental retardation program, a drug and alcohol program, a senior citizens center, an area agency on aging or a home health care agency.

**§ 2600.223. Description of services. Repetitive (required in resident contract. What is it that you are asking for here? Is this a marketing brochure? )**

(a) The home shall have a written description of services provided or not provided shall be stated in the resident contract. ~~and activities that the home provides to include the following:~~

- ~~—(1) The scope and general description of the services provided by the home.~~
- ~~—(2) The criteria for admission and discharge.~~
- ~~—(3) Specific services provided by the home.~~

**§ 2600.225. Initial assessment and the annual assessment.**

(b) The resident's initial assessment and annual assessment shall include the following areas if appropriate for resident:

- (1) Background information.
- (2) Medical assessment.
- (3) Social assessment.
- (4) Mobility assessment.
- (5) ADL assessment.
- (6) IADL assessment.
- (7) Medication assessment. Define.
- (8) Psychological assessment. Define: Is this a MM or GDS and is it required for everyone?

(d) In addition to the initial assessment at admission, the resident shall have additional assessments as follows:

- (1) Annually within 30 days before or 30 days after the resident's anniversary date of admission.
- (2) If the condition of the resident ~~materially~~ substantially changes prior to the annual assessment, the review shall be completed and updated on the current version.

(3) At the request of the State agency upon cause to believe that an update is required.

(4) At the time of a hospital discharge, if a substantial change has occurred. *(Does this include ER or overnight hospital?)*

(h) If a resident is determined to be immobile as part of the initial intake or annual assessment, specific requirements relating to the care, health and safety of an immobile resident shall be met immediately. The resident shall be ~~continually~~ assessed for mobility annually or upon a substantial change as part of the resident's support plan.

### **§ 2600.226. Development of the support plan.**

(a) A support plan shall be developed and implemented for each resident within 15-calendar days of admission to the home. This plan shall also be revised within 30 days upon completion of the annual assessment or upon changes in the level of functioning of the resident as indicated on the assessment. It shall address all of the needs of the resident's current assessment including the resident's personal care needs.

(b) The resident or the resident's family or advocate, or both, shall be informed of the right to have the following people assist in the development of the resident's support plan: *(may not be able to coordinate this in 15 days)*

(1) Case manager from the social service agency when the resident has a case manager.

(2) Other social service entities *(ambiguous, give examples)*.

(3) The home staff.

(4) Family or advocates.

(5) Doctors.

(6) Other interested persons designated by the resident.

~~—(c) Documentation of reasonable efforts made to involve the resident's family, with the consent of the resident, shall be kept. If the resident's family declines, this fact shall be documented in the record. —Have inspectors look at outcome... too much documentation.~~

~~—(d) Persons who participated in the development of the support plan shall sign and date the support plan. —Can't do this on computer; we're not a nursing home. Administrator or home designee shall signoff on the support pan.~~

~~—(e) If a resident or family member chooses not to sign the support plan, proper documentation of the effort to obtain their signature must be shown.~~

### **§ 2600.228. Notification of termination.**

(b) If the home initiates a discharge or transfer of a resident, or if the legal entity chooses to close the home, the home shall provide a 30-day advance written notice to the resident, the resident's legal representative, and the referral agent citing the reasons for the discharge or transfer. This shall be stipulated in the resident-home contract signed prior to admission to the home. A 30-day advance written notice may not be given if a delay in discharge or transfer would jeopardize the health or safety of the resident or others in the home, ~~as certified by a physician.~~ This shall occur when the

resident needs psychiatric or long-term care or is abused in the home, or the Department initiates a closure of the home. The home should be able to determine this without a physician certification.

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

(3) If a resident's functional level has ~~advanced~~ or declined so that the resident's needs cannot be met in the facility even with supplemental services provided by outside providers as outlined in the resident's contract. In this situation, a plan for other placement shall be made as soon as possible by the administrator in conjunction with the resident or designated person, if any, or both. If assistance with relocation is needed, the administrator shall contact appropriate local agencies, such as the area agency on aging, county mental health/mental retardation program or drug and alcohol program, for assistance. The administrator shall also contact the appropriate personal care home regional field licensing office.

(5) If the resident has failed to pay or cooperate with efforts to obtain public funding within 30 days, if home accepts residents with public funding.

(6) If closure of the home is initiated by the Department.

(7) Violation of home rules.

(8) Repeated violation or disruption of the home's harmony.

## SECURED UNIT REQUIREMENTS

### § 2600.231. Doors, locks and alarms.

Doors locked by using an electronic or magnetic system to prevent egress are considered mechanical device restraints and are permitted in licensed homes for specialized secured units so long as the following safety standards are met:

(1) If the building meets current Labor and Industry occupancy certification for a small or large personal care home, the secured unit shall be located at grade level of home with an outside enclosed area such as a porch or patio located on same grade level adjacent to the secured unit. We suggest grandfathering here for current providers.

(4) Doors that open to the outdoor enclosed areas may not be operated by an electronic or magnetic locking system, or similar device.

(5) Residents shall have free and easy access to the enclosed areas year round, except after dusk and during inclement weather (what do you mean by inclement weather – excessive heat/cold, humidity, rain, national weather service – needs further clarification).

(9) Fire alarm systems shall be interconnected to the local fire department, where available, or a 24-hour monitoring/security service approved by the local fire department. Cost for small providers is a concern.

(10) The home shall provide for even illumination and appropriate levels of light to maximize vision. How will DPW determine or measure it? Look at the desired outcome here.

(11) The home shall take proactive safety measures to minimize hazards and risk of falls. ~~through the provision of sturdy furniture, ramps and removal of clutter.~~ How will DPW determine or measure it? Look at the desired outcome here.

### **§ 2600.232. Environmental standards.**

Environmental standards include the following:

(1) The home shall provide adequate (define) exercise space, both indoor and outdoor.

(2) The home shall ensure that no more than two residents are housed in a bedroom regardless of its size to help the resident live as comfortably as possible in a secured unit.

(3) Space shall be provided for privacy and for common activities.

(4) The home shall provide a full description of the environmental cues and way-finding (define) assistance to be utilized for the resident population.

### **§ 2600.233. Admission standards.**

Admission standards include the following:

(2) A licensed physician, or a geriatric assessment team ?? Define team shall complete these assessments for the resident requiring the secured unit.

(3) A complete medical and cognitive assessment is not required for the spouse or relative of the resident requiring the secured unit, if the spouse or relative does not have a diagnosis requiring the secured unit but expresses a desire to live with the resident.

(4) Each resident record shall have documentation that the resident or the resident's legal representative has consented to the resident's admission or transfer to the secured unit.

(5) The home shall maintain a written agreement containing a full disclosure of services as outlined in the resident contract, admission and discharge criteria, change in condition policies, services, special programming and cost and fees pertaining to the resident.

### **§ 2600.234. Care standards.**

Care standards include the following:

(2) Within 15 days ~~72 hours~~ of the admission ~~or within 72 hours prior to the resident's admission~~ to the secured unit, a support plan shall be developed, implemented and documented in the resident record and shall identify the resident's physical, medical, social, cognitive and safety needs, who will address these needs and the responsible person. (be consistent with other requirement for support plans)

(4) The resident or the resident's legal representative, or both, shall be involved in the development and review of the support plan if interested.

#### **§ 2600.235. Discharge standards.**

Discharge standards which shall provide that if the home initiates a discharge or transfer of a resident, or the legal entity chooses to close the home, the administrator shall give a 60-day advance written notice to the resident, unless the resident meets the discharge criteria outlined (2600.228), the resident's legal representative and the referral agent citing the reasons for the discharge or transfer. This requirement shall be stipulated in the resident-home contract signed prior to admission to the secured unit.

#### **§ 2600.236. Administrator training.**

Administrator training includes the following:

(1) In addition to the training requirements found in § 2600.57 (relating to administrator training and orientation), the administrator of the home with a secured unit shall complete orientation related to dementia, secured unit management and staff training.

(2) Ongoing education shall be competency-tested training including the following content areas specific to the stage of dementia and addressing issues particular to the resident:

- (i) Psychosocial issues.
- (ii) Specific cultural issues.
- (iii) Psychological changes.
- (iv) Functional consequences of other age-related diseases.
- (v) Interpersonal skills in communications and team building.
- (vi) Care-giving strategies.
- (vii) Sexuality issues.
- (viii) Nutrition issues.
- (ix) Communication issues with residents and family and therapeutic activities, techniques and strategies.
- (x) Medication use, effects and side effects.
- (xi) Abuse prevention and resident rights consistent with the Older Adult Protective Services Act (35 P. S. §§ 10225.101--10225.5102).

The above requirements needs a thorough review as to the length, cost, who will train, standardized course, etc.

#### **§ 2600.237. Staff training on dementia.**

In addition to the training requirements in § 2600.58 (relating to staff training and orientation), all staff of a secured unit shall receive and successfully pass competency-based training related to dementia, to include the following:

(1) The normal aging-cognitive, psychological and functional abilities of older persons.

- (2) The definition and diagnosis of dementia, description of reversible and irreversible causes, and an explanation of differences between dementia, delirium and depression.
  - (3) The definition of dementia and related disorders, progression, stages and individual variability.
  - (4) Communication techniques.
  - (5) The description of behavioral symptoms of dementia and how to manage resident behaviors.
  - (6) The role of personality, culture and environmental factors in behavioral symptoms and dementia care.
  - (7) The home's philosophy of dementia care, including mission statement, goals, policies and procedures.
  - (8) Working with family members.
  - (9) Resources for residents with dementia and their families.
  - (10) Team building and stress reduction for the staff.
  - (11) The Older Adult Protective Services Act (35 P. S. §§ 10225.701--10225.707).
- The above requirements needs a thorough review as to the length, cost, who will train, standardized course, etc.

#### **§ 2600.239. Programming standards.**

Programming standards include the following:

- (1) Activity programming in the secured unit, which shall maximize independence while focusing on strengths and abilities. *How do they measure this?*
- (2) General activity programming, which shall be offered with a frequency that meets the individual needs of the resident.
- (3) Resident participation in general activity programming, which shall:
  - (i) Have a purpose that the resident can appreciate and endorses.
  - (ii) Be done voluntarily.
  - (iii) Respect the resident's age and ~~social status~~ *and cognitive limitations.*
  - (iv) Should promote the ~~Take advantage of the~~ resident's retained abilities.

#### **§ 2600.240. Notification to Department.**

Notification to the Department is required as follows:

- (3) The following documents shall be included in the written notification:
  - (i) The name, address and legal entity of the home.
  - (ii) The name of the administrator of the home.
  - (iii) The total resident population of the home.
  - (iv) The total resident population of the secured unit.
  - (v) A building description and general information.
  - (vi) A unit description. *(can this be a floor plan?)*
  - (vii) The type of locking system.



- (viii) Emergency egress.
- (ix) A sample of a 2-week staffing schedule.
- (x) Verification of completion of additional training requirements.
- (xi) The operational description of the secured unit locking system of all doors.

(xix) A sample consent form from the resident, or the resident's legal representative agreeing to the resident's placement in the secured unit. which can be included in the resident contract.

(xx) A sample of the written agreement containing full disclosure of services, admission and discharge criteria, change in condition policies, services, special programming and cost and fees.

(xxi) A description of environmental cues being utilized.

(xxii) A general floor plan of the entire home.

(xxiii) A specific floor plan of the secured unit, outside enclosed area and exercise space. repetitive

## RESIDENT RECORDS

### § 2600.251. Resident records.

- (a) A separate record shall be kept for each resident.
- (b) The entries in a resident's record shall be permanent legible, dated and signed by the person making the entry. Does this imply that progress notes are being required?

### § 2600.252. Content of records.

- (b) Each resident's record shall include emergency information such as:
  - (1) The name, address, telephone number and relationship of a designated person to be contacted in case of an emergency.
  - (2) The name, address and telephone number of the resident's physician or source of health care and health insurance information, if any.
  - (3) The current and previous 2 years' med evals from physician's examination reports, including copies of the medical evaluation forms, where applicable.
- (11) If the resident dies in the home, a record of the death of the resident. A photocopy of the official death certificate shall be retained in the resident's file.

### § 2600.253. Record retention and disposal.

- (3) The home shall maintain a log of resident records destroyed on or after \_\_\_\_\_. (*Editor's Note: The blank refers to the effective date of adoption of the proposal.*) This log shall include the resident's name, record number (not all homes use record numbers – say “where applicable”), birth date, admission date and discharge date.

**§ 2600.254. Record access and security.**

(b) Each home shall have and utilize a policy and procedures addressing record accessibility, security, storage, authorized use and release, and who is responsible for the records. For all newly required policies and procedures we would like to see DPW together with stakeholder groups through the PCH Advisory Committee develop sample policies and procedures.

(c) Resident identifying information shall be stored in locked containers or a secured, enclosed area used solely for record storage and be accessible at all times during business hours to the administrator or a designee.

**ENFORCEMENT**

**§ 2600.261. Classification of violations.**

(a) The Department will classify each violation of this chapter pertaining to homes into one of three categories as described in paragraphs (1)--(3). A violation identified may be classified as Class I, Class II or Class III, depending upon the severity, duration and the adverse effect on the health and safety of residents.

(1) *Class I.* Class I violations have a substantial probability of resulting in death or serious mental or physical harm to a resident.

(2) *Class II.* Class II violations have a substantial adverse effect upon the health, safety or well being of a resident.

(3) *Class III.* Class III violations are minor violations, which have an adverse effect upon the health, safety or well being of a resident.

(b) The Department's criteria for determining the classification of violations are available from the appropriate personal care home regional field licensing office.

Where are paper violations/errors classed?

**§ 2600.262. Penalties.**

(j) If the home wishes to contest the amount of the penalty or the fact of the violation, the home shall forward the assessed penalty, not to exceed \$500, to the Secretary of Public Welfare (Secretary) for placement in an escrow account with the State Treasurer. A letter stating the wish to appeal the citation or penalty shall be submitted with the assessed penalty. This process constitutes an appeal.

(1) If, through an administrative hearing or judicial review of the proposed penalty, it is determined that no violation occurred or that the amount of the penalty shall be reduced, the Secretary will, within 30 days, remit the appropriate amount to the licensee together with interest accumulated on these funds in the escrow deposit, and the department will expunge all records regarding this on paper and on the I-net if reported there.

(5) Money collected by the Department under this section will be placed in a special restricted receipt account and will be used first to defray the expenses incurred by residents relocated under this chapter or Chapter 20. The Department each year will use money remaining in this account to assist with paying for enforcement of this chapter relating to licensing. Fines collected will not be subject to 42 Pa.C.S. § 3733 (relating to deposits into account). Conflict of interest? Concern that self-funding equals quotas. We would suggest that the fees collected go to fund an "Office of Technical Assistance" for quality improvement in poor-performing homes.

### **§ 2600.263. Revocation or nonrenewal of licenses.**

(c) Upon the revocation of a license in the instances described in subsections (a) and (b), or if the personal care home continues to operate without applying for a license as described in § 2600.262(h) (relating to penalties), residents shall be relocated. Immediately? Within what time frame?

Original: 2294

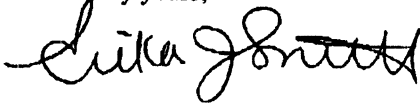
Dear Telecta Nevius,

I am writing to you as a personal care home owner. I am the administrator and also a registered nurse. I take great pride in caring for my residents and do my best to ensure they get the best care possible. I also work on an as needed basis at a nursing home. The regulations you have proposed are tougher than those imposed on nursing homes. The residents I care for don't even come close to needing the kind of care that the residents in the nursing home require. I have had good inspections and don't feel that I should be punished for those who don't. The current regulations are sufficient if they are enforced.

The new regulations would force me to close. I have a tight budget as it is because I run my home on SSI rates. I work here a lot as it is to keep things running smoothly. The increased cost in liability insurance has caused me to tighten up even more. I will not be able to afford to implement the new regulations. My residents have become part of my family. I know that these residents do not have family to care for them and would have no place to go. They are not eligible for nursing home, nor do they belong there. Most have mental illness and would not function well in larger populated personal care homes. They would not get the personal attention they receive here. We are able to see when there mental status is decreasing and are able to communicate this to the doctor before things get too bad. You and I both know this would not happen in a larger facility.

I don't know what the outcome will be, but I hope it is for what benefits the residents most and I don't feel the new regulations do.

Sincerely yours,



NOV 05 2002 11:12 AM  
ROYAL OAK MANOR  
COMMUNICATIONS DEPARTMENT

# K

Original: <sup>2294</sup> Frances Kovalchick  
P.O. Box 231  
Elderton, PA 15736

Nov 5-02

Independent Regulatory Review  
Commission  
337 Market St.  
14th Floor

Harrisburg, PA 17101

Dear Sirs: Re: Personal Care Homes

My 92 yr. old mother is in a personal care home which she loves and <sup>is</sup> very content. To put in these new regulations will disrupt & put these homes out of business and where will my mother go?

I am 70 yrs old and not able to care for her & she is not able to live alone. I have cancer & lucky to care for myself.

These homes don't need to be run like nursing homes. These people in these homes don't need all that care as they are able to help themselves somewhat.

Please, please keep the personal care homes as is. There aren't enough nurses in hospitals. Where are they going to get nurses for these places? Please listen to us poor families and stop over-regulation. We need help too!

My mother is at

Grey's in Kellanning a wonderful place.

Sincerely, Frances Kovalchick