

(3) A serious physical bodily injury, trauma, or medication error requiring treatment at a hospital or medical facility. This does not include minor injuries such as sprains or minor cuts.

(4) A violation of a resident's rights as set forth in §§2600.31-2600.33.

(5) Any unexplained absence of a resident for 24 hours or more, or where the support plan so provides, a period of less than 24 hours.

(6) Misuse of a resident's funds by the personal care home staff or legal entity.

(7) An outbreak of a serious communicable disease as defined in 28 P.S. Code §27.2 (relating to reportable diseases).

(8) Food poisoning of residents.

(9) Any physical assault by or against a resident.

(10) Fire or structural damage to the home.

(11) An incident requiring the services of an emergency management agency, fire department, or law enforcement agency.

2600.16 Reportable incidents

(b) The regulations provide the appropriate procedures regarding reportable incidents. If the home follows what is stated in the regulations why is a written policy and procedure needed?

(12) A condition that results in an unscheduled closure of the home or the relocation of the residents for more than one day of operation.

(13) A complaint of resident abuse, suspected abuse, referral of a complaint of resident abuse to a local authority for an investigation or the results of any investigation conducted by the home of possible resident abuse.

(14) Any disasters under §2600.107 (relating to internal and external disasters).

(15) A situation in which there are no staff to supervise the home.

(16) Bankruptcy filed by the home or its legal entity.

(17) Criminal convictions against the legal entity, administrator, or staff that are subsequent to the reporting on the criminal history checks under §2600.51 (relating to resident abuse and criminal history checks).

(18) A termination notice from a utility.

(b) The home shall develop and implement written policies and procedures on the prevention, reporting, notification, investigation, and management of reportable incidents.

(c) The home shall immediately report the incident to the personal care home regional field licensing office or their designee in a manner designated by the Department. Abuse reporting shall also follow the guidelines outlined in §2600.15 (relating to abuse reporting covered by statute).

(d) A preliminary written notification of incidents, on a form prescribed by the Department, shall be sent to the personal care home regional field licensing office within 5 days of the occurrence. Abuse reporting shall also follow the requirements in §2600.15 (relating to abuse reporting covered by statute).

(e) The home shall submit a final report, on a form prescribed by the Department, to the regional field licensing office immediately following the conclusion of the investigation.

(f) The home shall keep a copy of the incident report on file as required by §2600.243 (b) (relating to record retention and disposal).

§2600.17. Confidentiality of records.

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

§2600.18. Applicable health and safety laws.

2600.16 Reportable incidents

(c) The administrator, not the home, will be responsible for immediately reporting an incident.

(f) There is a reference to 2600.243 (b); however, this does not exist in this document.

This regulation generates excessive paperwork in that it requires (c) immediate report, (d) preliminary report, and (e) a final report for each incident.

Our suggestion: to use the exact verbiage from 2620.63 (a) and (b). An immediate telephone call to notify the Dept. followed by a final report within 5 days from the administrator or his designee. The other 2 reports simply take away from resident care.

There are also some issues created by (f), in that incident reports are NEVER kept on a resident's chart. A narrative note is made on the chart. This is not a good protocol and is not one which would be found in hospitals or nursing homes.

2600.17 Confidentiality of records

The resident records should not be limited to the resident, their family, a designee, long-term care ombudsman, and the Department or in the event of an emergency. The resident records should also be available for home health personnel and doctors.

A home shall comply with applicable Federal, State, and local statutes, ordinances, and regulations, especially those statutes or regulations pertaining to fire and panic, public health, civil rights, and protective services.

§2600.19. Waivers.

(a) A licensed home may submit a written request for a waiver of a specific requirement contained in this chapter. The waiver request shall be on a form prescribed by the Department. The Department may grant a waiver of a specific section of this chapter if the following conditions are met:

- (1) There is no jeopardy to the residents of the home.
 - (2) There is an alternative for providing an equivalent level of health, safety, and well-being protection of the residents of the home.
 - (3) Residents will benefit from the waiver of the requirement.
- (b) The scope, definitions, applicability, or residents' rights under this chapter shall not be waived.
- (c) Thirty days prior to the submission of the completed written waiver request to the Department, the home shall provide a copy of the completed written waiver request to the

2600.18 Applicable health and safety laws
Which laws are considered especially?

residents of the home to allow the residents the opportunity to submit comments to the Department. The home shall also provide the residents with the name, address, and phone number of the personal care home field licensing field office to submit their comments. The home shall interview affected residents as appropriate.

(d) A home seeking a waiver shall submit a written request for a waiver to the appropriate personal care home licensing field office. A waiver granted by the Department shall be in writing, shall be part of the home's permanent record and shall be maintained on file in the home's records.

(e) The home shall notify the residents of the approval or denial of the waiver request. A copy of the waiver request shall be posted in a conspicuous public place within the home.

(f) Waivers are subject to a periodic review by the Department to determine whether acceptable conditions exist for renewal of the waiver. The Department reserves the right to revoke the waiver if the conditions required by the waiver are not met.

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

§2600.20. Resident funds.

(g) Is a structural waiver within the realm of DPW? We believe that it is an issue for L&I. According to IRC's Appendix B Regulatory Review Act Criteria 3.1. "Possible conflict with or duplication of statutes or existing regulations: "...we ask that this be studied. Does it belong to DPW or L&I?"

Perhaps the more important issue to be discussed revolves around existing homes/buildings. In this set of proposed regulations there is a grandfather in "of staff, but there is not any verbage for the "grandfather in" of currently licensed buildings. Throughout the Commonwealth there are homes which have been licensed for many years, that will not be able to structurally comply with the mandated requirements of Chapter 2600. Some changes may not be economically feasible, and other changes may not be structurally possible due to a variety of factors such as zoning, etc. EXISTING PCH MUST HAVE THEIR BUILDINGS GRANDFATHERED-IN. STRUCTURAL WAIVERS MUST BE CONSIDERED AND THEY SHOULD BE UNCONDITIONAL.

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

We ask that this point be taken into consideration as it is an essential point to preserve the small, independent homes. Perhaps a study should be done to evaluate the number of legitimately licensed homes across the state that will be forced to close, as well as the number of residents to be relocated. The study should also include the status of the homes mortgages and any other monies lost secondary to home closure due to no waivers.

2600.20 Resident funds

(a) If the home assumes the responsibility of maintaining a resident's financial resources, the following records shall be maintained for each resident:

- (1) A separate record of financial resources, including the dates, amounts of deposits, amounts of withdrawals, and the current balance.
 - (2) Deposits and expenditures shall be documented with written receipts. Disbursement of funds to the resident shall be documented and the resident shall acknowledge the receipt of funds in writing. Accounts shall clearly reflect deposits, receipt of funds, disbursement of funds, and the current balance.
 - (3) A record of gifts or any other funds received by or deposited with the home on behalf of the resident.
- (b) If the home assumes the responsibility of maintaining a resident's financial resources, the following requirements shall be met:
- (1) There shall be documentation of counseling sessions, concerning the use of funds and property, if requested by the resident.
 - (2) The home shall not prohibit the resident's right to manage his own finances.
 - (3) Resident funds and property shall only be used for the resident's benefit.

(3) A record of gifts is a separate issue and the meaning of the word gifts could greatly vary.

(b) (1) Counseling sessions regarding resident funds is not appropriate because of the expertise needed for financial counseling.

2600.20 Resident funds

The current regulations 2620.35 should be kept because it is more clear and specific. Why are we adding issues that are separate from resident's funds.

2600.20 Resident funds

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

(5) The home shall obtain a written receipt from the resident for cash disbursements.

(6) There may be no commingling of the resident's personal needs allowance with the home's or staff person's funds or the home's operating accounts.

(7) If a home is holding funds in excess of \$200 for more than 2 consecutive months, the administrator shall notify the resident and offer assistance in establishing an interest-bearing account in the resident's name at a local federally-insured financial institution. This does not include security deposits.

(8) The owners of the home, its administrators, and employees are prohibited from being assigned power of attorney or guardianship of a resident.

(9) The home shall give the resident an annual written account of financial transactions made on the resident's behalf. The home shall provide the resident the opportunity to review his own financial record upon request during normal working hours. A copy shall be placed in the resident's record.

(4) It may not be possible to access funds within 24 hours due to banking holidays, week-ends, and business hours. It is reasonable if the request is made during normal business days/hours and without holiday disruptions.

If multiple residents request \$10.00 within the same time frame a home may be responsible for having hundreds of dollars in cash. It is not acceptable to require that this service be offered on a daily basis. Holidays and week-ends should be excluded because of banking accessibility.

(9) The residents financial records and/or banking statements should not be part of the resident record for all staff to access. The resident should have the right to confidential financial information.

2600.20 Resident funds

(10) Upon the death of a resident, the administrator shall surrender to the resident's estate funds and valuables of that resident, which were entrusted to the administrator or left in the home. In addition, an itemized written account of the resident's funds and valuables, which were entrusted to the administrator, shall be surrendered, and a signed receipt shall be obtained and retained by the administrator.

(11) Within 30 days of either the termination of service by the home or the resident's decision to leave the home, the resident shall receive an itemized written account of funds, including notification of funds still owed the home by the resident or a refund owed the resident by the home.

(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.

§2600.21. Off-site services.

If services or activities are provided by the home at a location other than the premises, the home shall ensure that the residents' support plans are followed and that the health and safety needs are met for all of the residents.

§2600.22. Legal entity.

The legal entity shall operate the home in accordance with the requirements of this chapter.

(12) If a resident is transferred the home should not immediately return the resident's funds. The resident may be transferred to the emergency room -- should the home give the resident their funds immediately? If the transfer is permanent then the resident is discharged and funds should be returned to the resident. If the resident is transferred to another facility for rehabilitation and the facility is holding the bed the facility should not be responsible to return the funds immediately. Returning the residents funds immediately is not always feasible because of banking hours and accounting purposes. It is more acceptable that the funds are returned within 30 days.

§2600.23. Personnel Management.

The home shall:

(1) Establish a work schedule and maintain copies for a year or until all litigation or audits are resolved, whichever is later.

(2) Establish and maintain written job descriptions for all positions that include:

(i) Job title.

(ii) Tasks, responsibilities, and essential functions of the job.

(iii) Qualifications.

(3) Provide each staff member with a copy of his job description at the time of hire and whenever the job description is changed. This shall be documented.

§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, including, but not limited to, one or more of the following:

2600.23 Personnel Management
This entire section should be deleted because Labor Laws require this information. Why are you regulating something that is already regulated ?

The term "tasks of daily living" is from our current Chapter 2620.33. However, in Chapter 2600 the name has been changed to IADL, which is medical terminology.
For the sake of clarity, the term should be consistent throughout this document. Since this chapter changed the name, this should be more appropriately labeled IADL (Instrumental Activities of Daily Living).

(1) Securing transportation.

(2) Shopping.

(3) Making and keeping appointments.

(4) Care of personal possessions.

(5) Use of the telephone.

(6) Correspondence.

(7) Personal laundry.

(8) Social and leisure activities.

(9) Securing health care.

(10) Ambulation.

(11) Use of prosthetic devices.

(12) Eating.

§1600.25. Personal hygiene.

A home shall provide residents with assistance with personal hygiene as indicated in their support plan and assessment, including, but not limited to, one or more of the following:

- (1) Bathing.
- (2) Oral hygiene.
- (3) Hair grooming and shampooing.
- (4) Dressing and care of clothes.
- (5) Shaving.

§1600.26. Resident-home contract: Information on resident rights.

- (a) Prior to, or within 24 hours after admission, a written admission contract between the resident and the home shall be in place. The administrator or his designee is responsible for completing this contract and shall review and explain its contents to the resident and the resident's designee, if any, prior to signature. The contract shall be signed by the administrator or his designee, and the resident and the payer, if different from the resident,

and cosigned by the resident's designee, if any, if the resident agrees. At a minimum, the contract shall specify the following:

- (1) Each resident shall retain, at a minimum, the current personal needs allowance as the resident's own funds for personal expenditure. A contract to the contrary is not valid.
- (2) The actual amount of allowable resident charges for each service or item. The actual amount of the periodic - for example, monthly - charge for food, shelter, services and additional charges, and how, when and by whom payment is to be made.
- (3) An explanation of the annual screening, medical evaluation, and support plan requirements and procedures, which shall be followed if either the screening or the medical evaluation indicates the need of another and more appropriate level of care.
- (4) The party responsible for payment.
- (5) The method for payment of charges for long distance telephone calls.
- (6) The conditions under which refunds will be made, including the refund of admission fees and refunds upon a resident's death.
- (7) The financial arrangements if assistance with financial management is to be provided.

2600.26 Resident-home contract: information on resident rights.

(a) (2) Please delete the word *item*. Many facilities have bundled services and every item is not listed because the item is not a separate charge from the rate.

(a) (6) Refunds for admission fees and upon death should be the decision of the home and stated at the time the contract is agreed.

(8) The home's rules and requirements related to home services, including whether the home is designated as a smoking or non-smoking home.

(9) The conditions under which the agreement may be terminated including home closure as specified in §2600.228 (relating to notification of termination).

(10) A statement that the resident is entitled to at least 30 days' advance notice, in writing, of the home's intent to change the contract.

(11) A list of personal care services and their costs to be provided to the resident based on the outcome of the resident's support plan.

(12) Any additional services and their costs that shall be billed to the resident for the cost of services or items not included in the cost of care.

(13) Written information on the resident's rights and grievance procedures as specified in §2600.31 (relating to notification of rights and complaint procedures).

(14) Changes to the resident for holding a bed during hospitalization or other extended absence from the home shall be specified.

(15) A personal care home shall not seek or accept payments from a resident in excess of one-half of any funds received by the resident under the Senior Citizens Rebate and

2600.26 Resident-home contract: information on resident rights.

(8) What is meant by *home services*?

(10) The home may not have 30 days to notify the resident of a change in the contract if the resident's needs change.

(11) Please delete *and their cost* because the list of personal care services is bundled with one cost attached. The services and cost that are not part of the bundle should be listed.

Assistance Act (72 P.S. §§ 4751-1—4751-12). If the PCH will be assisting the resident to manage a portion of the rent rebate, the requirements of §2600.21 (relating to resident funds) shall apply. There shall be no charge for filling out this paperwork.

(16) The resident, or his designee, shall have 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.

(b) The home shall not require or permit a resident to assign assets to the home in return for a life care contract/guarantee. Continuing care communities that have obtained a Certificate of Authority from the Insurance Department are required to provide a copy of the Certificate to the Department and will then be exempt from this requirement.

(c) A copy of the signed admission contract shall be given to the resident and a copy shall be filed in the resident's record.

(d) All service needs addressed in the resident's support plan shall be available to the resident 365 days a year.

§2600.27. Quality management.

(a) The homes shall establish and implement quality assessment and management plans.

2600.26 Resident-home contract: information on resident rights.

(16) The right to rescind the contract may put the home in a landlord-tenant situation and those laws would be applicable. This is not appropriate for personal care homes.

(c) Please add the word *page*.

(d) Please delete this statement not all services are available 365 days a year such as hair style.

2600.27 Quality management
This work will require a whole department. Please delete the entire section.

While this section may be appropriate for very large "Walmart" type facilities, it is NOT suited for smaller PCH. There has been an underlying feeling that these regulations are an attempt to annihilate the small business. This section is one that supports that theory.
According to the Sept. 2002 DPW statistics, in Westmoreland County there are 84 PCH. Only 17 homes have more than 51 beds and only 5 have more than 101 beds. This profession is dominated by the small homes, for which this section would not be appropriate.

2600.28 SSI Recipients

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

- (1) Incident reports.
 - (2) Complaint procedures.
 - (3) Staff training.
 - (4) Monitoring licensing data and plans of correction, if applicable.
 - (5) Resident or family councils, or both.
 - (c) If the home fails to establish and implement quality assessment and management plans, the Department reserves the right to create the criteria that the home will utilize in establishing those plans.
- §2600.28. SSI recipients.
- (a) For a resident eligible for Supplemental Security Income (SSI) benefits, the home charges for actual rent and other services may not exceed the SSI recipient's actual current monthly income reduced by the current personal needs allowance.

(b) The administrator shall not include funds received as lump sum awards, gifts or inheritances, gains from the sale of property, or retroactive government benefits when calculating payment of rent for a SSI recipient or for a resident eligible for SSI benefits.

(c) An administrator may seek and accept payments from funds received as retroactive awards of SSI benefits, but only to the extent that the retroactive awards cover periods of time during which the resident actually resided in the PCH and for which full payment has not been received.

(d) An administrator shall provide each resident who is a recipient of SSI, at no charge beyond the amount determined in subsection (a), the following items or services as needed:

(1) Necessary personal hygiene items, such as a comb, toothbrush, toothpaste, soap and shampoo. Cosmetic items are not included.

(2) Laundry services, including personal laundry, but not including dry cleaning or other specialized services.

(3) Personal care services.

(e) Third-party payments made on behalf of an SSI recipient and paid directly to the home are permitted. These payments may not be used for food, clothing or shelter because to do so would reduce SSI payments. See 20 CFR 416.1100 and 416.1102 (relating to income and

SSI eligibility, and what is income). These payments may be used to purchase items or services which are not food, clothing or shelter.

§2600.29. Refunds.

(a) If, after the home gives notice of discharge or transfer in accordance with §2600.26 (relating to requirements for Resident/home contract; information on resident rights), 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 one week of discharge or transfer.

(b) After a resident gives notice of the intent to leave in accordance with §2600.26, 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.

(c) If no notice is required, as set forth in subsection (d), the resident is required to pay only for the nights spent in the home.

(d) If the 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 days of the date

2600.29 Refunds

(a) Refunds should be made according to the billing cycle for accounting purposes. The home may not financially have the ability to refund within one week. The word *transfer* should be deleted because of the inability to track the funds or take the responsibility for the funds.

(d) The home may not have the financial resources to provide refunds within seven days. A 30 day, billing cycle, is more appropriate. Refunds upon death should be at the discretion of the home and stated in the contract.

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 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 home must provide a refund within 7 days from the date of discharge when the room is vacated or within 7 days from notification by the facility.

§2600.30. Fees.

After the Department determines that a home meets the requirements for a license, the Department's issuance or renewal of a license to a home is contingent upon receipt by the Department of an application fee based on the number of beds in the home, as follows:

- (1) 0-20 beds-\$15.
- (2) 21-50 beds-\$20.
- (3) 51-100 beds-\$30.
- (4) 101 beds and over-\$50.

(e) Please add: the need for a higher level of care by physician or beyond the home's ability. The home may not have the financial resources to provide refunds within seven days. A 30 day, billing cycle, is more appropriate.

RESIDENT RIGHTS

§2600.31. Notification of rights and complaint procedures.

- (a) Upon admission each resident and, if applicable, the resident's family and advocate, if any, shall be informed of the resident rights and the right to lodge complaints without retaliation, or the fear or threat of retaliation of the home or its staff against the reporter. Retaliation includes discharge or transfer from the home.
- (b) The information in subsection (a) shall be communicated in an easily understood manner, and in a language understood by or mode of communication of the resident and, if applicable, the resident's family and advocate, if any.
- (c) A copy of the resident's rights and the complaint procedures, shall be posted in a conspicuous place in the home and given to the resident and, if applicable, the resident's family and advocate, if any, upon admission.
- (d) A statement signed by the resident and, if applicable, the resident's family and advocate, if any, acknowledging receipt of a copy of the information specified in subsection (a), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

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

(f) The home shall ensure investigation and resolution of 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.

(g) The home shall render a decision within 14 calendar days upon receipt of the complaint and inform the resident and, if applicable, the resident's family and advocate, if any, of the outcome in writing.

(h) The home must inform the resident and, if applicable, the resident's family and advocate, if any, about the right to file complaints and appeals beyond the home's internal system. Any resident and, if applicable, the resident's family and advocate, if any, may file a complaint with the local Ombudsman in the Area Agency on Aging, or in the case of abuse incidents with the local protective services unit of the Area Agency on Aging, law enforcement, or the appropriate Departmental licensing office. These phone numbers shall be posted in large print in a conspicuous place in the home.

(i) In addition, the resident and, if applicable, the resident's family and advocate, if any, shall be made aware of the telephone number of the Governor's Action Center Toll Free Line, 1-800-

932-0784, the personal care home complaint hotline, 1-800-254-5164, the local long term care ombudsman, and other advocacy agencies to which the resident and, if applicable, the resident's family or advocate, if any, may address complaints when the resident and, if applicable, the resident's family or advocate, if any, feels that complaints have not been properly resolved through the home's complaint procedure. The telephone numbers for the Governor's Action Center Toll Free Line, the personal care home complaint hotline and the local long term care ombudsman shall be posted in large print in a conspicuous place in the home.

(1) The resident has the right to access all public inspection records of the home.

§2600.32. Specific rights.

- (a) A resident shall not be discriminated against because of race, color, religious creed, disability, handicap, ancestry, sexual orientation, national origin, age or sex.
- (b) A resident shall not be neglected, abused, mistreated, or subjected to corporal punishment.
- (c) A resident shall be treated with dignity and respect.
- (d) A resident shall be informed of the rules of the home and given 30 days' written notice prior to the effective date of a new rule of the home.

(e) A resident shall have private access to a telephone in the home. Local calls shall be without charge.

(f) A resident shall have the right to receive and send mail.

(1) Outgoing mail shall not be opened or read by staff persons.

(2) Incoming mail shall not be opened or read by staff persons unless upon resident request.

(g) A resident shall have the assurance that personal care homes shall be open 365 days and shall provide the service needs identified in the resident's support plan.

(h) A resident shall have the right to practice the religion or faith of his choice, or not to practice any religion or faith.

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

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

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

2600.32 Specific rights.

(e) Please add *reasonable private* access to a telephone. The physical makeup may not allow for complete privacy. The home must allow for as much privacy as possible.

(g) Please delete *shall provide the service needs identified by the resident's support plan* and add *basic needs that will preserve the health and welfare of the resident*.

(i) and (j) please clarify *assistance, accessing, and obtaining*

(k) Please delete *family* and change to *designee or POA*

2600.32 Specific rights

(1) Please add *and use consistent with home rules*. Examples would be the use of matches or over the counter drugs (OTC).

(n) The home should not be responsible for providing assistance with relocation. The home should be expected to provide the resources for relocation but not necessarily the actual assistance of relocation such as tours, moving, etc.

This sentence would be acceptable if the three words "from the home," were deleted.

(l) A resident shall have the right to purchase, receive, and use personal property.

(m) A resident shall have the right to leave and return to the home at reasonable times consistent with the home's rules.

(n) A resident shall have the right to request and receive assistance, from the home, in relocating to another facility.

(o) A resident shall be free to associate and communicate with others privately.

(p) A resident shall be free from restraints.

(q) A resident shall be compensated in accordance with State and Federal labor statutes for labor performed on behalf of the home. Residents shall perform personal housekeeping tasks related directly to the resident's personal space but shall not perform tasks in lieu of a staff person who is otherwise required to perform these tasks.

(r) A resident, the resident's family, advocates, if any, community service organizations, and legal representatives shall have access to the home during visitation hours or by appointment. A resident shall have the right to receive visitors for a minimum of 8 hours daily, 7 days per week.

(s) A resident shall have the right to privacy of self and possessions.

2600.32 Specific rights

(i) A resident shall have the right to voice complaints and recommend changes in policies and services of the home without fear of reprisal, intimidation, or retaliation.

(j) A resident shall have a right to remain in the home, as long as it is operating with a license, except in the circumstances of nonpayment following a documented effort to obtain payment, higher level of care needs, or if the resident is a danger to himself or others.

(k) A resident shall have the right to receive services contracted for in his agreement.

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

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

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

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

§2600.33. Prohibition against deprivation of rights.

(u) Please keep in mind that personal care homes are private businesses and does not receive any public funding. Therefore, homes should have the right to manage. Additional reasons for a resident not to remain in the home include:
violating the rights of the other residents
if the contract is violated
if the resident will not comply with the home rules
should the resident be constantly disruptive

(x) This statement should be deleted. The home cannot take the responsibility for the action of others nor is the home always informed by the resident or their family/friends that something has been brought into the home; therefore, the inventory list is not updated.

(z) All medication should have a doctor's order and the prescribed schedule. If this is the normal practice then who is defining excessive medication.

(a) A resident shall not be deprived of his civil rights.

(b) A resident's rights shall not be used as a reward or sanction.

SUBCHAPTER B

STAFFING

§2600.51. Resident abuse and criminal history checks.

Criminal history checks and hiring policies shall be in accordance with 35 P.S. §§10225.101-10225.5102 (relating to Older Adult Protective Services Act) and 6 Pa Code §§15.1-15.131 (relating to protective services for older adults).

§2600.52. Staff hiring, retention and utilization.

Staff hiring retention and utilization shall be in accordance with 35 P.S. §§10225.101-10225.5102 (relating to Older Adult Protective Services Act) and 6 Pa Code §§15.1-15.131 (relating to protective services for older adults) and other applicable regulations.

§2600.53. Staff titles and qualifications for administrators.

(a) The administrator shall have one of the following qualifications:

2600.53 Staff titles and qualifications for administrators

- (1) A valid license as a registered nurse, from this Commonwealth.
 - (2) An associate's degree or 60 credit hours from an accredited college or university.
 - (3) A valid license as a licensed practical nurse, from this Commonwealth and one year of work experience in a related field.
 - (4) A valid license as a Nursing Home Administrator, from this Commonwealth.
 - (b) The administrator shall be 21 years of age or older.
 - (c) The administrator shall complete at least the minimum training required by the Department.
 - (d) The administrator shall be responsible for the administration and management of the home, including the safety and protection of the residents, implementation of policies and procedures, and compliance with this chapter.
 - (e) The administrator shall have the ability to provide personal care services, or to supervise or direct the work of others to provide personal care services.
 - (f) The administrator shall have knowledge of this chapter.
- (a)(1-4) These qualifications are heavily weighted towards the medical model and personal care homes follow the social model. Personal care homes are often family businesses and unless your children seek out a nursing degree or post graduate education they will not be eligible to continue within the family business.
- (d) Please change *administrator to home* because the home should be responsible not the administrator personally.

(3) The administrator shall have the ability to conform to applicable statutes, rules and regulations, including this chapter.

(b) The administrator shall have the ability to maintain or supervise the maintenance of financial and other records.

(i) The administrator shall be of good moral character.

(j) The administrator shall be free from a medical condition, including drug or alcohol addiction that would limit the administrator from performing duties with reasonable skill and safety.

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

Direct care staff shall have the following qualifications:

(1) Be 18 years of age or older.

(2) Have a high school diploma or GED.

(3) Be of good moral character.

2600.54 Staff titles and qualifications for direct care staff

(1) Why is it necessary for the direct care staff to be age 18? A staff member under the age of 18 may be extremely competent and compassionate in providing direct care.

(2) Does having a high school diploma or GED replace life experience? What impact, if any, does having a high school diploma or GED on a persons ability to be caring, honest, compassionate, and common sense?

(4) Be free from a medical condition, including drug or alcohol addiction that would limit the direct care staff from providing necessary personal care services with reasonable skill and safety.

§2600.55. Exceptions for staff qualifications.

(a) The staff qualification requirements for administrator and direct care staff shall not apply to persons hired or promoted to the specified positions prior to the effective date of this chapter as long as the home maintains a current license.

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

(c) Notwithstanding §2600.54, a 16 or 17 year old may be employed as a staff person at a home, but shall not perform tasks related to medication administration, and the incontinence care or bathing of persons of the opposite sex.

§2600.56. Staffing.

(a) A home shall employ a sufficient number of trained staff to ensure the daily provision of the aggregate total of personal care service hours required by the support plans for all residents in the facility. At minimum, each mobile resident shall receive an average of one hour of

2600.54 Staff titles and qualifications for direct care staff

2600.55 Exceptions for staff qualifications

(b) There is no other profession that limits a break in service, why personal care home business? Requiring that CEU's must be maintained during the break in service may be more acceptable.

(c) A staff person age 16 or 17 that has been trained should not be limited bathing only same sex residents and incontinence care may be toileting every two hours. Most baby sitting courses certify people that are age 14 which consist of diapering a baby, why would a person age 16 be unable to care for the elderly?

2600.56 Staffing

(a) Please clarify hours because as this paragraph reads *each resident shall receive one hour of personal care hours*. This paragraph should read total hours during a certain period of time depending on the number of residents and their needs.

personal care services per day, and each immobile resident or resident with special needs shall receive an average of two hours of personal care services per day.

(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 home shall provide a sufficient number of trained direct care staff to provide the necessary level of care required by the resident's support plan. If a home cannot meet a resident's needs, the resident shall be referred to a local assessment agency or agent under §2600.225(e) (relating to initial assessment and the annual assessment).

(c) An administrator, or a designee who is 21 years of age or older and meets the qualifications outlined in §2600.54 (relating to staff titles and qualifications for direct care staff), shall be on the premises on a 24-hour basis. The administrator shall be present in the home an average of at least 20 hours per week, or in the alternative, his designee must meet all of the qualifications and training for an administrator under §2600.53 (relating to staff titles and qualifications for administrators).

(d) When one or more residents requiring personal care services is physically present, the home shall maintain a sufficient number of trained direct care staff to provide the necessary level of care required by the resident, and to be physically present to accommodate each resident's needs, as identified in each resident's support plan, and to ensure a safe and efficient evacuation of the home in case of an emergency. At least 75% of the personal care service hours shall be available during waking hours.

2600.56 Staffing

(c) Personal care home administrators' do not have to be on the premises if they are easily accessible. The designee may be a direct care staff person and allowing that person to have access to confidential information such as personnel file, salary schedules, and financial records would not be acceptable. If the designee must have the same training and qualifications as the administrator then they are an administrator and would not be working as a direct care staff. The designee should be age 21, have training included in the orientation, be certified in CPR/FA, have reasonable access to residents' records as it relates to the health and welfare of the resident. You do not state that the designee has the authorization to make decisions or would be responsible for mandatory reporting. Therefore, a designee having the same training as the administrator does not hold much responsibility if authority is not given.

Please clarify what 20 hours per week means. Are the 20 hours sufficient if multiple buildings or do you have to spend 20 in each building? What if you have more than two buildings? Would an administrator have to work 60 hours per week if facility had three buildings or would it be necessary to hire another administrator?

Confidentiality is a concern. During various times of the day many staff members would be considered the designee and at some point every staff person would be the designee.

(d) Please clarify a safe and efficient evacuation of the home in case of an emergency.

(c) Homes with multiple buildings that are within 300 feet of one another and have three or fewer residents present per building shall have one direct care staff person who circulates between the buildings every hour, conducting inspections of the building and checking in on the residents. Each building shall maintain an operable two-way communication system to serve residents in buildings where a direct care staff person is not present. Multiple buildings, regardless of footage from other buildings, with four or more residents present, shall provide at least one direct care staff person per building who is on the premises and awake.

(d) A home with 4 through 15 mobile residents, all of whom are mobile, shall maintain coverage by the administrator, or his designee, or a direct care staff person who is physically present and available on the premises at all times when one or more residents requiring personal care services is physically present.

(e) In a home with 16 or more mobile residents the administrator, or his designee, shall maintain coverage by direct care staff persons who are awake, physically present and available on the premises during 24 hours of the day.

(f) During sleeping hours, there shall be at least one direct care staff person, who shall remain awake, available and in each building housing one or more immobile residents.

2600.56 Staffing

(j) Additional staffing may be required by the Department, and will be based on safety, the Department's assessment of the amount of care needed by the residents as reflected in their support plans, and the design, construction, staffing or operation of the home.

(k) This statement is covered in the above (i) statement.
(m) The administrator should be counted in the staffing ratio if providing direct care services.

(l) Additional staff hours, or contractual services, shall be provided as necessary to meet the laundry, food service, housekeeping and maintenance needs of the home.

(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.

(l) The administrator shall maintain a current list of the names, addresses and telephone numbers of all employees, including substitute personnel.

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

§3600.57. Administrator training and orientation.

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

(b) Prior to licensure of a home, the legal entity shall appoint an administrator who has

successfully completed and passed a Department-approved competency-based training that includes 60 hours of Department-approved competency-based training, and has successfully completed and passed 80 hours of competency-based internship in a licensed home under the supervision of a Department-trained administrator.

(c) The 60 hours of Department-approved competency-based training shall include, but not be limited to:

(1) Fire prevention and emergency planning;

(2) First aid training, medications, medical terminology and personal hygiene, which shall include, but not be limited to:

(i) Medication procedures;

(ii) Cardio-pulmonary resuscitation (CPR) certification;

(iii) Obstructed airway techniques certification.

(3) Local, State and Federal laws and regulations pertaining to the operation of a home.

(4) Nutrition, food handling and sanitation.

4.11.172

2600.57 Administrator training and orientation.

(b) Where did the 80 hours of internship come from? Who is going to accept the intern? Who is going to pay the wages for the intern and the wages for the supervising administrator? Who is going to be qualified to supervise the intern? Who will assume liability? Who will give the competency test?

Actually we agree and support the idea of higher training. We feel that 2600.57 will raise the standards, and ultimately improve the quality of care for our residents. We like the 60 hours or training with competency testing and the internship program.

We feel that this higher level of training negates the 4 qualifications of administrators.

(5) Recreation.

(6) Mental illness and gerontology, which shall include, but not be limited to:

(i) Resident rights.

(ii) Care for persons with dementia and cognitive impairments.

(iii) Care for persons with mental retardation.

(7) Community resources and social services.

(8) Staff supervision, budgeting, financial record keeping and training, which shall include, but not be limited to:

(i) Writing, completing, and implementing pre-admission screening tools, initial assessments, annual assessments, and support plans.

(ii) Resident-home contracts.

(iii) Development of orientation and training guidelines for staff.

(0) The 80 hours of competency-based internship in a licensed home under the supervision of a Department-trained administrator shall include, but not be limited to, the following:

(1) Staff supervision, budgeting, financial record keeping and training, which shall include, but not be limited to:

(i) Writing, completing, and implementing pre-admission screening tools, initial assessments, annual assessments, and support plans.

(ii) Resident-home contracts.

(iii) Staff management.

(iv) Marketing.

(2) Community resources and social services.

(3) Nutrition, food handling and sanitation, which shall include, but not be limited to:

(i) Housekeeping.

(ii) Dietary needs.

2600.57 Administrator training and orientation

(e) Why does the administrator need 24 hours of CEU's annually. Nursing home administrators are required to have 48 hour CEU's every two years. This allows for training to be completed over a longer period of time or condensed with in a week. Why does a PCH administrator need the same or more CEU's than NHA.

- (iii) Laundry.
- (iv) Maintenance.
- (v) Safety.
- (4) Medications, medical terminology and personal hygiene.
- (5) Mental illness and gerontology, which shall include, but is not limited to:
 - (i) Resident rights.
 - (ii) Care for persons with dementia and cognitive impairments.
 - (iii) Care for persons with mental retardation.
- (6) Local, State and Federal laws and regulations pertaining to the operation of a home.
- (e) An administrator shall have at least 24 hours of annual training relating to his job duties, which shall include, but not be limited to:
 - (1) Current training in first aid, certification in obstructed airway techniques, and certification in cardio-pulmonary resuscitation that is appropriate for the population

served. Training in first aid, obstructed airway techniques and cardiopulmonary resuscitation shall be provided 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) Personal care service needs of the resident.

(3) Fire prevention and emergency planning.

(4) Medications, medical terminology and personal hygiene, which shall include, but not be limited to:

(i) Medication procedures.

(ii) Medication self-administration.

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

(3) Staff supervision, budgeting, financial record keeping and training, which shall include but not be limited to:

(i) Writing, completing and implementing pre-admission screening tools, initial assessments, annual assessments, and support plans.

(ii) Resident-home contracts.

(iii) Development of orientation and training guidelines for staff.

(6) Local, State and Federal laws and regulations pertaining to the operation of a home.

(7) Nutrition, food handling and sanitation.

(8) Recreation.

(9) Mental illness and gerontology, which shall include, but not be limited to:

(i) Resident rights.

(ii) Care for persons with dementia and cognitive impairments.

(iii) Care for persons with mental retardation.

The outline for this section was poorly organized, and at the very least needs to be revised. The constructive criticism for this section includes: (2) Personal care needs...the terminology in this set of proposed regulations was changed to ADL. Terminology, as defined in the 2600.4 Definitions needs to be consistent.

(4) "...and personal hygiene!... this would be part of (2). This phrase doesn't belong here. (4)(iii) Infection control" ...also doesn't belong here. Would be best addressed above in (2).

(4) Medications and medical terminology should be two separate categories.

Also, if you add up the estimated time for 1-11, it exceeds 24 hours. We counted 29 hours.

We also feel that it is NOT necessary to repeat all these courses ANNUALLY. Most of these would be sufficient to take 1 time, with a possible update if the administrator thought it was indicated.

Training items 5 and 11 are the same. Delete one.

the required 40-hour PCH administrators training, and retake the competency test, until a passing grade is achieved.

(b) A record of training including the person trained, date, source, content, length of each course and copies of any certificates received, shall be kept by the home.

§2600.58. Staff training and orientation.

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

(i) General fire safety including:

(i) Evacuation procedures.

(ii) Responsibilities during fire drills.

(iii) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.

(iv) Smoking safety procedures and location of smoking areas, if applicable.

(v) The placement and use of fire extinguishers.

2600.58 Staff training and orientation.

(a) Actually we agree that this item is good. It is a basic issue for the health and safety of our residents.

However, we do feel that the word "volunteer" should be deleted or clarified. Most volunteers are guests of the home and are performing a social function. Training should not be required.

If a volunteer was giving hands-on care on a regular basis, then training may be appropriate. For example: someone that came to the home everyday to help feed.

It is extreme that a volunteer would need to be familiar with (4) personnel policies and procedures, and (5) general operation of the home.

(iv) Safe management technique training, which shall include, but not be limited to, positive interventions such as:

- (A) Improving communications.
- (B) Reinforcing appropriate behaviors.
- (C) Redirection.
- (D) Conflict resolution.
- (E) Violence prevention.
- (F) Verbal praise.
- (G) De-escalation techniques.
- (H) Alternatives and techniques to identify depression.
- (I) Methods to identify and diffuse potential emergency safety situations.
- (J) Managing medical emergencies.

(10) Community resources and social services.

(11) Staff supervision, budgeting, financial record keeping and training, which shall include, but not be limited to:

(i) Writing and completing pre-admission screening tools, initial intake assessments, annual assessments, and support plans.

(ii) Resident-home contracts.

(iii) Development of orientation and training guidelines for staff.

(f) An administrator who has successfully completed the above training shall provide written verification of successful completion to the appropriate PCH regional field licensing office designated by the Department.

(g) A licensed Nursing Home Administrator who is employed as a PCH administrator prior to the effective date of this act is exempt from the training and educational requirements of this chapter if he continues to meet the requirements of the State Board of Nursing Home Administrators. A licensed Nursing Home Administrator hired as a PCH administrator after the effective date of this act, shall pass the 40-hour PCH Administrators competency-based training test. A licensed Nursing Home Administrator who fails to pass the test shall attend

(vi) Smoke detectors and fire alarms.

(vii) Phone use and notification of the local fire or police departments, or both.

(2) Resident rights.

(3) Emergency medical plan.

(4) Personnel policies and procedures.

(5) General operation of the home.

(b) Ancillary staff shall have a general orientation to their specific job functions as it relates to their position prior to working in that capacity.

(c) Training of direct care staff hired after the effective date of this regulation shall include a demonstration of job duties, followed by guided practice, then proven competency before newly-hired direct care staff may provide unsupervised direct care in any particular area.

Prior to direct contact with residents, all direct care staff shall successfully complete and pass the following competency-based training including, but not be limited to the following specific job duties and responsibilities:

(1) Resident care.

2600.58 Staff training and orientation.

(b) and (d). We agree with these two items relating to orientation and training of ancillary staff. They represent excellent reasoning with a broad, non-limiting scope. This is a functional regulation.

(c) There are actually 4 strong components to our opposition for this section.

First- the organization and technical writing is poor and should not be accepted as a state regulation. On the technical writing (2)ADL's

(3)...and personal hygiene
(5)Personal care services
are all redundant terms, Under the new medical terms which these proposed regulations have adopted, of ADL and IADL, the (2)ADL's is sufficient and complete. It is also consistent with 2600.4 Definition of ADL.

(3) Medication procedures, medical terminology... This should be separated into two categories.

Ex: (3)Medications
(4)Medical terminology

Also (3) and (13) are redundant. The (3)Medications should include (13).

(13)...and use of universal precautions. This should be a separate category. The term universal precaution has been changed to "standard precaution" by the medical world and OSHA. The updated terminology would be more appropriate for regulations written in 2002/3

We also find it hard to believe that the topic of body mechanics was not listed. It is the No.1 reason for workman's compensation and cause of missed work. Back-injury needs to be addressed!

The above items demonstrates how this section was so poorly written.

- (2) ADL's
- (3) Medication procedures, medical terminology and personal hygiene.
- (4) Care of residents with mental illness and cognitive impairments.
- (5) Personal care services.
- (6) Implementation of the initial assessment, annual assessment, and support plan.
- (7) Nutrition, food handling and sanitation.
- (8) Recreation.
- (9) Gerontology.
- (10) Staff supervision, if applicable.
- (11) Needs of residents with special emphasis on the residents being served in the home.
- (12) Safety management and prevention.

2600.58 Staff training and orientation.

Second- this is excessive training. Although the nature of the list is fair in theory, it is not practical. It would require 20 hours to accomplish this list of training

Third- It is not economically feasible to do this. Please cross reference to cost study written in section (f).

Fourth- Training "PRIOR to direct contact with residents" is not acceptable for the following reasons:
 (a) There is such a high turnover of staff.
 (b) Many new hires would not get pass the class-work.
 (c) Direct care staff must have hands-on training to clearly understand the job function and responsibility.

(13) Use of medications, purposes and side effects of medications, and use of universal precautions.

(14) Policies and procedures of the home, including but not limited to:

(i) Reportable incidents.

(ii) Implementation of support plans.

(D) Ancillary staff shall have a general orientation to their specific job functions as it relates to their position prior to working in that capacity. Ancillary staff shall receive training specific to their job function.

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

(F) Training topics for the required annual training for direct care staff shall include but are not limited to:

(1) Current training in first aid, certification in obstructed airway techniques, and certification in cardio-pulmonary resuscitation that is appropriate for the residents

2600.58 Staff training and orientation.

(e) There are 3 components to our opposition with this requirement. First- Why should the annual training for direct care staff of a PCH EXCEED the annual training requirements for a CNA in more acute health care settings such as hospitals, homecare, and nursing homes. CNA's in those settings are required to have 8-12 hrs/yr. This regulation is not reasonable.

Secondly- The list for annual training in (f)(1-8) and (g)(1-7) add up to 26-29 hrs. of annual mandated training for a 24hr. requirement. Some of the topics may not be appropriate for all direct care staff. The list is too rigid, too restrictive, too specific, and does not leave any room for any stimulating new topics.

Third- The economic impact of this requirement was not taken into consideration. We certainly do not have the economic backing that hospitals and skilled facilities have. Many homes, especially those that cater to the SSI population, are running on a near \$00.00 budget.

In discussing the actual cost to the PCH, three factors must be considered. (1) The actual cost of the training class. An estimate is \$10/hr.

(2) The wages of the staff person taking the class. The lowest estimate would be \$6.00/hr plus 35% for taxes and benefits. However this could be as high as \$30/hr if the staff was an R.N. or Adm. designee.

(3) The cost of another staff covering the floor during the training time.

For a comprehensive analysis, please refer to our addendum in the back titled "2600 Regulations Cost Study".

Here's how the (e) requirement of 24 hrs./yr. adds up to our direct care staff:
24 hrs. of training/yr X \$10/hr. for class = \$ 240.00/yr
\$67/hr plus 35% = \$8.10/hr X 24hr./yr = \$ 194.40/yr
must incur this cost X2 for floor coverage = \$ 194.40/yr
\$ 628.80/yr
for each staff.

2600.58 Staff training and orientation. Continued:

For every Administrator, adm. designee., or R.N.:	
24 hrs. of training/yr X \$10/hr. for class-	\$240.00/yr
\$30/hr plus 35% = \$40.50/hr X 24 hrs/yr	= \$972.00/yr
must incur this cost X2 for coverage	= \$972.00/yr
	<u>\$2184.00/yr</u>

Keep in mind that for argument purpose we chose the lowest figures to work with. of \$6/hr. when more realistically it would be \$8/hr. + 35% (\$10.80) which gives \$259.20/yr (instead of \$194.4).

For a small home of 8 beds...3 employees would cost \$1886.40/yr, for annual training. Plus the cost of training of adm. and designee of \$4368.00/yr for annual training. TOTAL COST OF ANNUAL TRAINING WOULD BE \$6254.40/yr.!!!!

These figures become more astronomical when you consider the high turnover of hirees, and for the larger homes with more employees.

The income of the PCH could not support these figures. THE ISSUE IS COMPOUNDED WITH THE HOMES WHICH HAVE SSI RESIDENTS AT \$30/DAY.

THIS IS NOT PEASIBLE, AND WOULD CAUSE A DISASTEROUS ECONOMIC IMPACT TO THE PCH, AND TO THE RESIDENT AND THEIR FAMILIES!

We agree that education is a valuable thing, and that it does improve the outcome of health, safety, and welfare for our residents. We agree that education will "raise the standard" BUT it must be within reason which would be economically feasible.

OUR SUGGESTION:

(1) mandate 8 hr. of nonspecified training per yr. for all direct-care staff and administrators.

OR

(2) Let the Commonwealth absorb the cost of training. DPW should provide for the training and reimburse for the lost wage while attending classes.

- certified, 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 prescription screening tools, initial assessments, annual assessments, and support plans.
- (4) Care for persons with dementia and cognitive impairments.
- (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.
- (6) Personal care service needs of the resident.
- (7) Safe management technique training, which shall include, but not be limited to, positive interventions such as:
 - (i) Improving communication.

(ii) Reinforcing appropriate behaviors.

(iii) Redirection.

(iv) Conflict resolution.

(v) Violence prevention.

(vi) Verbal praise.

(vii) De-escalation techniques.

(viii) Alternatives and techniques to identify depression.

(ix) Methods to identify and diffuse potential emergency safety situation.

(x) Managing medical emergencies.

(g) Care for persons with mental illness and/or mental retardation, if the population is served in the home.

(g) Full-time, part-time and temporary staff persons and volunteers shall be trained annually on:

- (1) Fire safety. Training in fire safety shall be completed by a fire safety expert or, in homes serving 20 or fewer residents, by a staff person trained by a fire safety expert. Videotapes/DVD's prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
- (2) Disaster plans and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) Older Adult Protective Services Act (35 P.S. §§1023, 101-1023, 5102).
- (5) Falls and accident prevention.
- (6) New personnel policies and procedures of the home.
- (7) New population groups that are being served at the home that were not previously served, if applicable.
- (b) If a staff person has completed any of the required training identified in this section prior to the staff person's date of hire, the requirement for training in this section does not apply if the staff person provides written verification of completion of the training.

2600.59 Staff training plan

Why would this be required because the resident is continually being assessed and when the resident's need change that staff is informed of those changes. If additional training is required it is provided immediately so that the resident is receiving proper care. This is creating more unnecessary paperwork. Staff training goes hand in hand with the resident population and their changing needs. The staff members are the extension of the "family" arm and many of the needs of the residents are only known after a caring, compassionate rapport is built. How do you train someone to have good common sense?

(f) If volunteers are used in the home as staff persons to provide direct personal care services, they shall meet the same requirements as staff provided for in this chapter.

(g) A record of training including the person trained, date, source, content, length of each course and copies of any certificates received, shall be kept on file at the home

§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. The staff training plan shall include the 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:

- (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 subsection (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

2600.60 Individual staff training plan

This section should be deleted. Staff members are required to have certain training/certifications such as first aid and CPR; therefore, the employer currently maintains this information in the personnel file. It is not necessary to create more paperwork documenting what is already being completed.

Should the employee need additional training or complete other training this could be reflected in annual employee review, if appropriate.

This section also supercedes what other health care professionals are required to do.

The staff training plan and the individual staff training plan translate into more unnecessary paperwork, more policies and procedures which comes with a high cost that will be absorbed by the resident in the end, this is harmful.

It also means less time to administer good personal care because staff will be buried in paperwork.

The hours of labor and the cost to accomplish this is directly subtracted from the health and welfare of our residents.

Does DPW have these 2 plans?

OUR SUGGESTION:

(1) For the employee file to have a record of the CEU's earned each year. We still recommend 8 hrs./yr.

§2600.81. Physical accommodations and equipment.

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.

§2600.82. Poisons.

(a) Poisonous materials shall be stored in their original, labeled containers.

(b) Poisonous materials shall be stored separately from food, food preparation surfaces, and dining surfaces.

(c) Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

§2600.83. Temperature.

(a) The indoor temperature must be a minimum of 70°F when residents are present in the home.

(b) If a home does not provide air conditioning, fans shall be made available to residents when the indoor temperature exceeds 80°F.

2600.81 Physical accommodations and equipment.

This sentence is a reflection of the influence of the nursing home administrators which they have had on much of these proposed regulations.

Because skilled nursing facilities receive Medicare benefits, they are required by Medicare to provide the equipment necessary to meet the needs of the patients which they admit. The equipment may include walkers, canes, wheelchairs, oxygen condensers or tanks, adaptive equipment, etc.

PCH do NOT receive Medicare benefits, nor do we want those benefits. We should NOT have to purchase and provide such equipment. However, a home should make sure that a resident has access to his/her own equipment and that the equipment is in good repair to prevent any safety hazards.

OUR SUGGESTION:
Delete the words "and equipment".

§2600.84. Heat sources.

Heat sources, such as steam and hot heating pipes, water pipes, fixed space heaters, hot water heaters, and radiators, exceeding 120°F that are accessible to the resident, shall be equipped with protective guards or insulation to prevent the resident from coming in contact with the heat source and being burned or otherwise harmed.

§2600.85. Sanitation.

- (a) Sanitary conditions shall be maintained in the home.
- (b) There shall be no evidence of infestation of insects, rodents, or other animals 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.
- (e) Trash outside the home shall be kept in closed receptacles that prevent the penetration of insects and rodents.

2600.85 Sanitation

- (b) Please add the word *unwanted* animals and delete *other*.
- (d) Covered trash receptacles that prevent the penetration of insects and rodents can be one costly and two hazardous for an elderly person when opening. A trash can with a lid can increase the risk for falls for an elderly person. Perhaps if the trash can has a lid with a wide swinging mouth so the elderly person doesn't have to bend, reach, or lift would be more acceptable. Why not smaller trash cans and more frequent disposal to larger trash area not used by the resident?

(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.

§2600.86. Ventilation.

All areas of the home that are used by the resident shall be ventilated. Ventilation shall include an operable window, air conditioner, fan, or mechanical ventilation that ensures airflow.

§2600.87. Lighting.

The home's rooms, hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways, and fire escapes shall have operable and sufficient lighting to ensure safe evacuation of all persons in the home.

§2600.88. Surfaces.

(a) Floors, walls, ceilings, windows, doors, and other surfaces shall be clean, in good repair, and free of hazards.

(b) The home shall not use asbestos products for any renovations or new construction.

§2600.89. Water.

2600.85 Sanitation

(f) This is already regulated by the local municipality, DEP, etc.

2600.89 Water

(a) The home shall have hot and cold water under pressure in each bathroom, kitchen, and laundry area to accommodate the needs of the residents in the home.

(b) Hot water temperature in areas accessible to the resident shall not exceed 120°F.

(c) A home that is not connected to a public water system shall have a coliform water test at least

every 3 months, by a Commonwealth Department of Environmental Protection-certified laboratory, stating that the water is safe for drinking. A public water system is a system that provides water to the public for human consumption, which has at least 15 service connections or regularly serves an average of at least 25 individuals daily at least 60 days out of the year.

(d) If the water is deemed unsafe for drinking, the home shall conduct remediation activity in accordance with the recommendations of the Department of Environmental Protection.

(e) The home shall keep documentation of the laboratory certification, in addition to the results and corrections made to ensure safe water for drinking.

§2600.90. Communication system.

(a) The home shall have a working, non-coon operated, telephone with an outside line that is accessible in emergencies and accessible to persons with disabilities.

(b) Hot water temperature at 120°F may be too low for a very large facility.

The hot water temperature at the beginning of the line may be 120°F., but the temperature at the end of the line, in a large facility, may drop to 108°F.

(c) This statement is already regulated by DEP.

(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 three feet by three feet.

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

§2600.95. Furniture and equipment.

Furniture and equipment shall be in good repair, clean, and free of hazards.

§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 syring of insulin. These items shall be stored together in a first aid kit.

(b) The staff shall be made aware of the location of the first aid kit.

(c) The first aid kit shall be in a location that is easily accessible to the staff.

§2600.97. Elevators and stair glides.

(b) The home shall have a system or method of communication that enables staff persons to contact other staff persons in the home for assistance in an emergency.

§1600.91. Emergency telephone numbers.

Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, and personal care home hotline number shall be posted on or by each telephone with an outside line.

§1600.92. Screens.

Windows, including windows in doors, shall be in good repair and securely screened when doors or windows are open.

§1600.93. 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.

§1600.94. Landings and stairs.

Each elevator and stair glide shall have a valid certificate of operation from the Department of Labor and Industry.

§2600.98. Indoor activity space.

2600.98 Indoor activity space

This entire section is redundant as it is found later on page 122, or 2600.221. Activities program. contains the exact same verbage as 2600.98 (c), (d), and (e).

(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.

(c) The administrator of the home shall develop and ensure that the activities program is designed and implemented to promote each resident's active involvement with other residents, the resident's family, and the community.

(d) The program shall provide social, physical, intellectual and recreational activities in a planned, coordinated and structured manner.

(e) A current weekly activity calendar shall be posted in a conspicuous place in the home that residents can access easily.

2600.100 Exterior conditions

(a) Who is determining and how do you determine what is a hazard?

(f) The home shall have a working television and radio made available to residents in a living room or lounge area. If more than one living room or lounge area is available in the home, the largest of these shall have a working television. Large homes are encouraged to provide more than one television to allow residents an option to watch different programs. The Department shall grant a waiver of this subsection if enforcement of this requirement would interfere with religious beliefs or doctrines of the residents, the home, or both. To obtain a waiver, the home's resident home contract shall contain a statement that a radio or television will not be provided by the home.

§2600.99. Recreation space.

The home shall provide regular access to outdoor and indoor recreation space and recreational items including but not limited to: books, magazines, puzzles, games, cards, gliders, paper, markers, and the like.

§ 2600.100. Exterior conditions.

(a) The exterior of the building and the building grounds or yard shall be in good repair and free of hazards.

(b) The home shall ensure that ice, snow, and obstructions are removed from outside walkways, ramps, steps, recreational areas, and exterior fire escapes.

§ 2600.101. Resident bedrooms.

2600.101 Resident bedrooms.

- (a) Each single bedroom shall have at least 80 square feet of floor space per resident measured wall to wall, including space occupied by furniture.
- (b) Each shared bedroom shall have at least 60 square feet of floor space per resident measured wall to wall, including space occupied by furniture.
- (c) 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 but not limited to 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.
- (d) No more than four residents shall share a bedroom.
- (e) Ceiling height in each bedroom shall be at least 7 feet for new homes licensed after the effective date of this act.
- (f) Each bedroom shall have an operable window with a source of natural light. This window shall be able to be opened by the resident without the use of tools and shall be screened.

(a) Current regulations Chapter 2620.52 requires that a single occupancy room have at least 80 sq. ft. and if a bedroom has a built in closet, up to 9 sq. ft. per closet may be counted in calculating the square footage of floor space. This has been the standard which PCH have built rooms on. The verbage of Chapter 2600.101 (a) does not allow the closetspace. Rooms licensed under current regulations may not be able to accommodate this provision. This is an example of why existing buildings need to be "grandfathered-in".

(c) This is again a change from the current 80sq.ft. for single occupancy and 60sq.ft. for shared occupancy. The implications for this new provision is that PCH which were built with the current regs. will not be able to admit residents with physical immobilities. Then this could lead to accusations of civil rights violations! It is ridiculous that the home would have to burden a physician for an order that would state that a resident can maneuver with less space!

This regulation is actually taking away choices for the residents room preference. To reduce cost, a physically immobile resident would no longer be able to choose a semi-private room in many existing homes.

This is an example of why existing homes need to be "grandfathered-in".

OUR SUGGESTION:
DELETE (a) and (c) and use the verbage from current Chapter 2600.52 (a).

2600.101 Resident bedrooms

- (g) A resident's bedroom shall be only for the occupying resident's individual use and not for activities common to other residents.
- (h) A resident shall be able to access toilet, hand washing, and bathing facilities without having to pass through another resident's bedroom.
- (i) Bedrooms shall be equipped to ensure the resident's privacy.
- (j) A resident shall have access to the resident's bedroom at all times.
- (k) Each resident shall have the following in the bedroom:
 - (1) A bed with a solid foundation and fire retardant mattress that is in good repair, clean, and supports the resident.
 - (2) A mattress that shall be plastic-covered if supplied by the home.
 - (3) Pillows and bedding that shall be clean and in good repair.
 - (4) A storage area for clothing that shall include a chest of drawers and a closet or wardrobe space with clothing racks or shelves accessible to the resident.
- (l) Cots and portable beds are prohibited.

(m) Bunk beds are prohibited.

2600.101 Resident bedroom

(n) A bedroom shall 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 shall not be required to share a bedroom with a person of the opposite sex.

(i) Please delete *The resident shall determine what type of chair is comfortable.* The resident may think a comfortable chair is a heated, massage recliner.

(p) The bedrooms shall have walls, floors, and ceilings, which are finished, clean, and in good repair.

(q) There shall be doors on the bedrooms.

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

(s) There shall be a minimum of one operable ceiling light per bedroom or a minimum of one operable lamp per resident.

(t) There shall be drapes, shades, curtains, blinds, or shutters on the bedroom windows, which are clean, in good repair, provide privacy, and are sufficient to cover the entire window when drawn.

§2600.102. Bathrooms.

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

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

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

(j) There shall be slip-resistant surfaces in all bathtubs and showers.

(k) Privacy shall be provided for toilets, showers and bathtubs by partitions or doors.

(l) An individual towel, washcloth, and soap shall be provided for each resident.

(m) Individual toiletry items including toothpaste, toothbrush, shampoo, deodorant, comb, and hairbrush shall be made available.

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

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

2600.102 Bathrooms.

(a) The ratio of 1:6 toilets:residents is acceptable. However, the wording of this section creates a need for an interpretive guideline. To clarify this, it should simply state "There shall be at least one functioning toilet for every six or less residents."

For "users, including residents, family, and personnel" may require that additional toilets be installed, this may be an impossibility for existing homes.
(b) and (c) Creates the same confusion. Delete "family and personnel" for clarity.

These regulations have eliminated handbars, grab bars, and exhaust fans. We feel that these are needed for bathroom safety to prevent slips and falls.

(g) Providing personal sundries should not be the responsibility of the PCH, but rather that of the family or resident's designee. The brand of products etc should remain the resident's choice, the type of products should be the resident's preference. This should not be the responsibility of the home.

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

§3600.103. Kitchen areas.

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

(b) Kitchen surfaces shall be of a non-porous material and cleaned and sanitized after each meal.

(c) Food shall be protected from contamination while being stored, prepared, transported, and served.

(d) Food shall be stored off the floor or the lowest shelf shall be sealed to the floor.

(e) Food shall be labeled, dated, rotated, and inventoried weekly.

(f) Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers shall be required in refrigerators and freezers.

(g) Food shall be stored in closed or sealed containers.

(h) Food shall be thawed either in the refrigerator, microwave, under cool water, or as part of the cooking process.

2600.103 Kitchen areas.

(b) Remove the word "sanitized" if the kitchen is cleaned, it is not necessary to sanitize after each meal.

(c) In the small PCH, which are more family-style, the foods are served from the kitchen to the table. The dishes are not covered during transport. Dishes are not covered during transport at many restaurants.

This appears to be a nursing home or hospital practice of the stainless steel / silver metal lids which cover plates. This is to protect from all the germs from illness, from the airborne pathogen PCH are residential settings NOT institutions which collect diseased patients. The word "transported" should be deleted.

2600.103 Kitchen area

(i and j) These statements are both nursing home driven. These regulations continue to create medical model and take away the social model.

(i) Food shall be served with the holding temperature of 140°F for hot items; cold items shall have a holding temperature of 40°F or less.

(j) Eating, drinking and cooking utensils shall be washed, rinsed, and sanitized after each use by a mechanical dishwasher or by a method approved by the Department of Agriculture.

(k) Garbage shall be stored in covered containers.

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

§2600.104. Dining room.

2600.104 Dining room

(b) Please delete plastic cups. Most elderly have great difficulty holding glass drinking glassware/cups. Additionally, glass glassware creates hazards when they are dropped and broken.
If the intention that disposable glassware not be used on a regular basis then say that but do not restrict the use of plastics.

(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 time.

(b) Dishes, glassware, and utensils shall be provided for eating, drinking, preparing, and serving food. These utensils shall be clean, and free of chips or cracks. There shall be no regular use of plastic/paper plates, utensils, and cups for meals.

(c) Condiments shall be available 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.

(e) Animals are not permitted in the dining room when meals are being prepared, served, or consumed. Guide or support animals assisting a person due to blindness, deafness or physical disability or who are under the supervision of a handler or trainer of such animals are exempt from this prohibition.

(f) Midday and evening meals shall be served to residents in a dining room or dining area, except that service in the resident's room shall be available when the resident is unable to come to the dining room due to temporary illness.

(g) Breakfast shall be served to residents in a dining room or dining area except in the following situations:

(1) Service in the resident's room shall be available at no additional charge when the resident is unable to come to the dining room due to temporary illness.

(2) When room service is available in a home, a resident shall make an individual choice to have breakfast served in the resident's room. This service shall be provided at the resident's request, and shall not replace daily meals in a dining area.

§3600.105. Laundry.

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2600.104 Dining room

(d) Please change the responsibility of the home to provide adaptive equipment. Again, these regulations limit residents' choices and are nursing home/medical model driven. Additionally, who will absorb these costs?

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 that are unable to perform these tasks independently. Laundry service does not include dry cleaning.

(b) Laundry service for bed linens, towels, and personal clothing for the residents who are not recipients of SSI shall be provided by the home unless otherwise indicated in the written agreement.

(c) The supply of linen and towels shall be sufficient to ensure a complete change of bed linen and towels at least once per week.

(d) Bed linens and towels shall be changed at least once every week.

(e) Clean linens and towels shall be stored in an area separate from soiled linen and clothing.

(f) The administrator and staff shall implement reasonable measures to ensure that residents' clothing are not lost or misplaced in the process of laundering or cleaning.

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

(a) This statement should be made more clearly because laundry has two separate definitions one is linens and two is personal laundry. The laundry service is to be made available to all residents but at whose expense?

(g) Why is there a need to clean the dryer lint trap after each use? Most dryer fires are started because of lint in the vent. The vent is more of a fire hazard and concern than the lint trap. Perhaps the vent should be cleaned on a regular basis.

§2600.106. Swimming areas.

If a home operates a swimming area it shall abide by the following requirements:

(1) The home shall operate swimming areas in conformity with applicable laws and regulations.

(2) The home shall develop, utilize, and implement policy and procedures that protect the health and safety of all of the residents in the home.

§2600.107. Internal and external disasters.

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

(c) Disaster plans must include at a minimum:

(1) Contact names.

2600.107 Internal and external disasters

(b) Why do you need to change your procedures annually. Of course a disaster plan, like any plan, is a continual working and changing document. That plan should be reviewed and updated annually, but generally only the administrator would need to make that update.

(a) and (b). The last "and" of both sentences needs to be changed to OR.

(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 must be identified and secured.

(4) The home shall maintain at least a 3-day supply of non-perishable food and drinking water for all residents and personnel.

(5) The home shall maintain at least a 3-day supply of all resident medications.

§2600.108. General health and safety.

Conditions at the home shall not pose a threat to the health or safety of the residents.

§2600.109. Firearms and weapons.

Firearms, weapons and ammunition shall be permitted on the licensed premises of a home only when all of the following conditions are met:

- (1) Firearms and weapons shall be contained in a locked cabinet located in a place other than the residents' room or in a common living area.

2600.107 Internal and external disasters

(3) How does one facility secure alternate means of utilities and for what duration? Are we required to house in place during the event of an emergency?

(4) The same question rises, are we required to house in place during the event of an emergency? It takes three gallons of water per person per day to have an adequate supply of water and generally for three days -- this could be a large amount of water being stored and a great cost.

2600.109 Firearms and weapons

Please add that this entire section would be consistent with house rules. This also takes choices away from residents, a resident may not want weapons in their home.

(2) Ammunition shall be contained in a locked area separate from firearms and weapons, and located in a place other than the residents' room or in a common living area.

(3) The key to the locked cabinet containing the firearms, weapons, and ammunition shall be in the possession of the Administrator or his designee.

(4) The Administrator or his designee shall be the only person permitted to open the locked cabinet containing the firearms and weapons and the locked area containing the ammunition.

(5) If a firearm, weapon, or ammunition is the property of at least one resident, the Personal Care Home must have written policies regarding safety and access of such firearms, weapons, and ammunition. In no instances may a resident take a firearm, weapon, or ammunition out of the locked cabinet or area into any living areas of the Personal Care Home.

FIRE SAFETY

§2600.121. Unobstructed egress.

(a) Stairways, hallways, doorways, passageways and egress routes from rooms and from the building shall be unlocked and unobstructed, unless the fire safety approval specified in

2600.123 Emergency evacuation

(a) Why is this required for only immobile, should it be required for all. The facility would also have the choice either to be tied into a central system or have additional staff.

§2600.114 (relating to fire safety approval) permits locking of certain means of egress as specified in writing.

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

§2600.117. Exits.

Unless otherwise regulated by the Department of Labor and Industry, all buildings shall have at least two independent and accessible exits from every floor, each arranged in such a way as to reduce the possibility that both will be blocked in an emergency situation.

§2600.113. 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.
- (b) Evacuation routes shall be well lighted and clear of obstructions at all times.
- (c) Exit doors shall be equipped so that they can be easily opened by residents from the inside without the use of a key.

(d) Copies of an emergency evacuation plan as specified in §2600.107 (relating to internal and external disasters) shall be prepared by the administrator, in conjunction with fire, safety, or local emergency management officers. The plan shall be posted throughout the home and a copy shall be kept in the administrator's records.

(e) A diagram of each floor showing corridors, line of travel, exit doors and location of the fire extinguishers and pull signals shall be posted on each floor in view of residents and personnel.

§2600.124. Notification of local fire officials.

The home shall notify local fire officials in writing of the address of the home, location of the bedrooms, and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

§2600.125. Flammable and combustible materials.

(a) Combustible materials shall not be located near heat sources and hot water heaters.

(b) Flammable materials shall be used safely and stored away from heat sources and hot water heaters.

(c) The materials described in subsections (a) and (b) shall be inaccessible to residents.

§2600.126. Furnaces.

(a) A professional furnace cleaning company or trained maintenance staff persons shall inspect furnaces at least annually. Documentation of the inspection shall be kept.

(b) Furnaces shall be cleaned according to the manufacturer's instructions. Documentation of the cleaning shall be kept.

§2600.127. Space heaters.

Portable space heaters are prohibited. Non-portable space heaters shall be adequately vented and installed with permanent connections and protectors.

§2600.128. Supplemental heating sources.

(a) The use of kerosene burning heaters is prohibited.

(b) Wood and coal burning stoves shall be used only if a local fire department or other municipal fire safety authority inspects them annually. Wood and coal burning stoves shall be cleaned every year. Documentation of these inspections and cleanings shall be maintained.

§2600.129. Fireplaces.

2600.126 Furnaces

(b) It may not be possible to obtain the manufacturer's instructions. Additionally, furnaces that are maintained by a professional furnace technician certainly would not have the need for instruction manuals.

2600.130 Smoke detectors and fire alarms

(a) Perhaps the smoke detectors should be inside of each bedroom and within 15 feet of the bedroom door.

(a) A fireplace shall be securely screened or equipped with protective guards while in use.

(b) A fireplace chimney and flue shall be inspected at least once a year. Written documentation of the inspection shall be kept on file.

(c) A resident shall only be permitted to tend to the fire under staff supervision.

§2600.130. Smoke detectors and fire alarms.

(a) There shall be an operable automatic smoke detector located within 15 feet of each bedroom door.

(b) The smoke detectors specified in subsection (a) shall be located in common areas or hallways.

(c) Smoke detectors and fire alarms shall be of a type approved by the Department of Labor and Industry or local fire authority, or listed by Underwriters Laboratories.

(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.

(c) 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 monthly. A written record of the monthly testing shall be kept.

(g) If a smoke detector or fire alarm becomes inoperative, repair shall be completed within 48 hours of the time the detector or alarm was found to be inoperative.

(h) The home's fire safety procedures must indicate the emergency procedures that will be immediately implemented until the smoke detector or fire alarms are operable.

(i) 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.

§2600.131. Fire extinguishers.

(a) There shall be at least one operable fire extinguisher with a minimum 2-A rating for each floor, including the basement and attic.

2600.130 Smoke detectors and fire alarms

(f) The correct method for testing smoke alarms and fire detectors of operability is to hire the company to conduct the test using smoke cans. This service cost a few hundred dollars and would be extremely cost-prohibited if required monthly.

(g) Completed within 48 hours" may be too restrictive, as the timeframe is actually controlled by the alarm companies that service the fire system. We prefer the verbiage from the current 2620.55 regs which states "The administrator shall immediately document and arrange for repair or replacement as soon as possible. The administrator shall also document steps taken to ensure the safety of residents until actual repair or replacement of the faulty equipment has been completed."

(i) This statement is repeated on page 94, 2600.123(a)

(b) If the indoor floor area on a floor including the basement or attic is more than 3,000 square feet, there shall be an additional fire extinguisher with a minimum 2-A rating for each additional 3,000 square feet of indoor floor space.

(c) A fire extinguisher with a minimum 2A-10BC rating shall be located in each kitchen. The kitchen extinguisher meets the requirements for one floor as required in subsection (a).

(d) Fire extinguishers shall be listed by Underwriters Laboratories or approved by Factory Mutual Systems.

(e) Fire extinguishers shall be accessible to staff persons. Fire extinguishers shall be kept locked if access to the extinguisher by a resident shall cause a safety risk to the resident. If fire extinguishers are kept locked, each staff person shall be able to immediately unlock the fire extinguisher in the event of a fire emergency.

(f) Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

§3600.132. Fire drills.

(a) An unannounced fire drill shall be held at least once a month.

2600.131 Fire extinguishers

(e) Why would a fire extinguisher need to be locked? If the fire extinguishers are locked then you lose time getting to the equipment if needed and if locked with glass front by breaking the glass a hazard is created. Fire extinguishers with hoses are the only type of fire extinguisher that is locked in a hospital.

2600.132 Fire drills

(a) Unannounced drills should be made specific for the staff. Who is really the people that need the drill -- not the resident that may not remember what was served for breakfast just 20 minutes ago.

2600.132 Fire Drills

- (b) There shall be a documented annual fire safety inspection and fire drill conducted by a fire safety expert. The administrator shall keep documentation of this drill and inspection.
- (c) A written fire drill record shall be kept of the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff evacuated, problems encountered, and whether the fire alarm or smoke detector was operative.
- (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 shall not be an employee of the home.
- (e) A fire drill shall be held during sleeping hours once every 6 months.
- (f) Alternate exit routes shall be used during fire drills.
- (g) Fire drills shall be held on different days of the week, at different times of the day and night, on different and normal staffing shifts, not routinely held when additional staff persons are present, and not routinely held at times when resident attendance is low.
- (h) Residents shall evacuate to a designated meeting place outside the building or within the fire-safe area during each fire drill.

- (c) The facility may use multiple exit routes during an evacuation.
- (d) Please explain and provide reference for the 2 1/2 minute period for evacuations.

(e) The night time drills should be simulated drills. Again, these drills are to test the staff's ability to assist with the evacuation. The night time is very confusing and frightening for the elderly. Why impose this upon the staff?

Additional comments regarding the 2 1/2 minute for evacuation is needed as we feel that this could jeopardize the health, safety, and welfare of the residents. Many of the resident population are frail or disabled, and to rush/race to meet the timeframe may cause injuries related to falls, or cardiopulmonary complications associated with shortness of breath.
The larger the facility the more exaggerated the complications might be due to the longer length of hallways.

(f) A fire alarm or smoke detector shall be set off during each fire drill.

(g) Elevators shall not be used during a fire drill or a fire.

§2600.133. Exit signs.

(a) Signs bearing the word "EXIT" in plain legible letters shall be placed at all exits.

(b) If the exit or way to reach the exit is not immediately visible, access to exits shall be marked with readily-visible signs indicating the direction to travel.

(c) Exit sign letters shall be at least 6 inches in height with the principal strokes of letters at least $\frac{1}{4}$ inch wide.

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 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:

2600.141 Resident health exam and medical care

(a) Please clarify if the MA-51 is used, will the home be required to have additional paperwork that will include your list.

2600.141 Resident health exam and medical care

- (1) A general physical examination by a licensed physician, physician's assistant or Nurse Practitioner.
 - (2) Medical diagnosis including physical or mental disabilities of the resident, if any.
 - (3) Medical information pertinent to diagnosis and treatment in case of an emergency.
 - (4) Special health or dietary needs of the resident.
 - (5) Allergies.
 - (6) Immunization history.
 - (7) Medication regimen, contraindicated medications, and medication side effects.
 - (8) Body positioning and movement stimulation for residents, if appropriate.
 - (9) Health status with required written consent in accordance with applicable laws.
 - (10) Specific precautions to be taken if the resident has a communicable disease, to prevent spread of the disease to other residents.
 - (11) Annually updated mobility assessment or at the Department's request.
- (6) Immunization history may not be possible to attain. Generally the only immunizations known are those received while residing in the PCH.
- (8-10) If a resident has all of these issues and needs -- they would not be appropriate for personal care homes.

(b) Residents shall have access to medical care. If a resident needs assistance obtaining this care, the home shall make the arrangements for the resident.

§2600.142. Physical and behavioral health.

(4) Each home shall address in the resident's support plan the dental, vision, hearing, mental health, or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if deemed necessary by the health exam. This requirement does not mandate a home to pay for the cost of these medical and behavioral care services.

(b) If a resident refuses routine medical or dental examination or treatment, the refusal and the continued attempts to train the resident about the need for health care shall be documented in the resident's record.

(c) If a resident has a serious medical or dental condition, reasonable efforts shall be made to obtain consent for treatment, from the resident or his designee, in accordance with applicable laws.

§2600.143. Emergency medical plan.

(a) The home shall have a written emergency medical plan that ensures immediate and direct access to emergency medical care and treatment. If a resident becomes ill or injured and is

2600.142 Physical and behavioral health

(b) This document continues to insult the elderly and lacks respect. A home should not be required to *train* the resident. People train animals. Have we forgotten about the resident's right to refuse medication and treatment? Perhaps the Department is becoming selective on which right a resident will have or only the right that will not allow flexibility in the home.

2600.143 Emergency medical plan

Is this plan for the entire facility or for individuals.

2600.143 Emergency medical plan

unable to secure necessary care, the administrator or designee shall secure necessary assistance or care. Arrangements shall be made in advance between the administrator or a designee and the resident regarding the physician or dentist and designated person or community agency to be contacted, in case of illness or injury, and those persons shall be contacted.

(b) If admission to a hospital is necessary, the resident shall be transported to the hospital of the resident's choice, if possible.

(c) The emergency medical plan shall include the following:

- (1) The hospital or source of health care that will be used in an emergency.
- (2) The method of transportation to be used.
- (3) An emergency-staffing plan.

(d) Current emergency medical and health information shall be made available at all times for each resident in case the resident requires emergency medical attention. The following information shall accompany the resident in the event of a resident needing emergency medical attention:

- (1) Resident's name, age, and birth date.

(c) Personal care homes are not medical facilities.

(c)(3) Emergency-staffing plans are generally found in nursing homes and hospitals not a HOME.

(d) Are we changing the rules in the middle of the game???? Now a personal care home is permitted to release information about a resident, or confidentiality is not considered applicable during emergencies.????

2600.143 Emergency medical plan

(9) Should this be durable power of attorney? This section is referring to medical decisions.

- (2) Resident's social security number.
- (3) Resident's medical diagnosis.
- (4) Resident's physician's name and telephone number.
- (5) Current medication, including the dosage and frequency.
- (6) A list of allergies.
- (7) Other relevant medical conditions to make available in case of a medical emergency.
- (8) Insurance or third party payer and identification number.
- (9) Power of attorney.
- (10) A designated contact person with a current address and telephone numbers.
- (11) Any personal information and related instructions from the resident regarding advanced directives, do not resuscitate orders, or organ donation if the resident has executed such documents.

2600.143 Emergency medical plan

(12) The home shall develop an individualized plan to contact the resident's family or designated emergency contact person, if applicable. The support plan shall be part of the resident record and staff shall be able to access the support plan in an emergency.

(e) If the resident's medical condition, as determined by a physician, indicates the need for a transfer to a hospital or long term care facility, the administrator shall notify the resident's designated emergency contact person or family member, or both, as appropriate, and shall provide whatever assistance is necessary in making arrangements for the resident's transfer to an appropriate facility.

§2600.144. Use of tobacco and tobacco-related products.

(a) A home may permit smoking tobacco and using tobacco-related products in designated areas of the personal care home.

(b) If a home permits smoking in designated areas, the home shall ensure that proper safeguards are taken at all times to:

- (1) Prevent fire hazards involved in smoking, including but not limited to, providing ashtrays, outside ventilation, smoke detectors, fire retardant furniture, and fire extinguishers in all designated smoking areas.

(2) Ensure the protection of the rights of nonsmoking residents.

(e) If the home is facing a true emergency when 911 should be dialed, limit the phone calls during an emergency. Not every family member will be called. If the resident is transferred what administrator is responsible for notifying the designated emergency contact? Often the hospital is trying to contact the emergency contact while the personal care home administrator is trying to make the same contact -- resulting in messages and busy signals.

(c) The designated smoking area shall be in an area that is a safe distance from heat sources, hot water heaters, and any areas containing combustible or flammable materials.

(d) Smoking tobacco and using tobacco-related products during the transportation of a resident, which is provided by the home, is prohibited.

(e) Smoking in resident bedrooms is prohibited.

(f) If a home has a designated smoking area, the home's written fire safety procedures shall include the designated smoking area.

(g) Written fire safety procedures shall be followed.

§1600.145. Supervised care.

Personal care services shall be provided by trained, qualified staff persons and with ongoing oversight and general supervision of the resident's care by the administrator. A resident in need of services that are beyond services available in the home in which he resides shall be referred to the appropriate assessment agency.

NUTRITION

§1600.161. Nutritional adequacy.

2600.145 Supervised care

Please define *appropriate assessment agency*.

2600.161 Nutritional adequacy

(3) Meals shall be offered which meet the nutritional needs of the resident in accordance with the Recommended Daily Allowance (RDA) of the Food and Nutrition Board of the National Research Council of the National Academy of Science.

(b) At least three nutritionally well-balanced meals shall be provided daily to the resident. Each meal shall include an alternative food and drink item from which the resident may choose.

(c) Additional portions of meals and beverages at mealtimes shall be available for the resident.

(d) 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.

(e) Dietary alternatives shall be available for a resident who has special health needs, religious beliefs regarding dietary restrictions, or vegetarian preferences.

(f) Therapeutic diets are prescribed by a physician or certified nurse practitioner, shall be followed. Documentation shall be retained in the resident's record.

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

(a) This could simply state that meals must be nutritionally satisfying.

(b) (1) These statements are redundant.

(c) If a resident is on a therapeutic diet, then it is the responsibility of the home to follow that diet such as 1500 calorie diabetic diet and a resident would be "denied" more food.

(d) Each meal will contain at least one fruit or vegetable. For example, breakfast generally does not have a fruit and a vegetable.

(e) Placement into a personal care home is a choice and a home may not be able to provide various meals which would be made known during the initial assessment prior to placement. Personal care homes are private businesses and may choose not to offer three - five different menu items at each meal.

(g) Requiring that residents be offered water every two hours is again the push towards the medical model. Nursing homes staff hydration CNA's -- this does not belong in personal care homes.

§2600.162. Meal preparation.

2600.162 Meal preparation

- (a) Foods shall be prepared in a consistency designed to meet the needs of the resident.
- (b) Unheated food from a person's dish shall not be served again or used in the preparation of other dishes.
- (c) There shall be no 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 shall be no more than 4-6 hours between breakfast and lunch, and between lunch and supper.
- (d) Food shall be procured from sources approved or considered satisfactory by Federal, State or local authorities. Outdated or spoiled food or severely dented cans shall not be used.
- (e) When a resident misses a meal, food adequate to meet daily nutritional requirements shall be available and offered to the resident.
- (f) Meals shall include a variety of hot and cold food.
- (g) All milk shall be pasteurized.
- (h) Adaptive eating equipment or utensils shall be made available and meet the needs of the resident.

(d) This statement would prohibit the use of fresh home grown garden vegetables. The elderly lose eyesight; the elderly again does not have choices to do what they would do in their own home. Also, this would decrease the interest for any gardening activity if they couldn't eat their own produce.

(e) Why did a resident miss a meal? Did the resident go out to lunch or dinner with their family? Common sense needs to apply. If the resident missed lunch because the doctor was behind schedule then the resident will need to eat but if the resident was out at the senior center and had lunch, then there is no need for an additional meal.

(f) Hot or cold meals have nothing to do with nutrition. A dietitian can prepare a nutritionally satisfying cold meal or hot meal.

(h) Again, adaptive equipment is for nursing homes and the medical model.

(j) If a home contract for food services, the contractor shall provide meals and snacks that meet the nutritional and dietary recommendations of the Recommended Daily Allowance (RDA) of the Food and Nutrition Board of the National Research Council of the National Academy of Science.

(k) Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance. Menus shall be posted for the current week and one week in advance, and shall be posted in a conspicuous place where the resident can review them.

(l) Past menus of meals that were served, including any changes, shall be retained for at least one month.

(m) A change to a menu shall be posted and accessible to a resident in advance of the meal.

(n) Food stored, prepared or served shall be clean and safe for human consumption.

§2600.163. Personal hygiene for food service workers.

(a) Staff, volunteers or residents involved in the storage, preparation, serving and distributing of food shall wash their hands with hot water and soap prior to working in the kitchen areas or after using the toilet room.

2600.163 Personal hygiene for food service workers

(a) There are additional reasons and times the staff should be washing their hands.

(b) Staff, volunteers, or residents shall follow sanitary practices while working in the kitchen areas.

(c) Staff, volunteers, or residents involved with the storage, preparation, serving, and distributing of food shall be in good health.

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

§2600.164. Withholding or forcing of food prohibited.

(a) A home shall not withhold meals, beverages, snacks, or desserts as punishment.

(b) A resident shall not be forced to eat food.

(c) If a resident refuses to 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.

TRANSPORTATION

§2600.171. Transportation.

2600.163 Personal hygiene for food service workers

(d) What about the staff person with the cut working on the dirty dish side of the kitchen?

2600.164 Withholding or forcing of food prohibited

(c) The reason the resident refuses to eat needs to be determined before the doctor and family are notified.

Remove the term immediately as it is too restrictive. Please do not regulate the personal care homes to the point that residents do not have the freedom to decide if they want to eat or not. The simplest things in life are the biggest choices that the elderly treasure.

2600.171 Transportation

- (3) The following requirements apply whenever staff persons, or volunteers of the home provide transportation for the resident. These requirements do not apply if transportation is provided by a source other than the home.
 - (1) Staff to resident ratios specified in §2600.56 (relating to staffing ratios) shall apply.
 - (2) All vehicle occupants shall be in appropriate a safety restraint at all times the vehicle is in motion.
 - (3) The driver of a vehicle shall be 18 years of age or older and possess a valid driver's license.
 - (4) The driver of the vehicle cannot be a resident receiving services in the home.
 - (5) At least one staff member transporting residents has completed the initial new hire direct care staff training.
 - (6) The vehicle shall have nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, tape, scissors, and syrup of ipecac that are stored together.
 - (7) During vehicle operation the driver may only use a hands-free cellular telephone.
- (8) The home shall maintain current copies of documentation for the following:

- (1) The staff ratio in this section is unclear, please clarify.
- (2) The sentence structure should be *shall be in an appropriate safety*.
- (4) This is another example of denying the resident to have choices. Why isn't a resident permitted to drive with another resident and how would a home enforce this regulation? A resident may simply refuse to comply and what should the home do about this violation? Will the home be cited and fined?
- (6) Please clarify why syrup of ipecac would be in a vehicle? Prior to using syrup of ipecac the poison control center should be contacted. It is not always clear when syrup of ipecac should be used -- so poison control should be contacted for direction.

(1) Vehicle registration.

(2) Valid driver's license.

(3) Vehicle insurance.

(4) Current inspection.

(5) Include Commercial Driver's License (CDL) where applicable.

(c) The home shall assist a resident with the coordination of any transportation to and from medical appointments, if requested by resident, or if indicated in the resident's support plan.

MEDICATIONS

§2600.181. Self-Administration

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

2600.181 Self-Administration.

(b) Medication not prescribed for the resident's self-administration shall be administered by a licensed physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse, or licensed paramedic, as appropriate.

(c) The resident's support plan shall identify if the resident is able to self-administer medications.

(d) If the resident does not need assistance with medication, medication may be stored in a resident's room for self-administration. The administrator shall take precautions to assure that medications, which are stored in the resident's room, are maintained in a safe and secure manner to protect against contamination, spillage, and pilferage.

(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 knows the condition or illness for which the medication is prescribed, the correct dosage and when the medication is to be taken. Examples include but are not limited to, being capable of placing medication in 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 therapeutics.

§2600.152. Storage and disposal of medications and medical supplies.

(e) This section needs to be deleted as it leads to numerous interpretations. It has been agreed upon that PCH do NOT need to have a licensed medical or nursing person to assist residents with self-administration of medications.

It has been agreed upon that there are not enough licensed persons in the state to accommodate PCH. It is fact that there is a critical nursing shortage throughout the Commonwealth and the nation. It has been agreed upon by DPW, OLRM, and the stakeholders that it is appropriate for lay staff to assist with self-administration of medications in the PCH setting. It would be ill advised for DPW to range on the agreements, especially since the DPW already has a course outline for other entities such as Youth Development Centers & Youth Forestry Camps. The DPW course outline is titled "Staff Medication Administration Training" and it does satisfy the regulations in the 55 PA Code 3800.

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

DELETE (e) as many independent persons who dwell in their own homes would not be classified as "capable" under this stringent definition. The inherent danger of this verbiage is that if a resident is not capable then a licensed person as described in (b) would need to administer the medications.

There are other issues that also need to be seriously considered. Most PCH do not have the income to pay for a nurse's wages. This is especially true for those homes which cater to the SSI residents. The SSI rate is \$30/day and the average wage for a nurse is \$17 to 30/hour.

Nurses are unable to carry malpractice insurance for working in a PCH in Pennsylvania. This can be verified with NSO. So how many nurses are going to agree to work without insurance in our litigious society?

OUR RECOMMENDATION: Revert to Chapter 2620.34 and add suggestions from the DPW Advisory Committee for a medication training program for lay staff.

(a) Prescription, over-the-counter (OTC), and complementary and alternative medications

(CAM) shall be kept in their original labeled containers and shall 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.

(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.

(d) Prescription, OTC, and CAM shall be stored separately.

(e) Prescription, OTC, and CAM shall be stored under proper conditions of sanitation, temperature, moisture, and light per the manufacturer's instructions.

(f) Prescription, OTC, and CAM, discontinued and expired medications, and prescription medications for residents who are no longer served at home shall be destroyed 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's medications shall be given to 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.

2600.182 Storage and disposal of medications and medical supplies.

(b), (c), (d), (g), and (h) become rather confusing and may contribute to error.

We prefer the verbiage from 2620.34 (3) which states, "Medications that are stored by the home shall be stored in a clean, organized and locked area and, if required, shall be refrigerated."

There are various ways to organize medications. Correct ways include a bin for each resident which holds all the pharmacy items, or drawers which are organized by time (8am, 2am, 8pm etc.) which holds all residents meds. There's a variety of correct systems. We feel that the storage system should not be restrictive so that it can encompass all homes.

(a) Antiseptics and medicines for external use shall be stored separately from oral and injectable medicines.

(b) Prescription, OTC, CAM, and syringes shall be stored in accordance with federal and state regulations.

§2600.183. Labeling of medications.

(a) The original container for prescription medications shall be labeled with a pharmacy label.

(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 to the particular resident's use and accompanied by a physician's order.

§2600.184. Accountability of medication and controlled substances.

(a) The home shall develop and implement policy and procedures addressing the methods to ensure the safekeeping of medications.

(b) At a minimum, the policy and procedures shall have: