

(1) Documentation of the receipt and administration of controlled substances and prescription medications.

(2) A process that will be followed to investigate and account for missing medications and medications omissions.

(3) Limited access to medication storage areas.

§2600.185. Use of medications.

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

(b) If the home helps with self-administration, then the only prescription, OTC, and CAM medications that are allowed to be given are those prescribed, approved, or ordered by a licensed physician, certified registered nurse practitioner, licensed dentist, or physician's assistant within their scope of practice.

(c) Verbal changes in medication can be made only by the prescriber and shall be documented in writing in the resident's record and the medication record as soon as the home is notified of the change.

§2600.186. Medication records.

(a) If a resident stores medication for self-administration in his room, a current list of prescribed medications taken by a resident as reported to the home shall be maintained in that resident's record.

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

(1) The prescribed dosage.

(2) Possible side effects.

(3) Contraindicated medications.

(4) Specific administration instructions.

(5) The name of the prescribing physician.

(6) Drug allergies.

(7) Dosage, date, time, and the name of the person who helped with the self-administration of the medication.

2600.186. Medication records.

(b) (2),(3),(4) These items are not customarily listed on medication records used in health care settings. Please note samples of medication records (MARs) supplied for reference.

The quantity of this information would be difficult to list on a medication record. It would also create a cumbersome record for the user to work with. We verified with our local pharmacies who stated that they were unaware of any computer programs that would print this massive quantity of information on a medication record.

OUR SUGGESTION: Delete (b) (2-4), and add (e) The home shall have a drug reference source which is easily accessible.

(c) The information in subsection (b) (7) shall be recorded at the same time each dosage of medication is self-administered.

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

§2600.187, Medication errors.

(a) Documentation of medication errors shall be kept in the medication record. Medication errors include the failure to self-administer medication, self-administering the incorrect medication, self-administering the correct medication in an incorrect dosage, failure to document the self-administration of the medication, self-administering the correct medication at the incorrect time, or medication taken by the wrong resident. A medication error shall be reported to the physician immediately.

(b) The home shall evaluate medication errors to include the following:

- (1) There shall be a system in place to identify and document medication errors and the home's pattern of error.
- (2) There shall be documentation of the follow-up action that was taken to prevent future medication errors.

2600.186 Mediation record

(d) Replace *by the end of the shift* with *within reasonable time*. Let's be reminded once again, that residents should have the patient right to refuse medication and treatment.

2600.187 Medication errors

A medication error shall be reported to the physician *within a reasonable amount of time*, it may not be necessary to make this report immediately.

(b) How does a home evaluate medications errors? This is busy paperwork which takes time away from direct care. Reporting and documenting incident reports is currently required what additional paperwork is going to eliminate medication errors. The home will become more concerned about completing the correct paperwork and reports which will result in less quality of direct care because the time spent with the resident will be spent completing paperwork.

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(a) The following procedures are prohibited in the homes:

- (1) Seclusion, defined as involuntary confinement of a resident in a room from which the resident is physically prevented from leaving.
- (2) The use of aversive conditioning, defined as the application of startling, painful, or noxious stimuli.
- (3) Pressure point techniques, defined as the application of pain for the purpose of achieving compliance.
- (4) A chemical restraint, defined as use of any medication or biological for the purpose of immobilizing the resident, inducing a state of sleep or unconsciousness, or reducing the ability to move freely. When a physician orders a drug that is part of the resident's ongoing Support Plan, and has documented as such for treating the symptoms of mental, emotional, or behavioral condition, the drug should not be construed as a chemical restraint. A drug ordered by a licensed physician or dentist as part of ongoing medical treatment, or as pretreatment prior to a medical or dental examination or treatment, is not a chemical restraint.
- (5) A mechanical restraint, defined as a device that restricts the movement or function of a resident or portion of a resident's body. Examples of mechanical restraints include handcuffs, anklets, wristlets, camisoles, helmet with fasteners, muffs and mitts with fasteners, poseys, waist straps, head straps, papoose boards, restraining sheets, and

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similar devices. A mechanical restraint does not include assistive devices, such as orthopedically prescribed appliances, surgical dressings and bandages, protective helmets, supportive body bands, and supports utilized for the achievement of functional body position or proper balance that have been prescribed by a medical professional.

(6) A manual restraint, as defined in §2600.4 (relating to definitions).

SERVICES

§2600.221. Activities program.

The administrator shall develop a program of activities designed to promote each resident's active involvement with other residents, the resident's family, and the community. The program shall provide social, physical, intellectual, and recreational activities in a planned, coordinated and structured manner. A current weekly activity calendar shall be posted in a conspicuous place in the home.

§2600.222. Community social services.

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

2600.223 Description of services

§2600.223. Description of services.

(2) Please explain how this is related to services and activities?

(a) The home shall have a written description of services and activities that the home provides to include the following:

(1) The scope and general description of the services provided by the home.

(2) The criteria for admission and discharge.

(3) Specific services provided by the home.

(b) The home shall develop written procedures for the delivery and management of services from admission to discharge.

§2600.224. Pre-admission screening tool.

(a) A determination shall be made, prior to admission, and documented on the standardized preadmission screening tool in conjunction with the resident-home contract that the needs of the resident can be met by the services provided by the home.

(b) An applicant whose personal care service needs cannot be met by the home shall be referred to a local appropriate assessment agency or agent.

§2600.188. Adverse reaction.

If a resident has a suspected adverse reaction to a medication, the home shall immediately consult a physician. The resident's family shall be notified, if applicable. The home shall document adverse reactions, the physician's response, and any action taken in the resident's record.

SAFE MANAGEMENT TECHNIQUES

§2600.201. Safe management techniques.

- (a) The home shall use positive interventions to modify or eliminate a behavior that endangers residents, staff or others. Positive interventions include improving communications, reinforcing appropriate behavior, redirection, conflict resolution, violence prevention, verbal praise, de-escalation techniques, and alternatives, techniques, or methods to identify and defuse potential emergency situations.
- (b) A home shall incorporate a quality improvement program designed to continuously review, assess, and analyze the home's ongoing steps to positively intervene when a resident demonstrates a behavior that endangers residents, staff or others.

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

2600.210. Safe management techniques.

This section should only be required if it is applicable to the PCH's population.

§2600.225. Initial assessment and the annual assessment.

(a) A resident shall have a written initial assessment that is documented on standardized forms provided by the Commonwealth, within 72 hours of admission or within 72 hours prior to admission. The PCH administrator or his designee, or a human service agency may complete the initial assessment.

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

(1) Background Information.

(2) Medical Assessment.

(3) Social Assessment.

(4) Mobility Assessment.

(5) ADL Assessment.

(6) IADL Assessment.

(7) Medication Assessment.

2600.225. Initial assessment and the annual assessment.

This initial assessment is too extensive. The current form, "Personal Care Home Standardized Screening Instrument - Part I and II", are less time consuming and capture the resident's needs at a glance. This form also includes a financial responsibility section.

Within thirty days of placement into a personal care home, the true needs of the resident surface. A more accurate assessment can be completed at that time, but not prior to placement.

Completing an extensive assessment prior to placement is wasted time for all involved because the resident will have to be reassessed within a month.

The proposed assessment includes gathering information that may not be possible to verify, collect, or determine immediately. Additionally, who is qualified to complete such professional assessments like (8) psychological assessment? Is this just another added excuse to push toward the medical model?

(8) Psychological Assessment.

(c) A home may use its own assessment forms, if their forms include the same information in subsection (b).

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

(1) Annually within 30 days before or 30 days after the resident's anniversary date of his admission.

(2) If the condition of the resident materially changes prior to the annual assessment, the review shall be completed and updated on the current version.

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

(4) At the time of a hospital discharge.

(e) A resident who is referred by a State mental hospital, a State mental retardation center, a county mental health and mental retardation program, a drug and alcohol program or an area agency on aging shall not be admitted to a home without first obtaining a written assessment of the resident's needs from the referral agent. The assessment shall include an identification

of the personal care services required by the resident and shall be used to complete the preadmission screening tool and if admitted the initial intake assessment.

(f) If the resident's physician or local assessment agency determines that the resident requires a higher level of care, a plan for placement shall be made as soon as possible by the administrator in conjunction with the resident or designated person, or both.

(g) If a resident is determined to be immobile as part of the initial intake or annual assessment, specific requirements relating to the care, health and safety of an immobile resident shall be met immediately. The resident shall be continually assessed for mobility as part of his support plan.

2600.225 Initial assessment and the annual assessment

(g) How does a personal care home meet the needs of a resident immediately if they are not able to meet those needs? This would be considered needing a high level of care. The higher level of care may not be nursing home care but may be beyond services that a specific home would not be capable of providing.

This is an example of defining higher level of care when the issue of refunds surface because the resident may need additional space, more direct care hours, or become an elopement risk which a specific facility is not able to handle.

The home will have the right to manage and determine the population that it provides services. The make up of the home is what makes this business thrive because consumers are able to choose where they want to live and with whom they want to live. All personal care homes are not from the same cookie cutter. Homes are all cookies but we use different batter and cutters.

What is defined as *continually* assesses - hourly, daily, weekly, monthly?

§2600.226. Development of the support plan.

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

(b) The resident or the resident's family and/or advocate shall be informed of the right to have the following people assist in the development of the resident's support plan: case manager from the social service agency when the resident has a case manager, other social service

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2600.226. Development of the support plan.

Please delete this requirement.

The support plan would need to be updated continually as the residents needs change. This excessive paperwork would take valuable time away from the residents. One of the biggest problems that the elderly face is loneliness. Forcing the staff to write support plans would take away time that could be better spent with the residents.

Additionally, support plans tend to consider what everyone wants for the resident and thinks the resident needs. It generally does not take into consideration what the resident wants and needs. Similarly to these proposed regulations, the Department is not considering and validating what the providers have been expressing.

The support plans may infringe on the rights of the resident because the staff would be committed to following the support plan regardless of the resident's desires.

The support plans are a reflection of the push towards the medical model. PCHs do NOT want to become mini nursing homes. Excessive paperwork does not equate to quality of care that our residents deserve.

Finally, the cost factor plays a role and must be considered. The support plan will drive the cost up by increasing needs of the residents. Today, many homes provide services that are bundled into one cost. They provide quality care which is morally and ethically correct. Support plans will be attached to assessments which will be attached to contracts and this will increase the cost substantially. Staff time will increase due to the excessive paperwork. The increase in staff time converts to dollars which will be passed on to our residents.

entities, the home staff, family or advocates, doctors, and other interested persons designated by the resident.

(c) Documentation of reasonable efforts made to involve the resident's family, with the consent of the resident, shall be kept. If the resident's family declines, this fact shall be documented in the record.

(d) Persons who participated in the development of the support plan shall sign and date the support plan.

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

§2600.227. Copies of the support plan.

The home shall make a copy of the support plan available to the resident.

§2600.228. Notification of termination.

(a) A resident shall have the right to request and receive assistance in relocating from the home to a facility that meets the needs of the resident.

2600.226 Development of support plan

(e) What if the resident or family does not sign the support plan? Will the home be permitted to provide services identified in the support plan? If so, then why does the resident not have the right to refuse? If not, then the home could be accused of neglect. How is this issue resolved and would this be a reason for termination? This appears to be a lose-lose situation.

2600.228 Notification of termination

(a) Please delete *from the home* because the home should not be responsible for placement to another facility. The home's responsibility should be limited to providing resources.

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

(c) A home shall give the Department written notice of its intent to close the home, not later than 60 days prior to the anticipated date of closing.

(d) A home may not require a resident to leave the home prior to 30 days following the resident's receipt of a written notice from the home regarding the intended closure of the home, except when the Department determines that removal of the resident at an earlier time is necessary for the protection of the health and safety of the resident.

(e) The date and reason for the discharge or transfer, and the destination of the resident, if known, shall be recorded in the resident record.

(f) If the legal entity chooses to voluntarily close the home, the Department working in conjunction with appropriate local authorities, shall offer relocation assistance to the residents. Each resident shall participate in planning the transfer, except in the case of an

2600.228 Notification of termination

(b) Please define *referral agent*. At this time, most referral sources are not made aware when a resident is discharged and do not have a need to be advised.

This shall be stipulated in the resident-home contract prior to admission to the home. This statement is open to various interpretation and how can this information be determined prior to admission.

Please clarify *when the resident needs psychiatric or long-term care is abused in the home.*

emergency and shall have the right to choose among the available alternatives after an opportunity to visit the alternative homes except in the case of an emergency. These procedures shall apply even if the resident is placed in a temporary living situation.

(g) Within 30 days of the homes closure, the legal entity shall return the license to the PCH regional field licensing office.

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

(1) If a resident is a danger to himself or others.

(2) If the legal entity chooses to voluntarily close the home.

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

(4) If the resident's needs would require a fundamental alteration in facility program or building site.

(5) If the resident has failed to pay or cooperate with efforts to obtain public funding.

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

§2600.229. Secured unit requirements.

(a) Doors locked by using an electronic or magnetic system to prevent egress are considered mechanical device restraints and are permitted in licensed homes for specialized Secured Units provided the following standards are met:

(1) Safety standards shall including the following:

(i) If the building meets current Labor and Industry occupancy certification for a small or large PCH, the secured unit shall be located at grade level of home with an outside enclosed areas such as a porch or patio located on same grade level adjacent to the secured unit.

(ii) If the building exceeds current Labor and Industry occupancy certification for a small or large home, and meets C-1 or better Life Safety or BOCA/BC Code for

2600.228 Notification of termination

(5) Please delete *cooperate*.

Please add (7) *If the resident is not appropriate for the personal care home.*

Institutional or higher rating, an above-grade unit can be approved if all of the other stipulations of this Section are met.

(iii) A mechanical device, such as a key, deadbolt or sliding bolt lock shall not lock exit doors.

(iv) Doors that open into the enclosed areas shall not be operated by an electronic or magnetic locking system, or similar device.

(v) Residents shall have free and easy access to the enclosed areas year round, except after dusk and during inclement weather.

(vi) Doors that open onto areas such as parking lots, or other open, potentially unsafe areas, shall be permitted to be locked by an electronic or magnetic system.

(vii) Facilities shall provide a statement from the manufacturer, specific to that home, verifying that the electronic or magnetic system will shut down when the fire alarm system is activated, and that all doors will open easily and immediately.

(viii) Written approval or a variance shall be obtained from the Department of Labor and Industry, or from the Department of Health for C-1 or Better Life Safety or BOCA/IBC or the appropriate fire safety authority in the cities of Scranton, Pittsburgh, and Philadelphia.

(ix) Fire alarm systems shall be interconnected to the local fire department, where available, or a 24-hour monitoring/security service approved by the local fire department.

(x) The home shall provide for even illumination and appropriate levels of light to maximize vision.

(xi) The home shall minimize hazards and risk of falls through the provision of sturdy furniture, ramps, and removal of clutter.

(b) Environmental standards shall including the following:

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

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

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

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

2600.229 Secured unit requirements

(c) Admission standards, including the following:

- (1) A complete medical and cognitive assessment, which documents the need for the resident to be placed into a secured unit, shall be completed for each resident prior to admission to the home, which provides a secured unit.
- (2) A licensed physician, or a geriatric assessment team shall complete such assessments for the resident requiring the secured unit.
- (3) A complete medical and cognitive assessment shall not be required for the spouse or relative of the resident requiring the secured unit, if the spouse or relative does not have a diagnosis requiring the secured unit but expresses a desire to live with the resident.
- (4) Each resident record shall have documentation that the resident or the resident's legal representative has consented to the resident's admission or transfer to the secured unit.
- (5) The home shall maintain a written agreement containing a full disclosure of services, admission and discharge criteria, change in condition policies, services, special programming, and cost and fees pertaining to the resident.

(d) Care standards, including the following:

(c)(4) Why can a resident be placed into a personal care home based solely on consent of another person? In a mental health setting such as a Geriatric psychiatric unit a patient cannot be admitted if they do not consent unless being involuntarily committed (302) and the time is very limited. Again, this is an infringement of the rights of the residents.

- (1) The home shall maintain the current assessment of the resident to confirm the diagnosis of the dementia and the assessment of other co-occurring health conditions.
 - (2) Within 72 hours of the admission or within 72 hours prior to the resident's admission to the secured unit, a support plan shall be developed, implemented and documented in the resident record and shall identify the resident's physical, medical, social, cognitive, and safety needs, who will address such needs, and the responsible person.
 - (3) Such plans shall be reviewed at least annually or as the resident's condition changes.
 - (4) The resident or their legal representative or both, shall be involved in the development and review of the support plan.
- (e) Discharge standards which provide that if the home initiates a discharge or transfer of a resident, or the legal entity chooses to close the home, the administrator shall give a 60-day advance written notice to the resident, the resident's legal representative, and the referral agent citing the reasons for the discharge or transfer. This requirement shall be stipulated in the resident-home contract signed prior to admission to the secured unit.
- (f) Administrator training including the following:

2600.229 Secured unit requirements

- (e) Why does a secured unit have a 60 day advanced written notice instead of a thirty day advanced written notice?

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

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

(i) Psychosocial issues.

(ii) Specific cultural issues.

(iii) Psychological changes.

(iv) Functional consequences of other age-related diseases.

(v) Interpersonal skills in communications and team building.

(vi) Care-giving strategies.

(vii) Sexuality issues.

(viii) Nutrition issues.

(ix) Communication issues with residents and family and therapeutic activities, techniques, and strategies.

(x) Medication use, effects, and side effects.

(xi) Abuse prevention and resident rights consistent with the Older Adult Protective Services Act (35 P.S. §§10225.101-10225.5102).

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

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

(2) Definition and diagnosis of dementia, description of reversible and irreversible causes, and explanation of differences between dementia, delirium, and depression.

(3) Definition of dementia and related disorders, progression, stages, and individual variability.

(4) Communication techniques.

(5) Description of behavioral symptoms of dementia and how to manage resident behaviors.

(6) The role of personality, culture, and environmental factors in behavioral symptoms and dementia care.

(7) The home's philosophy of dementia care, including mission statement, goals, policies and procedures.

(8) Working with family members.

(9) Resources for residents with dementia and their families.

(10) Team building and stress reduction for the staff.

(11) Older Adult Protective Services Act (35 P.S. §§10225.701-707)

(b) Residents of secured units are considered to be mentally immobile. In addition to the requirements of §2600.56 (relating to staffing ratios), the Department will exercise its option to require additional staffing when necessary.

(i) Programming standards, including the following:

(1) Activity programming in the secured unit, which shall maximize independence while focusing on strengths and abilities.

(2) General activity programming, which shall be offered with a frequency that meets the individual needs of the resident.

(3) Resident participation in general activity programming, which shall:

(i) Have a purpose that the resident can appreciate and endorses.

(ii) Be done voluntarily.

(iii) Respect the resident's age and social status.

(iv) Take advantage of the resident's retained abilities.

(j) Notification to the Department as follows:

(1) 60 days prior to the secured unit becoming operational for the first time, the legal entity of the home shall notify the appropriate Department Regional Office in writing of the home's need or desire to implement a secured unit within the home.

(2) If the home makes any changes to the current secured unit with respect to increase or decrease of resident capacity, change in locking system, additional doors to be locked, or floor plan changes, the legal entity of the home shall notify the appropriate regional field licensing office in writing, 60 days prior to completion of such changes.

(3) The following documents shall be included in the written notification:

- (i) Name, address, and legal entity of the home.
- (ii) Name of Administrator of the home.
- (iii) Total resident population of the home.
- (iv) Total resident population of the secured unit.
- (v) Building description and general information.
- (vi) Unit description.
- (vii) Type of locking system.
- (viii) Emergency egress.
- (ix) Sample of a two-week staffing schedule.
- (x) Verification of completion of additional training requirements.
- (xi) Operational description of the secured unit locking system of all doors.

(xii) Manufacturer's statement regarding the secured unit locking system.

(xiii) Written approval or a variance from the Department of Labor and Industry, or the appropriate fire safety authority in the cities of Scranton, Pittsburgh, and Philadelphia.

(xiv) Name of municipality or 24-hour monitoring service maintaining the interconnection with home's fire alarm system.

(xv) Statement from the local fire and building code authorities of meeting all applicable fire safety and building code requirements.

(xvi) A sample plan of care and service for the resident addressing the physical, medical, social, cognitive, and safety needs, who will address such needs, and the responsible person

(xvii) Activity standards to be followed.

(xviii) A sample of the complete medical and cognitive pre-admission assessment, which is completed upon admission and reviewed and updated annually.

(xix) A sample consent form from the resident, or their legal representative agreeing to the resident's placement in the secured unit.

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

(xxi) Description of environmental cues being utilized.

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

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

§2600.230. Mobility standards.

(a) An immobile person who does not require the services in or of a long-term care facility, but who does require personal care services, may be admitted to a home as a resident.

(b) If a resident is determined to be immobile as part of the initial or annual standardized screening instrument including mobility assessment, specific requirements relating to the care, health and safety of an immobile resident shall be met immediately.

(c) The administrator shall notify the appropriate regional field licensing office within 30 days when an immobile person is admitted to the home or the date, when a resident becomes

immobile in order for field office staff to evaluate compliance of the home with staffing requirements for homes housing immobile residents.

RESIDENT RECORDS

§2600.241. Resident records.

- (a) A separate record shall be kept for each resident.
- (b) The entries in a resident's record shall be permanent, legible, dated, and signed by the person making the entry.
- (c) The home shall maintain resident records on standardized forms utilized by the home.
- (d) The administrator shall maintain individual resident records on the premises where the resident lives. Resident records shall be made available to residents during normal working hours.
- (e) The home shall comply with §2600.17 (relating to confidentiality of records).

§2600.242. Content of records.

- (a) Each resident's record shall include personal information such as:

(1) The name, gender, admission date, birth date, and Social Security Number.

(2) The race, height, weight, color of hair, color of eyes, and identifying marks.

(3) A current photograph of the resident that is no more than 2 years old.

(4) Language or means of communication spoken or used by the resident.

(b) Each resident's record shall include emergency information such as:

(1) The name, address, telephone number, and relationship of a designated person to be contacted in case of an emergency.

(2) The name, address, and telephone number of the resident's physician or source of health care and health insurance information, if any.

(3) The current and previous 2 years' physician's examination reports, including copies of the medical evaluation forms.

(4) A list of prescribed medications.

(5) Dietary restrictions.

2600.242 Content of records

(a)(2) How is a personal care home permitted to ask a person their race and what difference does that make in the service provided? Please delete the word *race*.

(b)(3) Why are two years of previous medical records needed? This would be difficult and in some cases impossible to achieve.

Personal care homes are not medical facilities. Medical records are confidential. This VIOLATES the residents right to confidentiality. The legal implications of this needs to be explored.

The current medical evaluation form (MA51) is sufficient, and adequately meets the needs of the PCH.

(15) A termination notice, if any.

§2600.243. Record retention and disposal.

Each home shall have and utilize a policy and procedures for closure and storage of the original or reprographic reproduction of resident records. The policy and procedure shall include, but not be limited to the following:

- (1) The resident's entire record shall be maintained for a minimum of 3 years following the resident's discharge from the home or until any audit or litigation is resolved.
- (2) The resident's record shall be destroyed 4 years after his discharge from the home. The records shall be destroyed in a manner that protects confidentiality.
- (3) The home shall maintain a log of resident records destroyed on or after the effective date of this Chapter. This log shall include the resident's name, record number, birth date, admission date, and discharge date.

§2600.244. Record Access and Security.

- (a) Records of active and discharged residents shall be maintained in a confidential manner, which prevents unauthorized access.

- (6) An inventory of the resident's personal property as voluntarily declared by the resident upon admission and voluntarily updated.
- (7) An inventory of the resident's property entrusted to the administrator for safekeeping.
- (8) Financial records of residents receiving assistance with financial management.
- (9) The reason for termination of services or transfer of the resident, the date of transfer and the destination.
- (10) Copies of transfer and discharge summaries from hospitals, if available.
- (11) If the resident dies in the home, a record of the death of the resident and a copy of the official death certificate shall be retained in the resident's file.
- (12) Signed notification of rights, grievance procedures and applicable consent to treatment protections specified in §2600.31 (relating to notification of rights and complaint procedures).
- (13) A copy of the resident-home contract
- (14) Individual personal care services to be provided and changes in the services.

2600.242 Content of records

(12) Why does a personal care home need a signed consent for treatment? Personal care homes are not medical facilities and we do NOT treat.

(14) Is this something different than a support plan? Please clarify. Now we are being required to document what we are required to document. Should we just hire staff to write or do actual hands on work?

each resident's involvement in planning the relocation, except in the case of an emergency. Each resident shall have the right to choose among the available alternatives after an opportunity to visit the alternative homes. These procedures will occur even if the residents are placed in a temporary living situation.

(2) A resident will not be relocated if the Secretary of Public Welfare determines in writing that the relocation is not in the best interest of the resident.

(d) The revocation of a license may terminate upon the Department's determination that its violation is corrected.

(e) If, after 3 months, the Department has cause to refuse or to deny a new license for a home, the prior license is revoked under this section

(1) Revocation or non-renewal under this section will be for a minimum of 5 years.

(2) A home, which has had a license revoked or not renewed under this section will not be allowed to operate, staff or hold an interest in a home which applies for a license for 5 years after the revocation or non-renewal.

(f) If a home has been found to have Class I violations on two or more separate occasions during a 2-year period without justification, the Department will revoke or refuse to renew the license of the home.

(g) The power of the Department to revoke or refuse to renew or issue a license under this section is in addition to the powers and duties of the Department under section 1026 of the Public Welfare Code (62 P. S. §1026).

§2600.254. Policies, plans, and procedures of the home.

All policies, plans, and procedures, which the home is required by these regulations to develop, shall be implemented and followed by the home.

Chapter 2620. Personal Care Home Licensing. Reserved.

Original: 2294

#14-475

580

"same as 573, 574, 575, 576, 577, 578, 579"

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

October 22, 2002

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


Dear Teleta Nevius:

I am not opposed to additional training for the employees of personal care homes. But it needs to be reasonable, goal oriented and hands on. As administrators, we understand that we are getting residents who need far more care than we were originally equipped to handle.

We also understand that there are some homes, which should be closed. But we need to work together to accomplish new regulations, which make sense for all of us.

I look forward to working with you to rewrite these regulations .

Sincerely


Phyllis N. Mrosco

DECEMBER
OFFICE OF REGULATORY AFFAIRS

10

Original: 2294

#14-475 (581)
"same comment
as 573, 574, 575,
576, 577, 578,
579, & 580"

PHILLIS N. MROSCO
DIRECTOR
2000-0 PA 8-01
NEW STANTON
REVIEW COMMISSION
Phyllis N. Mrosco
R.D.#1, Box 261P
New Stanton, PA 15672-9608
412-580-6940

October 22, 2002

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

Dear Teleta Nevius:

Regarding 2600.15(b) the reporting of abuse of a resident shouldn't there also be a requirement added to report family abuse.

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

Thank you for your time in responding to my concerns.

Sincerely,


Phyllis N. Mrosco

REC'D

6

PHILLIS N. MROSCO

Original: 2294

2002 NOV - 7 AM 9:21

INDEPENDENT REGULATORY REVIEW COMMISSION

October 22, 2002

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

Dear IRRC:

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

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

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

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

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

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

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

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

Sincerely,

A handwritten signature in cursive script that reads "Karen Russell".

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

Comments of Proposed Personal Care Home Regulations

2600.20 Resident Funds

(b) (1)

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

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

(4)

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

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

(9)

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

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

(12)

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

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

2600.26 Resident-home contract: information on resident rights

(2)

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

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

2600.29 Refunds

(d)

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

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

(e)

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

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

2600.31 Notification of rights and complaint procedures

(k)

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

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

2600.32 Specific Rights.

(d)

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

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

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

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

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

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

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

2600.53 Staff Titles and qualifications for administrators

(a)

The administrator shall have one of the following qualifications:

- (1) a valid license as a registered nurse from this Commonwealth
- (2) An associate’s degree or 60 credit hours from an accredited college or University
- (3) A valid license as a licensed practical nurse, from this Commonwealth and one Year of work experience in a related field
- (4) A valid license as a Nursing Home administrator from this Commonwealth

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

2600.54 Staff titles and qualifications for direct care staff

(1)

Be 18 years of age or older

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

(2)

Have a high school diploma or GED.

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

2600.55 Exceptions for staff qualifications

(b)

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

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

(c)

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

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

2600.56 Staffing

(c)

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

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

(k)

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

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

2600.57 Administrator training and orientation

(6)

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

(ii)

care for persons with dementia and cognitive impairments

(iii)

care for persons with mental retardation

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

2600.58 Staff training and orientation

(c)

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

Comment: First, to not allow direct resident contact until a test is passed is not in the best interest of the employee or facility. An employee needs to have some direct contact with residents to even make sure this is the type of work they want to do. Sometimes facilities spend an enormous amount of time and money on a new hire only to find out that the employee has decided this is not the work for them. To require all of this training and testing prior to resident contact will not allow the employee to get a true sense of the job.

Who will create these competency tests? Will the facility and administrator be responsible for developing these tests? Do you realize what great variance the Dept of Public Welfare will see in these tests from facility to facility? Will these tests really be an accurate predictor of performance and competency? This section needs re-worked and clarified.

(e)

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

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

(7) (vii)

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

2600.60 Individual staff training plan

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

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

2600.59 Staff Training Plan

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

2600.101 Resident Bedrooms

(c)

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

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

(r)

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

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

2600.102 Bathrooms

(g)

Individual toiletry items including toothpaste, toothbrush, shampoo, deodorant, comb, and hairbrush should be made available.

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

2600.130 Smoke detectors and fire alarms

(e)

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

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

2600.132 Fire Drills

(d)

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

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

(j)

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

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

2600.161 Nutritional adequacy

(g)

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

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

2600.162 Meal Preparation

(h)

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

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

2600.171 Transportation

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

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

Medication

2600.181 Self-administration

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

2600.182 Storage and disposal of medications and medical supplies

(d)

Prescription, OTC and CAM shall be stored separately.

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

2600.186 Medication Records

(b)

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

(2)

possible side effects

(3)

contraindicated medications.

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

2600.225 Initial assessment and the annual assessment

(b)

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

(6)

IADL assessment

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

2600.228 Notification of termination

(h)

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

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

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