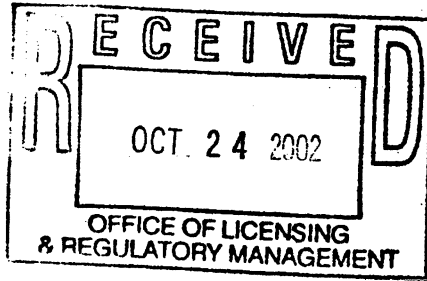


11/05/20 11:24:07  
STATE COMMISSION

#14-475 (25)



12-B Tranquility Ln.  
Reading, PA 19601  
Oct. 23, 2002

Re: New proposed regulations for  
Personal Care Homes in PA

Teleta Nevius, Director

The on going cost to a personal care home for staff training and the extra fire safety training for full time, part time, and temporary staff persons and volunteers will be cost prohibitive. To be on direct care staff, one would have to have a high school education or GED in your new proposed regulations. That kind of education does not make one a good care giver. And we have had good care givers under 18 and poor ones that are older. That does sound like proper criteria for staff

The policies, plans and procedures in the new proposed regulations for Personal Care Homes will be costly to develop and implement. The increase in costs will put some homes out of business and no one will be able to keep residents on SSI. There will be many individuals needing personal care who won't be able to afford it and they will have no place to go. (I may be one of them.) What will you do then? There needs to be much re-consideration and changes before this is put into law.

Sincerely,  
Marcene Busch

NOEL

10-25-02

14-475 (744)

*Senator White*

AS A OWNER AND OPERATOR OF A PERSONAL CARE HOME SINCE 1988 WE HAVE LOTS OF HANDS ON EXPERIENCE. ONE OF THE ADVANTAGES WE HAVE IS LICENSED FOR EIGHT WHICH USUALLY YOU DON'T HAVE AT ALL TIMES.

NOW WITH THE NEW REGS. COMING OUT HOW DO YOU THINK OR KNOW THAT A SMALL HOME CAN MEET THE EXPENSE OF ALL THIS WORK WITH RESIDENTS FOR \$1.25 PER HR. AND MEET ALL INSURANCES, UTILITIES, PAY ROLL IF YOU CAN DO THIS THEN GIVE ME SOME LESSONS ON MANAGING FINANCES.

WE TRY TO DO WHAT OUR RULES AND INSPECTORS WANT US TO AND OUR INSPECTIONS HAVE BEEN GOOD ALSO IF A QUESTION OR PROBLEM COMES ALONG I CAN CALL ASK OR GET THE BEST ADVICE AS WHAT TO DO. I FEEL IF ALL INSPECTORS ARE LIKE THE ONES WE HAVE AND HAVE US DO WHAT THE GREEN BOOK SAYS THEN YOU WOULDN'T BE HAVING ALL THESE CHANGES. ALSO THEY ARE HUMAN NOT JUMPING DOWN OUR THROATS BECAUSE THEY HAVE AUTHORITY OVER US.

IF YOU FEEL PUTTING NURSES INTO ALL PERSONAL CARE HOMES THAT WILL SOLVE YOUR PROBLEMS WHY IS THERE SUCH A SHORTAGE OF NURSES IN HOSPITALS, NO NURSE IS GOING TO BE THERE 24 HRS AND I KNOW OF SOME THAT FOUND OUT IT IS MORE THAN THEY THOUGHT THEY STILL WILL NOT BE THE ONES WHO HAVE HANDS ON..

OUR PERSONAL CARE HOME IS NOT ASSISTED LIVING IT IS PERSONAL CARE THEY DO WHAT THEY CAN THEN WHEN HELP IS NEEDED WE DO IT WAS MY UNDERSTANDING PERSONAL CARE IS PERSONAL CARE NOT TRYING TO PUT US IN WITH NURSING HOMES, ASSISTED LIVING HOMES. WE ARE A FAMILY TO THOSE WHO HAVE NO FAMILY, WE SHOW LOVE, CARE, AND A FRIEND.

HOSPITALS ONLY REQUIRE 8HRS, NURSING HOME 10HRS, WHY US 24HRS. I TRAIN MY STAFF WITH A MANUAL OF 4 HRS THEN ON THE FLOOR FOR A PERIOD OF 30 DAYS THEN I DECIDE WHERE THEY NEED MORE., TRAINING IN FIRE, FIRE SAFETY EQUIP CO. INSULIN VNA INFECTIONS VNA DIAMOND DRUGS. ALL IN ALL WE DO GOOD HAVE A GOOD STAFF, GOOD RESIDENTS. IF YOU FEEL THESE PEOPLE NEED UNEMPLOYED, RESIDENTS ALL IN LARGE PLACES, REMEMBER ALWAYS LARGER ISN'T ALWAYS BETTER DESTROY ALL OF US, IT WILL BE WORSE THAN WHAT YOU HAVE.

PROSPERITY HILL VISTA  
1800 PURCHASE LINE RD.  
CLYMER, PA. 15728-6912  
NANCY CRAWFORD

*Nancy Crawford*

*Please consider more unemployed  
more closing of business  
before passing this bill.*

RECEIVED

OCT 28 2002

INDIANA

#14-475 (22)

Original: 2294

Dear Department of Public Welfare,

I am a proud 8 year employee of a personal care home. A home built that I love for many reasons. Truly because it is a home. A home for our residents, their families, community members and lastly we employees. It is a nurturing environment built by our owner and administrator. An environment that thrives on interaction and communication. With that foundation, the health and safety and welfare of our residents is our main concern.

Our owner has kept us up to date over the last year about the proposed regulations. They have shared with us each draft. Why do you want to change what we have built? Why do you want to make us into a nursing facility? Why do you want to close so many homes?

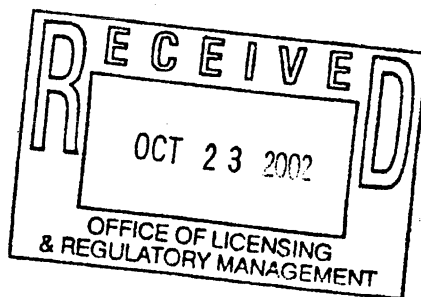
We receive the training that is required and we feel that is more then enough to help us care for our residents. Twenty four hours of continued training is way too much. First off getting good speakers for 24 hours, second paying us to attend additional 24 hours, and third paying people to watch the floors, and finally a half of our residents are SSI residents. Ms. Nevius, will you be supplying the extra money for these hours so our owner doesn't have to raise rates? Ms. Nevius, will you be helping our residents who will not be able to afford the increase find new homes? They are loved here, cared for here, call us home. As a personal care home employee may I suggest going to eight hours from twenty four. Don't add hours that will not be productive, wasteful, and useless.

This is an important issue. This is important to resident safety. But, it is way too much. Resulting in wasted hours and wasted time. If these new rules and regulations are passed our employers have informed us that they will not be able to operate. That will eliminate all of our jobs plus twenty seven residents will be out of their homes. I truly hope that you have put in a lot of thought to these new rules and regulations. I have heard that if you just enforced the old ones that that would be the answer. We have a med system that the pharmacy prepares all the meds and puts them in packets with the residents names on them.

But under these new rules we wouldn't even be able to pass these meds or even give a tylenol when it is needed. Our employers have tried to keep us informed but there are so many changes that would occur that they would not be able to stay in business. This cant be happening here-not in America where we have so many freedoms. The SSI residents are going to have nowhere to go, did you think of this? We were told it was brought up, where's the answer to this BIG question? We were told that there are 33,000 residents in homes who are on the supplement, there will be no homes to take these people. Every home will be taking only private pay then where do they go. It'll be bad enough that they have to move from their home but then have nowhere to go. It's so senseless. Do you have a parent in a personal care home? If you do be prepared to pay a lot more, because that's what YOUR RULES will do to you too!!!

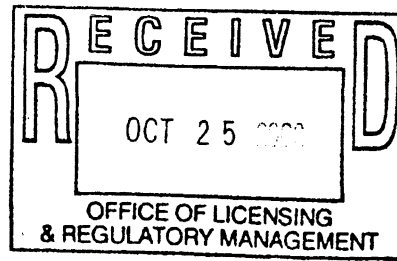
Sincerely yours,

*Tommy Brannis*



RECEIVED  
OCT 24 11:15 AM '02  
ADMINISTRATIVE SERVICES

Original: 2294



#14-475 (51)

Dear Department of Public Welfare,

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

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

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

Sincerely,

*Dorothy McCormick*

NOV 01 2000  
12:00 PM  
13 NOV 01 2000  
12:00 PM

Original: 2294

#14-475 (90)

"SAME COMMENTER AS  
# 37 & 38"W.C.P.C.H.A.A.  
P.O.Box 73  
Crabtree, PA.  
15624

October 25, 2002

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

Dear Teleta Nevius,

This will be one of several memos which you will receive from the Westmoreland County Administrators Association. We will be sending our concensus viewpoint on Chapter 2600 by November 4. I would like to submit comment on just one important issue today.

W.C.P.C.H.A.A. would like to discuss:

**24 HOURS OF ANNUAL TRAINING FOR ADMINISTRATOR AND ALL STAFF  
2600.57 Administrator training and orientation**

(e) An administrator shall have at least 24 hours of annual training relating to his job duties, which shall include, but not limited to: (1)....(11)

**2600.58 Staff training and orientation**

(e) Direct care home staff shall have at least 24 hours of annual training relating to their job duties..

There are actually 3 components to our opposition of the above. First, why will the requirements for the personal care home industry supersede those of other more acute health care settings such as homecare, hospitals, and nursing homes??? WHY??? WHY would the administrator of a PCH need the same standard that a NHA is required? ( which is 48 hrs. in 2 yrs.) WHY would a direct care staff need more training than a CNA in a hospital or nursing home? A hospital CNA is required to have 12 hrs. annually and a CNA in a nursing home is required to have 8 hrs. annually.

Second, why do you need the list given in 2600.57 (e) (1)-(11) every year? An administrator should not have a short term memory problem. Even in colleges, you don't repeat the same class every yr.

Third, which is the most important argument, is did you NOT consider the economic impact of excessive training to the PCH? We certainly do not have the financial backing that hospitals and nursing homes and homecare agencies have. Many homes, especially those that cater to our SSI population, are running on a near \$0.00 budget.

In discussing the actual COST to the PCH you must consider several factors. (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/hr plus 35% for taxes & benefits. However this could be as high as \$30/hr plus 35% for taxes if the staff was an R.N. (3) The cost of another staff covering the floor

while the other is in training.

Here's how that adds up:

For every direct care staff  
 24 hours of training/yr X \$10/hr for class = \$240/yr  
 \$6/hr plus 35% + \$8.10/hr X 24 hr/yr = \$194.40/yr.  
 must incur this cost x2 for flood coverage = \$194.40/yr.  
 \$628.80/yr. for each staff

For every administrator or N:  
 24 hours of training/yr X \$10/hr for class = \$240.00/yr.  
 \$30/hr plus 35% = \$40.50/hr X 24 hr training = \$972.00/yr.  
 must incur this cost X2 for flood coverage = \$972.00/yr.  
 \$2184.00/yr.

Keep in mind that for argument purpose we chose the lowest figures to work with. We chose \$6/hr for direct care staff when more realistically it would be \$8/hr + 35% (\$10.80) which gives \$259.2/yr (instead of \$194.4)

For a small home of 8 beds...3 employees would cost \$1886.40/yr for annual training which is based on the lowest estimate!! Plus the training of adm. and designee of \$4368.00/yr for annual training. TOTAL COST OF ANNUAL TRAINING= \$6254.40/yr.!!!

The figures become more astronomical for 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. YOU HAVE TILTED THE BUSINESS PLAN TO INSANITY.

THIS IS NOT FEASIBLE. THIS WOULD CAUSE A DISASTEROUS ECONOMICAL 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 and welfare for our residents. We agree that education will "raise the standard" BUT it must be within reason which would be economically feasible.

We have addressed this very same issues in April/May 2002 during the draft of Chapter 2600, you did not listen.

Our suggestion:

- (1) Be reasonable and mandate 8 hours of training per year for staff and administrators
- or (2) Let the Commonwealth absorb the cost of training. DPW should provide the training and reimburse for the lost wage while attending class.

*Richard E. Peter*  
*Carol Ann Delle*  
 Administrators

Sincerely yours,  
*Rosewood 5765012*  
 WCPCHA member  
 NADCHA member

#14-475 (280)

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

10/25/02

Dear Ms. Nevius

This letter provides formal public comment to the Chapter 2600 Personal Care Home Regulations published in the 10/4/02 edition of the Pennsylvania Bulletin.

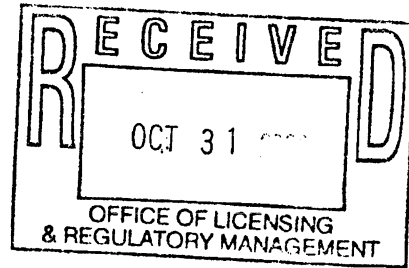
I am a resident in a Personal Care Home. In the proposed regulations you say that people who had an interest in the new regulations where involved with their development. But nobody asked me what I thought. In fact, nobody asked anyone that lives here with me what they thought either about the regulations.

I want you to know that I want you to make sure my home stays a nice place to live. I want you to make sure that when there is somebody who moves in, and they turn out to be a trouble-maker, they can be made to move out again. I want you to make sure that the people who work here will still have time to spend with me personally, not just with paperwork that is about me. And I want you to make sure I can still afford to live here after you make new regulations.

This is my home, and I want it to stay that way.

Sincerely,

*Carl R Masch*



RECEIVED  
OCT 31 2002  
OFFICE OF LICENSING & REGULATORY MANAGEMENT





**I & A RESIDENTIAL SERVICES, INC.**

1019 Philadelphia Street, Suite Two  
Indiana, PA 15701

724/463-7830 or 724/465-6270

FAX 724/465-6008

14-475 (703)

RECEIVED  
OCT 25 12 38 02  
HARRISBURG  
REVIEW COMMISSIONER

October 25, 2002

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

Dear Ms. Nevius:

I & A Residential Services is a small non-profit mental health organization that operates three Personal Care Homes in Indiana County primarily for patients discharged from Torrance State Hospital. We are currently licensed for 15 beds. I & A Residential Services is also licensed by the Office of Mental Health and Substance Abuse Services to provide Community Residential Rehabilitation services.

Our agency has serious concerns about the new 2600 regulations being proposed for personal care homes. We feel it may create a hardship for our small agency to continue to operate personal care homes under these regulations. We are concerned about the welfare of the population we serve who are typically low-income and at risk for homelessness. If they do not have safe, affordable housing options upon discharge from the State Hospital as a result of new regulations that may force small non-profit organizations out of the business of providing critical care, where will they go?

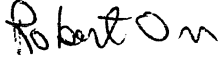
Among our areas of concern are the regulations concerning which personnel are permitted to administer medications and the increased staff training requirements. These regulations would be quite costly to implement. For a small operation with significant staff turnover, it would be difficult to train all staff to the proposed standards while simultaneously providing services to the population of mental health consumers that we serve.

In our opinion, personal care has traditionally played a social role for our consumers and these regulations appear to be leaning towards more of the medical model that is found in nursing homes and assisted living facilities. It is our hope that we can continue to operate with the same warm atmosphere that we have in the past and not lose our quality of care in the implementation of new regulations.

**An Armstrong/Indiana MH/MR Program Affiliated Agency**

We appreciate your willingness to listen to our comments and hope that our voices are heard in opposition to these new regulations.

Sincerely,



Robert Orr, President  
I & A Board of Directors



Gordon Thornton, Vice-President  
I & A Board of Directors



Vito DonGiovanni, Secretary  
I & A Board of Directors



Minta Livengood, Treasurer  
I & A Board of Directors

pc homes

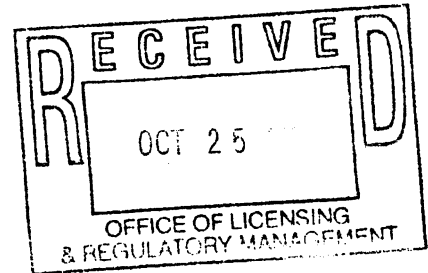
Dear Teleta Nevius, Director

I would urge you to do everything in your power to stop any action on # 2600 regulations for personal care homes. This is another example of small buusiness being forced to close their doors,

& local people left without jobs, you & I have seen this before with family farms, indepent truckers, local stores & many other businesses. Please consider the needs of average P C care home residents ? thier familys.

Wm. Hake

*Bill Hake*



RECEIVED  
 OCT 25 1993  
 OFFICE OF LICENSING  
 & REGULATORY MANAGEMENT

**GREEN HILLS MANOR  
COMMENTS ON THE PROPOSED CHAPTER 2600 RULEMAKING**

I am writing comments to express my concerns about the proposed regulations. We are strongly committed to quality care for our residents. We have worked hard to make our facility homelike, but the proposed rulemaking is unnecessary and will institutionalize personal care homes. Many of the regulations are appropriate for a health care facility or a mental health treatment center, but not for a personal care home.

**EXECUTIVE ORDER OF FEBRUARY 6, 1996**

The General Requirements established by the Governor's Executive Order are specific; however, the proposed rulemaking contradicts almost every point. Of particular concern to me are the following:

1. "Costs of regulations shall not outweigh their benefits." According to the Regulatory Analysis Form the estimated cost is only \$680 to each personal care home. However, as shown below, the cost will far exceed that.
2. "Where viable, non-regulatory alternatives exist; they shall be preferred over regulations." The writing of new and increased regulations would seem to indicate that the old regulations are not adequate, but I have seen no evidence to prove this.
3. The Executive Order states that burdensome regulations have placed undue restrictions on the regulated community and have hampered Pennsylvania's ability to compete effectively with other states. The General Requirements state that "Regulations shall not hamper Pennsylvania's ability to compete effectively with other states." Instead of lifting the "burdensome regulations," the proposed rulemaking has increased regulations from the 46 regulations now in effect to 127 regulations.

**COST ESTIMATE**

The Office of Licensing and Regulatory Management states that careful consideration was given to the effect the regulations will have on cost of providing or receiving services. However, the list of mandatory costs for personal care homes is far from complete and the \$680 estimate stated in the Regulatory Analysis Form is inaccurate. It is impossible to accurately estimate costs because of the far-reaching effects of many of the regulations, but operational costs will at least double or triple.

The Office of Licensing and Regulatory Management states that there will be no costs to the general public as a result of this proposed rulemaking. However, rates for residents to live in personal care homes will have to be increased significantly to cover the increased costs.

The Office of Licensing and Regulatory Management states that personal care home residents who meet eligibility requirements can use government funds to pay to live in a personal care home. The supplement covers less than half of the average cost to care for a resident in a personal care home. With any increase in costs to personal care homes, it will be impossible for homes to keep residents on SSI. There will also be significant costs associated with relocating the displaced residents.

### **PROPOSED RULEMAKING THAT WILL INCREASE COSTS**

1. Development and implementation of policy and procedures. The \$14 cost for a printed policy and procedure stated in the RAF is only a small part of the cost of this regulation. The time to develop, implement, and train staff would be significant.
2. Individualized admission agreements.
3. Development, implementation, and maintenance of a quality assurance program.
4. Alternate means of supply of utilities.
5. Physical site accommodations.
6. Larger bedroom space for residents with wheelchairs, walkers, and special equipment.
7. Plastic-covered fire-retardant mattresses.
8. Development, implementation and maintenance of intake assessments.
9. Annual furnace inspection and cleaning.
10. Every fire alarm equipped for the hearing impaired.
11. Development, implementation and maintenance of support plans.
12. Beverage, other than water, is to be offered every two hours.
13. Smoke detectors and fire alarms tested monthly.
14. Training requirements:
  - (a) Administrator. The cost would increase 4 times over our current cost for a minimum of \$600 annually.
  - (b) Direct care staff competency-based orientation.
  - (c) Direct care staff 24 hours of annual training.

15. Excessive record keeping.
16. Increased acuity-based staffing.
17. Implementation and training in safe management techniques.
18. Increased liability and insurance policy costs.

#### **2600.4. Definitions.**

The definitions for Direct Care Staff and Ancillary Staff need to be clarified. The definition for direct care staff as stated would include everyone working in the home. Since direct care staff are required to be trained for personal care duties, it seems that there needs to be a clear distinction between direct care staff and personal care staff. For example, kitchen and housekeeping staff would be considered direct care staff under the current definition, but it would be inappropriate to train them for personal care duties and medication administration.

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

Personal care home staff and physicians have not been included in the list of those who can open resident records. If those who can open records needs to be regulated, then the list must be complete.

#### **2600.20. Resident funds.**

Personal care employees are not trained financial counselors and it is inappropriate for them to counsel residents concerning the use of funds and property.

#### **2600.26. Resident/home contract; information on resident rights.**

This regulation would require us to individualize each resident contract with a list of personal care services and their itemized costs, based on the outcome of the resident's support plan. The time and cost to individualize contracts would be prohibitive. The contract is to be done within 24 hours of admission, but the home has 15 days to complete the support plan, so how can the contract be based on the outcome of the support plan? Also, the contract would need to be updated each time there is a change in the resident's condition or anytime the resident opted for another personal care service. The contract we are currently using, which was developed by the DPW, works well and does not need to be changed.

#### **2600.29. Refunds.**

This regulation states that the resident's personal needs allowance shall be refunded within 1 week of discharge or transfer and the RAF states that this will cost the home \$300. Why would there be any cost to the home? The personal needs allowance never

belongs to the home and there is to be no mixing of resident funds and the home's funds. This regulation is unnecessary and should be deleted.

**2600.42 Specific rights.**

**(u) 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:**

**(1) Nonpayment following a documented effort to obtain payment.**

**(2) Higher level of care needs.**

**(3) The resident is a danger to himself or others.**

There are many other reasons the home might need to terminate a contract, including violation of home rules, theft of home's or other resident's property, incompatibility with other residents, etc. The home must reserve the right to terminate a contract when it sees fit.

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

The home cannot be responsible for resident's money that they keep in their rooms, only the money entrusted to the home for safekeeping.

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

The home has no control over medications ordered by the physician. The home is not a medical institution and the staff are not qualified to decide which medications a resident needs or does not need.

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

The proposed qualifications are not appropriate. We have found high school students who are under the age of 18 and who have not yet graduated from high school to be reliable, dedicated employees. Also, some of our older employees have no high school diploma or GED and yet they are excellent employees and good caregivers. This regulation would greatly reduce the pool of our human resources, and it will increase cost to hire people who are more highly educated.

**2600.55. Staffing.**

**(b) ...If a home cannot meet a resident's needs, the resident shall be referred to a local assessment agency or agent....**

This statement is inappropriate because there is no local assessment agency or agent.

**2600.58. Staff training and orientation.**

The hours and level of training are excessive and unnecessary for a personal care home. The home is not a medical institution and the level of care provided does not require the level of training proposed. The training would be cost prohibitive. Last year we hired 51 new employees and 32 of them didn't stay. Most of the employees who come and go are part time or per diem staff needed to fill in on weekends.

**2600.59. Staff training plan.**

The comprehensive staff development plan requirement would be costly in both time and money. This excessive paperwork is unnecessary.

**2600.59. Individual staff training plan.**

This regulation is unnecessary and would be costly. The home would need to hire at least one full-time person to coordinate staff training and maintain paperwork.

**2600.101. Resident bedroom**

- (c) The requirement for increased space for residents with wheelchairs, walkers and special furniture or oxygen equipment will mean that most of our SSI residents will have to be given 30-day notices. Most of them have wheelchairs or walkers and our rooms for SSI residents would not meet the criteria.
- (k) If a fire-retardant mattress is plastic covered it defeats the purpose. Also, it is not appropriate to require continent residents to sleep on plastic-covered mattresses.

**2600.107. Internal and external disasters.**

- (c) (3) The requirement to identify and secure an alternate means of supply of utilities will be very costly. The lowest estimate we have received for a generator to meet the needs of our home is \$45,000.

**2600.125. Flammable and combustible materials.**

- (d) The residents who are smokers can safely manage their own lighters and matches and this regulation would not be appropriate for them.

**2600.130. Smoke detectors and fire alarms.**

- (e) 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.



This regulation would be costly to implement. Currently the alarms are tested every six months at a cost of \$600 each. Therefore, the cost for monthly testing would be \$7,200 annually. This regulation as well as 2600.123 and 2600.131 should be the responsibility of The Pennsylvania Department of Labor and Industry and they do not need to be included in DPW regulations.

**2600.142. Physical and behavioral health.**

- (a) The personal care home is not a medical facility and cannot provide dental, vision, hearing, mental health, or behavioral care services. The responsibility of a personal care home should be to assist residents in scheduling appointments and reminding them of appointments.
- (b) Personal care home staff members are not qualified to train residents about the need for medical or dental treatment.
- (c) The personal care home is not a health care facility and it is inappropriate to require the personal care home to obtain consent for treatment.

**2600.143. Emergency medical plan.**

- (a) The personal care home cannot ensure, "immediate and direct access to emergency medical care and treatment." The home can only call an ambulance and give first aid.

**2600.145. Supervised care.**

**"A resident in need of services that are beyond services available in the home in which the resident resides shall be referred to the appropriate assessment agency."**

This regulation needs to be removed until such an agency exists.

**2600.161. Nutritional adequacy.**

- (f) A dietician would need to be hired before this regulation could be followed. It is not appropriate to require a personal care home to ensure that a therapeutic diet is followed. Residents are free to come and go. Often they eat out with family or friends. We are required by regulation to keep condiments on the table, so we cannot control whether or not the resident on a low salt diet adds salt or the diabetic adds sugar.
- (g) Personal care home residents are mobile and can get their own beverages; therefore, there is no need for beverages to be offered every two hours. They have access to water at all times and many of them have refrigerators stocked with beverages in their rooms.

**2600.171. Transportation.**

It is not reasonable to require a staff member providing transportation to receive the same training as those providing personal care. Also, residents should be allowed to transport other residents if they can safely operate a vehicle. It is very difficult to obtain transportation for our residents. Public transportation is either not available when needed or our residents must be picked up early for appointments and often have to wait hours at the doctor's office to be brought back. A doctor's appointment can be an all day affair. Personal care homes should not have strict regulations imposed for trying to meet this need.

**2600.201. Safe management techniques.**

Residents needing safe management techniques are not appropriate for personal care homes. Therefore, this regulation is not needed and should be eliminated.

**2600.223. Description of services.**

This additional paperwork is unnecessary and will do nothing to improve the quality of care for residents and will add significantly to costs.

**2600.224. Pre-admission screening tool.**

There is no local assessment agency or agent to refer residents to.

**2600.225. Initial assessment and annual assessment.**

- (b) Staff members of personal care homes are not qualified to complete medical, social, medication and psychological assessments.

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

A support plan is unnecessary paperwork and is the equivalent of a nursing care plan done in medical institutions. It will not improve quality of care, but will take staff away from the residents to develop, implement and maintain paperwork. It will be cost prohibitive and will increase liability.

**2600.228. Notification of termination.**

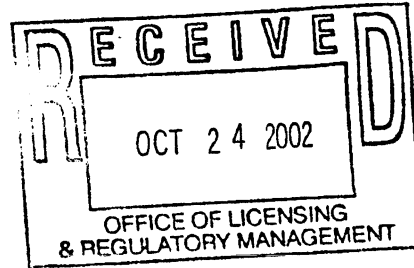
- (h) As previously stated under 2600.42, the personal care home needs to reserve the right to discharge or transfer residents as it sees fit. There are many other reasons than the ones listed that require a 30-day notice to be given.

**2600.264. Policies, plans and procedures of the personal care home.**

It will be costly to develop and implement the proposed policies and procedures. The increase in costs will put some homes out of business and no one will be able to keep residents on SSI. There will be many individuals needing personal care who won't be able to afford it and they will have no place to go.

Submitted by:

Barbara Seymour, RN  
Administrator  
Green Hills Manor  
10 Tranquility Lane  
Reading, PA 19607  
October 21, 2002



Original: 2294

#14-475 (130)

3

2002 OCT 25 11:12:03

INDEPENDENT REGULATORY  
REVIEW COMMISSION

October 25, 2002

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

Attention: Mr. Robert Nyce, Exec. Director

Dear Sir:

I am writing to express my opposition to the proposed new regulations for personal care homes.

I feel the cost to implement and maintain these regulations--should they become law--would outweigh the benefits.

Excessive record keeping would be required for administrators; training new staff would be tripled; increased staff would be required to care for residents, as well as implementation and the maintenance of support plans for each resident.

Adhering to all the requirements of the proposed new regulation would force care homes to increase rates significantly resulting in many homes being forced out of business.

I respectfully request you vote against this proposal when it is voted upon, which I understand will be in the near future. I have been a resident of a personal care home for almost three years and am very satisfied living under the present regulations.

Respectfully yours,

*Harry J. Funk*  
Harry J. Funk  
10 Tranquility Lane  
Reading, Pa. 19607-9684

✓ CC: Dept. of Public Welfare, Teleta Nevius, Dir.  
Room 316, Health and Welfare Bldg.  
P. O. Box 2675, Harrisburg, Pa. 17120

Original: 2294

# Dutch Acres

2942 Lincoln Highway East    Gordonville, PA 17529    ph (717)687-8920    fax (717)687-7972

## Comments on the Proposed Rulemaking Chapter 2600 and 2620 for Personal Care Homes

I request that a public hearing be held concerning these regulations as one letter no matter how long can not convey the consequences these regulations will have on our personal care home or the personal care home industry in general.

Please note that this is my last act as a SSI Personal Care Provider and my first as an advocate for the mentally ill who must survive on only the SSI supplement. As of next year there will no longer be a Dutch Acres Personal Care Home.

1<sup>st</sup> paragraph last sentence: PRIME is the Commonwealth's initiative to make State government more customer-centered, cost-efficient and competitive.

These regulations increase our costs and, at the same time, we can not pass these costs on to the State or the Resident. Currently the SSI resident has \$29.56 to spend for his/her room and board, care and maintenance. This includes the 20% increase that is reported under the Commonwealth Section on page 4941. One hundred and Eleven homes closed in 2001. At least 286 persons on SSI had to find new homes in 2002 because three SSI homes closed.

Two independent cost studies on personal care have been completed within the last three years. The results show the disparity of the current SSI supplement given to residents of the Commonwealth who reside in licensed personal care homes and the average cost within the Commonwealth.

\$76 per day (PANPHA survey, 2000)

\$60 per day (DPW, Personal Care Home Advisory Committee survey, 1999.)

Twelve years ago, 1990, DPW had the Center for Health Policy Studies complete a cost study and it showed that at that time the average cost for personal care was \$32 per day. So you can see the Commonwealth is playing catch up and losing the battle.

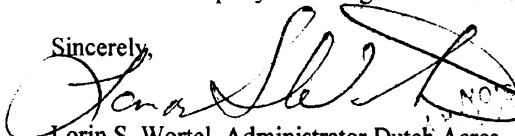
I show in my Master's Thesis, entitled Difficulties in Obtaining Residential Personal Care for Persons with Mental Illness and Qualifying for Social Security Supplemental Income in Pennsylvania, 2002, the drastic circumstances that all persons on SSI live with daily. I show that the introduction of new regulations causes a decrease in the number of personal care homes. This is important to understand since there are only 25% of all personal care homes that care for persons on SSI. The homes that will close will be from this 25% since these are the homes that can not pass the cost onto their residents, leaving fewer options for persons poor disabled persons. The same persons these regulations were to protect.

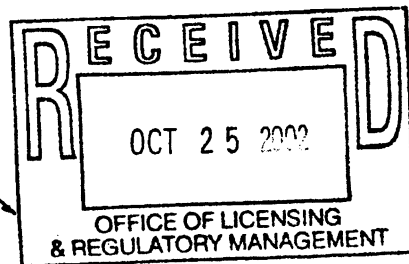
Why are there no expected costs to the general public or to the Commonwealth but there are costs to the provider. A provider caring for the private sector will, of course, pass these costs to their residents, members of the general public. A provider caring for the poor citizens of the Commonwealth if no increase to the supplement occurs will have to close as their costs already are burdensome prior to regulations.

Under "Public Hearings" it states that none are scheduled. Why is that?

I have divided up my following comments into categories and I have included a cost analysis of these regulations.

Sincerely,

  
Lorin S. Wortel, Administrator Dutch Acres



# Dutch Acres

2942 Lincoln Highway East    Gordonville, PA 17529    ph (717)687-8920    fax (717)687-7372

## Cost of New Regulations to Dutch Acres Personal Care Home

Cost Prohibitive to homes housing persons on SSI

2600.102 In a,b, and c, facilities of toilets, sinks, mirrors, bathtubs –  
Users being residents, family and personnel

2600.201 (b) quality improvement program designed to continuously review assess, and analyze

	<u>One time cost</u>	<u>Annual</u>
<b>Administrator</b>		
2600.53 (c) 20hr training	\$555	
2600.57 (e) 24 annual training		\$1068
2600.59 Develop staff training	\$423	
2600.59 (1), (2), (3), and (4)	<u>\$846</u>	
2600.60 A written individual staff training plan		\$930
2600.107 (b) reviewed and updated annually		<u>\$500</u>
<b>Administrator Cost</b>	<b>\$1824</b>	<b>\$2498</b>
<b>Staff</b>		
2600.54 (2) GED or higher		\$34,320
2600.57 (c) (2) (iii) Obstructive Airway Certification		\$330
2600.58 (a) cost of turnover training		\$4320
2600.58 (e) cost of annual training		\$2412
2600.59 (1), (2), (3), and (4)		\$198
2600.88 (c) coliform water test- staff travel		<u>\$72</u>
<b>Staff</b>		<b>\$41,652</b>
<b>Building</b>		
2600.84 Heat sources equipped with protective guards	\$4500	\$500
2600.84 (f) written sanitation approval	\$250	
2600.88 (c) coliform water test		\$180
2600.90 (b) method of communication	\$60	
2600.94 (a) fire exits	\$600	
2600.94 (b) nonskid surfaces	\$2500	
2600.96 (a) first aid		\$30
2600.99 books, magazines, puzzles, games, cards, gliders	\$1500	\$250
2600.101 (i) equipped to ensure the resident's privacy	360	
2600.101 (k) (1) fire retardant mattress	\$3663	
2600.101 (k) (2) mattress that is plastic-covered		\$300
2600.101 (r) resident shall determine comfortable	\$7200	
2600.102 (f) towel, washcloth and soap		\$60
2600.102 (g) Individual toiletry items		\$100
2600.107 (a) developed and approved by qualified fire, safety and local		\$500
2600.107 (c)(3) Alternate means of supply of utilities	\$800	
2600.126 (a) A professional furnace cleaning		\$100
2600.129 (b) flue inspected		\$150
2600.161 (g) beverages every 2 hours		\$1500
2600.162 (h) Adaptive eating equipment	\$600	
2600.252 (3) current photograph	<u>\$50</u>	<u>\$13</u>
<b>Building cost</b>	<b>\$22083</b>	<b>\$3683</b>
<b>Total Cost</b>	<b><u>One Time</u></b>	<b><u>Annual</u></b>
	<b>\$23,907</b>	<b>\$47,833</b>

# Dutch Acres

2942 Lincoln Highway East    Gordonville, PA 17529    ph (717) 687-8920    fax (717) 687-7372

## Things that will add cost

2600.42 (g) ...assurance that personal care home shall be open 365 days and provide the services...

If a private enterprise notifies every applicant, applicant's family member, and/or applicant's designee, that they will not be open on specific days and the applicant is made aware of this ahead of time and still chooses to stay at that personal care home that should be permitted.

Homes open on major holidays must pay up to twice as much as normal to have staff on these days, even though the majority of the residents are home with family anyway.

2600.42 (n) ... receive assistance ... in relocating to another facility.

Transportation and time. This should not be the responsibility of the provider. Personal care homes provide personal care services, room and board.

2600.53 (a) The administrator shall have one of the following qualifications:

(1) ...registered nurse from the Commonwealth

Average cost of a RN \$37,500/yr [www.ana.org](http://www.ana.org)

(2) ... associate degree or 60 credits from an accredited college or university

Average cost \$22,000 /yr.

(3) ...licensed practical nurse from Commonwealth and 1 year of work experience...

Average cost in 1997 was \$26,707. ([www.nurseweek.com/features/97-12/earnsrvy.html](http://www.nurseweek.com/features/97-12/earnsrvy.html))

(4) ...nursing home administrator from the Commonwealth.

Average cost in 1997 was \$57,500 ([www.nurseweek.com/features/97-12/earnsrvy.html](http://www.nurseweek.com/features/97-12/earnsrvy.html))

No new homes will be able to afford to care for persons on SSI unless a **drastic increase is made to the personal care home supplement.**

2600.53 (c) ... complete at least the minimum training required by the Department

60 hours @ \$15/hr training \$900 first year. My present Administrator has a GED receives \$12.75 per hr. She will need an additional 20 hours of training at \$15/training hour. Making my cost \$555 for the first year.

2600.54 (2) ...have high school diploma or GED

If all staff need this qualification the **already limited employee pool** becomes less. I must currently pay an average \$8.50 for my current staffing whether they have a high school diploma or not. This will increase the difficulty of finding a person to work, cleaning up bowel movements, etc., to a minimum of \$9 to \$10 an hour, for an annual cost of between \$18,720 to \$20,000 annually per employee. In my case it will cost me an additional \$34,320/yr.

2600.57 (b) ... successfully completed and passed 80 hours of competency-based internship...

This means that a new administrator must go to another facility and work with an administrator or a facility must have two administrators on at the same time. In either instance it will cost 80 hrs @ between \$10.57/hr and \$27.64/hr, or \$854.60 to \$2211.20 for this internship. **Time expended 80 hours.**

**Cost prohibitive to SSI homes**

2600.57 (c) (2) (iii) Obstructed airway techniques certification.

Never heard of this certification. We learn the technique in First Aid but we just get a First Aid Certification. Unsure of this cost, estimate \$30 per employee @ 11 employees my cost \$330/yr

2600.57 (e) An Administrator shall have at least 24 hours of annual training relating to the job duties...

24hrs @ \$15/training hour plus the cost of time 24 hrs @ between \$10.57/hr and \$27.64/hr, or \$613.68 or \$1023.36 annually. This does not include the cost of have a person with equivalent training managing the home during the administrators absence. So the wage cost should be doubled, for a cost of between \$867.36 to \$1686.72

# *Dutch Acres*

---

2962 Lincoln Highway East    Gordonville, PA 17529    ph (717)687-8920    fax (717)687-7972

annually. My cost is \$12.75/hr for administrator, \$16.75 administrator replacement, 24 hour training @ \$15/hr equals **\$1068** annually.

2600.58 (a) Prior to working with residents, all staff including temporary staff ...

The Commonwealth of Pa currently has a limited number of health care workers. This not only increases staff cost, but causes job switching to occur too frequently. If all staff must first receive this expensive training prior to working with the residents the residents, will have no one to serve them trained or untrained during periods of worker shortage. Currently, we have many persons who, after one day of on the job training with a trained staff person, quit because they find that this is not the job for them. If the wording could be changed to at least "Prior to working with the residents **alone**, all staff..." This would help a little. Otherwise the cost to providers will be 24 hours @ \$9 to \$10 an hour -- \$216 to \$240/ employee -- and I currently have at least 20 employees turnover a year, for an annual cost of between **\$4320 to \$4800** annually.

2600.58 (e) Direct care staff shall have at least 24 hours of annual training...

12 training hours not on the job thus it will cost approx. \$15/hr, \$180 annually per employee. I have 11 employees thus it will cost \$1980 for the training. Then there is the cost of wages during that training time and the wages for the replacement or on-the-job trainer of between \$9 or \$10/hr, \$432 to \$480 per employee times 11 employees equals **\$2412 to \$2460** annually.

2600.59 The administrator shall ensure that a comprehensive staff-training plan is developed...

Minimum of 40 hours at a cost of between \$10.57/hr and \$27.64/hr, or **\$422.80 to \$1105.60** first year and it could be overtime since my administrator already works forty hours without these added burdens. Time expended **40 hours**.

2600.59 (1), (2), (3), and (4) 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.

Staffs time to complete questionnaire and have a discussion. Minimum of 2 hours at a cost of \$9 or \$10/hr, \$18 to \$20 per employee times 11 employees, **\$198 to \$220** annually.

Administrator's time to create questionnaire, compile results or complete narrative, create overall plan for addressing needs, create a mechanism to collect written feedback on completed training, complete an annual evaluation of the staff-training, minimum 80 hours at a cost of between \$10.57/hr and \$27.64/hr, **\$845.60 to \$2211.20** annually and it could be overtime since my administrator already works forty hours without these added burdens. Time expended **80 hours**.

2600.60 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.

Administrator's time, time to confer with staff, to confer with supervisor, to develop individual plan and document annually for each employee minimum 8 hours at a cost of between \$10.57/hr and \$27.64/hr, \$84.56 to \$221.12 per employee. Eleven employees equals **\$930.16 to 2432.32** annually. Time expended **88 hours**.

2600.84 Heat sources,,, exceeding 120 degrees that are accessible to the resident, shall be equipped with protective guards.

Base board heat exceeds 120 degrees. Previous regulation is adequate 2620.51 (d)

Covering of all baseboards **\$4500**. Extra heating cost because of the inefficiency of covering the baseboards **\$500** annually

2600.84 (f) ...home not connected to public sewer system shall have a written sanitation approval...

**\$250** minimum.

2600.88 (c) ...shall have a coliform water test at least every three months ...

**\$45** per test four times a year, **\$180** annually

Staff time to run it to lab 2 hours at \$9 or \$10 a hour, times 4 equals **\$72 to \$80** annually.



# *Dutch Acres*

---

2942 Lincoln Highway East    Gordonville, P.A. 17529    ph. (717) 687-8220    fax (717) 687-7372

2600.90 (b) ... system or method of communication that enables staff persons to contact other staff persons in the home for assistance in an emergency.

Intercom system **\$60 to \$2000.**

2600.94 (a)... fire exits shall have a landing, which is a minimum of 3 feet by 3 feet.

**\$200 per exit. We have three exits equals \$600.**

2600.94 (b) Interior stairs, exterior steps, walkways and ramps shall have nonskid surfaces.

**\$2500**

2600.96 (a) a first aid manual, nonporous disposable gloves, ...breathing shield, eye coverings, and syrup of ipecac.

At least **\$30** annually

2600.99 ...including books, magazines, puzzles, games, cards, gliders, paper, markers, and the like.

One glider can cost \$199 and this says gliders, plus the other items would cost at least **\$1500**

2600.101 (k) (2) A mattress that is plastic-covered.

**\$10 times 30** so that we have spares when they rip, **\$300** at least annually. Have you ever slept on plastic? Besides the noise, they are extremely hot and uncomfortable.

2600.102 (f) ... towel, washcloth and soap shall be provided for each resident.

Before, it was just the provider who cared for the SSI resident that was affected. Now it must be provided for everyone. The cost of soap **\$60** annually.

2600.102 (g) Individual toiletry items...

Before it was just the provider who cared for the SSI resident that was effected now everyone is provided this. **\$100**

2600.126 (a) A professional furnace cleaning company or trained maintenance staff persons shall inspect furnace at least annually. Documentation of the inspection shall be kept.

**\$100** annually

2600.129 (b) ... flue shall be inspected at least once a year. Written documentation ....

**\$50** a chimney. Three chimneys **\$150** annually

2600.161 (g) ...Other beverages shall be available and offered to the resident at least every 2 hours.

**\$1500** annually

2600.162 (h) Adaptive eating equipment ... made available

**\$600**

2600.201 (b) ... quality improvement program designed to continuously review assess, and analyze the homes ongoing steps to positively intervene when a resident demonstrates a behavior that endangers residents, staff or others.

Now I see why the administrator must be such a highly specialized individual. To continuously review and analyze the homes ongoing steps to positively intervene, will require that a permanent analyst be on staff to coordinate this regulation alone. The amount of staff time required to continuously review is **cost prohibitive to small homes caring for persons on SSI.**

2600.252 (3) ... current photograph of the resident that is no more than 2 years old.

Camera - **\$50**

Developing - **\$12.50** annually

# Dutch Acres

2942 Lincoln Highway East    Gordonville, P.A. 17529    ph (717) 687-8920    fax (717) 687-7372

## Interpretation which could add cost

2600.42 (o) ... associate and communicate with other privately

Need a room that has a door and no one bedroom or anyone else there

Build a room or create a former resident's room into a conference room

2600.56 (i) Additional staffing may be required by the Department, and will be based on safety, the Departments assessment of the amount of care needed by the residents as reflected in their support plan...

This clause previously pertained only to immobile residents -- it is now for all residents.

2600.87 ...sufficient lighting to ensure safe evacuation of all persons in the home.

An inspector could arbitrarily say there is not enough light. How is this measured?

2600.101 (i)Bedrooms shall be equipped to ensure the resident's privacy.

Does this mean simply a door or does this mean a locking door? If it is a locking door is this a simple bathroom lock or a key locked door? Besides safety reasons that are created with a key locking door, the cost is very high. A bathroom lock is \$20 and a key locked is \$50 a door, so with our eighteen rooms it will cost **\$360 to \$900**.

2600.101 (k) (1) ... solid foundation and fire retardant mattress that is in good repair, clean and supports the resident.

All mattresses are flame resistant but I called a mattress expert and he said it would cost \$35 extra to be fire retardant. So I will have to replace all of my new mattresses at a cost of \$109 plus tax and the extra \$35 for 24 people that brings the cost to **\$3663.36**. This does not even mention about solid foundation and supporting the resident.

2600.101 (r) ... one comfortable chair per resident per bedroom. **The resident shall determine what type of chair is comfortable.**

We will probably have to purchase 24 lazy boy chairs at a cost of \$300, cost could be up to \$7200 for the entire house. There must be some limitation. I liked when comfortable was taken out. A chair should be provided if the resident does not feel that this chair is comfortable enough he/she should be allowed to purchase a more comfortable one. The idea is not for the resident to spend all of his/her time in the bedroom but to come out and socialize.

2600.102 In a,b, and c, the number of facilities of toilets, sinks, mirrors, bathtubs and showers are all

calculated on the number of users. Users being residents, family and personnel. Now it is easy to calculate the number of residents and personnel, but how does one count the number of resident's family members who may or may not come visiting?

There is no grandfather clause so even if the word family is taken out of these three regulations the older homes would have to add bathrooms to accommodate the new calculation. This would involve applying to L&I, getting an architect, and constructing new bathrooms. Old homes caring for the poor on SSI would have to close. Why does an employee or a family member need with bathtubs and showers?

**Cost Prohibitive**

2600.105 Laundry service ... be made available to all residents who are unable to perform these tasks...

Nothing is mentioned about being able to charge.

2600.107 ( a) ... emergency procedures developed and approved by qualified fire, safety and local emergency management offices.

The way it is written we must have three different agencies review and update annually our emergency procedures. This is not feasible and if it were it would cost approx. **\$500**.

# Dutch Acres

---

2942 Lincoln Highway East    Gordonville, PA 17529    ph (717) 687-8920    fax (717) 687-7972

Suggest: ... develop emergency procedures and have them approved by, qualified fire, safety or local emergency management offices.

2600.107 (b) ... reviewed and updated annually by the administrator, qualified fire, safety and local emergency management offices.

The way it is written we must have three different agencies reviewed and updated annually our emergency procedures. This is not feasible and if it was it would cost approx. **\$500**.

Suggest reviewed and updated annually by the administrator, qualified fire, safety or local emergency management offices.

2600.126 (c) ... inaccessible to residents.

What is a flammable or combustible material? Clothing is flammable.

## Additional paper work

2600.23 (2) Establish and maintain job descriptions for all positions that include:...

We run our home as a home. We are small and everyone pitches in to do what ever needs done just as in a family. This will take time away from the residents and cause employees to say that it is another employee's responsibility.

Administrator's time **8 hours** at a cost of between \$10.57/hr and \$27.64/hr, **\$84.56 to \$221.12**.

2600.126 (a) A professional furnace cleaning company or trained maintenance staff persons shall inspect furnace at least annually. Documentation of the inspection shall be kept.

**\$100** annually

2600.129 (b) ... flue shall be inspected at least once a year. Written documentation ....

2600.184 (a) Develop and implement policy and procedures addressing the methods to ensure the safekeeping of medications.

Administrator **2 hours** at a cost of between \$10.57/hr and \$27.64/hr costing **\$21.14 to \$55.28**.

2600.184 (b) (1) documentation of the receipt and administration of controlled substances and prescription medications. Related to 2600.186 (7) ...recorded at the same time each dosage of medication is self-administered.

Staff time taken away from residents to do paperwork **2 hours** for each medication time which occurs at least four times per day; **8 hours** per day at a cost of \$9 or \$10/hr, **\$72 to \$80** per day or **\$26,280 to \$29,200** annually. Obviously an additional staff person will be needed to cover tasks that the current staff can not accomplish.

2600.187 (a) Documentation of medication errors shall be .....

2600.187 (b) (1) There shall be a system in place to identify and document medication errors.

Administration **2 hours** at a cost of between \$10.57/hr and \$27.64/hr costing **\$21.14 to \$55.28**.

2600.187 (b) (2) ... documentation of the follow-up action...

2600.251 (b) The entries in a resident's record shall be permanent legible, dated and signed...

We currently use a computer. It is impossible to sign but we could initial.

# Dutch Acres

2942 Lincoln Highway East    Gordonville, PA 17529    ph (717) 687-8920    fax (717) 687-7372

## Additional Time

2600.41 (f) ...procedures shall include the timeframes, steps...

Administrator's time **8 hours** at a cost of between \$10.57/hr and \$27.64/hr, **\$84.56 to \$221.12** per occurrence.

2600.57 (b) ... successfully completed and passed 80 hours of competency-based internship...

Development of a competency-based internship exam. Not sure if this is Department expense or Home expense

If home expense Administrator's time **16 hours** at a cost of between \$10.57/hr and \$27.64/hr, **\$169.12 to \$442.24**.

2600.103 (e) ... food shall be labeled, dated, rotated and inventoried weekly.

Why must it be inventoried weekly? It will do nothing to improve the health safety and welfare of the resident. In fact, it takes time away from resident care to do busy work.

Staff cost 2 hours at a cost of \$9 or \$10/hr, \$18 to \$20 per week or **\$936 to \$1040** annually.

2600.161 (g) ...Other beverages shall be available and offered to the resident at least every 2 hours.

4 hours a day at a cost of \$9 or \$10/hr, \$36 to \$40 per day, **\$13,140 or \$14,600** annually. Time taken away from other resident duties.

Suggested change: Water available and accessible at all times, other beverages available and accessible at the resident's cost. To save the State money.

2600.184 (a) Develop and implement policy and procedures addressing the methods to ensure the safekeeping of medications.

Administrator **2 hours**

2600.184 (b) (1) documentation of the receipt and administration of controlled substances and prescription medications. Related to 2600.186 (7) ...recorded at the same time each dosage of medication is self-administered.

Staff time taken away from residents to do paperwork 2 hours for each medication time which occurs at least four times per day; **8 hours per day** at a cost of \$9 or \$10/hr, \$72 to \$80 per day or **\$26,280 to \$29,200** annually. Obviously an additional staff person will be needed to cover tasks that the current staff can not accomplish.

2600.187 (b) The home shall **evaluate** medication errors...

2600.187 (b) (2) ... documentation of the follow-up action...

## Technical Wording

2600.24 Word "including" should remain "such as" as it is in the present regulations, otherwise all persons receive personal care, which currently some people receive no services. They just chose to live with us.

2600.26(3) ...has right to rescind the contract for up to 72 hours after the initial dated signature...

A clause should be added that the person must pay for the days that he/she has received room, board and services from the home at a prorated cost stipulated in the initial contract. Otherwise a person would not have to pay for the six days he/she has eaten, slept, and received services from the home.

2600.41 (b) ...shall be communicated in an easily understood manner...

How and who interprets an easily understood manner especially since the present resident's rights section is no longer easily understood by me. Please look at the present resident's rights and the proposed. You will see that it

# *Dutch Acres*

---

2942 Lincoln Highway East    Gordonville, PA 17529    ph (717) 687-8920    fax (717) 687-7372

is no longer simple to understand. They went from 13 understandable rights to 26 wordy, redundant, and unreasonable ones in some cases.

2600.42 (b) A resident may not be neglected, abused, mistreated or subjected to corporal punishment.

Isn't mistreated and corporal punishment – abuse? It is redundant and makes the rights harder to understand.

2600.42 (i) ...assistance in accessing medical, behavioral health, rehabilitation services and dental treatment.

Add at the end "when these services are available to the resident." In Lancaster dental service is not available for persons on medical assistance and some people can not make the long drive to another county where services can be attained.

2600.42 (j) ... attaining clean, seasonal clothing that is age and gender appropriate.

It is hard enough to find seasonal clothing during the season if you have money. Stores do not carry the clothing that is needed for the actual season occurring. If a person comes with no clothing a provider can not be expected to furnish clothing at no cost. Presently the provider does not receive any money for the person for up to 6 months when that person is on SSI, and does not receive any money at all for the first month according because of the operation of Social Security. That person has no medical insurance and can not pay for his/her medications. And now you expect the provider to clothe the person, also. It seems as though DPW does not want providers to care for persons on SSI with these regulations.

2600.42 (k) ... request modifications to the resident's record.

Add " if record is found with evidence accordingly to be inaccurate."

2600.42 (z) ...right to be free from excessive medication.

Home does not prescribe medications. We are only to assure that they take their medication as prescribed by a licensed physician. Who determines what is excessive?

2600.52 ( c) (6) (iii) Care for persons with mental retardation.

Has nothing to do with 2600.52 ( c) (6) which deals with Mental Illness and Gerontology. It needs its own heading or it simply should be added to read Mental Illness, Mental Retardation, and Gerontology...

2600.88 (b) the home may not use asbestos products for renovations or new construction.

Is asbestos even sold? I did not think anyone could use asbestos anymore.

2600.103 ( l) does not have the Guide dog clause that 2600.104 (e) contains.

2600.132 (g) ...not routinely held when additional staff persons are present, and not routinely held at times when resident attendance is low.

Wording is derogatory and belittling.

2600.142 (a) Add or held liable if no provider of these services can be found.

2600.161 (c) Additional portions of meals and beverages at meal-times shall be available for the resident.

Add: If not prohibited by doctor's order or prescribed diet.

2600.162 (e) Add "When resident **unavoidably** misses a meal..."

2600.162 (F) Take out.

# Dutch Acres

---

2942 Lincoln Highway East    Gordonville, PA 17329    ph (717) 687-8920    fax (717) 687-7372

2600.181 (d) Reintroduce the word reasonable in the sentence. "The administrator shall take reasonable precautions to assure..."

2600.182 (d) Prescription, OTC and CAM shall be stored separately.  
Confusing. Should they each be stored separately and why?

2600.182(h) Combine with 2600.182 (b)

2600.184 (b) (1) documentation of the receipt and **administration** of controlled substances and prescription medications.

Not allowed to administer medication

Suggest adding: help with self-administration ... in place of administration

2600.202 Prohibition on the use of seclusion and restraints

This section should be in the interpretive guidelines not in the regulations. It is redundant and makes these regulations longer and more cumbersome than need be.

Suggestion: Change Section 2600.42 (p) to read: A resident shall be free from restraints and seclusion as defined in the interpretive regulations.

2600.240 (h) (2) & (3) & (4) & (6) are contradictory to the resident's rights section 2600.42 (u) This section sounds better than what is found in the residents rights.

Suggest that 2600.42 (u) be dropped in favor of 2600.24 (h) It will make the reading of the resident's rights less cumbersome.

2600.252 (c) The emergency information ...

wording in original regulation is better 2620.64 (24)

## Infringing on right of Personal Care Home

2600.42 (g) ... assurance that personal care home shall be open 365 days and provide the services...

If a private enterprise notifies every applicant, applicant's family member, and/or applicant's designee, that they will not be open on specific days and the applicant is made aware of this ahead of time and still chooses to stay at that personal care home that should be permitted.

Homes open on major holidays must pay up to twice as much as normal to have staff on these days, even though the majority of the residents are home with family anyway.

2600.42 (u) ... right to remain in the personal care home ....

2600.42 (x) ... right to immediate payment by the personal care home to resident's money stolen or mismanaged by the home's staff.

Where is due process? Who is to determine there was money and if there was, the resident should have some responsibility to protect money in his possession. If a resident chooses to have \$100 on his/her person she should have that right, however, it should not be up to the home to replace that \$100 if he/she misplaces it or leaves it in an unprotected place where anyone, a guest, another resident, or a staff member could access.

Add from resident's financial fund being managed by the home.

## Impractical

2600.82 (a) Poisonous materials shall be stored in their original containers.

Chemicals are purchased in concentrated forms and diluted. They can not remain in original containers. Things such as Garden pesticides etc.

# Dutch Acres

---

2942 Lincoln Highway East    Gordonville, PA 17529    ph (717) 687-8920    fax (717) 687-7372

2600.84 Heat sources,, exceeding 120 degrees that are accessible to the resident, shall be equipped with protective guards.

Base board heat exceeds 120 degrees. Previous regulation is adequate 2620.51 (d)

2600.89 (b) ... Hot water temperature... may not exceed 120 degrees.

This temperature is so cool that bacteria will breed in water system and cause a health problem. The old temperature of 130 degrees does not burn anyone and is hot enough to inhibit bacteria growth.

2600.102 (j) Toiletries and linens shall be in the possession of the resident in the resident's living space.

This will conflict with 2600.105 (e) Clean linens and towels shall be stored in an area separate from soiled linen and clothing.

Presently our linen closet has towels and linens accessible to every resident, so that when he/she needs new sheets he/she can get them and they can also get a clean towel every time they bathe. If they are in the resident's room there is no assurance that they will be stored properly.

Suggested change: "Toiletries and linens shall be made available on request or accessible to the resident."

2600.105 (g) To reduce the risks of the fire hazards, the home shall ensure all lint is removed from all clothes.

How will removing lint from everyone's clothing prevent fire?

2600.107 (a) ... emergency procedures developed and approved by qualified fire, safety and local emergency management offices.

The way it is written we must have three different agencies reviewed and updated annually our emergency procedures. This is not feasible and if it was it would cost approx. \$500.

Suggest: ... develop emergency procedures and have them approved by, qualified fire, safety or local emergency management offices.

2600.107 (b) ... reviewed and updated annually by the administrator, qualified fire, safety and local emergency management offices.

The way it is written we must have our emergency procedures review and update annually by three different agencies. This is not feasible and if it were, it would cost approx. **\$500 annually**

Suggest reviewed and updated annually by the administrator, qualified fire, safety or local emergency management offices.

2600.107 (c)(3) Alternate means of supply of utilities shall be identified and secured.

I assume this means a generator but our stove and dryer works with gas does this mean we must also purchase an electric stove and an electric dryer just in case.

**\$400** - Generator

**\$200** - Stove

**\$200** - Dryer

Take **secured** out.

2600.126 (b) Furnaces shall be cleaned according to the manufacture's instructions. Documentation of the cleaning shall be kept.

Suggest: "If cleaned by trained staff person, furnace shall be cleaned according to the manufacturer's instructions." We have no control over a professional furnace cleaner's procedures. We hire a professional because we assume that he know what he is doing. If we tell him to follow the manufacture's instructions, we soon will not have a professional.

2600.130 Smoke detectors and fire alarms.

This is in the realm of Labor and Industry. This section is unnecessary and just makes the regulations cumbersome.

# *Dutch Acres*

---

*2942 Lincoln Highway East    Gordonville, PA 17529    ph. (717) 687-8926    fax (717) 687-7372*

2600.251 (b) The entries in a resident's record shall be permanent legible, dated and signed...  
We currently use a computer it is impossible to sign but we could initial.

## **Against Resident's rights**

2600.129 (c) A resident shall be permitted to tend to the fire under staff supervision.  
If a resident is capable and wants to sit before a fire, he/she should be allowed to do that without the constant presence of a staff person, treating him/her like a baby.



OCT. 25, 2002

#14-475 (103)

Dear Teleta Nevius Director

AS A OWNER AND OPERATOR OF A PERSONAL CARE HOME SINCE 1988 WE HAVE LOTS OF HANDS ON EXPERIENCE. ONE OF THE ADVANTAGES WE HAVE IS LICENSED FOR EIGHT WHICH USUALLY YOU DON'T HAVE AT ALL TIMES.

NOW WITH THE NEW REGS. COMING OUT HOW DO YOU THINK OR KNOW THAT A SMALL HOME CAN MEET THE EXPENSE OF ALL THIS WORK WITH RESIDENTS FOR \$1.25 PER HR. AND MEET ALL INSURANCES, UTILITIES, PAY ROLL IF YOU CAN DO THIS THEN GIVE ME SOME LESSONS ON MANAGING FINANCES.

WE TRY TO DO WHAT OUR RULES AND INSPECTORS WANT US TO AND OUR INSPECTIONS HAVE BEEN GOOD ALSO IF A QUESTION OR PROBLEM COMES ALONG I CAN CALL ASK OR GET THE BEST ADVICE AS WHAT TO DO. I FEEL IF ALL INSPECTORS ARE LIKE THE ONES WE HAVE AND HAVE US DO WHAT THE GREEN BOOK SAYS THEN YOU WOULDN'T BE HAVING ALL THESE CHANGES. ALSO THEY ARE HUMAN NOT JUNPINIG DOWN OUR THROATS BECAUSE THEY HAVE AUTHORITY OVER US.

IF YOU FEEL PUTTING NURSES INTO ALL PERSONAL CARE HOMES THAT WILL SOLVE YOUR PROBLEMS WHY IS THERE SUCH A SHORTAGE OF NURSES IN HOSPITALS , NO NURSE IS GOING TO BE THERE 24 HRS AND I KNOW OF SOME THAT FOUND OUT IT IS MORE THAN THEY THOUGHT THEY STILL WILL NOT BE THE ONES WHO HAVE HANDS ON..

OUR PERSONAL CARE HOME IS NOT ASSISTED LIVING IT IS PERSONAL CARE THEY DO WHAT THEY CAN THEN WHEN HELP IS NEEDED WE DO IT WAS MY UNDERSTANDING PERSONAL CARE IS PERSONAL CARE NOT TRYING TO PUT US IN WITH NUSING HOMES, ASSISTED LIVING HOMES. WE ARE A FAMILY TO THOSE WHO HAVE NO FAMILY , WE SHOW LOVE, CARE, AND A FRIEND.

HOSPITALS ONLY REQUIRE 8HRS, NURSING HOME 10HRS, WHY US 24HRS. I TRAIN MY STAFF WITH A MANUAL OF 4 HRS THEN ON THE FLOOR FOR A PERIOD OF 30 DAYS THEN I DECIDE WHERE THEY NEED MORE., TRAINING IN FIRE , FIRE SAFETY EQUIP CO. INSULIN VNA INFECTIONS VNA DIAMOND DRUGS. ALL IN ALL WE DO GOOD HAVE A GOOD STAFF, GOOD RESIDENTS. IF YOU FEEL THESE PEOPLE NEED UNEMPLOYED, RESIDENTS ALL IN LARGE PLACES, REMEMBER ALWAYS LARGER ISN'T ALWAYS BETTER DESTROY ALL OF US , IT WILL BE WORSE THAN WHAT YOU HAVE.

PROSPERITY HILL VISTA  
1800 PURCHASE LINE RD.  
CLYMER, PA. 15728-6912  
NANCY CRAWFORD

*Nancy Crawford*  
Please consider All Homes before passing  
the New Regs.

Original: 2294

#14-475 (97)

October 25, 2002

Dear Sir:

My name is Nancy Conners, I am not in the habit of writing state or local government agencies, but I feel I must tell you about my Mother. Her name is Ina Shaner, she is 89 years old and has lived in Pennsylvania all of her life and now that she needs your help, she is facing the possibility of being forced into something she can not afford.

We tried to keep Mom in her own home, but because of her problems with demntia and arthritis, she needed help with everyday things. It was so hard to find good, reliabe and afforable help. Finally, financially we were forced to find a Personal Care home for her. We were so fortunate to find a family owned and operated home for Mom, in her home town of Kittanning. A wonderful place, where we are assured that Mom is well taken care of. When we visit she is always clean, well-fed and treated as a family member, and we are treated as family when we visit also. Her Social Security takes care of this expense, with a little left over for her personal needs.

If these proposals of yours go into effect, Mom could not afford this dignified way of living. We are, also, not a wealthy family, able to pick up the additional costs.

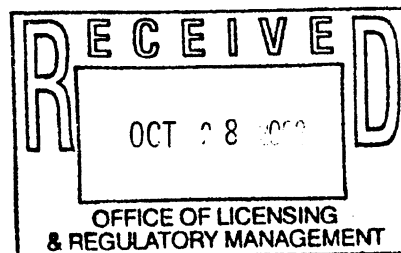
I hope you will consider the many residents and their families, before you make all these changes. I am so confident, that the care my Mother is getting is top notch. I do not have to worry about her, I know that she is eating well, taking her meds. and getting the help she needs. Please help her to be able to continue to live this way.

I hope that you remember the well-fare of my Mother and the people like her, before you make it unafforable for her to stay where she is.

Thank you,

*Nancy Conners*

Nancy Conners  
5223 Pritchard-Ohltown Rd.  
Newton Falls Ohio 44444



Original: 2294

Oct. 25, 2002

Teleta Nevius  
Director  
Dept. of Public Welfare  
Office of Licensing and Regulatory Management

Re: 55PA.Code CHS.2600 and 2620

Dear Mr. Nevius:

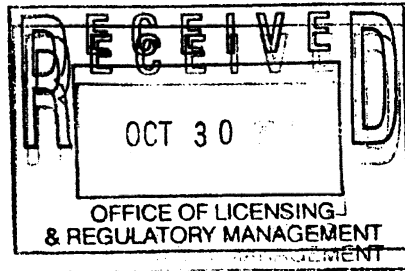
I was recently made aware of the 10/5/02 proposals regarding personal care home regulations and have just finished reviewing them on the web site. I have several concerns.

The number of procedures to be documented in writing appalled me. I have written quite a few of these in my own job and know how time consuming it is. That is a large burden for a small facility. Have you considered the additional staff that would need to be hired while the more experienced staff writes procedures?

The increase in hours in annual training also disturbs me. Isn't 24 hours a little exorbitant? Again, for a small facility, this represents a large financial commitment. Aside from the cost of the training itself, there is transportation and the temporary caregivers to be hired while the staff is at class.

There were also a number of proposals that struck me as plain silly. Smoke detectors must have a visual alarm system for anyone with a hearing impairment. Frankly, I have never known an elderly person who was not hearing impaired. All mattresses must be flame retardant. In a smoke-free facility? What next, a hook-and-ladder on the premises? If I've read the rules correctly, all residents must actually exit the facility during a fire drill, no matter what the season. If the staff can get a group of elderly and infirm residents grouped at the exits within the allotted time, is there something to be gained by making these people go outside in sub-freezing weather? Finally, there is the provision for keeping firearms under lock and key. Why would there be firearms in a nursing facility? Has Pennsylvania annexed the Mid East.

My mother is a resident in a small, impeccably run assisted living center. The owners have estimated that the proposed regulations will increase her bill by at least 20% per month. My mother will be able to afford this, but the other residents may not be in the same financial position. If not, this facility may have to shut down along with many others of its type.



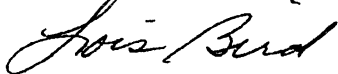
203 Hancock Court  
N. Wales, PA 19454

#14-475 (174)

There are already plenty of rules on the books. I would like to see the agency enforce these existing regulations instead of creating more. Take all this energy and money and hire more inspectors to hit the facilities known to be in violation. Improve the way complaints are investigated and be consistent in taking action against the offenders. There are plenty of nursing homes out there with real problems. Why not concentrate on tackling them before creating more bureaucracy, which, I'm afraid, will have truly unfortunate effects.

Thank you for considering my comments.

Sincerely,

A handwritten signature in cursive script that reads "Lois Bird".

Lois Bird

cc: Rep. George Kennedy Jr.  
Rep. Frank Oliver  
Sen. Hal Mowery  
Sen. Timothy Murphy  
PALA

October 25, 2002

# 14-475 (132)

OCT 25 2002

REVIEW COMMISSION

Dear Teletha News,

I am writing in regard to the new regulations the government wants to impose on Personal Care Homes. I have a sister in a P.C.H. because she has dementia and requires help with medication and her personal needs. Her husband has passed away, and my work schedule prevents me from caring for her. My fear is, that if these new regulations are implemented we will not be able to afford the added costs. Not only will she be affected, think of all those who are on SSI and are not sick enough to be in a nursing home, they will be burdened by the added costs and possibly will have nowhere to go. If these costs cause smaller P.C.H. to close and their residents would have to move, what a tragedy that would be for those who have been calling their P.C.H. their home.

I hope you will consider the consequences this will <sup>mean</sup> and search your heart to come to a solution with the care-givers.

Sincerely,  
 Ethel Benedict  
 RD #3 Box 463A  
 Mt Pleasant, Pa.  
 15666

Original: 2294

## Personal Care Resource Center

### and THE GRASSROOTS COALITION

*Margaret Eby, President*  
41 Londonvale Road  
Gordonville, PA 17529

*Telephone: 717-768-7271*  
*Fax: 717-768-8553*  
*E-mail royeb@[comcast.net](mailto:royeb@comcast.net)*

*Bill Yovanovich, Director*  
405 College Avenue  
Elizabethtown, PA 17022

*Telephone: 717-367-6055*  
*Fax: 717-367-5027*  
*E-mail: [billyo@infi.net](mailto:billyo@infi.net)*

October 24, 2002

The Honorable Timothy F. Murphy, Chairman  
PA Senate Aging and Youth Committee  
170 C, Main Capitol Building  
Harrisburg, PA 17105

The Honorable Jere Schuler, Chairman  
Aging and Older Adult Committee  
PA House of Representatives  
316 C, Main Capitol Building  
Harrisburg, PA 17105

Re: Chapter 2600 Proposed Personal Care Home  
Regulation  
Published in October 5, 2002 issue of  
the *Pennsylvania Bulletin*.


On October 22, 2002, the Department of Public Welfare mailed copies of the proposed regulation referenced above to their list of "stakeholders" in the Commonwealth. We are concerned that DPW refuses to acknowledge that all Personal Care Home Providers are stakeholders and that they did not let the providers know that this Regulation was published. Isn't it a little late for DPW to be asking how the Regulation will impact the Providers? How could they complete the Regulatory Analysis Form if they did not have this information? Many small personal care homes do not have access to a computer and many providers of services, especially to the poor, do not know that this Regulation was published.

We believe there is ample evidence that the Department of Public Welfare was not responsible in the development of this Regulation and that it is a contradiction of the Governor's Executive Order, *Regulatory Review and Promulgation*, 1996-1, Feb. 6, 1996. Furthermore, we believe that the comments that we already submitted on this Regulation, especially our comments on the Regulatory Analysis Form, is evidence that the Department was not accurate in their account of the development of the Regulation and their contacts with the PCH Provider community.

Given their record to date, we have no confidence in the Department of Public Welfare to "prepare a consolidated document to outline the issues". What are they doing? Their letter appears to be an acknowledgement that they published a Proposed Regulation without knowing the issues involved and what impact it was going to have on the Personal Care Home Industry. This is exactly what we have been saying for over a year. We feel that it is in the best interest of the Personal Care Home Industry, the approximately 1800 PCHs in the State, the 63,000 residents of PCHs across the State, and their families, that the Senate Aging and Youth Committee and the House Aging and Older Adult Committee hold public hearings on this proposed Regulation. This Regulation, if promulgated, will mean the closure of many small, independently owned personal care homes all across the State, especially those who serve the poor. This will mean that thousands of the State's poorest and most vulnerable citizens will have no place to live.

Please give the Provider Community a real opportunity to address this Regulation by providing for public hearings. Thank you for your kind consideration of our request.

  
Margaret Eby, President

Sincerely,  
  
William Z. Yovanovich, Director

Cc: The Honorable Feather Houstoun  
Mr. Robert Nyce, Director, IRRRC  
Various Legislators  
PCRC Members



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE  
P.O. BOX 2675  
HARRISBURG, PENNSYLVANIA 17105-2675

OFFICE OF  
LICENSING & REGULATORY MANAGEMENT

TEL: (717) 705-0383  
FAX: (717) 705-6955

**OCT 22 2002**

Dear Personal Care Home Stakeholder:

Enclosed are the pages from the Pennsylvania Bulletin issuing the proposed Personal Care Home Regulation, 55 Pa Code Chapter 2600 for your review.

These proposed regulations have been published for a 30-day public comment period beginning on October 5, 2002. The public comment period will expire on November 4, 2002. The Independent Regulatory Review Commission will submit their final comments to the Department of Public Welfare by December 5, 2002.

Please note that this is now the formal regulatory review process, and your opportunity to submit written feedback on the proposed regulation begins. In making your comments, please tell us how the regulation would impact you, what changes are needed to clarify or improve the regulation, and what, if any, additions or alternatives you suggest.

After all comments are received, we will prepare a consolidated document to outline the issues. We will hold a statewide stakeholder meeting on December 11, 2002 from 9:00 a.m. to 3:00 p.m. at the Clarion Hotel and Convention Center in Carlisle to discuss this document, propose revisions and changes, and arrive at consensus toward resolution.



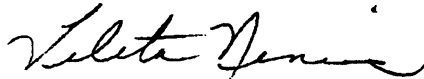
Page 2

We look forward to receiving your written comments, and to meeting with you at the statewide stakeholder meeting. Although written comments must be submitted to the Office of Licensing and Regulatory Management, please feel free to copy both of us. We invite your suggestions and recommendations to assist us in shaping the final-form regulation.

Sincerely,



Beverly Doherty, Director  
Bureau of Home and Community-Based Services  
Office of Social Programs



Teleta Nevius, Director  
Office of Licensing and Regulatory Management

---

Original: 2294

#14-475 (131)



Senior-living Community  
One Woodcrest Circle  
Scottsdale, PA 15683  
724-887-3773  
Fax: 724-887-7659

October 24, 2002

Teleta Nevius, Director  
Department of Public Welfare  
Office of Licensing and Regulatory Management  
PO Box 2675  
Harrisburg, PA 17105-2675

Dear Ms. Nevius:

I have recently reviewed the 55 PA Code Chapter 2600 Personal Care Homes. I received no notification from DPW that the new regs were out. I learned of it through the Westmoreland County Personal Care Home Administrators Association.

I have numerous concerns about these new regulations. I am an administrator of a senior-living community, which includes licensed personal care. Although I can continue in that position due to the grandfathering clause, under the new regulations someone like me would not be eligible to serve as an administrator. Recently one of our resident's needs changed and she had to be moved to a skilled nursing facility. Before leaving, she said to me, "I liked you from the first time we met. You are just perfect for your job." We have a record of good inspections, and have provided the opportunity for two additional staff members to receive the administrator training. I do not believe that just because someone is a nurse or has a degree, they would make a better administrator than someone who has maturity and life experience, especially experience working in the care-giving field.

I am not opposed to increased continuing education for administrators and staff. However, the required training seems in excess, especially when compared to what is required in hospitals and nursing homes. With this increased education comes an increased cost - a cost that will be passed on to our residents. All staff would not be able to access training at the same time, as someone would have to work. We could not afford to bring in temporary staff to cover the time, as they too would have to receive 24 hours of training in order to work.

Most personal care homes operate under a social model where residents develop a sense of home. The new regulations appear to be pushing us toward a medical model. One of the greatest fears many residents have is having to move to a nursing home. We do not want to be a nursing home. I received a note from a resident saying, "This is my home and I love it." When we did a satisfaction survey last year with residents and families,

we received a letter from a son who said, "I talked to her (his mother), and she says that as far as she is concerned, everything is as near perfect there as could be humanly possible. Believe me, if my mother says that, it must be so. Being her son, I can say that she is not the easiest person in the world to satisfy." Further, "all of the staff that I have come in contact with are wonderful, caring people, and you are fortunate to be able to have them."

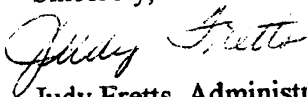
The size of the new regulations is a big cause for concern. Going from 40 pages of regulations to 150 pages, is a drastic change. These regulations require so much more paperwork. It appears it will take so much more time just doing paperwork that additional staffing hours will be needed. Again, the added cost will be passed on to residents.

There is a saturation point where people can no longer afford personal care. Homes that care for SSI residents probably will no longer be able to operate. Who will care for those people then?

I hope that these new regulations will be pulled and re-worked. I also hope that you will include personal care home administrators, staff, residents and their families in the process. We love our residents and want to provide good, affordable care for them.

Thank you for your consideration as we all work together for the good of personal care residents.

Sincerely,



Judy Fretts, Administrator

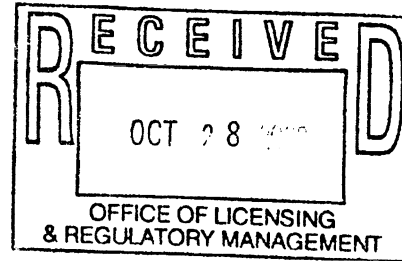
Original: 2294

#14-475 (94)

Joanne Wasserman  
PO Box 71  
Milanville, PA 18443

October 24, 2002

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



Re: Proposed Personal Care Home Regulations (55PA.Code CHS.2600 and 2620)

Dear Director:

I am writing to voice my disagreement with many of the very costly changes that will occur for families of personal care home residents in Pennsylvania if the proposed regulations are enacted.

My elderly mother has Parkinson's disease and she has been living at a personal care facility since April, 2002. Her total monthly income does not even cover 1/2 of the cost for this facility and since she has no other assets, I have been paying the balance. I am also paying for her supplemental medical coverage, since Medicare is not sufficient, and I am also paying for her prescription drug plan, since our government has still not enacted a plan for senior citizens. Due to my mother's numerous illnesses, the co-payments alone for her prescriptions are quite substantial each month. Needless to say, my finances are quite strained.

I am very happy with the care my mother has been receiving at her facility and I am willing to make the sacrifices necessary to keep her there. However, I have been informed by this facility that if the proposed regulations are passed, the cost that will be passed on to me will be approximately and additional \$200 per month! This is outrageous!

I have reviewed the bulletin and specifically object to the following proposed changes:

1. 2600.58 Staff Training - the staff at my mother's facility are highly professional. They are trained in-house and also receive 6 hours outside training per year. Most of them already have the knowledge from prior experience. The proposed 24 hours of training is superfluous and costly, especially in a rural area where the cost of transportation is a big factor.

2. 2600.101 Mattresses - a requirement for flame retardant mattresses in a facility that does not allow smoking is ridiculous, since most fires start with someone smoking in bed.

3. 2600.130 Fire Regulations:


Hearing Impaired Residents or Employees - as proposed, if the facility has even one hearing impaired resident or employee, all of the rooms must be retrofitted with a strobe light fire alarm system. I feel this is an unnecessary expense.

Fire Drills - it is proposed that the residents must totally exit a building during monthly fire drills - has anyone given any thought to the hardship and danger that would cause during a 6 AM fire drill in January, for sick, elderly residents? During inclement weather, residents at my mom's facility currently gather at the exits and only go outside when the weather permits, which in my estimation, is just fine.

There are numerous other changes, each with a small cost attached, that adds up. Bottom line, if this legislation is enacted, I will be faced with 2 possible scenerios:

1. My mother's facility will close due to the financial strain, and then what will I do?
2. The facility will remain open and past the astronomical cost on to me, which I cannot afford.

In your effort to improve conditions at personal care facilities for the elderly, what you are really doing is putting them at serious risk. Please re-think this whole idea.

Sincerely,  
  
Joanne Wasserman

cc: Chairpersons of the House Health & Human Services Committee  
Rep. George Kennedy, Jr., Chairman-Majority  
Rep. Frank Oliver, Chairman-Minority  
House of Representatives  
Box 202020  
Harrisburg, PA 17120-2020

Senate Public Health & Welfare Committee  
Sen. Hal Mowery, Chairman  
Sen. Timothy Murphy, Vice Chairman  
Senate Post Office, Main Capital Bldg  
Harrisburg, PA 12120

Pennsylvania Assisted Living Association  
536 Edella Road  
Clarks Summit, PA 18411

# 14-475 (23)

"SAME COMMENTER AS  
# 1, 8 and 12"W.C.P.C.H.A.A.  
P.O.Box 73  
Crabtree, PA.  
15624

October 24, 2002

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

Dear Teleta Nevius,

This will be one of several memos which you will receive from the Westmoreland County Administrators Association. We will be sending our consensus viewpoint on Chapter 2600 by November 4. I would like to submit comment on just one important issue today.

W.C.P.C.H.A.A. would like to discuss:

**2600.53 Staff titles and qualifications for administrators.**

- (a) The administrator shall have one of the following qualifications:
- (1) A valid license as a R.N. from this Commonwealth
  - (2) An associate's degree or 60 credit hours from an accredited college or university
  - (3) A valid license as a LPN from this Commonwealth and one yr. of work experience in a related field.
  - (4) A valid license as a NHA from this Commonwealth.

We oppose these requirements as they are still too restrictive and they are pushing the PCH industry into a medical model which is NOT where we collectively want to be. We prefer to stay as a social model. We firmly believe that the social model ensures a QUALITY of life for our residents. A social model reflects wellness, while a medical model reflects illness. You are forcing a basic philosophical change of lifestyle onto our residents, and in doing so you are taking away their choices.

There is another point to our opposition. Many PCH throughout the Commonwealth are family owned and operated businesses which are passed on from one generation to the next. With the above very restrictive criteria it may be probable that a PCH could not be passed on to the next generation if above is not met. Is it fair that you dictate how our children are schooled? Family businesses are the backbone of the USA. Isn't this discrimination against the small businesses? and against family businesses?

- (c) The administrator shall complete at least the minimum training required.

Actually we agree and support the idea of higher training. We feel that 2600.57 training will raise the standards, and will improve the care of our residents. We like the 60 hours of training with competency testing and the internship program. We feel that this higher level of training negates the 4 qualifications.

- (d) The adm. shall be responsible...including the safety and protection of res.

The last clause throws a terrible liability onto the administrator. Now the PCH will need to have 2 liability insurances: the Home and the Adm.

REMOVE that dangerous clause

Thank you,

*Elgin Pamichelle*  
WCPCHAA

Oct 24 02 01:35p

Bill Yovanovich

717-367-5027

P. 1

# 14-475

(24)

" SAME AS COMMENTED # 7 "

Original: 2294

# Personal Care Resource Center

and THE GRASSROOTS COALITION

Margaret Eby, President  
41 Londonvale Road  
Gordonville, PA 17529

Telephone: 717-768-7271  
Fax: 717-768-8553  
E-mail: royebym@aol.com

Bill Yovanovich, Director  
405 College Avenue  
Elizabethtown, PA 17022

Telephone: 717-367-6055  
Fax: 717-367-5027  
E-mail: [billyo@inf.net](mailto:billyo@inf.net)

October 24, 2002

The Honorable Timothy F. Murphy, Chairman  
PA Senate Aging and Youth Committee  
170 C, Main Capitol Building  
Harrisburg, PA 17105

The Honorable Jere Schuler, Chairman  
Aging and Older Adult Committee  
PA House of Representatives  
316 C, Main Capitol Building  
Harrisburg, PA 17105

Re: Chapter 2600 Proposed Personal Care Home  
Regulation  
Published in October 5, 2002 issue of  
the *Pennsylvania Bulletin*.

On October 22, 2002, the Department of Public Welfare mailed copies of the proposed regulation referenced above to their list of "stakeholders" in the Commonwealth. We are concerned that DPW refuses to acknowledge that all Personal Care Home Providers are stakeholders and that they did not let the providers know that this Regulation was published. Isn't it a little late for DPW to be asking how the Regulation will impact the Providers? How could they complete the Regulatory Analysis Form if they did not have this information? Many small personal care homes do not have access to a computer and many providers of services, especially to the poor, do not know that this Regulation was published.

We believe there is ample evidence that the Department of Public Welfare was not responsible in the development of this Regulation and that it is a contradiction of the Governor's Executive Order, *Regulatory Review and Promulgation*, 1996-1, Feb. 6, 1996. Furthermore, we believe that the comments that we already submitted on this Regulation, especially our comments on the Regulatory Analysis Form, is evidence that the Department was not accurate in their account of the development of the Regulation and their contacts with the PCH Provider community.

Oct 24 02 01:36p

Bill Yovanovich

717-367-5027

P. 2

Given their record to date, we have no confidence in the Department of Public Welfare to "prepare a consolidated document to outline the issues". What are they doing? Their letter appears to be an acknowledgement that they published a Proposed Regulation without knowing the issues involved and what impact it was going to have on the Personal Care Home Industry. This is exactly what we have been saying for over a year. We feel that it is in the best interest of the Personal Care Home Industry, the approximately 1800 PCHs in the State, the 63,000 residents of PCHs across the State, and their families, that the Senate Aging and Youth Committee and the House Aging and Older Adult Committee hold public hearings on this proposed Regulation. This Regulation, if promulgated, will mean the closure of many small, independently owned personal care homes all across the State, especially those who serve the poor. This will mean that thousands of the State's poorest and most vulnerable citizens will have no place to live.

Please give the Provider Community a real opportunity to address this Regulation by providing for public hearings. Thank you for your kind consideration of our request.

*Margaret Eby*  
Margaret Eby, President

Sincerely,

*William Z. Yovanovich*  
William Z. Yovanovich, Director

Cc: The Honorable Feather Houstoun  
Mr. Robert Nyce, Director, IRR  
Various Legislators  
PCRC Members



Oct 24 02 01:36p

Bill Yovanovich

717-367-5027

P. 3



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE  
P.O. BOX 2675  
HARRISBURG, PENNSYLVANIA 17105-2675

TEL: (717) 705-0383  
FAX: (717) 705-6965

OFFICE OF  
LICENSING & REGULATORY MANAGEMENT

OCT 22 2002

Dear Personal Care Home Stakeholder:

Enclosed are the pages from the Pennsylvania Bulletin issuing the proposed Personal Care Home Regulation, 55 Pa Code Chapter 2600 for your review.

These proposed regulations have been published for a 30-day public comment period beginning on October 5, 2002. The public comment period will expire on November 4, 2002. The Independent Regulatory Review Commission will submit their final comments to the Department of Public Welfare by December 5, 2002.

Please note that this is now the formal regulatory review process, and your opportunity to submit written feedback on the proposed regulation begins. In making your comments, please tell us how the regulation would impact you, what changes are needed to clarify or improve the regulation, and what, if any, additions or alternatives you suggest.

After all comments are received, we will prepare a consolidated document to outline the issues. We will hold a statewide stakeholder meeting on December 11, 2002 from 9:00 a.m. to 3:00 p.m. at the Clarion Hotel and Convention Center in Carlisle to discuss this document, propose revisions and changes, and arrive at consensus toward resolution.

Page 2

We look forward to receiving your written comments, and to meeting with you at the statewide stakeholder meeting. Although written comments must be submitted to the Office of Licensing and Regulatory Management, please feel free to copy both of us. We invite your suggestions and recommendations to assist us in shaping the final-form regulation.

Sincerely,



Beverly Doherty, Director  
Bureau of Home and Community-Based Services  
Office of Social Programs



Teleta Nevius, Director  
Office of Licensing and Regulatory Management

# Meadowview Manor

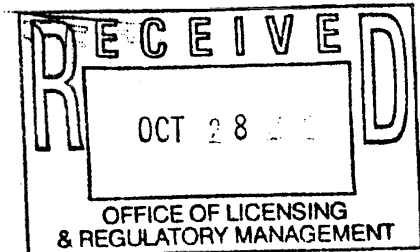
#14-475 (96)

Original: 2294

Personal Care Retirement Home & Rehabilitation Center

2103 U.S. Hwy. 522 S. • McVeytown, PA 17051 • 814-542-2336  
TOLL FREE 1-877-542-8630

October 24, 2002



Teleta Nevius  
Department of Public Welfare  
PO Box 2675  
Harrisburg, PA 17101-2675

Dear Ms. Nevius,

My name is Stan Westbrook and I have owned Meadowview Manor for 20 years. I remember what the regulations were then and what they are now. I am a firm believer in quality and detail gives quality. But I have to wonder what is pushing such new regulations. Do you have a lot of violations of the present regulations? If so could you share the type of violations? Where have the inspectors and regulators been over this period of rising violations? Who have you found to be the violators, large homes or small homes.

Let's get it clear, the legislators have failed to provide the funding for personal care homes that house SSI or lower income people. Homes that have tried to operate with SSI or low income residents should close their doors, because I suspect they are your persistent violators. Your new regulations will close them as well they should be. Then the legislators can move on to the next problem of lowering its Medicaid payment liability to the Feds for all these SSI and lower income people, who were moved to nursing homes.

The legislature has also failed to deal with medical liability insurance. They seemed to have dealt successfully with workers compensation. So if you don't close the small guys with more regulations, the attorneys will close them with law suits against those with little or no medical liability insurance.

I'm sure everyone's intentions are honorable. The next set of problems is going to be the poor. And make no mistake you will never get something for nothing. So if you don't fund the Personal Care industry properly, you can't expect anything back.

Good luck! You're wasting your time with the new regulations. Those that violate will always and vice versa. But don't expect the poor to get something when the legislature isn't doing their part of the deal.

Sincerely,

A handwritten signature in black ink that appears to read "Stan".

Stan Westbrook  
Owner  
Meadowview Manor

SW/drn

CC: Harold F. Mowery, Jr., Timothy F. Murphy, Edwin B. Erickson, Jim Gerlach, Michael L. Waugh, Mary Jo White, Vincent J. Hughes, Jay Costa, Jr., Shirley M. Kitchen, Allyson Y. Schwartz, George Kenney, Jr., Kerry Benninghoff, Mary Ann Dailey, Beverly Mackereth, Jere Strittmatter, Frank Oliver, Rosita Youngblood, Linda Bebko-Jones, Louise Bishop, Leo Trich, Jr., Gib Armstrong, Patrick Browne, John Fichter, Patrick Fleagle, William Gabig, Julie Harhart, Fred McIlhattan, Michael Diven, Harold James, Thaddeus Kirkland, John Myers, P. Sturla, Ronald Waters, Curt Schroder, Mike Turzai, Patricia Vanc

*Located in a beautiful valley in the Central Pennsylvania countryside*

Original: 2294

14-475 (730)  
"SAME Commenter  
as # 550"

October 24, 2002

2002 NOV 12 PM 12:09  
LABORATORY  
REVIEW COMMISSION

Marshall Marvenko (age 53)  
The Adams House PCH  
314 Fallowfield Ave.  
Charleroi, PA 15022

IRRC

333 Market Street  
14<sup>th</sup> Floor  
Harrisburg, PA 17101  
Attn: Mary Lou Harris

Dear Ms. Harris,

I have lived at the Adams House for over 1 year now and I certainly do love this home. The reason is—it is my home. The owner says we can take 21 residents, but she says we probably would only take 20. To take 21, we would have to change our upstairs living room to a bedroom. She wouldn't want to do that.

She tells us that DPW is asking her to change some of the bedrooms to make them larger. For what—to sleep at night? We don't spend time in our bedrooms & the only time most of us are in our bedrooms is at night to sleep. Once in awhile one of us takes an afternoon nap, but we need bed space not floor space for that. We all spend time together in the downstairs living room., dining room, or the deck. We spend time with staff in these areas—all the time. We are FAMILY!!!

Why do you want to take our home from us? We do NOT understand. The owner tells us that if she has to hire all the extra staff (nurses) you are asking in the new regulations, that she will have to close the home. We are all AFRAID. A lot of us have mental illness, can go out, but cannot live alone. Our doctors have decided that. Some of us have NO family here except for The Adams House. Where will you send us? If DPW closes our home and a lot of other homes in PA, who will find homes for us? None of us living here are qualified to go to a nursing home. Many of us don't have families that can take us. We are all afraid of what might happen. Would you like your family to be taken away?

I wanted to mention also, that the owner does things for us that I think a lot of owners wouldn't do. She takes us to band concerts, coffeehouses (Christian) and church. A couple of us even go to the Nascar races with her when she goes to Motordrome. She takes a couple of us to her house on Thanksgiving & Christmas because we are alone.

Yours truly,



Original: 2294

14-475 (745)

October 24, 2002

Sen. Don White  
101 Market St.  
Kittanning, Pa. 16201

Dear Sen. Don White,

*fax to Noel*

I have a mother in a personal care home. She is not critically ill but does need some supervision  
 To do small things she used to be able to do for herself.  
 I was recently informed about pending regulations that could put this care out of reach financially for my  
 Mother. They seemed to have forgotten that extra staff cost extra money. This could put the cost of personal  
 Care out of many peoples reach.  
 I am hoping you will do your part to help keep Personal Care Homes affordable and open in our area.

Sincerely yours,

Larry Scott

RD# 1 Box 29 C2  
Shelocka, PA 15774

NOVEMBER 23 2002  
10:11 AM '02

#14-475 (105)

Box 231  
Elderton, PA 15736

Oct 24-02

Teleta Nevius, director  
Health + Welfare Bldg.  
Harrisburg, PA 17120

RE: Personal Care Homes

Dear Sir:

As a daughter of a 92 old mother who is in a personal care home, I am appalled at these new laws they are drawing up to have these homes abide by. My mother is very well taken care of and the home is very clean and the patients are all notably happy and content. An RN or doctor is not needed at all times to give out pills. The persons in charge are very capable to do their duty.

The overregulation is unnecessary. It is ridiculous at this point + will endanger older people, families who

can't cope (like me) to take care of an elderly person. This home is a God send and it is to many other family members.

Why does Mr. Casey feel this is right? He is disrupting so many thousands of lives. Please, please listen to us ordinary people and don't let these rules be made into law.

Please - listen to us and let these homes be as they are. Think of all the people put out of work. I read yesterday the State is giving 16 million in funds to help renovate the old Bedford Springs Hotel. What a waste! This money should be given to homes and workers for the elderly and sick who need help. I can't understand the reasoning. I am literally sick over what you (Casey + welfare) are doing to humanity. God help us all. My mother is in Grey's at Kettering. I love it  
Sincerely Francis Koralek

Original: 2294

# 14-475 (37)

EXHIBIT 90 AND 91

REVIEW COMMISSION

W.C.P.C.H.A.A.  
P.O.Box 73  
Grabtree PA  
15624

October , 2002

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

Dear Teleta Nevius,

This will be one of several memos which you will receive from the Westmoreland County Administrators Association. We will be sending our consensus viewpoint on Chapter 2600 by November 4. I would like to submit comment on just one important issue today. W.C.P.C.H.A.A. would like to discuss:

**2600.19 Waivers**

(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.

Is this in the realm of DW?? or is it under L&I??

Perhaps the more important issue to be discussed revolves around existing homes/buildings. **THERE MUST BE AN UNCONDITIONAL WAIVER FOR BUILDINGS THAT ARE CURRENTLY LICENSED.**

You have done us a disservice to "grandfather" the staff without "grandfathering" the buildings. Many homes have been licensed for many years, and will not be able to structurally comply with all the mandated building requirements. Some things may not be economically feasible, and other items may not be structurally possible when zoning requirements etc, are taken into consideration.

**EXISTING PCH MUST HAVE THEIR BUILDINGS GRANDFATHERED IN. STRUCTURAL WAIVERS MUST BE CONSIDERED!!**

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

Sincerely Yours,

*Richard E. Hester / Carol Ann Hester Rosewood Manor*  
WCPCHAA member  
NAPCHAA member  
PCH Administrators

A decision NOT to grandfather is criminal as you have stripped individual providers' of their livelihood and robbed them of the value of their property. You have stolen their retirement plans by taking the building functions as PCH. You might as well go into my desk drawer and steal from my "pigggybank" also!!!



Original: 2294

#14.475 (38)

2002 OCT 30 AM 10:31

WESTMORELAND COUNTY  
REVIEW COMMISSION

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

October ,2002

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

Dear Teleta Nevius,

This will be one of several memos which you will receive from the Westmoreland County Administrators Association. We will be sending our consensus viewpoint on Chapter 2600 by November 4. I would like to submit comment on just one important issue today.

W.C.P.C.H.A.A. would like to discuss:

**MEDICATIONS 2600.181 - 2600.183**

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

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

**WHERE DID THESE REGULATIONS COME FROM???**

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

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

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

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

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

medications be allowed to pass medications. Especially since DPW already has a course outline for other entities such as Youth Development Centers & Youth Forestry Camps! The DPW course outline is titled "Staff Medication Administration Training" and it does satisfy the regulations in the 55 PA Code 380.

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

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

Specific areas that we have issues with are:

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

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

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

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

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

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

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

2600.186 medication records (b) (1) & (3) are not necessary on the medication record. This information is never on the MAR's which are used by hospitals and skilled facilities.

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

Sincerely yours,

*Richard E. Leter*  
*Cecil Ambler*  
*Administrator of Rowwood Manor*  
*Member of WCPCHAA*  
*NAPCHAA*

**IRRC**

**From:** Wortel / Schaich [schaichwortel@redrose.net]  
**Sent:** Wednesday, October 23, 2002 4:37 PM  
**To:** IRRC  
**Subject:** Regulations Personal Care  
**Proposed Rulemaking – 2600 and 2620 – Personal Care Homes**

Original 2294

Perhaps the most important item which requires a response is the section "Private Sector" on page 4941 referring to "the issues that will have most potential to influence the cost of implementing Chapter 2600."

The **biggest expense** will be the additional **training** required both initially and annually thereafter, for the staff and the administrator. The Regulatory Analysis Form indicates the cost to the providers for everything included in the proposed regulations to be \$680. Unfortunately, that is but the tip of the iceberg. The total hours for a new **administrator** would be 140 hours (60 hours of training and 80 hours of internship, followed by 24 hours annually). The 60 hours of training would cost \$800 and the 80 hours of internship at a cost of between \$10 to \$27 per hour) would run anywhere from \$800 to \$2,160. In addition, there would need to be an on-the-job trainer for another \$800 to \$2,160. To sum it up, the cost would be either **\$2,400 or \$5,180 per year**. Whoever came up with the costs to the providers as listed in the Regulatory Analysis Form was either badly misinformed or has no idea whatsoever the costs of running a business.

The training for **staff** is just as ludicrous. Even considering that 12 of the 24 hours required would be on-the-job training, there still needs to be a staff person to do the training for those 12 hours. The cost of the 12 hours of training would amount to \$160. Adding that to the \$9 per hour wage for the new staff (approximately \$108) that **total** would be **\$268** and that is based on being able to accomplish the training in 12 hours. With the proposed regulations and all the paperwork and documentation that is required, we will be lucky if we can accomplish this on-the-job training within that period of time! The biggest problem here is that this training must be done before the staff person reports to work. I wish I could tell you how many times a new employee tries it out for a day and then decides this is not the type of work that suits him/her. When that happens, we start all over with **another \$268!**

A written individual staff training plan for each employee, developed annually with input from the employee and the supervisor will add still more administrative costs to the provider. The coliform water test every three months for those of us with well water will add still more costs, and can you imagine what type of "comfortable chair determined by the resident" is going to cost the provider. I am trying to figure out where DPW thinks this money is coming from – certainly not through the SSI checks which allow **approximately \$30 per day** to provide all that is required in these proposed regulations.

The idea that we can see that dental and vision care is made available to someone on public assistance is wishful thinking. In Lancaster County we do not have those services available. The proposed regulation that indicates that breakfast in bed should be available for any resident desiring it (without mention of whether or not that resident is ill or physically incapacitated for a short period of time), along with the additional comment "may not replace daily meals in a dining area" is another enigma. Whatever does that mean! These are just a few of the many proposed regulations that will adversely affect the providers.

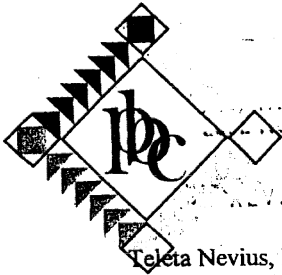
These proposed regulations, if adopted, will **not** encourage providers to keep their doors open to SSI residents. They are **already** operating at a loss – the 20% that supposedly covers the proposed regulations does not come close to covering the regulations already in effect. Providers are forced to accept a person on SSI only at the very end of the month because Social Security allows no reimbursement during the first month he resides in the personal care home. Even then, providers are forced to wait up to six months for payment because of the delay in Social Security. The cost of these proposed regulations is astronomical, and will quite possibly eliminate these small personal care homes from accepting SSI residents in the future. In fact, I am not sure what will happen to the over 10,000 SSI residents already living in these personal care homes.

Submitted by Dolores Y. Schaich

Dutch Acres – Paradise

10/23/2002

NOV 20 2002  
 10 23 2002

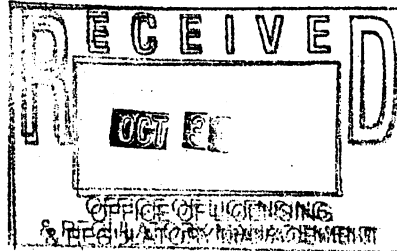


PETER BECKER COMMUNITY

800 Maple Avenue, Harleysville, PA 19438

215.256.9501 Fax: 215.256.9768

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



October 24, 2002

Dear Ms. Nevius,

I am submitting the following comments on the proposed personal Care Homes Rules as published in the October 5, 2002 PA Bulletin.

**2600.16. Reportable Incidents**

- (a) (9) "physical assault" by a resident: please clarify definition. Is this any bodily contact that includes pushing, shoving, slapping by one resident against another? Or is this referring to an actual injury as a result of bodily contact.
- (a) (11) "incident requiring the services of an emergency management agency": 911 calls for transporting a resident because of a medical condition, not related to an "incident" (fall or injury), should not need to be reported. There are times when the local ambulance cannot transport and so as not to delay treatment, a 911 call is made. This should only be for true incidents and not because of medical condition.
- (f) copy of incident report on file as required by 2600.243, there was **no 2600.243 included**. Numbers went from 2600.241 and then to 2600.251. Is this somewhere else? Is this a typo?

**2600.17 Confidentiality of records**: should include that they are open to medical treatment team (physicians, Therapists, etc. and upon transfer for further treatment to an acute care setting). The way it is written it seems like only those listed have access and no one else.

**2600.26 Resident Contract**: 72 hours to rescind Is the resident or designee still responsible to pay for the 3 day stay if they changed their mind? Who is responsible to relocate the resident? The responsible person/family?

**2600.27 Quality Management** Can this plan be part of the facility-wide plan when the facility is a CCRC or must the Personal Care Home have a distinct and separate QM?

(2) Complaint procedure: should be changed to Grievance Procedure. Residents may have many small "complaints" that are handled **and resolved** on a day to day basis by nursing staff or social workers. These should not be included in the QM process, it is just part of good responsive services to resident's likes and dislikes.

**2600.42 Specific Rights**

(z) Free from excessive medication: delete this or specify VERY clearly what is excessive. Many residents have chronic conditions that for years have been medically managed by their physician and are admitted with specific medications. It is the responsibility of the attending physician to determine whether these medications are still appropriate. This right should state: "Right to have medications managed appropriately".

(Cont.)

*"The Best Season of Your Life"*  
(Since 1971)

**2600.54 Staff Titles, etc.**

- (1) Some of the dietary staff who serve in the Dining Room, are under 18 years of age, shall we assume that they are not classified as "direct care staff"? Please clarify. Also should give clear definition of Volunteer. We do not use volunteers to do any direct care and volunteers should not be "lumped in" with direct care staff.
- (4) Be free from a medical condition...needs clarification of what medical condition. A person could have diabetes, arthritis, kidney problems (all are medical conditions) and could still be qualified to work.

**2600.57 Administrator Training and orientation:** Annual training of 24 hours is too much, can it be 40 over 2 years? Also are all the topics that are listed (1) – (11) and A-J definite topics that have to be included to meet the annual training? Some of those topics are job specific knowledge needed by actual direct care workers not administrators (medication procedures, medications, writing support plans, etc.). The training topics should be broader and specific to administrator's duties.

**2600.58 Staff Training**

- (a) the requirement to have volunteers oriented the same as workers is very unrealistic. Requirements of orientation should be specific to their job function, resident rights and general safety.
- (b) Who are considered Ancillary staff?
- (c) How is competency to be "proven"?
  - (3) (13) Most of the nurse aides who work as Direct Care Staff in AL do not help residents with medications and should not be required to be oriented to medication procedures and medical terminology, purposes, side effects, nor..
  - (6) have anything to do with initial assessment, annual assessment and writing of support plan, this should be clarified to read LICENSED personnel orientation
- (d) Direct staff annual training of 24 hours is TOO MUCH. Nurse Aide registry requires 12 hours of annual training. I would recommend this be the same. Too expensive to do all this training!
  - (1) CPR and first aid: American Heart Association certification is good for 2 years instead of one. This regulation should state every 2 years.
  - (2) Same as above, Nurse Aides do not do annual assessments and this section should only apply to licensed staff.

**2600.59 Staff Training Plan**

- (1) Annual assessments of staff training needs should be changed to periodic or deleted. There is already a long list of topics that are required to teach and it should be left up to the facility to decide when needs assessments for training needs should be done.

**2600.60 Individual staff training plan**

- (1-3) This should be changed to reflect an annual performance evaluation that includes identifying training for the individual staff member.

**2600.83**

- (a) I think that eat temperatures should be at least set at 72! Most older folks have poor circulation and need warmth.

**2600.105 Laundry**

- (g) It is impossible to assure all lint is removed from all clothes. Either delete or change this to something that is manageable

**2600.109 Firearms and weapons (EXCLUDE ALTOGETHER)**

- (1-5) Should not be allowed in the facility. There is absolutely No reason for residents to have them. If they go hunting, etc. then family can store the arms. Sorry, there is just too much violence.

Continued

**2600.161 Nutritional**

(g) Offer water Q 2 hours is not feasible, we can have it available but residents are not going to be awakened at night to have fluids "offered".

**2600.184 Use of Medications**

(b) Related to verbal medication changes: "may only be made by the prescriber"? How does that cover when the ordering physician or CRNP is off duty and we have a covering physician?

**2600.187 Medication Errors**

(a) Errors should be reported immediately: This should be clarified, some medication errors are insignificant and the physician can be notified during routine office hours. (Example giving Tylenol at q 3 hours instead of q 4 with not ill effect needs not to be reported immediately). Could read notified immediately of a significant error.

**2600.225 Initial and annual assessment**

(1) Annually: This requirement should be deleted. If there is a support plan that is to be updated annually there is no need to have an annual assessment. The Support Plan should cover the same information. This annual assessment would be redundant/duplicative documentation.

**2600.231 Secured Unit**

(5) Year round access: Concern that this means residents have the freedom to wander out in winter and may go out without the proper warm clothing. Please reconsider wording something more than just "except during inclement weather".

**2600.235 Discharge Standards**

60 day written notice: This paragraph should differentiate between medical reasons for discharge/transfer of resident and other reasons. The way this is written it seems that a facility is required to give notice before transferring, for example, to a skilled unit when resident's level of care changes. This is not practical nor in the best interest of residents in providing appropriate care to have to wait 60 days before a transfer/discharge can be initiated.

**2600.236 Administrator training**

(1-2) Competency tested training; initial and ongoing, requirements should be dropped. Facilities are already faced with low reimbursement and to have a "testing" requirement put in place will be an added expense each year. Basic training for the listed topics is sufficient. Also, if the Administrator is over the Assisted Living and the Secured Dementia the number of training hours for each should be combined into one, not separately.

**2600.251 Resident Records**

(b) (6) Incident reports "record of incident reports for the individual resident" should not be kept on the resident record. Instead they should be filed in Administrative files in the facility.

**2600.254 Record access and security**

(c) "stored in and enclosed area used solely for record storage" **Delete the word SOLELY**. Medical record rooms also store a facility's blank forms, security keys, postage equipment and other office needs.

**2600.261 Classification of violations**

The definitions for classifications and the language used is very subjective and can be misinterpreted by individual surveyors thereby creating a different standard of application depending on what the surveyor feels is "substantial probability, substantial adverse effect". Better definitions are needed. Re-evaluation by the Department on a semiannual basis is not enough. If the review, as currently stated in the proposed regulations, goes into effect then the results (the outcome) of this review should also be required to be given to the facilities.

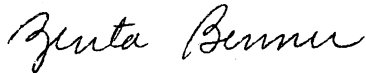
Page 4

**2600.263 Revocation of licenses**

(e) (1) Minimum number of years should be for 2-3, not 5 years. 5 years should be reserved at the discretion of the Department for individual facilities that may have even more egregious noncompliance issues.

Thank you for taking these comments and recommendations in consideration for the forthcoming AL regulations changes.

Sincerely,



Zenta Benner, NHA  
Vice President Health Care Services

CC: Beth Greenberg, PANPHA

Original: 2294

# LUTHER PARK

October 23, 2002

**Ms. Teleta Nevdis, Director  
Office of Licensing & Regulatory Management  
Commonwealth of Pennsylvania  
Department of Public Welfare  
P.O. Box 2676  
Harrisburg, PA 17105-2675**

RECEIVED  
OCT 23 2002  
OFFICE OF LICENSING & REGULATORY MANAGEMENT  
DEPARTMENT OF PUBLIC WELFARE  
HARRISBURG, PA

Dear Ms. Nevdis:

We have recently received a copy of the proposed regulations for Personal Care, Chapter 2600, replacing Chapter 2620 of Title 55.

We find the following areas very costly and egregious to future operations:

- Staffing ratios

**Proposed Chapter 2600.56** - The published R.A.F. comments on the proposed new legislation saying that there are few additional costs "an estimated \$680" is a blatant misrepresentation or it is a complete error. The proposed regulations seem higher or equal to a skilled application. The additional staffing requirements alone will create a tremendous financial hardship for all Personal Care homes. The current staffing market pool is next to zero. How will we recruit and hire additional quality staff? It is a monumental challenge to staff adequately now.

The resident of moderate to modest means will have increased difficulty entering or staying in Assisted Living centers. The new proposed supportive hours required would add additional costs, in excess of \$109, 000. This cost would have to be passed on to the resident.

To move from the residential model to a more medical model will make the costs prohibitive and the smaller homes, which are providing a viable service will be forced to close. This will leave a large population needing housing. The County and State budgets will be taxed even further then they are already.



**Proposed Regulations regarding ratios should remain on a sliding scale as currently required so that those homes, which have immobile residents, will be held to a higher standard. These are already in place (Chapter 2620.74(c-g)).**

- **Therapeutic Diets**

**Proposed Chapter 2600.161(f) For the State to impose the diet regime on Assisted Living Communities is contrary to the Resident Rights and the residential model where the resident should have the freedom to make informed dietary choices.**

**The cost for additional professional labor and a dietician will be absorbant, estimated at \$55, 000 annually and thus inevitably impact the resident cost.**

- **Support Plan**

**Proposed Chapter 2600.225 and 2600.226 - The existing resident assessment tools provided by D.P.W. are adequate to meet the psychosocial needs of our residents. We cannot afford nor do we need social workers and psychological consultants on staff. We are able to provide good services with the tools provided and with the County Social Services personnel available to us. Added paperwork requirements only detract from the patient care delivery system.**

- **First Aid**

**Proposed Chapter 2600, Section 58(f)(i) - It will cause undue financial hardships, an additional \$4,300 per year to train all direct care workers in First Aid. Proposed regulations provide for an in-house nurse 24/7. It is unnecessary to train every direct care worker.**

- **Smoke Alarms**

**Proposed Chapter 2600:130 - Fire safety is a top priority at all facilities. We suggest a sliding scale here as well. For facilities that have state of the art hardwired smoke, heat and sprinkler systems the current Safety Inspection Regulations (Chapter 2620:55) and the N.F.P.A. Regulations are strong and combined are more than adequate for the safe operation of any facility for aged across the board.**

**The cost for additional labor to check each smoke detector monthly would be \$1400 annually.**

**In closing, the changes will price the aged segment of the population needing Assisted Living services out of the market place and profoundly limit the public's choices.**

**Our annual estimated \$163, 000 additional costs per year are as follows:**

- **Staffing - increased costs in excess of \$109,000**
  - **Therapeutic diets - \$55, 000**
  - **First Aid - \$4300 (every two years)**
  - **Smoke Alarm testing - \$1400**
- 

**On going estimated total cost - \$163,000.00**

*Thank you, in advance, for your consideration.*

*Sincerely,*

*Charla Holt*

**Charla Holt, N.H.A.  
Administrator**

**CH/pam**

**cc: Rep. George T. Kenney  
Rep. Robert Godshall**



**FAX**

**Gloria Dei Farms**

*3455 Davisville Road  
Hatboro, PA 19040*

**To: Robert E. Nyce - Executive Director**

**Fax #: 717-783-2664**

**From: Charla Holt, Administrator**

**Fax#: 215-659-1461**

**Phone: 215-659-3900**

**Date: November 5, 2002**

**RE: Proposed Regulations**

*4 pages*

RECEIVED  
NOV 05 2002 10:19 AM  
COMMUNICATIONS SECTION

**CONFIDENTIAL NOTICE:**

*This communication is intended for the sole use of the individual to whom it is addressed and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If the reader of this communication is not the intended recipient or the employee or agent for delivering the communication to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication may be strictly prohibited. If you have received this communication in error, please notify the sender immediately by telephone call, and return the communication at the address above via the United States Postal Service. Thank you.*

**Dear Mr. Nyce:**

**Enclosed are my concerns regarding the proposed D.P.W. regulations for Chapter 2620 governing Personal Care Homes.**

**Portions of the proposed regulations would impose a heavy financial burden on Personal Care homes and residents across the board.**

**Thank you in advance for your attention to our concerns.**

**IRRC**

**From:** Lorin [lorin@theplacetostay.com]  
**Sent:** Wednesday, October 23, 2002 4:36 PM  
**To:** IRRC  
**Subject:** Proposed Regulations Personal Care

**Comments on the Proposed Rulemaking Chapter 2600 and 2620**

Original: 2294 **for Personal Care Homes**

RECEIVED  
OCT 23 11 41 AM '02  
NEW YORK COMMISSION

I **request** that a **public hearing** be held concerning these regulations as one letter no matter how long can not convey the consequences these regulations will have on our personal care home or the personal care home industry in general.

Please note that this is my **last** act as a SSI Personal Care Provider and my first as an advocate for the mentally ill who must **survive** on only the SSI supplement. **As of next year there will no longer be a Dutch Acres Personal Care Home.**

1<sup>st</sup> paragraph last sentence: PRIME is the Commonwealth's initiative to make State government more customer-centered, **cost-efficient** and **competitive**.

These regulations increase our costs and, at the same time, we can not pass these costs on to the State or the Resident. Currently the SSI resident has \$29.56 to spend for his/her room and board, care and maintenance. This **includes** the 20% increase that is reported under the Commonwealth Section on page 4941. One hundred and Eleven homes closed in 2001. At least 286 persons on SSI had to find new homes in 2002 because three SSI homes closed.

Two independent cost studies on personal care have been completed within the last three years. The results show the disparity of the current SSI supplement given to residents of the Commonwealth who reside in licensed personal care homes and the average cost within the Commonwealth.

\$76 per day (PANPHA survey, 2000)

\$60 per day (DPW, Personal Care Home Advisory Committee survey, 1999.)

Twelve years ago, 1990, DPW had the Center for Health Policy Studies complete a cost study and it showed that at that time the average cost for personal care was \$32 per day. So you can see the Commonwealth is playing catch up and losing the battle.

I show in my Master's Thesis, entitled Difficulties in Obtaining Residential Personal Care for Persons with Mental Illness and Qualifying for Social Security Supplemental Income in Pennsylvania, 2002, the drastic circumstances that all persons on SSI live with daily. I show that the introduction of new regulations causes a decrease in the number of personal care homes. This is important to understand since there are only 25% of all personal care homes that care for persons on SSI. The homes that will close will be from this 25% since these are the homes that can not pass the cost onto their residents, leaving fewer options for persons poor disabled persons. The same persons these regulations were to protect.

Why are there no expected costs to the general public or to the Commonwealth but there are costs to the provider. A provider caring for the private sector will, of course, pass these costs to their residents, members of the general public. A provider caring for the poor citizens of the Commonwealth if no increase to the supplement occurs will have to close as their costs already are burdensome prior to regulations.

Under "Public Hearings" it states that **none are scheduled**. Why is that?

I have divided up my following comments into categories and I have included a cost analysis of these regulations.

Sincerely,

10/23/2002

Lorin S. Wortel, Administrator Dutch Acres

**Cost of New Regulations to Dutch Acres Personal Care Home**

**Cost Prohibitive** to homes housing persons on SSI

2600.102 In a,b, and c, facilities of toilets, sinks, mirrors, bathtubs –

Users being residents, family and personnel

2600.201 (b) quality improvement program designed to **continuously review assess, and analyze**

**One time cost Annual**

**Administrator**

2600.53 (c) 20hr training **\$555**

2600.57 (e) 24 annual training **\$1068**

2600.59 Develop staff training **\$423**

2600.59 (1), (2), (3), and (4) **\$846**

2600.60 A written individual staff training plan **\$930**

2600.107 ( b) reviewed and updated annually **\$500**

**Administrator Cost \$1824 \$2498**

**Staff**

2600.54 ( 2) GED or higher **\$34,320**

2600.57 (c) (2) (iii) Obstructive Airway Certification **\$330**

2600.58 (a) cost of turnover training **\$4320**

2600.58 ( e) cost of annual training **\$2412**

2600.59 (1), (2), (3), and (4) **\$198**

2600.88 ( c) coliform water test- staff travel **\$72**

**Staff \$41,652**

**Building**

2600.84 Heat sources equipped with protective guards **\$4500 \$500**

2600.84 (f) written sanitation approval **\$250**

2600.88 ( c) coliform water test **\$180**

10/23/2002

- 2600.90 (b) method of communication **\$60**
- 2600.94 (a) fire exits **\$600**
- 2600.94 (b) nonskid surfaces **\$2500**
- 2600.96 (a) first aid **\$30**
- 2600.99 books, magazines, puzzles, games, cards, gliders **\$1500 \$250**
- 2600.101 (i) equipped to ensure the resident's privacy **\$360**
- 2600.101 (k) (1) fire retardant mattress **\$3663**
- 2600.101 (k) (2) mattress that is plastic-covered **\$300**
- 2600.101 (r) resident shall determine comfortable **\$7200**
- 2600.102 (f) towel, washcloth and soap **\$60**
- 2600.102 (g) Individual toiletry items **\$100**
- 2600.107 (a) developed and approved by qualified fire,  
safety and local **\$500**
- 2600.107 (c)(3) Alternate means of supply of utilities **\$800**
- 2600.126 (a) A professional furnace cleaning **\$100** 2600.129 (b) flue inspected **\$150**
- 2600.161 (g) beverages every 2 hours **\$1500**
- 2600.162 (h) Adaptive eating equipment **\$600**
- 2600.252 (3) current photograph **\$50 \$13**

**Building cost \$22083 \$3683**

**Total Cost One Time Annual**

**\$23,907 \$47,833**

### Things that will add cost

2600.42 (g) ...assurance that personal care home shall be open 365 days and provide the services...

If a private enterprise notifies every applicant, applicant's family member, and/or applicant's designee, that they will not be open on specific days and the applicant is made aware of this ahead of time and still chooses to stay at that personal care home that should be permitted.

Homes open on major holidays must pay up to **twice** as much as normal to have staff on these days, even though the majority of the residents are home with family anyway.

2600.42 (n) ... receive assistance ... in relocating to another facility.

Transportation and time. This should not be the responsibility of the provider. Personal care homes provide personal care services, room and board.

2600.53 (a) The administrator shall have one of the following qualifications:

1. ...registered nurse from the Commonwealth

Average cost of a RN **\$37,500/yr** [www.ana.org](http://www.ana.org)

2. ... associate degree or 60 credits from an accredited college or university

Average cost **\$22,000 /yr.**

3. ...licensed practical nurse from Commonwealth and 1 year of work experience...

Average cost in 1997 was **\$26,707.** ([www.nurseweek.com/features/97-12/earnsrvy.html](http://www.nurseweek.com/features/97-12/earnsrvy.html))

4. ...nursing home administrator from the Commonwealth.

Average cost in 1997 was **\$57,500** ([www.nurseweek.com/features/97-12/earnsrvy.html](http://www.nurseweek.com/features/97-12/earnsrvy.html))

No new homes will be able to afford to care for persons on SSI unless a **drastic increase is made to the personal care home supplement.**

2600.53 (c) ... complete at least the minimum training required by the Department

60 hours @ \$15/hr training **\$900** first year. My present Administrator has a GED receives \$12.75 per hr. She will need an additional 20 hours of training at \$15/training hour. Making my cost **\$555** for the first year.

2600.54 (2) ...have high school diploma or GED

If all staff need this qualification the **already limited employee pool** becomes less. I must currently pay an average \$8.50 for my current staffing whether they have a high school diploma or not. This will increase the difficulty of finding a person to work, cleaning up bowel movements, etc., to a minimum of \$9 to \$10 an hour, for an annual cost of between **\$18,720 to \$20,000** annually per employee. In my case it will cost me an additional **\$34,320/yr.**

2600.57 (b) ... successfully completed and passed 80 hours of competency-based internship...

This means that a new administrator must go to another facility and work with an administrator or a facility must have two administrators on at the same time. In either instance it will cost 80 hrs @ between \$10.57/hr and \$27.64/hr, or **\$854.60 to \$2211.20** for this internship. **Time expended 80 hours.**

#### **Cost prohibitive to SSI homes**

2600.57 (c) (2) (iii) Obstructed airway techniques certification.

Never heard of this certification. We learn the technique in First Aid but we just get a First Aid Certification. Unsure of this cost, estimate \$30 per employee @ 11 employees my cost **\$330/yr**

2600.57 (e) An Administrator shall have at least 24 hours of annual training relating to the job duties...

24hrs @ \$15/training hour plus the cost of time 24 hrs @ between \$10.57/hr and \$27.64/hr, or **\$613.68 or \$1023.36** annually. This does not include the cost of have a person with equivalent training managing the home during the administrators absence. So the wage cost should be doubled, for a cost of between **\$867.36 to \$1686.72** annually. My cost is \$12.75/hr for administrator, \$16.75 administrator replacement, 24 hour training @ \$15/hr equals **\$1068** annually.

2600.58 (a) Prior to working with residents, all staff including temporary staff ...

The Commonwealth of Pa currently has a limited number of health care workers. This not only increases staff cost, but causes job switching to occur too frequently. If all staff must first receive this expensive training prior to working with the residents the residents, will have no one to serve them trained or untrained during periods of worker shortage. Currently, we have many persons who, after one day of on the job training with a trained staff person, quit because they find that this is not the job for them. If the wording could be changed to at least "Prior to working with the residents **alone**, all staff..." This would help a little. Otherwise the cost to providers will be 24 hours @ \$9 to \$10 an hour -- \$216 to \$240/ employee -- and I currently have at least 20 employees turnover a year, for an annual cost of between **\$4320 to \$4800** annually.

2600.58 ( e) Direct care staff shall have at least 24 hours of annual training...

12 training hours not on the job thus it will cost approx. \$15/hr, \$180 annually per employee. I have 11 employees thus it will cost \$1980 for the training. Then there is the cost of wages during that training time and the wages for the replacement or on-the-job trainer of between \$9 or \$10/hr, \$432 to \$480 per employee times 11 employees equals **\$2412 to \$2460** annually.

2600.59 The administrator shall ensure that a comprehensive staff-training plan is developed...

Minimum of 40 hours at a cost of between \$10.57/hr and \$27.64/hr, or **\$422.80 to \$1105.60** first year and it could be overtime since my administrator already works forty hours without these added burdens. Time expended **40 hours**.

2600.59 (1), (2), (3), and (4) 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.

Staffs time to complete questionnaire and have a discussion. Minimum of 2 hours at a cost of \$9 or \$10/hr, \$18 to \$20 per employee times 11 employees, **\$198 to \$220** annually.

Administrator's time to create questionnaire, compile results or complete narrative, create overall plan for addressing needs, create a mechanism to collect written feedback on completed training, complete an annual evaluation of the staff-training, minimum 80 hours at a cost of between \$10.57/hr and \$27.64/hr, **\$845.60 to \$2211.20** annually and it could be overtime since my administrator already works forty hours without these added burdens. Time expended **80 hours**.

2600.60 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.

Administrator's time, time to confer with staff, to confer with supervisor, to develop individual plan and document annually for each employee minimum 8 hours at a cost of between \$10.57/hr and \$27.64/hr, \$84.56 to \$221.12 per employee. Eleven employees equals **\$930.16 to 2432.32** annually. Time expended **88 hours**.

2600.84 Heat sources,,, exceeding 120 degrees that are accessible to the resident, shall be equipped with protective guards.

Base board heat exceeds 120 degrees. Previous regulation is adequate 2620.51 (d)

Covering of all baseboards **\$4500**. Extra heating cost because of the inefficiency of covering the baseboards **\$500** annually

2600.84 (f) ...home not connected to public sewer system shall have a written sanitation approval...

**\$250** minimum.

2600.88 ( c) ...shall have a coliform water test at least every three months ...

\$45 per test four times a year, **\$180** annually

Staff time to run it to lab 2 hours at \$9 or \$10 a hour, times 4 equals **\$72 to \$80** annually.

2600.90 (b) ... system or method of communication that enables staff persons to contact other staff persons in the home for



assistance in an emergency.

Intercom system **\$60 to \$2000.**

2600.94 (a)... fire exits shall have a landing, which is a minimum of 3 feet by 3 feet.

**\$200** per exit. We have three exits equals **\$600.**

2600.94 (b) Interior stairs, exterior steps, walkways and ramps shall have nonskid surfaces.

**\$2500**

2600.96 (a) a first aid manual, nonporous disposable gloves, ...breathing shield, eye coverings, and syrup of ipecac.

At least **\$30** annually

2600.99 ...including books, magazines, puzzles, games, cards, gliders, paper, markers, and the like.

One glider can cost \$199 and this says gliders, plus the other items would cost at least **\$1500**

2600.101 (k) (2) A mattress that is plastic-covered.

\$10 times 30 so that we have spares when they rip, **\$300** at least annually. Have you ever slept on plastic? Besides the noise, they are extremely hot and uncomfortable.

2600.102 (f) ... towel, washcloth and soap shall be provided for each resident.

Before, it was just the provider who cared for the SSI resident that was affected. Now it must be provided for everyone. The cost of soap \$60 annually.

2600.102 (g) Individual toiletry items...

Before it was just the provider who cared for the SSI resident that was effected now everyone is provided this. **\$100**

2600.126 (a) A professional furnace cleaning company or trained maintenance staff persons shall inspect furnace at least annually. Documentation of the inspection shall be kept.

**\$100** annually

2600.129 (b) ... flue shall be inspected at least once a year. Written documentation ....

\$50 a chimney. Three chimneys **\$150** annually

2600.161 (g) ...Other beverages shall be available and offered to the resident at least every 2 hours.

**\$1500** annually

2600.162 (h) Adaptive eating equipment ... made available

**\$600**

2600.201 (b) ... quality improvement program designed to continuously review assess, and analyze the homes ongoing steps to positively intervene when a resident demonstrates a behavior that endangers residents, staff or others.

Now I see why the administrator must be such a highly specialized individual. To continuously review and analyze the homes ongoing steps to positively intervene, will require that a permanent analyst be on staff to coordinate this regulation alone. The amount of staff time required to continuously review is **cost prohibitive to small homes caring for persons on SSI.**

2600.252 (3) ... current photograph of the resident that is no more than 2 years old.

Camera - **\$50**

Developing - **\$12.50 annually**

### Interpretation which could add cost

2600.42 (o) ... associate and communicate with other privately

Need a room that has a door and no one bedroom or anyone else there

Build a room or create a former resident's room into a conference room

56. (i) Additional staffing may be required by the Department, and will be based on safety, the Departments assessment of the amount of care needed by the residents as reflected in their support plan...

This clause previously pertained only to immobile residents -- it is now for **all** residents.

2600.87 ...sufficient lighting to ensure safe evacuation of all persons in the home.

An inspector could arbitrarily say there is not enough light. How is this measured?

2600.101 (i)Bedrooms shall be equipped to ensure the resident's privacy.

Does this mean simply a door or does this mean a locking door? If it is a locking door is this a simple bathroom lock or a key locked door? Besides safety reasons that are created with a key locking door, the cost is very high. A bathroom lock is \$20 and a key locked is \$50 a door, so with our eighteen rooms it will cost **\$360 to \$900.**

2600.101 (k) (1) ... solid foundation and fire retardant mattress that is in good repair, clean and supports the resident.

All mattresses are flame resistant but I called a mattress expert and he said it would cost \$35 extra to be fire retardant. So I will have to replace all of my new mattresses at a cost of \$109 plus tax and the extra \$35 for 24 people that brings the cost to **\$3663.36.** This does not even mention about solid foundation and supporting the resident.

2600.101 (r) ... one comfortable chair per resident per bedroom. **The resident shall determine what type of chair is comfortable.**

We will probably have to purchase 24 lazy boy chairs at a cost of \$300, cost could be up to **\$7200** for the entire house. There must be some limitation. I liked when comfortable was taken out. A chair should be provided if the resident does not feel that this chair is comfortable enough he/she should be allowed to purchase a more comfortable one. The idea is not for the resident to spend all of his/her time in the bedroom but to come out and socialize.

2600.102 In a,b, and c, the number of facilities of toilets, sinks, mirrors, bathtubs and showers are all

calculated on the number of users. Users being residents, family and personnel. Now it is easy to calculate the number of residents and personnel, but how does one count the number of resident's family members who may or may not come visiting?

There is no grandfather clause so even if the word family is taken out of these three regulations the older homes would have to add bathrooms to accommodate the new calculation. This would involve applying to L&I, getting an architect, and

10/23/2002

constructing new bathrooms. Old homes caring for the poor on SSI would have to close. Why does an employee or a family member need with bathtubs and showers?

#### **Cost Prohibitive**

2600.105 Laundry service ... be made available to all residents who are unable to perform these tasks...

Nothing is mentioned about being able to charge.

2600.107 ( a ) ... emergency procedures developed and approved by qualified fire, safety and local emergency management offices.

The way it is written we must have three different agencies review and update annually our emergency procedures. This is not feasible and if it were it would cost approx. **\$500.**

Suggest: ... develop emergency proccdures and have them approved by, qualified fire, safety or local emergency management offices.

2600.107 ( b ) ... reviewed and updated annually by the administrator, qualified fire, safety and local emergency management offices.

The way it is written we must have three different agencies reviewed and updated annually our emergency procedures. This is not feasible and if it was it would cost approx. **\$500.**

Suggest reviewed and updated annually by the administrator, qualified fire, safety or local emergency management offices.

2600.126 (c) ...inaccessible to residents.

What is a flammable or combustibile material? Clothing is flammable.

#### **Additional paper work**

2600.23 (2) Establish and maintain job descriptions for all positions that include:...

We run our home as a home. We are small and everyone pitches in to do what ever needs done just as in a family. This will take time away from the residents and cause employees to say that it is another employee's responsibility.

Administrator's time **8 hours** at a cost of between \$10.57/hr and \$27.64/hr, **\$84.56 to \$221.12.**

2600.126 (a) A professional furnace cleaning company or trained maintenance staff persons shall inspect furnace at least annually. Documentation of the inspection shall be kept.

**\$100** annually

2600.129 (b) ... flue shall be inspected at least once a year. Written documentation ....

2600.184 (a) Develop and implement policy and procedures addressing the methods to ensure the safekeeping of medications.

Administrator **2 hours** at a cost of between \$10.57/hr and \$27.64/hr costing **\$21.14 to \$55.28.**

2600.184 (b) (1) documentation of the receipt and administration of controlled substances and prescription medications. Related to 2600.186 (7) ...recorded at the same time each dosage of medication is self-administered.

Staff time taken away from residents to do paperwork 2 hours for each medication time which occurs at least four times per day; 8 hours per day at a cost of \$9 or \$10/hr, \$72 to \$80 per day or **\$26,280 to \$29,200** annually. Obviously an additional staff person will be needed to cover tasks that the current staff can not accomplish.

2600.187 (a) Documentation of medication errors shall be .....

2600.187 (b) (1) There shall be a system in place to identify and document medication errors.

Administration **2 hours** at a cost of between \$10.57/hr and \$27.64/hr costing **\$21.14 to \$55.28**.

2600.187 (b) (2) ... documentation of the follow-up action...

2600.251 (b) The entries in a resident's record shall be permanent legible, dated and signed...

We currently use a computer. It is impossible to sign but we could initial.

### Additional Time

2600.41 (f) ...procedures shall include the timeframes, steps....

Administrator's time **8 hours** at a cost of between \$10.57/hr and \$27.64/hr, **\$84.56 to \$221.12** per occurrence.

2600.57 (b) ... successfully completed and passed 80 hours of competency-based internship...

Development of a competency-based internship exam. Not sure if this is Department expense or Home expense

If home expense Administrator's time **16 hours** at a cost of between \$10.57/hr and \$27.64/hr,

**\$169.12 to \$442.24.**

2600.103 (e) ... food shall be labeled, dated, rotated and inventoried weekly.

Why must it be inventoried weekly? It will do nothing to improve the health safety and welfare of the resident. In fact, it takes time away from resident care to do busy work.

Staff cost **2 hours** at a cost of \$9 or \$10/hr, \$18 to \$20 per week or **\$936 to \$1040** annually.

2600.161 (g) ...Other beverages shall be available and offered to the resident at least every 2 hours.

**4 hours** a day at a cost of \$9 or \$10/hr, \$36 to \$40 per day, **\$13,140 or \$14,600** annually. Time taken away from other resident duties.

Suggested change: Water available and accessible at all times, other beverages available and accessible at the resident's cost. To save the State money.

2600.184 (a) Develop and implement policy and procedures addressing the methods to ensure the safekeeping of medications.

Administrator **2 hours**

2600.184 (b) (1) documentation of the receipt and administration of controlled substances and prescription medications. Related to 2600.186 (7) ...recorded at the same time each dosage of medication is self-administered.

Staff time taken away from residents to do paperwork 2 hours for each medication time which occurs at least four times per

day; 8 hours per day at a cost of \$9 or \$10/hr, \$72 to \$80 per day or **\$26,280 to \$29,200** annually. Obviously an additional staff person will be needed to cover tasks that the current staff can not accomplish.

2600.187 (b) The home shall **evaluate** medication errors...

2600.187 (b) (2) ... documentation of the follow-up action...

## Technical Wording

24. Word "including" should remain "such as" as it is in the present regulations, otherwise all persons receive personal care, which currently some people receive no services. They just chose to live with us.

2600.26(3) ...has right to rescind the contract for up to 72 hours after the initial dated signature...

A clause should be added that the person must pay for the days that he/she has received room, board and services from the home at a prorated cost stipulated in the initial contract. Otherwise a person would not have to pay for the six days he/she has eaten, slept, and received services from the home.

2600.41 (b) ...shall be communicated in an easily understood manner...

How and who interprets an easily understood manner especially since the present resident's rights section is no longer easily understood by me. Please look at the present resident's rights and the proposed. You will see that it is no longer simple to understand. They went from 13 understandable rights to 26 wordy, redundant, and unreasonable ones in some cases.

2600.42 (b) A resident may not be neglected, abused, mistreated or subjected to corporal punishment.

Isn't mistreated and corporal punishment – abuse? It is redundant and makes the rights harder to understand.

2600.42 (i) ...assistance in accessing medical, behavioral health, rehabilitation services and dental treatment.

Add at the end "when these services are available to the resident." In Lancaster dental service is not available for persons on medical assistance and some people can not make the long drive to another county where services can be attained.

2600.42 (j) ... attaining clean, seasonal clothing that is age and gender appropriate.

It is hard enough to find seasonal clothing during the season if you have money. Stores do not carry the clothing that is needed for the actual season occurring. If a person comes with no clothing a provider can not be expected to furnish clothing at no cost. Presently the provider does not receive any money for the person for up to 6 months when that person is on SSI, and does not receive any money at all for the first month according because of the operation of Social Security. That person has no medical insurance and can not pay for his/her medications. And now you expect the provider to clothe the person, also. It seems as though DPW does not want providers to care for persons on SSI with these regulations.

2600.42 (k) ... request modifications to the resident's record.

Add " if record is found with evidence accordingly to be inaccurate."

2600.42 (z) ...right to be free from excessive medication.

Home does not prescribe medications. We are only to assure that they take their medication as prescribed by a licensed physician. Who determines what is excessive?

2600.52 ( c) (6) (iii) Care for persons with mental retardation.

Has nothing to do with 2600.52 ( c) (6) which deals with Mental Illness and Gerontology. It needs its own heading or it simply should be added to read Mental Illness, Mental Retardation, and Gerontology...

2600.88 (b) the home may not use asbestos products for renovations or new construction.

Is asbestos even sold? I did not think anyone could use asbestos anymore.

2600.103 ( l) does not have the Guide dog clause that 2600.104 (e) contains.

2600.132 (g) ...not routinely held when additional staff persons are present, and not routinely held at times when resident attendance is low.

Wording is derogatory and belittling.

2600.142 (a) Add or held liable if no provider of these services can be found.

2600.161 (c) Additional portions of meals and beverages at meal-times shall be available for the resident.

Add: If not prohibited by doctor's order or prescribed diet.

2600.162 (e) Add "When resident **unavoidably** misses a meal..."

2600.162 (F) Take out.

2600.181 (d) Reintroduce the word reasonable in the sentence. "The administrator shall take reasonable precautions to assure..."

2600.182 (d) Prescription, OTC and CAM shall be stored separately.

Confusing. Should they each be stored separately and why?

2600.182(h) Combine with 2600.182 (b)

2600.184 (b) (1) documentation of the receipt and **administration** of controlled substances and prescription medications.

Not allowed to administer medication

Suggest adding: help with self-administration ... in place of administration

2600.202 Prohibition on the use of seclusion and restraints

This section should be in the interpretive guidelines not in the regulations. It is redundant and makes these regulations longer and more cumbersome than need be.

Suggestion: Change Section 2600.42 (p) to read: A resident shall be free from restraints and seclusion as defined in the interpretive regulations.

2600.240 (h) (2) & (3) & (4) & (6) are contradictory to the resident's rights section 2600.42 (u) This section sounds better than what is found in the residents rights.

Suggest that 2600.42 (u) be dropped in favor of 2600.24 (h) It will make the reading of the resident's rights less cumbersome.

2600.252 ( c) The emergency information ...

wording in original regulation is better 2620.64 (24)

## Infringing on right of Personal Care Home

2600.42 (g) ...assurance that personal care home shall be open 365 days and provide the services...

If a private enterprise notifies every applicant, applicant's family member, and/or applicant's designee, that they will not be open on specific days and the applicant is made aware of this ahead of time and still chooses to stay at that personal care home that should be permitted.

Homes open on major holidays must pay up to twice as much as normal to have staff on these days, even though the majority of the residents are home with family anyway.

2600.42 (u) ... right to remain in the personal care home ....

2600.42 (x) ... right to immediate payment by the personal care home to resident's money stolen or mismanaged by the home's staff.

Where is due process? Who is to determine there was money and if there was, the resident should have some responsibility to protect money in his possession. If a resident chooses to have \$100 on his/her person she should have that right, however, it should not be up to the home to replace that \$100 if he/she misplaces it or leaves it in an unprotected place where anyone, a guest, another resident, or a staff member could access.

Add from resident's financial fund being managed by the home.

## Impractical

2600.82 (a) Poisonous materials shall be stored in their original containers.

Chemicals are purchased in concentrated forms and diluted. They can not remain in original containers. Things such as Garden pesticides etc.

2600.84 Heat sources,,, exceeding 120 degrees that are accessible to the resident, shall be equipped with protective guards.

Base board heat exceeds 120 degrees. Previous regulation is adequate 2620.51 (d)

2600.89 (b) ...Hot water temperature... may not exceed 120 degrees.

This temperature is so cool that bacteria will breed in water system and cause a health problem. The old temperature of 130 degrees does not burn anyone and is hot enough to inhibit bacteria growth.

2600.102 (j) Toiletries and linens shall be in the possession of the resident in the resident's living space.

This will conflict with 2600.105 (e) Clean linens and towels shall be stored in an area separate from soiled linen and clothing.

Presently our linen closet has towels and linens accessible to every resident, so that when he/she needs new sheets he/she can get them and they can also get a clean towel every time they bathe. If they are in the resident's room there is no assurance that they will be stored properly.

Suggested change: "Toiletries and linens shall be made available on request or accessible to the resident."

2600.105 (g) To reduce the risks of the fire hazards, the home shall ensure all lint is removed from all clothes.

How will removing lint from everyone's clothing prevent fire?

2600.107 (a) ... emergency procedures developed and approved by qualified fire, safety and local emergency management offices.

The way it is written we must have three different agencies reviewed and updated annually our emergency procedures. This is not feasible and if it was it would cost approx. \$500.

Suggest: ... develop emergency procedures and have them approved by, qualified fire, safety or local emergency management offices.

2600.107 ( b ) ... reviewed and updated annually by the administrator, qualified fire, safety and local emergency management offices.

The way it is written we must have our emergency procedures review and update annually by three different agencies. This is not feasible and if it were, it would cost approx. **\$500 annually**

Suggest reviewed and updated annually by the administrator, qualified fire, safety or local emergency management offices.

2600.107 (c)(3) Alternate means of supply of utilities shall be identified and secured.

I assume this means a generator but our stove and dryer works with gas does this mean we must also purchase an electric stove and an electric dryer just in case.

**\$400** –Generator

**\$200** – Stove

**\$200** – Dryer

Take **secured** out.

2600.126 (b) Furnaces shall be cleaned according to the manufacture's instructions. Documentation of the cleaning shall be kept.

Suggest: "If cleaned by trained staff person, furnace shall be cleaned according to the manufacturer's instructions." We have no control over a professional furnace cleaner's procedures. We hire a professional because we assume that he know what he is doing. If we tell him to follow the manufacture's instructions, we soon will not have a professional.

2600.130 Smoke detectors and fire alarms.

This is in the realm of Labor and Industry. This section is unnecessary and just makes the regulations cumbersome.

2600.251 (b) The entries in a resident's record shall be permanent legible, dated and signed...

We currently use a computer it is impossible to sign but we could initial.

## Against Resident's rights

2600.129 (c) A resident shall be permitted to tend to the fire under staff supervision.

If a resident is capable and wants to sit before a fire, he/she should be allowed to do that without the constant presence of



Original: 2294

2002 OCT 26 AM 9:55

REVIEW COMMISSION

12-B Tranquility Ln  
Reading, PA 19607  
Oct. 23, 2002

Re: New proposed regulations for  
Personal Care Homes in PA

Robert Nyce, Executive Director

The on going cost to a personal care home for staff training and the extra fire safety training for full time, part time, and temporary staff persons and volunteers will be cost prohibitive. To be on direct care staff, one would have to have a high school diploma or GED in your new proposed regulations. That kind of education does not make one a good care giver. And we have had good care givers under 18 and poor ones that are older. That doesn't sound like proper criteria for staff.

The policies, plans and procedures in the new proposed regulations for Personal Care Homes will be costly to develop and implement. The increase in costs will put some homes out of business and no one will be able to keep residents on SSI. There will be many individuals needing personal care who won't be able to afford it and they will have no place to go. (I may be one of them.) What will you do then? There needs to be much re-consideration and changes before this is put into law.

Sincerely,  
Marcene Busch



Marcene Busch  
12B Tranquility Ln.  
Reading, PA 19607-9684

Original: 2294

Dear Department of Public Welfare,

I am a proud employee of a personal care home. A home built that I love for many reasons. Truly because it is a home. A home for our residents, their families, community members and lastly we employees. It is a nurturing environment built by our owner and administrator. An environment that thrives on interaction and communication. With that foundation, the health and safety and welfare of our residents is our main concern.

Our owner has kept us up to date over the last year about the proposed regulations. They have shared with us each draft. Why do you want to change what we have built? Why do you want to make us into a nursing facility? Why do you want to close so many homes?

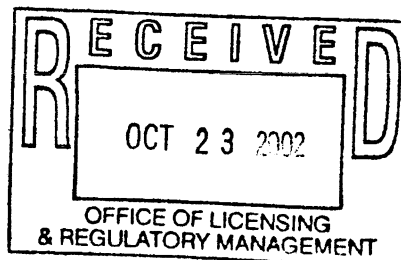
We receive the training that is required and we feel that is more then enough to help us care for our residents. Twenty four hours of continued training is way too much. First off getting good speakers for 24 hours, second paying us to attend additional 24 hours, and third paying people to watch the floors, and finally a half of our residents are SSI residents. Ms. Nevius, will you be supplying the extra money for these hours so our owner doesn't have to raise rates? Ms. Nevius, will you be helping our residents who will not be able to afford the increase find new homes? They are loved here, cared for here, call us home. As a personal care home employee may I suggest going to eight hours from twenty four. Don't add hours that will not be productive, wasteful, and useless.

This is an important issue. This is important to resident safety. But, it is way too much. Resulting in wasted hours and wasted time. If these new rules and regulations are passed our employers have informed us that they will not be able to operate. That will eliminate all of our jobs plus twenty seven residents will be out of their homes. I truly hope that you have put in a lot of thought to these new rules and regulations. I have heard that if you just enforced the old ones that that would be the answer. We have a med system that the pharmacy prepares all the meds and puts them in packets with the residents names on them.

But under these new rules we wouldn't even be able to pass these meds or even give a tylenol when it is needed. Our employers have tried to keep us informed but there are so many changes that would occur that they would not be able to stay in business. This cant be happening here-not in America where we have so many freedoms. The SSI residents are going to have nowhere to go, did you think of this? We were told it was brought up, where's the answer to this BIG question? We were told that there are 33,000 residents in homes who are on the supplement, there will be no homes to take these people. Every home will be taking only private pay then where do they go. It'll be bad enough that they have to move from their home but then have nowhere to go. It's so senseless. Do you have a parent in a personal care home? If you do be prepared to pay a lot more, because that's what YOUR RULES will do to you too!!!

Sincerely yours,

*Lauritta Hallinan*



DEPARTMENT OF PUBLIC WELFARE  
REGULATORY COMMISSION  
OCT 23 2002 10:00 AM

Original: 2294

Faith Friendship Villa of Mountville  
128 W. Main Street  
PO Box 567  
Mountville, PA 17554  
(717) 285-5596/2269

#14-475(281)

10/23/02

Dear FFV Family Member:

This letter is coming out much later than we would have liked, but it is hard enough to care for day-to-day interests of our residents, let alone try to protect the future interests of our residents. We need to alert you to a very serious development in Personal Care, and ask for your help:

For over 2 years, DPW has been trying to revise the Personal Care Home (PCH) regulations. While we would agree that there are homes that do not do a good job, the solution is to encourage and nurture good homes, then strictly enforce existing regulations to close those bad homes. Unfortunately, DPW has developed regs that are so burdensome, good homes- especially those who are smaller (4-50 beds) and/or serve the poor (like us) will struggle to survive.

There seems to be a definite effort by DPW to push away from a "Home" model back to a "Facility/Institutional" model. The new regs have a lot of similarities to Nursing Home requirements. The problem is, PCH's are not Nursing Homes, nor do they get the income. Our Personal Care Home, Faith Friendship Villa, has approximately 85% of the residents being low income. Most nursing homes strictly limit their low income percentage so that they can have more private pay beds (which typically run at \$140/day for many nursing homes).

We don't like to break things down to finances, but the bottom line is that for low-income, government assistance residents, a PCH gets a maximum of \$29.98 per day to provide their room, living areas, 3 meals, hygiene/grooming assistance, medication management, financial management, activities, and various other personal services. Even our Private Pay rates (for those who can afford them) only result in a few extra dollars a day. It is hard to give quality care with this income, but it can and is done. Yet it can't be done if the regulatory agencies increase the burden. These regs greatly increase the responsibilities of the Home, and thus the costs, yet DPW will not acknowledge this fact. There will also be no increase in funding to comply.

We have been dismayed and discouraged at what has been happening in regards to these regulations. If passed, they will force many good homes out of business. Because we are a non-profit ministry, we feel we will be able to survive, but we fear that we would lose much of what makes us special- that we try to create and sense of family and home.

These regs were posted in the PA Bulletin ([www.pabulletin.com](http://www.pabulletin.com)) in the 10/4/02 edition, if you would like to view them in entirety. However, there is a 30 day comment period which could stop or change this process. But the comments must be received by DPW before 11/1 to be on the safe side! Please consider signing and sending the enclosed letter, or writing one of your own to express concerns. Thank-you so much for your help.

Patty, Steve &  
the staff at FFV.