

Original: 2294

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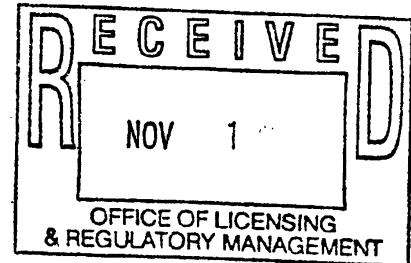


135 Main Street P.O. Box 336
St. Michael, PA 15951
814-495-4642

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Celebrating Our 14th Year!

October 28, 2002



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

Dear Director Nevius:

I am writing in regard to the proposed rulemaking regarding Chapters 2600 and 2620 with respect to personal care homes.

I am currently the Administrator of a 30-bed personal care home. I wish to state that I am totally for any enhanced ruling that would afford residents in our state an opportunity for continued and improved care. My concerns regarding the proposed regulations, however, are many. First of all, as a provider of personal care, why did I not receive a copy of the revised proposal? I had to go to an outside source for the information. It seems appropriate to me that DPW should have forwarded a copy to all currently licensed personal care homes. After all, they, and their residents, will be forever changed by the new regulations. Secondly, there is such a vast, vast difference between an 8-bed facility and a 100+-bed facility (physical building, residents, staff, working capital, etc.). It seems highly impossible to regulate each with the same requirements. I would, therefore, respectfully suggest that you allow for some flexibility in requirements and regulations to better suit the needs of residents in all (vastly different) facilities. I am also concerned with some of the "language" and requirements of the newly proposed regulations. It seems to me that they are rapidly mirroring those of a medical facility or a nursing facility. I thought that personal care homes were the step between the home and a skilled facility. Why all the increased paperwork and requirements? Our desire is to personally involve ourselves with the residents of our Homes. We believe that this personal touch enhances the quality of life for our elderly. None of us desires to be overrun with forms and mandates. The potential costs to the providers, ultimately passed on to the residents, could be substantial. I suspect in the thousands of dollars. With skyrocketing costs now and very little increase in resident's funds - how can we afford it? What about care to the SSI residents? How is all this feasible??? I'm concerned. Very concerned. There are also legal issues with respect to the new forms and regulations. Will DPW provide LEGAL documents for us to use so that costs for legal counsel are not imposed on the PCH?

We're NOT an Institution . . . We're "HOME"

You all have a tough job ahead of you. It's my hope that you will proceed cautiously and wisely. The following are some comments I have concerning some of the proposed requirements. I respectfully submit them:

Volunteers & Temporary Employees I believe that adding, "who provides care majority of time" or "routinely performs" direct care services would help. I often have a person/s "volunteer" one day a year (i.e.: Christmas). Should this person be trained equal to my 40-hr per week staff???

2600.15. What is the time frame of "immediately"? Define "suspected abuse". Is this alleged abuse or factual? Persons with dementia often tell "wild tales". When we are sure the story did not happen, does it still need to be reported? (i.e.: "She came in my room last night and beat me over the head with a baseball bat." No physical evidence of any bruising, etc. Is this reported?)

2600.17. There is no listing for the PCH to have access to the records. (?)

2600.20. (b) (2): Add, "if resident is deemed able" or something along those lines. There are those who verbally testify that they are able to handle their affairs but, in fact, are not. How can we allow them to do so to their own demise?

2600.20 (b) (12): Immediately is not always possible. Sometimes there are pending charges not yet deducted from the residents' monies. (i.e.: in-house beautician only bills monthly.) Suggest "within 30 days".

2600.27. This concerns me. PLEASE consider provisions for smaller homes (50 beds and under?). Staff time and increased expense in carrying out the quality management requirements could be VERY detrimental to smaller facilities.

2600.29. Some provision should be made for pending charges and the organization of such. Also, there is no provision for the individual Home's refund policies, which could conflict with the wording here.

2600.41. (a) I wish to suggest that the complaints be lodged in WRITING by the resident or resident's designee. We are required to submit results in writing (g).

2600.42. (a) I understand the wording here. However, some provision should be made with regards to the ability of the Home to care for the residents' needs. Example: The Home's only open beds are deemed inappropriate by the home to meet the needs of the resident's handicap/disability (i.e.: beds on the second floor, etc.). Also, I have some concern with "sexual orientation". Can we place a gay female in a

semi-private room with another female? Is this deemed appropriate? What of the other female's rights?

2600.42. (i) Please add, "if necessary" (not every resident requires these services OR this assistance is provided by family members).

2600.42. (j) Again, please add, "if necessary" (most family members provide this service for our residents).

2600.42. (l) There is a need to add, "unless doing so causes danger to self or others or is in a direct conflict with house rules". (i.e.: purchasing cigarettes when home is a non-smoking facility OR against physician's orders.)

2600.42. (u) PLEASE add a #4: Resident violates home rules. PLEASE add a #5: Resident violates other resident's/s' rights.

2600.42. (w) Resident's appeal should be in writing.

2600.42. (y) Must add "if able". Certainly most of our residents are not able to handle their own affairs. However, most of the time families handle these affairs for the residents.

2600.42. (z) Although I whole-heartedly agree – I don't believe this is the responsibility of the PCH. This is the physician's responsibility! Legally and professionally – what authority do we have with regards to this issue???

2600.53. (a) I am ASSUMING that current Administrators are "grandfathered" on this one. Again, though, I'm very concerned for the small PCH. We are not a medical facility or a nursing facility! Services are readily available in the community if nursing or emergency services are needed. How can we possibly afford to pay for an Administrator with these educational qualifications? Why should we have to??? Provisions should be made for "commensurate life experience". Isn't this provision available in similar regulations of other types of facilities??? The Administrators qualifications should, in some respects, be the decision of the legal entity of the facility, or whoever does the hiring. They certainly should have the final say on what they deem appropriate for their particular facility (within reason, of course).

2600.53. (d) Suggest changing to The Administrator "and/or legal entity" shall be responsible

2600.54. (l) Suggest keeping age at 16 or at least 17. Some 17 year olds have already graduated from high school or have their GED!

2600.54. (2) Again - any chance of adding "or commensurate life experience"?? I truly do not see the relevance of this issue. I don't believe that a person needs a GED or a high school diploma to lovingly and thoroughly care for the elderly. Could this just be a stipulation for the administrator designee instead of just direct care staff?

2600.57. (b) If the "competency-based internship" can be completed within the same PCH (i.e.: new admin. trained by resigning admin.), that's perfectly fine. HOWEVER, what does the newly established PCH do - or what if the resigning admin. leaves before the new one begins employment?? How can this internship then take place? How can the PCH approach their competition and ask to "shadow" them for two weeks? I don't think they will take too kindly to this and frankly, neither would I be very thrilled to help. Would this internship be "free"? Highly unlikely. Again, additional costs.

2600.57. (c) & (d) Some of these issues may not be relevant at each PCH. (For example: mental retardation.)

2600.57. (e) We need clarification on this listing. Does this mean that we need to cover all of these issues every year? Also, the current regulations require 6 hrs. I think that 12 hours is sufficient. After all, that alone is a 100% increase. Some thought should be given to those who have been administrators for a decent length of time. Their educational needs would be considerably less than a "newer" admin.

2600.57. (11) This number is duplicated from the previous #5.

2600.58. (a) I would suggest removing the "prior to working with residents" or change it to read, "prior to working with residents unsupervised". Supervised in home training with the residents is far more effective than "text book" training.

2600.58. (c) Would there be a DPW form given to the PCH to assess newly hired direct care staff? Not everyone does well on "written" tests. Can this be simply a checklist whereby we supervise the new staff performing the duty properly?

2600.58. (e) When it says "On the job training may count for 12 out of the 24 training hours required annually" does that mean that we would have to pay to have all our staff trained outside of the home??? This is not feasible!!! We have about a dozen employees! We absolutely cannot afford this! If we are already paying an outside source to train the Administrator - why can't the Admin. take that training back to his/her staff? It would make much more sense for the PCH to be able to train their employees in-house.

Again, there are no specified, required hours for staff now. I think 12 hours annually is more than sufficient.

2600.58. (f) Again, every topic needs included every year? What about "veteran" staff needing less education??

2600.59. This entire section will prove to be a difficult task for the smaller PCH. PLEASE simplify this. PLEASE give us some flexibility in deciding what needs our particular home/staff has.

2600.60. Will DPW provide the PCH with the forms/resources to easily complete these tasks???

2600.81. Are existing homes grandfathered???

2600.82. (a) It is often cost-effective to buy in large quantities but not feasible to use the products from such massive containers. Can the words "in their original" container be removed? Of course, they would be properly labeled and stored.

2600.85. (d) If the trash is removed daily, do the trash receptacles in bathrooms and kitchens need to be covered? Some residents would throw trash on the floor otherwise – things must be kept simple!

2600.98. (b) Not all residents have visitors at the same time. Will this fact be considered in the required number of seats, etc.?

2600.98. Please add "according to the population needs of the PCH" or something like that. Each resident's idea of "recreation" is vastly different.

2600.101. (c) This is excessive. Most of our residents have some sort of physical mobility, even if it is minor. How can this be possible for us? Again, is it grandfathered???

2600.101. (o) This comes back to the resident's "sexual orientation". Can we place a gay man in a bedroom with another man?

2600.101. (r) I agree that the resident should have a comfortable chair. However, maybe their idea of a comfortable chair is a lift-chair with heat and massage!

2600.102. (i) Please change to "for each resident sharing a bathroom". Soap labels shouldn't be necessary in private bathrooms.

2600.102. (j) Depending on the particular residents served, this is not always a good idea! Suggest changing to "Toiletries and linens shall be made accessible to the resident".

2600.103. (e) Can weekly be changed to "regularly"? Every home replenishes their supplies during different time frames.

2600.104. (c) Can this be changed to "in the dining area"?

2600.105. (g) ??? Remove lint from clothes??? Do you mean from dryers?

2600.107. (b) Reviewed annually, ok, but updated annually? What if no update is necessary? What if everything has remained the same?

2600.107. (c) (3) This is not always possible!

2600.107 (c) (4) Please add "or plan for obtaining such". Bottled drinking water has a "use by" date. Highly wasteful if not needed.

2600.107. (c) (5) Many Homes have arrangements with local pharmacies. Some of these pharmacies only bring meds weekly or monthly! There may be some time during that week or month in which only one extra day is on hand. Is this acceptable? The pharmacy would be responsible for providing meds in any emergency.

2600.130. (i) Duplicate – same as 2600.130 (a).

2600.141. (6) Please clarify. RECENT immunization history (i.e. flu shot, etc.)? Most elderly have no written record of past immunizations (if they had them at all).

2600.141. (9) What is this???

2600.142. (b) Please remove "and the continued attempts to train the resident". The resident's wishes should be carried out without "badgering".

2600.143. (c) (3) Please define this. Unclear as to what is required.

2600.143. (d) (9) Please add, "if applicable".

2600.143. (d) (10) Please add, "if applicable". Some residents have no one!

2600.161. (c) Please add, "in accordance with dietary or medical restrictions". Some individuals should not have "seconds" due to health concerns.

2600.181. (e) Can you please clarify this? When you make these statements about self-administering meds, is this definition for the Home to determine if the resident is capable of keeping the meds in their room and taking them on their own or is this self-administering meds definition meant for the physician when he/she

completes the health assessment/medical evaluation? I'm assuming that it is for the resident who is capable of self-administering meds. Otherwise, it makes no sense.

2600.182. (a) CAMs are not always labeled properly on original label.

2600.182. (c) Does this mean each stored in a separate locked container? If so, why?

2600.182. (d) Same question as above – WHY stored separately??? This is really a problem if the facility doesn't have the storage space available. Why not just keep each of the resident's prescription, OTC and CAM in the same storage bin?

2600.182. (f) Can you please change this to, "When a resident permanently leaves the home, the resident's meds shall be OFFERED to the resident" Not every resident or resident's family wants to take the meds. Sometimes they want them returned to the pharmacy. Is this ok?

2600.202. (a) (2) Define "noxious stimuli".

2600.223. Will DPW help develop or provide samples for PCH use? Is it ok if this is part of the admission agreement?

2600.224. Is this the same screening tool used now?

2600.225 (b) Please add, "if applicable".

2600.225 (d) (4) PLEASE add, "if condition of the resident materially changes". Otherwise this will be a nightmare. Some residents are in and out of the hospital on a regular basis and nothing about their condition changes. Why needless paperwork?

2600.226. This seems excessive to me. The possibility of coordinating all the listed persons in a support plan seems highly unlikely, especially within 15 calendar days! I suggest changing the health assessment/medical evaluation to include areas for input from the physician to assist the PCH in completing the support plan.

2600.228. (h) (3) I would like to suggest some wording that gives the PCH flexibility regarding resident's individual needs and the individual needs of the PCH itself. Can the PCH determine if they are able to use outside agencies and to what extent? Most often the MD makes this call (higher level of care needed) or is in agreement with the situation when it's brought to his attention. HOWEVER, I have had families over the years that have been very, very adamant about moving their loved one from our Home. I think they are in denial and think that something terrible will happen to their loved one if they go to a higher level of care (death). Therefore, they want to

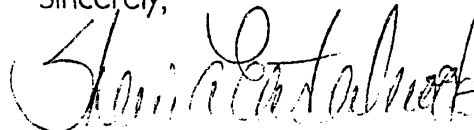
hold onto the hope that things will improve and she/he will go back to the previous level. If we, as providers, administrators and staff feel that we cannot adequately care for a person – is it right to force us to keep that person? Isn't it in the best interest of the resident if they receive the care they need? After all, we are the ones who are with them 24/7. We, above anyone else, should know what his or her needs are and if we can adequately meet them.

2600.228. Can you PLEASE add the following numbers: (7) If the resident or resident's family/advocates violate the Home rules. (8) If the resident or resident's family/advocates violate another resident's rights. (9) If the resident disrupts the Home's harmony. (Thank you.)

2600.264. Is DPW providing examples for us to follow? I hope so!! This is a gruesome task for those of us with limited WRITTEN policies in place currently. It will be very time consuming and costly to prepare.

Thank you for your consideration of the above. Will I hear a reply from your office?

Sincerely,



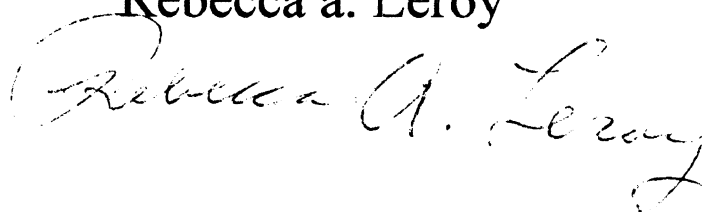
Sherri A. Easterbrook
Administrator

cc: George Kenney, Jr. & Frank Oliver – House Health & Human Services
Harold F. Mowery, Jr. & Timothy F. Murphy – Senate Public Health & Welfare

I volunteer at Colonial Gardens. I cook, bake, make them things for the resident's .I help them put their shoes on, button there shirt's or help them with whatever they need done. I help serve lunch, dinner, give them snacks. I enjoy working there. I am here for the resident's and I care about them. They are my family. If you take away the home I won't have any place to go and volunteer services.

Thank You

Rebecca a. Leroy



RECEIVED COLONIAL GARDENS
4011 007 23 AM 10:53



Original: 2294

CARING FOR THE ONES YOU CARE ABOUT

QUINCY UNITED METHODIST HOME

August 20 AM 9:00

REVIEW COMMISSION

P.O. Box 217
Quincy, PA 17247-0217
Telephone (717) 749-3151
FAX (717) 749-3912

Proposed Regs. - Concerns

2600.14 Fire Safety Expert

The Dept. of Labor & Industry developed fire safety standards, is this not enough? Why do we need a fire safety expert?

2600.20

Personal Care Homes should not provide financial advice to residents.

2600-42 u

The Personal Care Homes must retain the right to cancel the contract. For example, when a resident does not adhere to home policies which involve, but not limited to: rights and dignity of staff and other residents, physical, sexual or verbal abuse to staff and other residents, becomes a nuisance, theft, incompatible with other residents, needs cannot be met by the Personal Care Homes, and failure to follow or cooperate with their treatment plan.

The three examples which have been included in the regulations do not include the above concerns.

2600.57

Yearly CPR and First Aid for direct care staff. Is this necessary when the AHA and First Aid Council is for 2 years? This would be an added expense for the P.C.H.

Also current 2620 regulations state CNA's are exempt from First Aid training and recertification. Why are they left out now?

Is it necessary to require volunteers to receive training? Another added cost!!

The 24 hours of training annually is excessive. Where would the funds and time to attend come from?

2600.59

Staff training plan. It is not necessary to require an annual written or assessment training plan.

2600.96 First Aid Supplies

Syrup of ipecac is not needed in a first aid kit. It is a medicine that requires supervision when given and knowledge of action.

2600.101 Resident Bedroom

Many residents have control of Bowel/Bladder and do not need plastic/rubber covered mattress. P.C.H. are residents homes, not a SNF or hospital.

2600.102 Bathrooms

Why should PCH pay/supply personal items to all residents?

2600.32 Fire Drills

The time frame of 2 ½ min. to evacuate is very unreasonable. Very few residents could manage this. It had been 4 min.

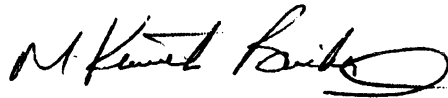
2600.161 Nutrition

Eg. Beverages offered every 2 hours. Very unreasonable. Residents can request or obtain beverages as they desire.

2600.226 Support Plan

It is very unreasonable to expect social workers, MD's and other persons to participate in a group discussion to set up a support plan. The MD does not join in with care planning in LTC setting with a SNF. We are not health care, but are a PCH and should not be expected to function as a SNF. PCH staff are not equipped to deal with these concerns. Education levels vary with administrators. Not every one has a nursing background to set up care/support plans.

In general, I believe many new proposed rules are based on a health care setting and not as a Personal Care Home. Many Personal Care Homes will be jeopardized due to increased financial costs to comply with these regulations



M. Kenneth Bricker, II
President/CEO

Mrs. Carol Forsythe
Administrator of Personal Care

To whom it may concern,

My name is Renee Leroy. I am sixteen years old, and I live in Butler, PA. I work at Colonial Gardens, where we have forty veterans living with us. Linda does a great job with running the company and she handles the guys wonderful because most of the guys have been living here a long time. None of the men complain and if they do, we do our best to fix it exactly, and fast. We've been running the house with no major state or local regulations missing. Our place is keep clean and every year we get better and better so really there is no need for all the new regulations. If they are passed I don't know if our company will last. All I am asking is to re-think some of them because we take good care of our men. And by passing these laws is like putting your father or grandfather out on the streets and they are the ones who got you your freedom and your punishing them for saving you. I don't care about losing my job, but we need to think of the veterans here, and say to ourselves maybe we are neglecting the ones who brought freedom to pass regulation, I'm sure that's not what they want done right now.

2018 OCT 25 AM 10:53

REVIEW COMMISSION

I am the assistant administrator at Colonial Gardens Butler. First, their needs to be some changes in the "state law" but you went over board this time. The homes you had trouble with or weren't the best doesn't mean we all should pay for it. You should look around and see all the good homes we have in Pennsylvania. They are all not bad. Second, the more paper work you make us do, the less time we have for our residents care. Resident care must and should be the state's number one issue and it is our issue. We care about our residents. They are our famines. Third, the medicine is a big issue. Resident's should have the right to ask for Tylenol, coldmedicine, etc., do you "the state people" have that in your home? Are we allowed to tell you no you can't have it. Do you have a nurse or a doctor in your home to give it to you? The answer is no. Personal Care Homes are the resident's home. They should have a right to do the same as in your own home. We do our very best we can. You need to look around and see if is a different way to help us. You need to listen to us because it's our job to take care of them. Maybe you should come stay with us and see what we really do. We care, do you? Our resident's rights are being taken away. Can we take you rights away? If this bill passes you are also putting a lot of people out of business and work. Pretty soon the good old U.S.A. will be like the middle east. No jobs, no business, fighting, war zone. Is that what we really want. No we want the best and give the best to our resident's. What more do you want.

Kim Leroy



NEW YORK
OCT 23 AM 10:53
COMMISSION

Original: 2294

To Robert Nyce ,

You think you will be helping residents but you won't. You will be helping them to become homeless. Some of the things that you want the homes to do is going to cost more money than what you think, which will make the costs for the residents to go up and not be affordable. Where are the SSI residents going to go? They can't afford it as it is. It will also cost a lot of money to supply a fire retardant mattress for every resident. If there would be a fire that is not going to save their lives because they will die of smoke inhalation. I don't see how people can make up regulations when they don't work @ a Personal Care home.

It is hard to find Nurse's as it is and you are going to make it harder. It doesn't matter if they are 16 or 18 years old, what matters is how they treat the elderly.

I hope you take these points into consideration before you make any decisions because you will be affecting a lot of elderly people.

Sincerely,

Stacy O.

Annie Nyce

Green Hills Manor
10 Tranquility Lane
Reading, PA 19607

APR 20 11 51 AM '91
ALLEN COUNTY

To All it may concern;

2600.42.

- (x) There are dementia patients in a residential home care setting that can't remember one moment to the next. Those people may say something was stolen when in reality it wasn't. There will be no way to keep track of money if family brings it and doesn't inform facility.
- (z) When it comes to medication, staff @ an assisted living home is not up to the staff to decide on overmedication of a resident, we are not doctors, and even if we think they're over-medicated the doctors don't listen to us now.

Overall:

The price of some assisted living facilities that have a few of these regulations in place already are so costly only the "upper crust" can live there. What about the majority of which is of low and middle income? The elderly can't even afford the medications prescribed and you want to raise prices on everything else. What if it was your mother or father, or are you rich enough to afford your own family along with a parent's upkeep, medications, and other medical needs.

Get Real. Price of living keeps going up - wages don't. How do you think you are going to keep nurses if you constantly add to their workload and stress load. - Come work in the real world!!

pc homes

Independent Regulatory Review Commission

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 business being forced to close their doors,

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

Wm. Hake

Bill Hake

*Wm. Hake
371 S. Jefferson St
Kittanning, Pa.
16201*

RECEIVED
INDEPENDENT REGULATORY REVIEW COMMISSION
JAN 20 10 51 AM '87

To whom it may concern:

We have learned that the new proposed regulations will create a large problem for us. You know that whenever businesses have major cost increases it is the consumer, or in this case the resident and their families, that bear a majority of the financial burden.

Since these new regulations will affect all personal care homes in my area, it will affect us. If all of these regulations are approved as they stand we will not be able to pay the increased cost that the personal care home will charge, and since all personal care homes that stay in business, will raise their rates too, you need to tell us what we are to do since we can not afford the new rates.

We would like to name the specific regulations that we have problems with. These listed regulations are the ones that will be doing the most financial damage to us.

- 2600.19 Waivers (bathrooms for family? how many family visitors need to be supported?)
- 2600.26 Costs based on outcome of support plan (we will not know what they will charge for up to 15 days)
- 2600.58 Staff Training and Orientation (we see a lot of turnover, making it harder to hirer
- 2600.59 Staff Training Plan people won't give us better care, actually the
- 2600.60 Individual Staff Training opposite since existing staff will have to work overtime to cover for those who quit on short notice
- 2600.58 Annual staff training (24 hours when hospitals require 12?)
- 2600.181 Self Administration (professionals to put a pill in someone's mouth? an unnecessary expense!)

If you do not alter or delete these regulations you will be creating a major problem for my family. Again, what do you propose we do when rates go up so much we can not afford them and are left with no place to go?

Sincerely,

David N. Ferrari

DAVID N. FERRARI
1404 GRAHAM AVE.
MONESSEN, PA.
15062-1908

RECEIVED
MAY 20 1984
COMMUNICATIONS SECTION

RECEIVED
AUGUST 26 10 34 AM '84
INDEPENDENT REGULATORY
REVIEW COMMISSION

Independent Regulatory Review Commission
Mary Lou Harris, Commissioner
333 Market St., 14th Floor
Harrisburg, PA.17101

RE: Proposed Regulations for the Personal Care Home Industry

To whom it may concern:

We commend you for proposing legislation designed to improve the quality of care in Personal Care Homes.

Although some of the new regulations may be advantageous, we feel that some are not necessary.(see attached memo)

My 89 year old mother is an Alzheimer's disease resident of a local Personal Care Home. I am the sole caretaker and am responsible for providing financial aid for her care. The proposed increases in the cost of care would place a great burden on me because I am retired, in ill health, and am on a fixed income.

Please reconsider some of the regulations that are not necessary for quality care and would greatly increase the cost of her care.

Sincerely,



David N. Ferrari
1404 Graham Ave.
Monessen, PA 15062-1908

Original: 2294

Oct. 28, 2002

To Whom It May Concern,

As an employee in a personal care home my heart goes out to the residents who only have staff members to depend on for love and care. We provide their daily living needs.

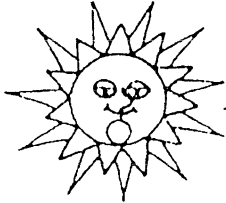
The many regulations proposed isn't possible because of financial reasons. A lot of regulations are unnecessary because the resident is self-care, unlike a nursing home. I worked in a nursing home for many years and it is different. It is truly sad to grow old and to worry about your needs to live daily.

I hope and pray all the residents in personal care homes can stay and spend their last days surrounded by friends and staff who truly love and care for their daily needs.

Best Ferrell



Charles W. Ferrell
2 Archer Ln.
Reading, PA 19607



Original: 2294

Erdley's Sunnyside Personal Care Home

R.D. #5, Box 49 • Kittanning, PA 16201

Olivia A. Erdley, Administrator

(724) 545-9668

October 28, 2002

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

To Members of The Commission:

Enclosed is a copy of a letter I mailed certified to Ms. Teleta Nevius regarding Chapter 2600 Personal Care Homes - Proposed Regulations. I understand the Independent Regulatory Review Commission will review these regulations. I am asking for you and your committee to read these regulations very carefully, as well as my letter to Ms. Nevius. As a member of NAPCHAA we have been voicing our opinion against these regulations for over a year.

It is truly hard for me to understand why these regulations have gotten this far considering the impact they will have on the elderly of Pennsylvania. The cost to the personal care home owner and more importantly, the resident, will be more than anyone can manage. This will leave the increase in cost of care for the elderly to the State. I am a tax payer also, and to burden the State with more expense for the care of the elderly, when there is no reason for it, is totally not acceptable. If DPW would listen and be reasonable, new regulations could be implemented that would be agreeable to all concerned. Personal care home owners have been saying these regulations will cause the closure of many of our homes - my home will be one of them. Either no one believes this to be true, no one cares, or no one is listening!!! Someone has to have the power over DPW to stop this insanity. I am hoping it is the members of this Commission.

Please, help us by providing the personal care home owners, families and residents the opportunity to be heard with public hearings. Please read, believe, care and listen to my letter and the many letters being mailed to you.

Thank you for your time and consideration and I look forward to hearing from you.

Sincerely,

Olivia A. Erdley

Enclosure

Original: 2294

October 28, 2002

Ms. Teleta Nevius, Director
Department of Public Welfare
Room 316 Health and Welfare Building
P.O. Box 2675
Harrisburg, Pa. 16120

RE: CHAPTER 2600 PERSONAL CARE HOMES - PROPOSED REGULATIONS

Dear Ms. Nevius:

I am a proud member of NAPCHAA, and after all of the hard work this organization has been doing this past year regarding the proposed regulations, I am still in a state of shock from reading the publication in the Pa. Bulletin. I was at a meeting in which you were there and many ideas were shared between our group and you. I recall many times you would say "that is a good suggestion - write it down". Apparently, these notes and comments were only made to create a false hope to our organization - because I do not see any of these suggestions in the proposed regulations.

To point all of the areas I object to as an owner of a personal care home would take pages of paper. Therefore, I would like to list the main points and possibly refresh your memory of some of the suggestions brought up at our meeting:

2600.11(b) After initial inspection, inspections to cover 75% of homes every 2 years and all homes inspected at least every 3 years. - MY COMMENT: Is this for the safety and welfare of the resident or for the benefit of DPW to be able to staff fewer inspectors? I feel yearly inspections should be continued with every home. Two-three years is far too long for inspections.

2600.53 - Staff titles and qualifications for administrators -- MY COMMENT: - These qualifications are entirely overboard and serve no need. They would cause many of our "family" owned business not to be able to pass our business down to family members unless that person has a college education. Many of our family members are involved and work in our homes at a very young age - receiving many years of experience. Experience is not being given any value. Families are being penalized for having a personal care home business. I agree with the additional training and feel this is an area that can be developed.

2600.54 - Staff titles and qualifications for direct care staff - (2) -high school or GED - MY COMMENT: the training and skill that a staff person has is not being considered - only this piece of paper. Training and skill should be given merit and replace the diploma or GED. Hiring qualified staff is very difficult and eliminating good people because of a piece of paper is not acceptable.

2600.55 Exceptions for staff qualifications. (b) - one year break. MY COMMENT: cannot take more than one year off work in this field without needing the high school diploma or GED to be hired - no matter how much experience and training a person has. For what purpose is this included. Are you saying experience and knowledge is forgotten in a year?

2600.56 Staffing (b) referred to a local assessment agency or agent - MY COMMENT: who is this?

(c) administrator in the home 20 hours per week or an alternative meeting administrators qualifications. MY COMMENT: all homes would need two administrators in order for one administrator to take a week's vacation. A well trained designee under direct care staff would be sufficient for a short period of time.

2600.57 Administrator training and orientation

(c)(iii) mental retardation - MY COMMENT: if we do not have these types of residents - why do we need training - this should be included only if your home has these residents.

(d) 80 hours - licensed personal care home under supervision of a Department trained Administrator. - MY COMMENT: what is a Department trained administrator? - does this mean administrators grandfathered with these regulations are not Department trained?

(1) budgeting - MY COMMENT: for what? Should a personal care home not be able to decide if they want a budget or not - why in regulations?

(iv) Marketing - MY COMMENT: what? Should it not be up to the personal care home if they want to market their home and how - not in regulations?

(iii) mental retardation - MY COMMENT: not necessary if not taking these types of residents.

(e)(iii) mental retardation - MY COMMENT: not necessary if not taking these types of residents.

(11) budgeting - MY COMMENT: should not be in regulations - up to personal care home

2600.58 Staff training and orientation

(a) and (c) prior to working with residents - MY COMMENT: this would create additional costs to hiring employees. I estimate in my home this cost would be \$270-\$300 per each new staff before that person could work with the resident. It is a known fact that staffing is very difficult in this industry and it is not unusual to hire a person and have them quit after a few days or after receiving their first paycheck. Like most business, hands on training is the best and most effective, as long as there is quality supervision.

(e) direct care staff - 24 hours annual training - MY COMMENT: I believe in training and feel that almost every day my staff is learning or being trained in something because of the needs of residents. I understand that hospitals require 8 hours of annual training and nursing homes require 10 hours of annual training. Why then is 24 hours going to be required in personal care homes where residents are not as sick as in these other facilities? I estimate my additional cost for this training to be approximately \$625 a year per staff.

2600.101 Resident bedrooms

(c) additional space for physical immobility - MY COMMENT: I cannot provide this additional space with my already existing rooms. This regulation would require me to convert semi-private rooms into private rooms - causing the resident who has a physical immobility to pay for private rooms or leave my facility. Or, not take residents with the physical immobility. NOTE: these physical immobility's include wheelchairs, walkers and oxygen - this is approximately 95% of my current residents. My staff and current residents do not have trouble maneuvering in the rooms. Outcome of this single regulation would mean loss of beds and residents in my facility and additional expense to the resident who could afford the private room. Where did these sizes come from and for what purpose? And what guidelines is a Dr. to use to state that a person with these physical immobility's does not require the additional space? This entire section is not necessary or acceptable.

2600.132 Fire Drills

(d) 2-1/2 minutes evacuation time - MY COMMENT: This is totally not acceptable and will cause a safety hazard to residents. Drills are for practice and to determine problems - not create them - and to rush my residents to evacuate in 2-1/2 minutes for a drill will cause falls and confusion. I really do not feel there should be a time set into the regulations. The time to evacuate a building is determined by many things and a drill should be for practice and training.

(e) fire drill during sleeping hours every 6 months - MY COMMENT: - This is not acceptable as it is upsetting to the residents to be torn out of their beds in the middle of the night one time a year - now you want two times a year. I have always felt that a simulated drill stressing the training for staff during these hours was more reasonable and important than actually evacuating the resident. AGAIN - this is what is required in hospitals. The safety of the residents is the consideration. With the writing of new regulations, this is the time to be reasonable regarding the evacuation of the elderly during sleeping hours.

2600.181 Self administration - Medications (e) Self administering medications - MY COMMENT: cannot place medications in resident's own mouth (someone who only shakes), cannot give eye drops (this is easier for anyone to have help with). Most residents would not know medications, dosages and condition or illness. Confusion with medications is often one of the main reasons residents are placed in personal care homes. If they lived with a relative they would be given assistance with medications by the relative who, in most cases, would not have special training. Personal care is not a medical facility and the resident is not paying for medical care. This regulation would require me to hire a nurse for 24 hours because I do not feel it is possible to find nurses who would be willing to come into my home just to dispense medications for the times indicated and leave. And there are always the resident who needs pain medication in between the scheduled times. I estimate this would cost me an additional \$15,000 per month in payroll increase. This additional expense would be passed to my residents. All of this for a staff member that is not necessary. Does having a nurse insure no mistakes will occur - of course not. I have read that most medications errors are made in hospitals. Who dispenses medications in hospitals - Registered Nurses. With the shortage of nurses - how will we find them, if the resident could afford them. What other jobs will a nurse do in their 8 hour shift in my home? Prepare food, take residents to bathrooms, make beds, laundry, serve meals and feed residents. I do not think so!!! The solution to this entire regulation is to require additional training in medications for the administrator and staff required to give medications. Very simple, and additional cost that can be affordable to the owners and residents. Don't add additional and unnecessary expense to personal care by turning our homes into medical facilities.

2600.182 - Storage and disposal of medications and medical supplies (d) prescription, OTC and CAM stored separately. MY COMMENT: for what reason? This will open the door for mistakes because medications for each resident will not be kept together.

2600.185 Use of medications (b) only ones prescribed - MY COMMENT: we will now have to tell residents and families that since they are in a personal care home they cannot take vitamins, herbs, etc. they are used to taking for years at home without a Dr. order. Where is the rights and privacy of a resident in this regulation?

2600.186 Medication records (d) refuses medication - notify physician by end of shift. - MY COMMENT: I am sure a doctor is going to be thrilled with a phone call notifying him that resident refused a stool softener because they had diarrhea. Lets get real!!! I agree that Dr. needs notified if a resident refuses medications for several days, and the type of medication being refused must be considered.

2600.252 Content of records (b)(3) previous 2 years physicians examination reports. MY COMMENTS: this is adding a burden to physicians to provide us with information that is not necessary. As busy as Drs. are is it reasonable to think they are going to go back 2 years with information for us and what

do we really need them for? In a lot of cases having a Dr. complete a current MA51 is difficult. A current MA51 has provided us with enough information.

(8) Documentation of physician visits and order for services - MY COMMENT: in most cases services are ordered directly by the Dr. and we do not see or get an actual written order. Doctors are not covered under our regulations and requiring us to have this type of documentation is not acceptable.

SUMMARY: I estimate that to implement these regulations in my home an additional cost of \$1,000-\$1,500 per month per resident would be necessary just to cover the expense of them. This is not taking the SSI into consideration (I currently have six) because I have no way to apply this kind of an increase to them. Therefore, the private paid resident will have to absorb their share. This does not cover the possibility of hiring an additional staff to replace the hands on work I perform myself by working shift work so I will have time to do the additional paper work for support and quality assessment and management plans required. There is also the issue of a second administrator.

Feather Houstoun stated under Private Sector, General Public that there will be no costs to the general public as a result of this proposed rulemaking. ARE RESIDENTS AND PERSONAL CARE HOME OWNERS NOT GENERAL PUBLIC????

These regulations are full of areas of interpretation that can cause problems with individual inspectors. I have seen this with the current regulations. Personal care home owners have stated in many meetings and letters written over this past year that many homes will be forced to close as a result of the approval of these regulations. This is a very true statement but one that has apparently fallen on deaf ears. I know this statement to be true because I am one of those homes!

I have no objection to the writing of new regulations. I am proud of my personal care home and the care I and my staff give my residents. Their safety and well being is always a concern and I do look on them as family members who I love and respect. Do not close homes like mine because of the few "bad apples" in our industry and cause a hardship to the elderly in Pennsylvania.

Please explain to me why our suggestions and input were not considered in the final writing of the regulations. Is it so hard to understand that all we want is to be able to care for the elderly in Pennsylvania and provide them with homes in a "family like" environment at a cost that they can afford? For the well being of the elderly in Pennsylvania these regulations must not be approved as written. Hearings need to be scheduled and personal care home owners, families and residents need to be heard.

I apologize for the length of this letter but I feel this is my last chance before the residents and the elderly I serve lives are changed forever. I am pouring my heart out to you - please listen!!! I look forward to hearing from you.

Sincerely,

Olivia A. Erdley

CC: Harold Mowery, Jr., Pa. Senate Public Health and Welfare Committee
George T. Kinney, Jr., Pa. House of Representatives Health & Human Services Committee
✓ Independent Regulatory Review Commission
Representative Fred McIlhattan, Member Health & Human Services Com.
Representative Jeffrey Coleman
Senator Don White

Original: 2294

Dutch Acres

2942 Lincoln Highway East Gordonville, PA 17329 ph (717) 687-8929 fax (717) 687-7372

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.

1st 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

RECEIVED
DEPARTMENT OF
COMMUNITY DEVELOPMENT
AND HUMAN SERVICES
JAN 10 2003
10:00 AM

Dutch Acres

2912 Lincoln Highway East Gordonville, P.A. 17529 ph (717)687-8921 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>
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)	<u>\$846</u>	
2600.60 A written individual staff training plan		\$930
2600.107 (b) reviewed and updated annually		<u>\$500</u>
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		<u>\$72</u>
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
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>
Building cost	\$22083	\$3683
Total Cost	<u>One Time</u>	<u>Annual</u>
	\$23,907	\$47,833

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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

(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)

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

Average cost in 1997 was **\$57,500** (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**

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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.

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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

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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 7372

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.

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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

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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.

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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.

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2912 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 8920 fax (717) 687 7972

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.

Original: 2294

October 28, 2002

Robert Nyce, Executive Director
Independent Regulatory Commission
333 Market Street
Harrisburg, PA 17101

RECEIVED
NOV-4 AM 9:12
INDEPENDENT REGULATORY
COMMISSION

Dear Mr. Nyce:

My name is Jim Duman and I have worked in an Assisted Living facility for about fourteen years. It has been a joy for me to be part of a team who are dedicated to their work of serving others. It has been rewarding for me personally as I have learned by experience that it is more blessed to give than to receive. In meeting the needs of the elderly, one learns early on that the satisfaction gained far outweighs any inconvenience one might experience. The older folks among us have so much knowledge to pass on to us if we would only take the time to listen. Which brings me to the point of this letter. I am not writing to bash the Department or to give the impression that people in the Assisted Living arena are totally against new regulation. But my fear is if the regulations are signed into law, as proposed, the quality of life for the average resident in Assisted Living would not improve but could, in fact, be compromised. Time does not allow me to elaborate totally on this so I will site just a few of the many areas that are cause for concern:

1. ***The added cost to the home to implement the proposed regulations.*** The current average cost to house a resident in Assisted Living in Pennsylvania is \$1,800.00 per month (for our facility it is just over \$1,500.00 per month). Implementing & following the proposed regulations would add another \$200.00 to \$400.00 per month to that amount. Only a few of the proposed regulations could be implemented without incurring more on-going costs.
2. ***SSI recipients would be displaced.*** The current amount paid to the Assisted Living facility for each SSI resident is \$898.30 per month. If you look at the average cost per month to house a resident you will easily see that a facility is losing \$600.00-\$900.00 per month for each SSI resident they are caring for. Add to this figure the added costs associated with the proposed regulations and that figure increases accordingly. A facility housing even a small percentage of SSI recipients will not be able to survive such losses very long. The only alternative for such a facility would be to discharge all SSI recipients & replace them with those who can afford private- pay rates or file for bankruptcy and close down the facility. In either case the SSI recipient would

be without a place to live. (I fail to see how this is supposed to improve the quality of life for these folks.)

3. ***Other residents would be displaced.*** Our facility also serves people who can only afford to pay what we call budget rates. These rates fall somewhere between the SSI rate & the semi-private rate of \$1,550.00 per month. The facility would lose anywhere from \$300.00-\$600.00 per month on these folks. They would then be in the same predicament as the SSI recipients.
4. ***Residents would receive less direct care.*** With all the extra paperwork, documentation, in-services, staff training, etc. associated with the proposed regulations the direct care staff would have less time to do what they were hired & trained to do, namely, assisting the residents with the tasks of daily living. The amount of training & continuing education required under the proposed regulations is excessive when you consider that personal care homes are not medical institutions. The amount of continuing education required by the proposed regs far exceeds what is required for nurses in hospitals and nursing homes. This kind of continuing education comes with a hefty price tag that will need to be paid for by the resident and/or their families. Many residents can only barely afford personal care now.
5. ***Staff training plan (2600.59) and Individual staff training plan (2600.60) would be very costly.*** A home the size of ours (approx. 45 full and part time employees) would have to hire a full time person to keep track of staff training & maintain the associated records. Again, the resident would have to pick up the tab for this requirement.
6. ***2600.130. Smoke detectors and fire alarms.*** The alarm system in our facility is such that when a detector malfunctions the panel will give a trouble signal to the monitoring center. The monitoring center in turn notifies our facility and our alarm system contractor immediately. Also our panel displays the trouble and sounds an alarm so we can see, hear, and correct the problem right away. It would be more reasonable and more cost effective for regulation to require all facilities to install this type of system than to require monthly testing of all detectors for all facilities. There again, the cost of this expensive testing would have to be passed on to the residents.

There are many more areas that I could have addressed which will add cost and/or inconvenience but I will stop with the few I have listed. The bottom line is the personal care home residents will be the ones who will suffer the most from the increased costs associated with the proposed regulations not to mention the loss of income for the staff members when many homes in Pennsylvania close their doors because they will no longer be able to afford to operate.

It seems to me that if the DPW would just enforce the regulations already in place (with perhaps just a few modifications) the problems that necessitated the rewriting of the current regulations would be alleviated at a tremendous savings to the residents in personal care.

My plea is that you would take a long look at what the impact on the elderly population will be if the regulations are past into law. The reality is that instead of improving their quality of life it will, indeed, have the opposite affect when you consider the stress caused by increased costs to them or, in many cases, relocation.

Sincerely,

A handwritten signature in cursive script that reads "James W. Duman". The signature is written in black ink and is positioned above the typed name.

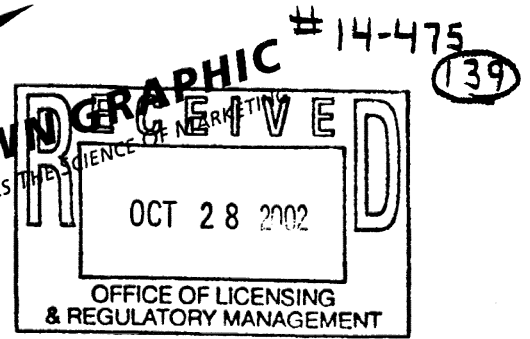
James Duman
Director of Plant Operations

James W. Duman
12-A Tranquility Lane
Reading, PA 19607

Original: 2294

2010 OCT 30 AM 10:35

REVIEW COMMISSION



Dear Sirs: Telta Nevius

I am requesting that you please refrain from implementing the burdensome and high cost regulations you are presently considering. They will most assuredly force some assisted living facilities out of business or at the very least double or triple costs which most residents can not afford, my mother included!

801 Commerce Street • P.O. Box 2195 • Sinking Spring, PA 19608-0195
610-678-2640 • FAX 610-678-2799
www.westlawndgraphic.com • info@westlawndgraphic.com



My mother lives at Green Hills Manor, assisted living facility, and is very happy there, well maintained, good food, very clean, staff great, and something she can afford at present. If costs skyrocket because of all the new regulations, she most assuredly would have to leave, to where I don't know, maybe out on the curb. Please, please do not run the costs so upward that none of the

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residents can afford to
live a respectful final
years. Thank You

Sincerely

Terry Rissmiller

3524 Oak St

Laureldale, Pa 19605

Original: 2294

#14-475 (30A)

October 28, 2002

Mr. Robert Nyce, Executive Director
Independent Regulatory Review Commission
333 Market Street
14th Floor
Harrisburg, PA 17101

2002 OCT 30 AM 9:06

REVIEW COMMISSION

Dear Mr. Nyce:

I have received a letter from my mother's assisted living home with indication that many new changes are being reviewed for implementation. Reference is made to an Executive Order issued by the Governor regarding regulations of state agencies in February 1996. In an attempt to comply, the Office of Licensing and Regulatory Management of the Department of Public Welfare began the process of reviewing regulations for community-based long-term residential care services in the fall of 1996. In April 2001 an informal draft of new regulations was issued that contradicted almost every item in the General Requirements of the Executive Order.

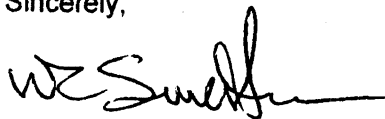
My concerns are to have my mother live in an environment that is "like home", offers the utmost in safety, mobility, and personal care. To this end I concur with several of your issues but to what economic cost to my mother? My mother as well as many others has savings accounts that are not endless. The more the rates go up, the shorter period of time that we have the means to pay for her upkeep. After personal funding runs out, it is in the hands of SSI to sustain my mother. At that time, she will be forced to go from two residents in a room to three; she does not want to do that.

I feel that assisted living facilities must have certain requirements in place to offer safety, mobility, and the proper staffing for the residents. If these are presently not up to standard, then it should not be the responsibility of the resident to pay for the upgrade. If you are continually changing the rules and regulations, thus causing more burdens for the facility, then there should be monetary assistance for the facility to comply. Your new changes should not impose on the residents to pay for upgrades.

Some of the changes you are proposing, as I have said before, are warranted, but how can you contradict so many of the General Requirements of the Executive Order? Tax dollars have gone into preparing the previous General Requirements of the Executive Order, so why are they now being changed? Is this bureaucratic job security or is it absolutely necessary?

The bottom line is, we do not want to be forced into paying higher resident fees. It was generally stated by my mother's assisted living facility that we would be forced into paying more if implementation of the changes is enacted.

Sincerely,



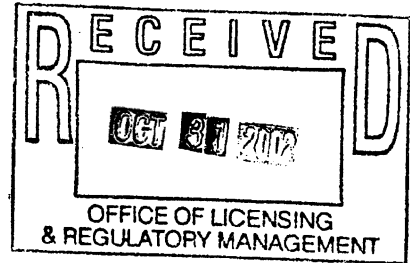
Randall Sweitzer
301 Silverwood Drive
Lititz, PA 17543

Original: 2294

14-475 (288)



Victorian Gardens Personal Care Home



October 28, 2002

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

RECEIVED
OCT 31 2002
OFFICE OF LICENSING
& REGULATORY MANAGEMENT

Dear Teleta Nevius,

We are writing to you on behalf of our family business, which is Victorian Gardens Personal Care Home. Our desire was to establish a facility that would provide a safe, comfortable place for those who are in need of some assistance with their activities of daily living. If you were to speak to our residents, we are certain that they would agree that we have done just that. We deal on a daily basis with the families of these residents and know for a fact that a majority of these people are on a fixed income, with little extra money for anything except the things that are vital for their health and well being.

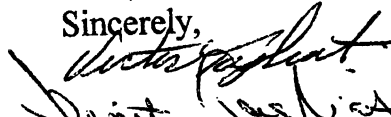
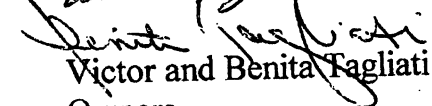
While reading the proposed new regulations, we couldn't help but wonder where these residents are going to get the money to pay for their necessities when the price of their room and board is going to have to double or even triple to pay for the increase in staffing that will be required.

We as care providers for these individuals can certainly understand that Personal Care Homes should be regulated by standards that are in the best interest of the those who reside in these facilities, but after reading the new regulations, a lot of it is simply not feasible for these types of homes.

We feel it should be more important to enforce the current regulations rather than to over-regulate to the point of forcing most of these homes to close. Also, the idea of fewer inspections just doesn't make sense. Why over-regulate then inspect less often. These new regulations are better suited for skilled nursing facilities and are simply not applicable to the type of care provided in a personal care setting. The type of care provided in skilled homes, and that which is provided in personal care homes is not the same. We must also question the experience of those who have written these regulations. Have they ever worked in a personal care home? If not, maybe they should at least visit some of the wonderful homes that exist in Pennsylvania.

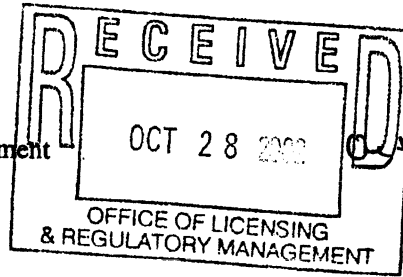
We can all see that while these regulations are intended to increase patient care the effect could be just the opposite. Some families may seek out unregulated homes that would operate outside of the law. The care of our elderly citizens is definitely important, but increasing the costs to the already burdened families and depriving them of a choice of locations is not the proper way to go about it.

Sincerely,



Victor and Benita Tagliati
Owners

#14-475 (141)

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



October 25, 2002

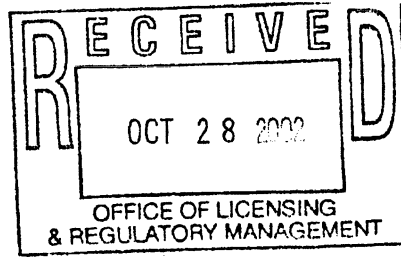
Dear Ms. Nevius

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 extremely concerned that these proposed regulations will harm or even close many fine Personal Care Homes, and also seriously reduce housing options and the quality of life of low-income individuals- many of whom are disabled. One of the greatest features of Pennsylvania's PCH market is that it can offer consumers a home-like, even family, environment- not a "facility"- in which to live. I feel that the proposed regulations will place an insurmountable burden on PCH providers and are a definite shift to an institutional/facility model. The quality of life of PCH residents is not best served by forcing them back to an institutional setting.

Smaller, family style homes (possibly all those from 4-50 beds, representing over 1200 homes throughout the State), and those that serve the poor (10,500 beds in the State) simply will not be able to comply. The closure of many homes, or at best higher costs, will result in a transfer of the resulting costs to the consumer, or to the Commonwealth in cases of low-income residents. My major points of concern are as follows:

- Administrator qualification requirements (2600.57) have been increased from 40 hours of training, and 6 hours annual continuing education, to 60 hours of training, 80 hours of internship in another PCH, and 24 hours of annual continuing education, with no demonstrated need. In addition, new administrators must have some form of secondary education, or be a licensed nursing home administrator. Smaller, family style homes, and those that serve the poor simply will not be able to afford this level of qualification when seeking new administrators. Furthermore, to require PCH providers to assist in training their competitors is unreasonable.
- Direct care staff training has also significantly increased (2600.58-60), with extensive written training plans, individualized training plans for each employee (including required orientation, demonstration of duties, guided practice, and testing before they may work unsupervised). This is excessive in a residential living environment. PCH's are not skilled care as are nursing homes. Smaller, family style homes, and those that serve the poor, will not be able to comply.
- PCH providers will be required to assume greater responsibility- and insurance liability- by proposed statutes in 2600.226 that make the Home responsible for developing Support Plans that document all the resident's needs, and how they are met. The regulations (2600.41) also require that the Home be the primary source of assistance in obtaining clothing, transportation, rehab, health and dental care. These tasks have been historically, and more appropriately, the responsibility of Social Service agencies such as Dept of Aging, MH/MR, and DPW. By forcing these tasks upon the home, DPW will open up PCH's to increased frivolous lawsuits, affect insurance coverage/availability, and force PCH to hire Social Workers- a cost which smaller homes and those that serve the poor can not bear.
- The proposed regulations (2600.4, 2600.54-56) have also confused the terminology of direct care staff and personal care staff as they pertain to staffing ratios. "Direct care staff" is a new term introduced in this draft, and applies only to non-administrative personnel who assist with "Activities of Daily Living"

Original: 2294



#14-475
142

419 East Market Street
Blairsville, PA 15717
October 21, 2002

Dear Teleta Nevius,

It has recently come to my attention that there will be some new changes in regulations for Personal Care Homes that could ultimately place this care out of my financial reach.

My mother, who is suffering from cancer, has been in a personal care home since June. Although she is still capable of performing some small tasks, she does need 24 hour supervision to assist her. I had investigated many larger nursing facilities in Indiana County, and realized they would not be the ideal environment for my mother. She needs the calm atmosphere and repetitive routine which is only possible in a small home. She would be totally lost and confused in a larger facility.

The care she is receiving in her present living situation is excellent. I know that she is in a safe, home-like environment and her needs are being met.

I am hoping this letter will enlighten you to the proposed changes, and you will do your part to keep Personal Care Homes an affordable option for families.

Sincerely yours,

A handwritten signature in cursive script that reads "Monica Bell".

Monica Bell
Elementary Teacher
Blairsville-Saltsburg School District

NOV 28 2002
14-475
142

Original: 2294

14-475
345

MARK R SCHRUM
636 N SECOND ST
READING PA 19601

NOV 4 PM 3:35
HARRISBURG, PENNSYLVANIA
REVIEW COMMISSION

October 28, 2002

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


Dear Teleta Nevius,

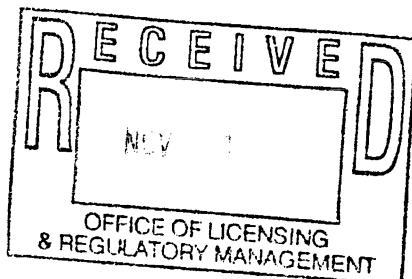
I am writing to give my comments on the proposed legislation regarding personal care homes, as printed in the *Pennsylvanian*. I work for a mom and pop assisted living facility in Berks County. If the legislation passes, I and everyone else at the facility are out of a job, and 60 - 70 people are out on the street.

While the new rules might make sense to regulatory personnel, it does not to those working in the industry. And, I don't know if it would make a difference on the level of the residents themselves. At the facility where I work there is in the background a strong religious tradition going back to the founding itself. I think this makes ALL the difference as regards the quality of life of the residents.

I have worked in more than one health care facility. I hope that the attempt to create more bureaucracy and place added burdens on this industry will not be successful.

Sincerely,

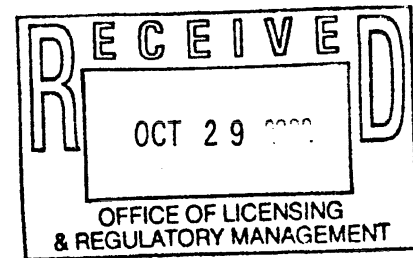

Mark Schrum



Original: 2294

#14-475(162)

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



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 were involved with their development, but nobody asked me what I thought. In fact, nobody asked anyone that lives here with me what he or she thought about the regulations either.

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 troublemaker, 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,

Darryl Reminger

10/28/02

10/28/02 09:10
10/28/02 09:10
10/28/02 09:10

7-14-4'10 (172)



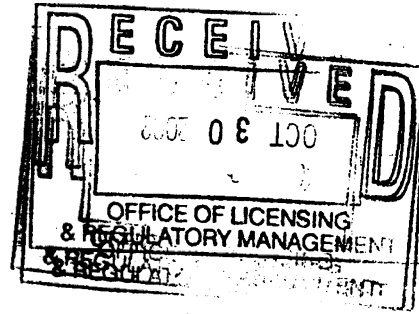
Original: 2294

Northwest Interfaith Movement

6757 Greene Street
Philadelphia, Pennsylvania 19119
Tel (215) 843-5600 • Fax (215) 843-2755

October 28, 2002

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



To Whom It May Concern:

Enclosed with this letter are the written comments from the ombudsman program of Northwest Interfaith Movement in response to the newly proposed personal care home regulations -- 55 PA Code Chapter 2600 -- published in the PA Bulletin, October 5, 2002.

In general, the ombudsman program I represent feels the proposed regulations point toward a more positive future for personal care home residents. The regulations offer promise of quality of care protections that have too long been absent from personal care homes.

We have tried not to be "nitpicky" in our comments, knowing that a great deal of discussion and compromise have already gone into these proposed regulations. We also want to be sensitive to the needs of smaller established personal care homes in Philadelphia who have risen to the challenge of caring for many SSI recipients over the years -- with limited resources and a good measure of care and compassion. We know these homes have and will face special challenges and we want regulations that protect and enhance the quality of care of their residents without forcing the owners/operators of these homes out of business.

While we feel there is room for improvement in these regulations (as our comments will indicate), we definitely do not support efforts currently afoot to throw out these proposed regulations, long in the making, and start over again. Saying this, we also must say that no set of regulations, no matter how good, will ultimately make a great deal of difference unless and until DPW takes quite seriously its role of enforcement.

Sincerely,

Don Carlin, Director
Long Term Care Program -- 215-843-5600 ext. 202

dgcarlin@dca.net

cc: Office of the State Ombudsman

What follows are comments regarding the proposed **personal care home regulations** published in the **PA Bulletin, October 5, 2002. (55 PA Code Chapter 2600)**

My name is Don Carlin, and I write as director of the Long Term Care Program of Northwest Interfaith Movement in Philadelphia. The Long Term Care Program is a subcontractor of the Philadelphia Corporation for Aging and provides ombudsman services to the 60 licensed personal care homes in Northwest and Northeast Philadelphia.

2600.4 Definitions.

Direct care staff -- "A person who assists residents with activities of daily living, provides (*add* personal care) services or is otherwise responsible . . ."

Long -term care ombudsman -- ". . . seeks to resolve complaints made by or on behalf of (*drop* older) individuals who are consumers . . ." (Many pch residents are younger individuals who are served by the ombudsman program.)

Relative -- (*add* cousin)

2600.11 Procedural requirements for Licensure or Approval of homes.

(b) -- Retain first sentence. *Drop the remainder of the paragraph.* *Add* "After initial approval, all homes need to be inspected at least annually, and inspections need to be unannounced." (From an ombudsman perspective, the inspection of any home, no matter how well run, only every 3 years is absolutely inexcusable and unacceptable.)

2600.15 Abuse reporting covered by statute.

(b) -- Reword this paragraph so that *supervision is not an option*, only suspension. Insist that the investigation be done in an expeditious manner so that no innocent staff member is suspended for a long period of time.

2600.19 Waivers.

(f) -- "Waivers are subject to (*change to* an annual) review by the Department . . ."

2600.32 Specific rights.

(q) -- ". . . Residents (*change to* may) perform personal housekeeping tasks . . ."

(u) -- ". . . except in the circumstances of nonpayment following a documented (*add* 60-day) effort to obtain payment . . ."

(w) -- Re: "the right to appeal" and "resident appeal policies" as also applies to (f) in this section -- Individual homes cannot have their own written appeal policies and hear appeals of their own

residents and be expected to render unbiased decisions. Nor should appeals simply end up in the DPW Hearings and Appeals Office. The appeals process is an important right for residents, but who writes the appeal policy and who hears appeals needs more thought. The involvement of neutral community parties needs to be explored.

2600.53 Staff titles and qualifications for administrators.

(a) -- *Add* "(5) A GED or HS diploma and documentation of completion of the state-required training for a pch administrator."

2600.55 Exceptions for staff qualifications.

c) "... but shall not perform (*change to* any personal care services)." *Drop the remainder of the sentence.*

2600.57 Administrator training and orientation.

c) (5) "Recreation (*add* and activities programming)."

(e) (8) "Recreation (*add* and activities programming)."

(e) (9) (iv.) *Add* "(K) Understanding grief and loss issues."

2600.58 Staff training and orientation.

c) (8) "Recreation (*add* and activities programming)."

(f) (7) *Add* "(xi) Understanding grief and loss issues."

2600.83 Temperature.

(b) *Delete existing sentence. Add* "Air conditioning must be available to residents in their living areas and bedrooms when the indoor temperature exceeds 80 degrees F."

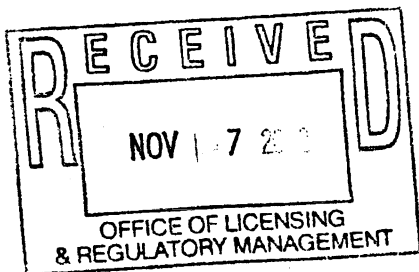
2600.162 Meal preparation.

c) *Add a new sentence at the end.* "Between supper and bedtime, all residents shall be offered an evening snack."

2600.228 Notification of termination.

(h) (5) "If the resident has failed to pay (*add* for at least 60 days past the due date) or has failed to cooperate with efforts (*add* to secure payment over these 60 days or) to obtain public funding."

14-475 (645)



Caroline D. Murray
460 North Avenue
Pittsburgh, PA 15209

NOV 10 11 08 25
REVIEW COMMISSION

October 28, 2002

To Whom It May Concern:

It has come to my attention that the regulations for Personal Care Homes and Assisted Living Homes may be changing. While I agree some changes are necessary, I am concerned about the low-income people who call these places home. Where will they go? Higher quality care will push them out of their home. Higher paid professionals, such as RN's, and LPN's on duty at these homes will not only burden the owners, but the residents as well. These residents do not require skilled care.

Eighteen years ago I found out that my youngest child of four has Cerebral Palsy. I immediately sought out help and guidance for him. It has been extremely hard over the past nineteen years, but with the GRACE of GOD we have made it through numerous pitfalls. I am one of a very few that has a very sensitive family that is willing and able to care for my son in the event that anything happens to me. Most of these residents don't have a family or one that could care for them.

Fifteen years ago I joined a Volunteer Ambulance Service in this area. To my surprise I thoroughly enjoyed working with the sick and injured to get them to the proper facility to give them quality care. I ended up being paid staff for an ambulance service. Two and a half years ago a nurse that was taking care of my son in my home while I was at work burned him in the bathtub. I stopped working for a while to take care of him 24 hours a day 7 days a week. I've been through a number of nurses either incompetent or just didn't like this type of work. My son is considered skilled care.

In June of this year, there was an add in the paper for workers needed at this assisted living house. I applied and was hired. I started out with the intentions of working two days a week. It turned into full time, 7a-3p Monday through Friday. I feel I have the best job in the world. I am there to assist the residents with: getting to their doctors appointments, getting to group sessions, listening to them, being their friend, laughing with them, and crying with them. I take my work to heart. Even though I'm not a RN or LPN, I've learned to assist the residents with their every day needs and wants. This house is common sense. I'm grateful to have experienced the work of an Emergency Technician, EKG Technician, and Phlebotomy. The most joyful experience is one of being a mother and friend. We as caregivers are not left alone. We have the ICM, CM, Social Workers, Department of Aging, Nurses, and Doctors, and a pharmacy to call for any assistance.

The people that live in this house only need a place to live with minimal assistance. They all know what medications they take and when they need to take them. They can feed themselves, bath themselves, and know how to get from one place to another. They do not require skilled assistance. They do not have anywhere else to go because they have no family and they definitely have no money. If these low-income homes are forced to have RN's or LPN's staff them, they will have to close. This will leave the

residents with no were to live. Secondly this will leave a void in my life. It isn't the money, because we do not get a very large income. I left a job bringing home \$1,000 a week because I didn't like what I was doing.

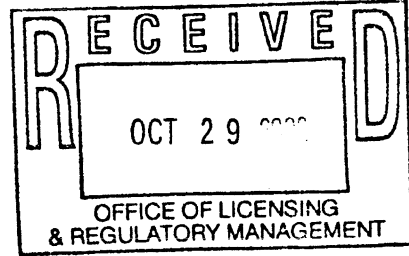
It would not be fair to these people to put this burden on them. They have a difficult time as it is with no one out there that can help them and to take their independence away from them. This is their home and we are their family. I agree that there is a need for education, we are supplied with in house training on a regular basis. If the state would require more training in medications I would be more than willing to go for a certificate.

Sincerely,

Caroline D. Murray

#14-475(41)

Original: 2294
Ms. Teleta Nevius, Director
Department of Public Welfare,
Office of Licensing & Regulatory Management
Room 316 Health & Welfare Building
PO Box 2675
Harrisburg, PA 17120



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 were involved with their development, but nobody asked me what I thought. In fact, nobody asked anyone that lives here with me what he or she thought about the regulations either.

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 troublemaker, 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,

Robert E. Miller Jr.

10/28/02

14-475
352

Memo

2002 NOV -4 PM 3:35

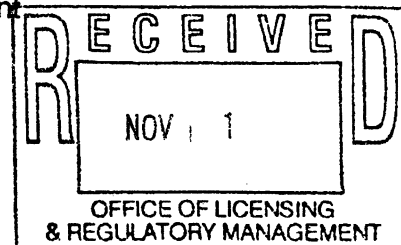
REGULATORY
REVIEW/COMMISSION

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

From: Sister Phyllis McCracken
President/CEO
Saint Mary's Home of Erie
607 East 26th Street
Erie, PA 16504

Date: October 28, 2002

Subject: Comments on Proposed Personal Care Home Regulations



-
- 2600.53 4 (c)-A licensed Nursing Home Administrator should not need to complete this training if maintains licensing and continuing education requirements.
 - 2600.55 (a)-Requirements should not apply to anyone already holding approval to be a Personal Care Home Administrator whether presently working as one or not.
 - 2600.56 (c)-An Administrator designee should not have to meet all the requirements (Example: Administrator may be available by phone, etc. in this day and age.
 - 2600.56 (e)-If multiple buildings are physically connected, this should not apply.
 - 2600.56 (j)-These staff—at least—housekeeping and some food service workers e.g. waitresses and even cooks should count toward staff hours.
 - 2600.57 (b)-A licensed Nursing Home Administrator should not be required to complete this the training NOR the internship. They already are educated and tested. They could attend the Orientation Program.
 - 2600.57 (e) and (l)-This is costly training with little or NO reimbursement from government programs for most individuals.
 - 2600.57 (g)-The nursing home administrator should be exempt if currently approved as a Personal Care Home Administrator whether currently employed or NOT. A Nursing Home Administrator hired after the regulations are approved should NOT need to pass the test. They should only need to go to the Orientation.

2600.58 (c)-Some of this is included in Nurse Aide Training; and if they are Nurse Aides, this requirement should be lessened. A requirement of 24 hours of training in a program needs to have reimbursement to the providers by the government for this. You are going to increase costs to the Resident by all of these requirements. Safety issues are a must for training as well as rights and abuse prevention.

2600.60-If a comprehensive staff-training plan is developed, why do you need individual plans. It seems this is much paperwork and will increase costs due to need for trainers, off-time for training from direct care givers and may increase Resident costs.

2600.101 (K-1)-What if the resident chooses not to have this or any of these? (Resident Rights)

2600.109-Firearms, weapons, and ammunition should not be permitted on the premises by any resident at any time. The Administrator should not have to take care of security for this! Also, these should be permitted if by security personnel or police officers. We should not need to be in the policing business. They should be prohibited for residents.

2600.121-What about locked (secured) units? (See 2600.231) This should be referenced.

2600.132 (d) "within the past year" should be deleted.

(j)—add unless the fire department uses them. (Different areas of the building.)

2600.144—Smoke detectors in smoking areas does not seem right. Perhaps a heat deflector or smoke detector outside?

2600.231 (s)—"year round" "inclement weather"—perhaps delete year round. (Winter temperatures?)

2600.236—This training should not be required of a licensed Nursing Home Administrator. This training will be costly. (will require a "trainer")

The section on Medication Administration is difficult to work through.

These regulations are going to put small and medium-sized homes and those giving charity allowances out of business, I fear, due to the amount of additional paperwork, training, and time for training that is earmarked. They will increase costs.

Original: 2294

14-475

148

To Teleta Nevius,

You think you will be helping residents but you won't. You will be helping them to become homeless. Some of the things that you want the homes to do is going to cost more money than what you think, which will make the costs for the residents to go up and not be affordable. Where are the SSI residents going to go? They can't afford it as it is. It will also cost a lot of money to supply a fire retardant mattress for every resident. If there would be a fire that is not going to save their lives because they will die of smoke inhalation. I don't see how people can make up regulations when they don't work @ a Personal Care home.

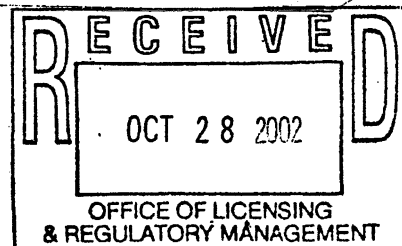
It is hard to find Nurse's as it is and you are going to make it harder. It doesn't matter if they are 16 or 18 years old, what matters is how they treat the elderly.

I hope you take these points into consideration before you make any decisions because you will be affecting a lot of elderly people.

Sincerely,

Stacy A.

Annie Byars
Beck Terrell
John Munk



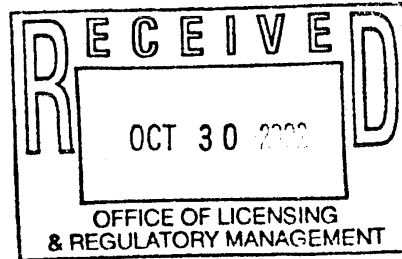


Locust Grove

A Hallmark Senior Community

#14-475 (169)

Original: 2294



October 28, 2002

Teleta Nevius, Director
Office of Licensing and Regulatory Management
Room 316 Health/Welfare Bldg.
P.O. Box 2675
Harrisburg, Pa. 17120

Dear Ms. Nevius;

I am asking that you review the suggested and attached comments before making these regulations permanent. I feel that there are some very important changes that need to be made so that we aren't putting small facilities out of business and causing larger facilities to raise rates. Our staff today could not accomplish all the tasks that might be added under the proposed regulations as they stand.

We all need to work together so that Pennsylvania is giving the best possible care to our elderly citizens.

Thank you for your time and consideration.

Sincerely,

Sherry L. Mutchler
Administrator

**PROPOSED PCH REGULATIONS
WRITTEN COMMENT FROM LOCUST GROVE**

REGULATION NUMBER	SECTION TITLE	COMMENT/SUGGESTION
	General Overall Comments	These new regulations eliminate home and community based services. We are institutionalizing personal care. The intervention and responsibility of family, guardian, and POA is removed. All responsibility is on the provider.
Subchapter A	General	
2600.1	Purpose	
2600.2	Scope	
2600.3	Inspections and licenses or certificates of compliance	
2600.4	Definitions	
2600.5	Access requirements	
General Comments	General Requirements	
2600.11	Procedural requirements for licensure or approval of homes	
2600.12	Appeals	
2600.13	Maximum Capacity	
2600.14	Fire Safety Approval	
2600.15	Abuse Reporting Covered by statute	What about reporting family abuse?
2600.16	Reportable Incidents	3. What about fractures? Are we to report them?

REGULATION NUMBER	SECTION TITLE	COMMENT/SUGGESTION
2600.17	Confidentiality of Records	
2600.18	Applicable Health & Safety Laws	
2600.19	Waivers	
2600.20	Resident refunds	
2600.21	Off-Site Services	
2600.22	Legal Entity	
2600.23	Personnel Management	
2600.24	Tasks of daily living	
2600.25	Personal hygiene	
2600.26	Resident-home contract: information on resident rights	
2600.27	Quality Management	
2600.28	SSI Recipients	
2600.29	Refunds	
2600.30	Fees	
2600.31	Notification of rights and complaint procedures	<p>a. if actions or false statements are made by a resident a direct liability has money & operation the provider should have a right to 19 via a 30 day hot.</p> <p>g. staff investigations - personal devices are confidential</p>
2600.32	Specific Rights	<p>(e) Private access to phone & free local - Recommend remove these phone calls</p> <p>(j) Assist in clean seasonal age & gender appropriate clothing - Recommend remove.</p> <p>(k) Res right to access review & request modification to resident record -</p>

l - (over)

REGULATION NUMBER	SECTION TITLE	COMMENT/SUGGESTION
2600.33	Prohibition against deprivation of rights	Recommend strike "request modification to the resident records".
Subchapter B	Staffing	
2600.51	Resident Abuse and Criminal History Checks	
2600.52	Staff Hiring, Retention, and Utilization	
2600.53	Staff titles and qualifications for administrators	
2600.54	Staff titles and qualifications for direct care staff	(2) direct care staff high school diploma or GED – Recommend delete or change wording to preferred. (4) Would this require medical physical and drug and alcohol testing on hire? – imposes cost, especially in such a high turnover industry. Recruitment and retention would be difficult.
2600.55	Exceptions for staff qualifications	
2600.56	Staffing	(c) 24 hours requirement: 2600.54 specifies 18 years old not 24 years old. Also concerned with the 20 hours per week requirement for a certified administrator. Cost to licensing multiple administrators (i.e. if administrator is ill or on vacation). (l) Delete "including substitute personnel" – adds nothing.
2600.57	Administrator training and orientation	(b) 60 hour training + 80 hour internship – costly. Recommend delete 80 hour internship requirement. (e) shall include but not limited to sounds mandatory - should be worded as recommended topics. 24 hour training requirement – Recommend current 6 hour requirement. Cost of wages, program, and replacement administrator is extensive.

REGULATION NUMBER	SECTION TITLE	COMMENT/SUGGESTION
		<p>(e.9.iv) E and G need definition (e.11.i) i does not relate to staff supervision budgeting or financial record keeping (f) Does this mean the same set-up as an NHA license, licensed under Bureau of Occupational and Professional Affairs? Does this refer to initial and/or annual training? What does "shall provide" mean? (g) Absolutely appalled at the requirement to take the PCH admin test for licensed NHA's every time they move to PCH admin. Also 40 hours appears to be in conflict with b above.</p>
2600.58	Staff training and orientation	(e) Direct care home staff 24 hours annual: CNA's in skilled nursing facilities are only required 12 hours of annual training. Why is more required in personal care when the acuity of the residents should be much less? (f)) shall include but not limited to sounds mandatory - should be worded as recommended topics
2600.59	Staff Training Plan	A comprehensive staff training plan as shown here will require each facility to have a designated staff development person, which would incur cost of \$45,000 annual. Recommend strike entire section. Much too comprehensive for assisted living.
2600.60	Individual Staff Training Plan	
2600.81	Physical Site Physical Accommodations and equipment	Add "for new construction or renovations only".
2600.82	Poisons	
2600.83	Temperature	
2600.84	Heat sources	
2600.85	Sanitation	(b) Does this preclude resident pets? (d) covered trash cans will incur a huge cost to the industry and in areas where there is a county health department, why should we exceed code? Also resident ease of use with a covered trash
2600.86	Ventilation	

REGULATION NUMBER	SECTION TITLE	COMMENT/SUGGESTION
2600.87	Lighting	
2600.88	Surfaces	
2600.89	Water	
2600.90	Communication System	(b) Recommend delete
2600.91	Emergency Telephone numbers	Delete nearest hospital and delete personal care home hotline number. Residents do not need to contact hospital directly.
2600.92	Screens	
2600.93	Handrails and Railings	
2600.94	Landings & Stairs	(a) Should be for renovation and new construction only.
2600.95	Furniture and Equipment	
2600.96	First Aid Supplies	(a) Delete: syrup of ipecac. Why are manual, thermometer and breathing shield required in the first aid kit?
2600.97	Elevators and Stair Glides	
2600.98	Indoor Activity Space	(b) Is this intended to mean the same as current reg 2620.52 q? Some facilities use recreation or dining rooms to fill this requirement (not just living room). Also the word "or" is confusing used with the word "combined". (c) Remove words like ensure and implemented. Residents have freedom of choice.
2600.99	Recreation Space	
2600.100	Exterior Conditions	
2600.101	Resident bedrooms	(i) Is this the same interpretation as the old regulations or do we need dividers between beds in shared bedrooms? (r) Delete "The resident shall determine what type of chair is comfortable."
2600.102	Bathrooms	(a) Delete family and personnel. How can we evaluate how many family and personnel will be in the facility? (g) A small facility not necessarily able to provide free or to staff a store. Also what if one resident uses one type of deodorant and another resident uses

REGULATION NUMBER	SECTION TITLE	COMMENT/SUGGESTION
		<p>what if one resident uses one type of deodorant and another resident uses another?</p> <p>f, g, i and j Why do they pertain to bathrooms? Do these items need to be in the bathroom? Can we charge for these items? There's a cost for providing a dispenser with soap in all bathrooms.</p> <p>j This wording is too broad. The term linens: does it pertain to bed linens or towel and washcloth? If it pertains to bed linens, it's not appropriate to store bed linens in a resident room.</p>
2600.103	Kitchen Areas	<p>(a) replace "cabinets for storage" with "appropriate storage areas".</p> <p>(e) Delete "inventoried weekly".</p> <p>(l) Service animals must be allowed as per Americans with Disabilities Act.</p>
2600.104	Dining room	(c) Recommend delete. Could be dangerous to residents with certain health conditions. Condiments is too broad a term. Recommend: modify to available, without the "at the table".
2600.105	Laundry	(a) Remove "This service shall also be made available to all residents that are unable to perform these tasks independently." Addressed in b,c,d & e
2600.106	Swimming Areas	
2600.107	Internal and External Disasters	(5) Delete. Should be available through the pharmacy provider.
2600.108	General Health and Safety	
2600.109	Firearms and weapons	
	FIRE SAFETY	
2600.121	Unobstructed Egress	
2600.122	Exits	Add "for renovations and new constructions".
2600.123	Emergency Evacuation	
2600.124	Notification of	

REGULATION NUMBER	SECTION TITLE	COMMENT/SUGGESTION
	Local fire officials	
2600.125	Flammable & Combustible materials	
2600.126	Furnaces	
2600.127	Space Heaters	
2600.128	Supplemental Heating Sources	
2600.129	Fireplaces	
2600.130	Smoke Detectors and Fire Alarms	
2600.131	Fire Extinguishers	
2600.132	Fire Drills	(d) 2.5 minutes is not sufficient. Old regulations state 5 minutes.
2600.133	Exit Signs	
	RESIDENT HEALTH	
2600.141	Resident health exam and medical care	
2600.142	Physical and behavioral health	This entire section does not allow for resident choice. (a) What is a resident support plan?
2600.143	Emergency medical plan	Don't know where to begin . . . too absurd to comment.
2600.144	Use of Tobacco & tobacco related products	
2600.145	Supervised care	Modify from: shall be referred to the appropriate assessment agency, to: shall be referred appropriately by the facility".
	NUTRITION	
2600.161	Nutritional	(f) Modify final statement to Documentation of the Therapeutic diet ordered shall

REGULATION NUMBER	SECTION TITLE	COMMENT/SUGGESTION
2600.162	Adequacy	be retained in the resident's record. (g) Modify to: Other beverages shall be available at the request of the resident. Offering other beverages every two hours will incur the cost of a hydration aid. Also are we offering every two hours throughout the night?
2600.162	Meal Preparation	
2600.163	Personal Hygiene for Food Service Workers	
2600.164	Withholding or forcing of food prohibited	
2600.171	TRANSPORTATION Transportation MEDICATIONS	If you live at home, the pharmacy has responsibility for advising any side-effects or contra-indications. This should apply in personal care homes as well. (c) What is a resident support plan? (e) Delete section e.
2600.181	Self-Administration	
2600.182	Storage and disposal of medications and medical supplies	
2600.183	Labeling of medications	
2600.184	Accountability of medication and controlled substances	
2600.185	Use of medications	
2600.186	Medication Records	(b. 2 and 3) Listing all side effects possible and contra-indicated medications would increase the costs associated with providing assistance with the

REGULATION NUMBER	SECTION TITLE	COMMENT/SUGGESTION
		<p>medication. Who absorbs this cost since pharmacies will not provide this service free of charge?</p> <p>(b.7) Dosage date, time, and the name of the person is not done in a private home setting—this is an institutional concept.</p> <p>(c) Dosage date, time, and the name of the person is not done in a private home setting—this is an institutional concept.</p> <p>(d) Delete this section. Even in nursing homes, you don't have to call a physician the first time a resident refuses a medication, and by shift's end. Nursing home is three times.</p>
2600.187	Medication Errors	<p>(a) Legal liability and confidentiality issue: Documentation of medication errors shall be kept in a place designated by the administrator, apart from the medication record.</p> <p>(b) This entire section, 1 and 2, should be deleted. This is nursing home.</p>
2600.188	Adverse reaction	Delete because this is a physician's responsibility and accountability. Any change to a resident's condition is reported to the physician.
	SAFE MANAGEMENT TECHNIQUES	
2600.201	Safe management techniques	Delete this entire section. A quality improvement program is a nursing home technique and will add significant cost to design and implement.
2600.202	Prohibition on the use of seclusion and restraints	(4) Delete all except last sentence. A psychotropic drug ordered by a resident's physician is the physician's responsibility.
	SERVICES	
2600.221	Activities program	This is a repeat of 2600.98. Refer to comments there.
2600.222	Community social services	Remove "and assist" residents to use social services in the community.
2600.223	Description of services	Delete this section. Development of a description of services, i.e. a brochure, can be very costly. Development of written procedures will also be very costly.
2600.224	Pre-admission screening tool	

REGULATION NUMBER	SECTION TITLE	COMMENT/SUGGESTION
2600.225	Initial assessment and the annual assessment	Is this still the MA51? (b. 3, 6 and 8) What is it and who will do it? (d.2) Change wording from materially to significantly (d.4) Delete. Or add comment "if there is a significant change".
2600.226	Development of the support plan	This will require significant costs to the PCH industry, requiring case managers. This is the exact same thing as a care plan in a nursing home and is not necessary. There is not a care plan out there that has done a good job of taking care of a resident. Delete it.
2600.227	Copies of the support plan	Delete
2600.228	Notification of termination	
2600.229	Secured unit requirements	(a.1.i.) for new construction and renovation only (c.2) What is a geriatric assessment team? (e) Replace 60-day written discharge notice to 30 day notice (conflicts with earlier section & is not consistent with current regulations) (f.2) Why is competency testing required? These requirements are stricter than what is required of a physician.
2600.230	Mobility standards RESIDENT RECORDS	
2600.241 2600.242	Resident records Content of Records	(b.6) Incident reports should be available on-site but not required on the resident's record. (c) Emergency medical plan should be eliminated. (d.2) Support plan delete (see section 226) (d.5) Delete. Obtaining some of this information may be difficult or impossible. Delete items 2 and 3
2600.243	Record Retention and disposal	
2600.244	Record Access and Security	(b) Delete this policy and procedure requirement. (c) much too specific

REGULATION NUMBER	SECTION TITLE	COMMENT/SUGGESTION
2600.251	<p>ENFORCEMENT</p> <p>Classification of violations</p>	<p>Something with the potential for such a significant impact to the industry needs to be further evaluated and implemented on a staging process.</p> <p>(b) If they are going to assess class violations and monetary penalties associated with that, the guidelines must be objective and not subjective/open for interpretation.</p> <p>Extremely cost-prohibitive to the industry.</p>
2600.252	Penalties	<p>Something with the potential for such a significant impact to the industry needs to be further evaluated and implemented on a staging process.</p> <p>We are moving from no monetary penalties to substantial penalties without clear and objective indications of what will be penalized. This section needs further review and consideration/development before rushing it through.</p> <p>If they are going to assess class violations and monetary penalties associated with them, the guidelines must be objective and not subjective/open for interpretation.</p> <p>(g) This statement is very subjective. Depending the problem, it may take longer than 15 days to correct.</p>
2600.253	Revocation or non-renewal of licenses	<p>Something with the potential for such a significant impact to the industry, needs to be further evaluated and implemented on a staging process.</p>
2600.254	Policies, plans, and procedures of the home	<p>Policies, plans and procedures will be costly to the industry to develop. There is no time-frame for the development of these plans, no training schedule for the staff, just a broad-based statement that they will be implemented.</p>

#14-475 (171)

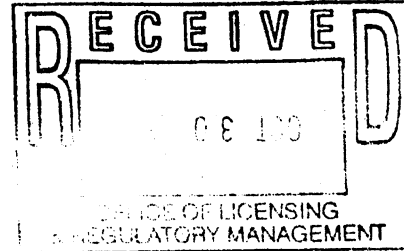
Original: 2294

House of Care

515 W. Beaver Ave. • State College, PA 16801

October 28, 2002

Patricia Shockloss
License and Regulatory Management
Rm 623
Health and Welfare Building
Harrisburg, PA 17120



Dear Ms. Shockloss:

I am a Administrator for a five bed personal care home in State College. Our home is basically run by donations and fundraisers beyond the minimal amount the residents are able to pay. I am concerned with the proposed regulations for personal care homes. I will highlight a few points.

1. Training for staff. I understand that training is important to staff. I think the jump to 24 hours annually will be a hardship for the smaller organizations such as ours. We would not only have to worry about paying for people to be trained we would have to worry about paying someone to staff the facility. All of the topics I have read and understand that they are important but I think with annual trainings after their orientation training I truly believe that it will not take 24 hours. To help us offset the cost of training we have developed a staff training manual that covers the topics that are required by the Department of Public Welfare. Honestly I would not know how we would manage this if this was passed.
2. Training for Administrators. Again I think the jump from 6 hours to 24 hours annually will be a hardship for the smaller organizations especially the non profits. I think you should consider that maybe 24 hours over a two year period. I think that Personal Care Homes look for the trainings that cost the least amount. The topics that you are suggesting I think will be redundant year after year especially if nothing has changed regarding new information and regulations. I believe that Administrators need to look for new thing to benefit their "home" along with being "reminded" of the old. **If the goal of DPW is for Administrators to have this annual trainings on all of these topics then they will need to make the trainings available.** Speaking from experience I had a hard time finding good informational trainings pertaining to the elderly or even the topics that you are suggesting. Again DPW has to keep in mind the cost factor especially the non profits where they may not have the financial resource to pull from. It would not be a bad idea for DPW to hold a mandatory training annually for administrators to remind us of the regulations and discuss the new regulations.
3. I am in favor in having more information required in the screening. It is important that we as agencies know as much as possible about incoming residents and the change in status of our residents. I also think that it is important that Personal Care Homes use the same screening tool. As director I have seen many versions of a screening tool some are great and some are not that user friendly. Anything that gives us more information regarding the residents is important and a valuable tool in assisting them in their daily activity.

I hope you consider this input. If you have any questions please contact me at 814-237-5517. Thank you very much for allowing me to give you this input.

Sincerely,

A handwritten signature in cursive script that reads "Suzanne Bartley".

Suzanne Bartley
Administration

Teleta Nevius:

I am an 85 year old, protesting the need for an RN or LPN to give me my medicine in a personal care home. if one can not see to their own medications, they should be in a nursing home.

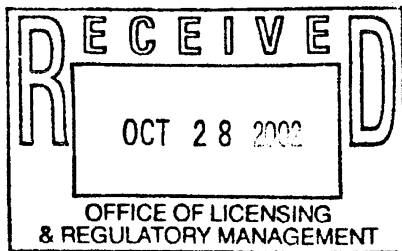
Patients in a personal care home are well taken care of and the ones working there can oversee that medication is done properly.

I am still at home taking care of my son, and if I need to go to a home any one can help me with my medication, so far I can still do it myself.

Has anyone been neglected in a personal care home.?

Sincerely

Augusta Helstein
871 Palmerton Rd.
Blauerville, Pa 15717



RECEIVED
OCT 28 2002
OFFICE OF LICENSING & REGULATORY MANAGEMENT

Original: 2294

14-475 (516)

THE *Hickman*

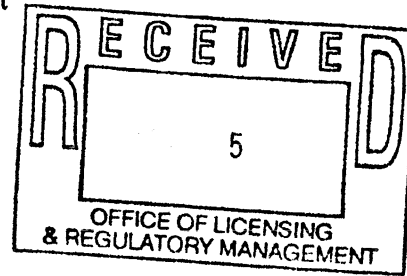
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REVIEW COMMISSION

400 North Walnut Street
West Chester, PA 19380-2487

Teleta Nevius, Director
Office of Licensing and Regulatory Management
Commonwealth of Pennsylvania
Department of Public Welfare
P. O. Box 2675
Harrisburg, PA 17105-2675

October 28, 2002



Dear Ms. Nevius:

Enclosed are detailed comments regarding DPW's proposed rulemaking, compiled by residents and staff of The Hickman, a not-for-profit, Quaker-sponsored licensed Personal Care Home located in West Chester, Pennsylvania.

In reviewing the proposed regulations, we identified a number of areas where the changes will mean substantial costs to providers. We are concerned that these additional costs will force providers to increase board rates to a level where personal care services are no longer affordable to low and moderate income residents. According to DPW statistics, in Pennsylvania, 41% of PCHs have 20 beds or under, and 72% of all PCHs have 50 beds or under. These smaller facilities will be particularly affected, and may be forced to close because they and their residents will be unable to absorb the additional cost requirements.

The draft regulations do not take into account the under-funding of personal care residents unable to private pay. Cost analysis from 1996 showed us that the average PCH costs were at that time \$60.00 per day. Currently, PCH's receive approximately \$29.00 per day for those qualified for SSI. Without additional funding, and with additional costs, it will be increasingly impossible to care for the indigent citizens of Pennsylvania.

In September of 1996, the Pennsylvania Department of Aging compiled statistical information on persons aged 65 and older living alone, correlated to their income bracket. This data reveals that 80% of all persons in that category have an annual income of under \$20,000, or \$54.79 per day. Therefore, under the current regulations, a minimum of 80% of all individuals living alone aged 65 and older are unable to private pay from current income to live in a Personal Care Home. Considering the additional costs which would be incurred since 1996 and by the proposed regulations, an even greater percentage of Pennsylvania elderly will not be able to afford a PCH.

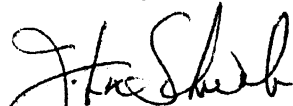
The proposed regulations also lean towards the creation of a medical model of care. Consumers have told us that they prefer the social, residential model provided by Personal Care Homes. Focusing on a medical model of care imposes unnecessary costs on providers and confuses the long term care consumer by making Personal Care Homes look very similar to skilled nursing facilities. This program was never intended to be all

things to all people. In addition, the proposed regulations make no attempt to define Assisted Living or to distinguish between Assisted Living and Personal Care, further confusing the consumer.

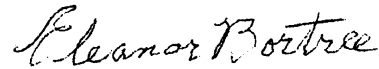
While we recognize and support the need for regulations in order to protect Pennsylvania elderly living in Personal Care Homes, the increased costs incurred by these proposed regulations will make it increasingly difficult to care for all but the elderly who are better off financially. As you review our concerns and suggestions, we hope that you will take into consideration the overwhelming numbers of low-income elderly living in the Commonwealth.

We thank you for the opportunity to provide our comments.

Sincerely,


John Schwab
Director

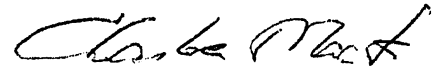

Susan Hartz
Assistant Director


Eleanor Bortree
Resident



Donald H. Byerly
Resident

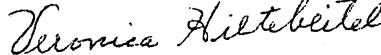
Veronica Hildebeitel
Resident



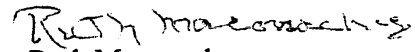
Charles Mack
Resident




Hines Mathews
Resident

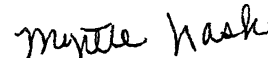



Rebecca McIlvain
Resident


Ruth Maconachy
Resident


Thomas W. Moore
Resident


Leroy Muller
Resident


Myrtle Nash
Resident


Holly Silverthorne
Resident

Suggested Modifications to:
Changes to 55 PA CODE CHAPTER 2600
Personal Care Homes

Submitted by: *The Hickman*, a Personal Care Home with 72 Residents

Of Overall Importance are:

1. Considerable additional costs to providers and residents.
2. A faulty definition of *resident*.
3. Forcing PCHs either to go out of business or to add additional facilities or staff.
4. The importance of resident volunteers to both residents and providers.
5. Both residents and providers have the right to live with acceptable residents.

The details on later pages match these section numbers and appear in larger type.

1. Considerable costs to provider and residents. See the references on later pages:

a. One-time costs for residents: \$ 500 - 2600.101, (k), (1): Fire-retardant mattress.
b. One-time costs for provider: \$ 500 - 2600.107, (c), (4): 3-day drinking water supply.
Total one-time costs: \$ 1,000

c. Annual costs for provider: \$ 17,000 - 2600.27: Quality management.
\$ 6,000 - 2600.57, (e): Administrator 24 hours training.
\$ 6,500 - 2600.58, (e): 24 hours training direct care staff.
\$ 40,000 - 2600.59 & 2600.60, (2): Staff training.
\$ 135,000 - 2600.130, (e) Alarm for hearing impaired.
\$ 14,400 - 2600.130, (f) Monthly smoke detector test.
\$ 65,000 - 2600.181, (e): Self-administration
\$ 20,000 - 2600.225, (b), (3) & (b), (8): Assessments.
\$ 20,000 - 2600.226, (a): Support plan.

Total annual costs for provider: \$ 323,900

- d. For each of our 72 residents that would mean a too-large annual increase of \$4,499, or monthly \$375 or daily \$12.

Other providers may have different estimates.

Continued Items of Overall Importance:

2. The faulty definition of *resident*: Section 2600.4.
3. It seems unfortunate that this document does not clearly state its apparent **intent** to extend the capabilities of PCHs to offer **more therapeutic care** than what is presently licensed, so that it can care for those residents who need more care than a PCH can currently offer, but who do not need the services of a licensed nursing home.
In pursuing this intent, in the proposed changes to 2600, DPW is forcing all PCHs to extend their capabilities, thereby forcing them to pass on the increased costs to residents. More appropriately, the proposed changes could have allowed some PCHs to remain in their present stance and permitted others to extend their therapeutic offerings as noted.
4. The importance of resident volunteers to both residents and providers: **2600.32, (q)**.
5. Both residents and providers have the right to not live with residents who are not acceptable to both: **2600.32, u**.

2600.4. Definitions. *Direct care staff*, 2nd sentence: **Replace:** *The term includes full and part time employees, temporary employees and volunteers.* **With:** *The term includes full and part time employees and temporary employees.* **Reason:** Volunteers are not part of direct care staff.

2600.4. Definitions. *Personal Care Home*, lines 3-4, uses the undefined term "licensed long-term care facility" and *Personal care resident*, line 3, uses the undefined term "long-term care facility". A suggested **solution:**

Rename the present *Long-term care nursing facility* as *Long-term care facility* (without the word *nursing*, which is used in its definition) and **use** that new name in *Personal care home* as follows:

Personal Care Home (home)-A premise in which food, shelter and personal assistance or supervision are provided for a period exceeding 24 hours, for four or more adults who are not relatives of the operator, who do not require the services in or of a *long-term care facility*, but who do require assistance or supervision in matters such as dressing, bathing, diet, financial management, evacuation of a home in the event of an emergency or medication prescribed for self-administration.

This lets *long-term care facility* be correct in the definition of *Personal care resident (resident)*.

2600.4. Definitions. *Personal care resident (resident)*, line 2: In order to match the definition of a PCH, **delete** the word *may* and **correct** the grammar. The definition then reads: *A person, unrelated to the licensee, who resides in a personal care home and who requires and receives personal care services but does not require the level of care provided by a hospital or long-term care facility.*

Alternatively, insert among the definitions: *Tenant: a paying occupant of a PCH who does not require personal care services.* There are over 2100 individuals living in PCHs who do not receive PC services. These people have elected to live in a PCH as a life choice and should not be burdened with the added cost associated with being a PC resident.

2600.4. Definitions. *Support plan-SP*, line 1: **After each insert personal care and after personal care resident insert needing and receiving 4 or more ADLs**, to read: *Support plan-SP – A written document for each personal care resident needing and receiving 4 or more ADLs describing the resident's care, service or treatment needs, and when the care, service or treatment will be provided, and by whom.* **Reason:** to emphasize the exclusion of those *not* needing and receiving much personal care. Support plans are very costly to develop and implement, and we suggest utilizing them for only the frailest residents.

2600.11. Procedural requirements for Licensure or Approval of homes, (b), line 2: **Replace** the second sentence **with:** *After initial approval, only those homes whose quality rating was in the bottom half of those inspected shall be inspected annually. The others shall be inspected in accordance with a plan that provides for the coverage of at least 75% of the licensed homes every two years and all the homes shall be inspected at least once every three years.* **Reason:** The better PCHs need the fewest inspections.

2600.14. Fire safety approval, (c), line 1: " ... *structurally renovated or altered* ..." needs clarification. We hope this does not include something like replacing a defective window.

2600.16. Reportable incidents, (a), (3), line 1: Since the error requires *treatment*, **omit** the word *serious*, so that the first sentence reads: *A physical bodily injury, trauma or medication error requiring treatment at a hospital or medical facility.*

2600.16. Reportable incidents, (a), (11): **Add** the italicized words: An incident requiring the services of an emergency management agency, fire department or law enforcement agency, *excluding false alarms.*

2600.17. Confidentiality of records: As stated, no member of the staff of a PCH may examine resident records. Stipulating which members of the staff *may* examine resident records will exclude the others. *Provider* added to the list would include *all* staff members.

2600.20. Resident funds (b), (4): **Change** the 2nd sentence to read: This service shall be offered on a daily basis *except on weekends or holidays.* **Reason:** Many PCHs have weekend and holiday staff who are not authorized to open the safe.

2600.26. Resident-home contract: information on resident rights, (a), (1), (ii), line 1; (a), (2), line 1: To eliminate unnecessary paper work, at the end of the first sentence **add**: *not included in the periodic monthly charge*. The first sentence then reads: *The actual amount of allowable resident charges for each service or item not included in the periodic monthly charge*.

2600.26. Resident-home contract: information on resident rights, (d), line 2: Because of leap years, replace *365 days a year* with *every day of the year*. (d) then becomes: *All service needs addressed in the resident's support plan shall be available to the resident every day of the year*.

2600.27. Quality management. The staff time requirements of this proposal would cost us \$17,000 annually.

2600.29. Refunds, (b): Because section 2600.26 does not tell about a resident giving notice of intent to leave, omit the italicized words in the first line: *in accordance with 2600.26*. (b) then reads: *After a resident gives notice of the intent to leave, and if the resident moves out of the home before the expiration of the required 30 days, the resident owes the home the charges for rent and personal care services for the entire length of the 30-day time period for which payment has not been made*.

2600.32. Specific rights, (g): Because of leap years, **replace 365 days with every day of the year** so that (g) becomes: *A resident shall have the assurance that personal care homes shall be open every day of the year and shall provide the service needs identified in the resident's support plan*.

2600.32. Specific rights, (q), line 1: Since residents should have the basic right to volunteer their services, **insert** the words: *Unless done on a volunteer basis, at the beginning* of the first sentence, so that it reads: *Unless done on a volunteer basis, a resident shall be compensated in accordance with State and Federal labor statutes for labor performed on behalf of the personal care home*.

2600.32. Specific rights, (u): lists within (u) itself the three conditions for the right to remain in the home. These duplicate only 3 of the 6 items on **2600.228. Notification of termination**, (h): (1) through (6). **Add**: (7) *If the resident's conduct is absolutely incompatible with the provider's standards and unacceptable to both residents and provider* to **2600.228** and make **2600.32** agree with **2600.228** if the duplication is necessary. **Reason**: The residents of a PCH should expect the right to share the home with compatible people.

2600.53. Staff titles and qualifications for administrators, after (a), (4), **insert**: (5) *A mature person whose life experience demonstrates competence*.

2600.54. Staff titles and qualifications for direct care staff, (2): After "GED" **insert** *or proven competency*, so that it reads: *Have a high school diploma or GED or proven competency*.

2600.57. Administrator training and orientation, (e): As stated, the additional annual cost might be \$6,000 plus the cost of the trainer. We recommend **changing** 24 to 12, to save us \$3,000 annually plus the cost of the trainer. Even at 12, it's a doubling of present requirements. Proposed **new statement:** *An administrator shall have at least 12 hours of annual training relating to the job duties, which includes the following:*

2600.58. Staff training and orientation, (a): Since there are various categories of volunteers, on line 2, **after volunteers insert** the words, *used in lieu of staff* so that the full statement reads: *Prior to working with residents, all staff, including temporary staff, part-time staff and volunteers used in lieu of staff, shall have an orientation that includes the following:*

2600.58. Staff training and orientation, Append to the end of each of (a), (4) & (a), (5) the words: *appropriate to their position.* They will then read:

(4) *Personnel policies and procedures appropriate to their position.*

(5) *General operation of the personal care home appropriate to their position.*

2600.58. Staff training and orientation, (e): (1) *Direct care home staff* is not in the definitions on page 11. **Instead use direct care staff.** (2) *Experienced direct care staff* **hardly need** as many as 24 hours of annual training; **limit it** to 12 hours.

2600.58. Staff training and orientation, (e): Nearly doubling staff training time would add an annual cost of \$6,500 for direct care staff at our institution.

2600.59. Staff training plan. These additional provisions would likely add an annual cost of \$20,000 to our institution.

2600.60. Individual staff training plan. These additional provisions would likely add an annual cost of \$20,000 to our institution.

2600.82. Poisons, (c): **After Poisonous materials insert** *excluding housekeeping substances while in use.* The statement then reads: *Poisonous materials, excluding housekeeping substances while in use, shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.*

2600.85 Sanitation, Delete (d) as taking too much time and risking contamination with food when lifting the lid. **Alternatively,** exclude from this requirement those kitchens which empty their refuse promptly at the end of each meal.

2600.91. Emergency telephone numbers. In an area having the 911 emergency system, **posting phones with the 911 number suffices.**

2600.94. Landings and stairs, (b): We hope that this does not include walkways on public right-of-ways around the building.

2600.101. Resident bedrooms, (k), (1): Most residents use their own mattresses. Replacing them with fire-retardant ones would **cost** them \$500 or more.

2600.104. Dining room, (f), line 1: **Add** to the beginning of the first sentence: *Except at the request of the residents.* [See the next item.]

2600.104. Dining room, (f), line 3: **Omit** the word *temporary*. With both these changes, it will **read:** *Except at the request of the residents, midday and evening meals shall be served to residents in a dining room or dining area, except that service in the resident's room shall be available when the resident is unable to come to the dining room due to illness.*

2600.107. Internal and external disasters, (c), (4): Placing 2-gallon water storage containers in each resident's room might **cost** \$500. Additionally, such storage would impinge on the resident's very limited space. The **cost** of a collective water storage tank allowing for 1.5 gallons of water for our 72 residents would be much more.

2600.130. Smoke detectors and fire alarms, (e): Installing visible as well as audible fire alarms in individual rooms for our 72 present residents would likely **cost** \$135,000. (This figure is a contractor's quote for our 75,000 square foot facility.)

2600.130. Smoke detectors and fire alarms, (f): Italics represent changes in the first sentence: *The system of smoke detectors and all fire alarms shall be tested for operability at least monthly.* **Reason:** To test our 300 individual smoke detectors each year might **cost** \$14,400. Additionally, modern smoke detectors are self-testing.

2600.132. Fire drills, (e): On the advice of a medical doctor, the risk of physical damage to our frailer residents in case of a fire drill during sleeping hours is so great as to impel us to apply for an exempting waiver.

2600.141. Resident health exam and medical care, (a), (6), Immunization history: Delete this item, as it is almost impossible to be complete with records since childhood. Renumber the succeeding numbered items.

2600.141. Resident health exam and medical care, (a), presently (7): **After medications, delete and medication side effects.** It then **reads:** *Medication regimen, contraindicated medications.* **Reason:** Physicians are unlikely to comply and there are a number of other sources for this information.

2600.142. Physical and behavioral health, (a), line 3: Insert *annual before health exam* so that the first sentence reads: *Each home shall address in the resident's support plan the dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident or referrals for the resident to outside services if deemed necessary by the annual health exam.*

2600.143. Emergency medical plan, (d), (9): Replace *Power of attorney.* with: *Name of a power of attorney if there is one.*

2600.161. Nutritional adequacy, (g) would make a severe impact on the provider; as it is not feasible to offer beverages every 2 hours. Change the second sentence to: *Other beverages shall be available to the resident.*

2600.181. Self-administration, As stated, (e) would require an annual expense of \$65,000 to us for a 3rd shift LPN or RN, an exorbitant expense to smaller providers, if not to the largest, for someone whose duties would be minimal. Reference the Nurse Practice Act. It would be better to **replace** those 7 lines with: *Let medical doctors determine who can self-administer.*

2600.201. Safe management techniques, (a) Covers crisis management. **Omit** (b), since it is not the role of a PCH to provide treatment facilities to residents whose ongoing behavior endangers others. Under such circumstances, a PCH should promptly find a replacement establishment for such a resident.

2600.225. Initial assessment and annual assessment: These requirements, especially (b), (3): Social assessment, and (b), (8): Psychological assessment, are time-consuming and would require hiring an additional staff person. Annual cost: \$20,000 or more. The initial assessment is too detailed. The form to be used should be user-friendly and cost-effective.

2600.226. Development of the support plan, (a): This is a labor-intensive requirement requiring additional staff. Annual cost: \$20,000 or more. **Either omit this item or restrict** it to those who require assistance with four or more ADLs.

2600.228. Notification of termination. To (h) (1)-(6) add this seventh: *(7) If the resident's conduct is absolutely incompatible with the provider's standards and unacceptable to both residents and provider.* 2600.32 (u) has only 3 of these now 7 items. Make sure that all of the now seven in 2600.228 (h) are included in 2600.32, (u) if the duplication is necessary. **Reason:** The residents of a PCH should expect the right to share the home with compatible people.

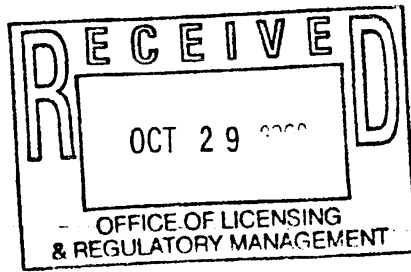
2600.228. Notification of termination, (h), (4): Omit the word *fundamental* to read: *If the resident's needs would require an alteration in facility program or building site.*

Reason: Any alteration which adds unreasonable cost, changes basic programs or modifies the nature of the institution should be sufficient cause.

2600.228. Notification of termination, (h), (5): Replace *If the resident has failed to pay or cooperate with efforts to obtain public funding.* with: *If a resident who is unable to pay is unwilling to cooperate with efforts to obtain other funding, including public funding, to a level acceptable to the provider.* **Reason:** A provider has the right and obligation to operate a financially responsible home.

2600.232. Content of records, (a), (3): Since a resident's appearance changes too little in 2 years, change 2 years to 5 years, so it reads: *A current photograph of the resident that is no more than 5 years old.*

Original: 2294



#14-475(153)

Oct. 28, 2002

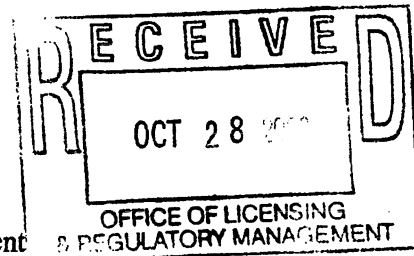
To Whom It May Concern,

As an employee in a personal care home my heart goes out to the many residents who only have staff members to depend on for love and care. We provide their daily living needs.

The many regulations proposed cannot be possible because of financial reasons. A lot of the regulations are unnecessary because the residents are self-care, not like in a nursing home. I worked in a nursing home and it is very different from a personal care home. It is truly sad to grow old and to worry about your daily living needs.

I hope and pray all the residents in personal care home can stay and live their last days surrounded by friends and staff who truly love and care about their needs.

Bea Terrell



Commonwealth of PA
Department of Public Welfare
Office of Licensing and Regulatory Management
Teleta Nevius, Director
P.O.Box 2675
Harrisburg, PA 17105-2675

RE: Proposed Regulations for the Personal Care Home Industry

To whom it may concern:

We commend you for proposing legislation designed to improve the quality of care in Personal Care Homes.

Although some of the new regulations may be advantageous, we feel that some are not necessary.(see attached memo)

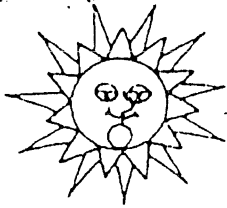
My 89 year old mother is an Alzheimer's disease resident of a local Personal Care Home. I am the sole caretaker and am responsible for providing financial aid for her care. The proposed increases in the cost of care would place a great burden on me because I am retired, in ill health, and am on a fixed income.

Please reconsider some of the regulations that are not necessary for quality care and would greatly increase the cost of her care.

Sincerely,

David N. Ferrari

David N. Ferrari
1404 Graham Ave.
Monessen, PA 15062-1908



Original: 2294

#14-475 (170)

Erdley's Sunnyside Personal Care Home

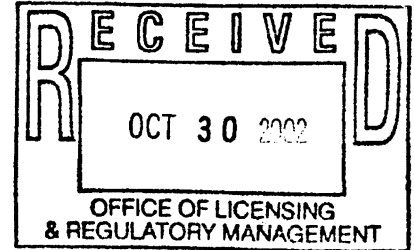
R.D. #5, Box 49 • Kittanning, PA 16201

Olivia A. Erdley, Administrator

October 28, 2002

(724) 545-9668

Ms. Teleta Nevius, Director
Department of Public Welfare
Room 316 Health and Welfare Building
P.O. Box 2675
Harrisburg, Pa. 16120



RE: CHAPTER 2600 PERSONAL CARE HOMES - PROPOSED REGULATIONS

Dear Ms. Nevius:

I am a proud member of NAPCHAA, and after all of the hard work this organization has been doing this past year regarding the proposed regulations, I am still in a state of shock from reading the publication in the Pa. Bulletin. I was at a meeting in which you were there and many ideas were shared between our group and you. I recall many times you would say "that is a good suggestion - write it down". Apparently, these notes and comments were only made to create a false hope to our organization - because I do not see any of these suggestions in the proposed regulations.

To point all of the areas I object to as an owner of a personal care home would take pages of paper. Therefore, I would like to list the main points and possibly refresh your memory of some of the suggestions brought up at our meeting:

2600.11(b) After initial inspection, inspections to cover 75% of homes every 2 years and all homes inspected at least every 3 years. - MY COMMENT: Is this for the safety and welfare of the resident or for the benefit of DPW to be able to staff fewer inspectors? I feel yearly inspections should be continued with every home. Two-three years is far to long for inspections.

2600.53 - Staff titles and qualifications for administrators -- MY COMMENT: - These qualifications are entirely overboard and serve no need. They would cause many of our "family" owned business not to be able to pass our business down to family members unless that person has a college education. Many of our family members are involved and work in our homes at a very young age - receiving many years of experience. Experience is not being given any value. Families are being penalized for having a personal care home business. I agree with the additional training and feel this is an area that can be developed.

2600.54 - Staff titles and qualifications for direct care staff - (2) -high school or GED - MY COMMENT: the training and skill that a staff person has is not being considered - only this piece of paper. Training and skill should be given merit and replace the diploma or GED. Hiring qualified staff is very difficult and eliminating good people because of a piece of paper is not acceptable.

2600.55 Exceptions for staff qualifications. (b) - one year break. MY COMMENT: cannot take more than one year off work in this field without needing the high school diploma or GED to be hired - no matter how much experience and training a person has. For what purpose is this included. Are you saying experience and knowledge is forgotten in a year?

2600.56 Staffing (b) referred to a local assessment agency or agent - MY COMMENT: who is this?

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OCT 30 2002
OFFICE OF LICENSING
& REGULATORY MANAGEMENT

2600.132 Fire Drills

(d) 2-1/2 minutes evacuation time - MY COMMENT: This is totally not acceptable and will cause a safety hazard to residents. Drills are for practice and to determine problems - not create them - and to rush my residents to evacuate in 2-1/2 minutes for a drill will cause falls and confusion. I really do not feel there should be a time set into the regulations. The time to evacuate a building is determined by many things and a drill should be for practice and training.

(e) fire drill during sleeping hours every 6 months - MY COMMENT: - This is not acceptable as it is upsetting to the residents to be torn out of their beds in the middle of the night one time a year - now you want two times a year. I have always felt that a simulated drill stressing the training for staff during these hours was more reasonable and important than actually evacuating the resident. AGAIN - this is what is required in hospitals. The safety of the residents is the consideration. With the writing of new regulations, this is the time to be reasonable regarding the evacuation of the elderly during sleeping hours.

2600.181 Self administration - Medications (e) Self administering medications - MY COMMENT: cannot place medications in resident's own mouth (someone who only shakes), cannot give eye drops (this is easier for anyone to have help with). Most residents would not know medications, dosages and condition or illness. Confusion with medications is often one of the main reasons residents are placed in personal care homes. If they lived with a relative they would be given assistance with medications by the relative who, in most cases, would not have special training. Personal care is not a medical facility and the resident is not paying for medical care. This regulation would require me to hire a nurse for 24 hours because I do not feel it is possible to find nurses who would be willing to come into my home just to dispense medications for the times indicated and leave. And there are always the resident who needs pain medication in between the scheduled times. I estimate this would cost me an additional \$15,000 per month in payroll increase. This additional expense would be passed to my residents. All of this for a staff member that is not necessary. Does having a nurse insure no mistakes will occur - of course not. I have read that most medication errors are made in hospitals. Who dispenses medications in hospitals - Registered Nurses. With the shortage of nurses - how will we find them, if the resident could afford them. What other jobs will a nurse do in their 8 hour shift in my home? Prepare food, take residents to bathrooms, make beds, laundry, serve meals and feed residents. I do not think so!!! The solution to this entire regulation is to require additional training in medications for the administrator and staff required to give medications. Very simple, and additional cost that can be affordable to the owners and residents. Don't add additional and unnecessary expense to personal care by turning our homes into medical facilities.

2600.182 - Storage and disposal of medications and medical supplies (d) prescription, OTC and CAM stored separately. MY COMMENT: for what reason? This will open the door for mistakes because medications for each resident will not be kept together.

2600.185 Use of medications (b) only ones prescribed - MY COMMENT: we will now have to tell residents and families that since they are in a personal care home they cannot take vitamins, herbs, etc. they are used to taking for years at home without a Dr. order. Where is the rights and privacy of a resident in this regulation?

2600.186 Medication records (d) refuses medication - notify physician by end of shift. - MY COMMENT: I am sure a doctor is going to be thrilled with a phone call notifying him that resident refused a stool softener because they had diarrhea. Lets get real!!! I agree that Dr. needs notified if a resident refuses medications for several days, and the type of medication being refused must be considered.

2600.252 Content of records (b)(3) previous 2 years physicians examination reports. MY COMMENTS: this is adding a burden to physicians to provide us with information that is not necessary. As busy as Drs. are is it reasonable to think they are going to go back 2 years with information for us and what

(c) administrator in the home 20 hours per week or an alternative meeting administrators qualifications. MY COMMENT: all homes would need two administrators in order for one administrator to take a week's vacation. A well trained designee under direct care staff would be sufficient for a short period of time.

2600.57 Administrator training and orientation

(c)(iii) mental retardation - MY COMMENT: if we do not have these types of residents - why do we need training - this should be included only if your home has these residents.

(d) 80 hours - licensed personal care home under supervision of a Department trained Administrator. - MY COMMENT: what is a Department trained administrator? - does this mean administrators grandfathered with these regulations are not Department trained?

(1) budgeting - MY COMMENT: for what? Should a personal care home not be able to decide if they want a budget or not - why in regulations?

(iv) Marketing - MY COMMENT: what? Should it not be up to the personal care home if they want to market their home and how - not in regulations?

(iii) mental retardation - MY COMMENT: not necessary if not taking these types of residents.

(e)(iii) mental retardation - MY COMMENT: not necessary if not taking these types of residents.

(11) budgeting - MY COMMENT: should not be in regulations - up to personal care home

2600.58 Staff training and orientation

(a) and (c) prior to working with residents - MY COMMENT: this would create additional costs to hiring employees. I estimate in my home this cost would be \$270-\$300 per each new staff before that person could work with the resident. It is a known fact that staffing is very difficult in this industry and it is not unusual to hire a person and have them quit after a few days or after receiving their first paycheck. Like most business, hands on training is the best and most effective, as long as there is quality supervision.

(e) direct care staff - 24 hours annual training - MY COMMENT: I believe in training and feel that almost every day my staff is learning or being trained in something because of the needs of residents. I understand that hospitals require 8 hours of annual training and nursing homes require 10 hours of annual training. Why then is 24 hours going to be required in personal care homes where residents are not as sick as in these other facilities? I estimate my additional cost for this training to be approximately \$625 a year per staff.

2600.101 Resident bedrooms

(c) additional space for physical immobility - MY COMMENT: I cannot provide this additional space with my already existing rooms. This regulation would require me to convert semi-private rooms into private rooms - causing the resident who has a physical immobility to pay for private rooms or leave my facility. Or, not take residents with the physical immobility. NOTE: these physical immobility's include wheelchairs, walkers and oxygen - this is approximately 95% of my current residents. My staff and current residents do not have trouble maneuvering in the rooms. Outcome of this single regulation would mean loss of beds and residents in my facility and additional expense to the resident who could afford the private room. Where did these sizes come from and for what purpose? And what guidelines is a Dr. to use to state that a person with these physical immobility's does not require the additional space? This entire section is not necessary or acceptable.

do we really need them for? In a lot of cases having a Dr. complete a current MA51 is difficult. A current MA51 has provided us with enough information.

(8) Documentation of physician visits and order for services - MY COMMENT: in most cases services are ordered directly by the Dr. and we do not see or get an actual written order. Doctors are not covered under our regulations and requiring us to have this type of documentation is not acceptable.

SUMMARY: I estimate that to implement these regulations in my home an additional cost of \$1,000-\$1,500 per month per resident would be necessary just to cover the expense of them. This is not taking the SSI into consideration (I currently have six) because I have no way to apply this kind of an increase to them. Therefore, the private paid resident will have to absorb their share. This does not cover the possibility of hiring an additional staff to replace the hands on work I perform myself by working shift work so I will have time to do the additional paper work for support and quality assessment and management plans required. There is also the issue of a second administrator.

Feather Houstoun stated under Private Sector, General Public that there will be no costs to the general public as a result of this proposed rulemaking. ARE RESIDENTS AND PERSONAL CARE HOME OWNERS NOT GENERAL PUBLIC????

These regulations are full of areas of interpretation that can cause problems with individual inspectors. I have seen this with the current regulations. Personal care home owners have stated in many meetings and letters written over this past year that many homes will be forced to close as a result of the approval of these regulations. This is a very true statement but one that has apparently fallen on deaf ears. I know this statement to be true because I am one of those homes!

I have no objection to the writing of new regulations. I am proud of my personal care home and the care I and my staff give my residents. Their safety and well being is always a concern and I do look on them as family members who I love and respect. Do not close homes like mine because of the few "bad apples" in our industry and cause a hardship to the elderly in Pennsylvania.

Please explain to me why our suggestions and input were not considered in the final writing of the regulations. Is it so hard to understand that all we want is to be able to care for the elderly in Pennsylvania and provide them with homes in a "family like" environment at a cost that they can afford? For the well being of the elderly in Pennsylvania these regulations must not be approved as written. Hearings need to be scheduled and personal care home owners, families and residents need to be heard.

I apologize for the length of this letter but I feel this is my last chance before the residents and the elderly I serve lives are changed forever. I am pouring my heart out to you - please listen!!! I look forward to hearing from you.

Sincerely,

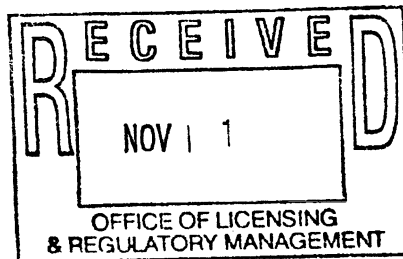


Olivia A. Erdley

CC: Harold Mowery, Jr., Pa. Senate Public Health and Welfare Committee
George T. Kinney, Jr., Pa. House of Representatives Health & Human Services Committee
Independent Regulatory Review Commission
Representative Fred McIlhattan, Member Health & Human Services Com.
Representative Jeffrey Coleman
Senator Don White

Original: 2294

October 28, 2002



14-475
325

Ms. 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

RECEIVED
NOV 1 1 2002
OFFICE OF LICENSING & REGULATORY MANAGEMENT
HARRISBURG, PA

Dear Ms. Teleta Nevius:

My name is Jim Duman and I have worked in an Assisted Living facility for about fourteen years. It has been a joy for me to be part of a team who are dedicated to their work of serving others. It has been rewarding for me personally as I have learned by experience that it is more blessed to give than to receive. In meeting the needs of the elderly, one learns early on that the satisfaction gained far outweighs any inconvenience one might experience. The older folks among us have so much knowledge to pass on to us if we would only take the time to listen. Which brings me to the point of this letter. I am not writing to bash the Department or to give the impression that people in the Assisted Living arena are totally against new regulation. But my fear is if the regulations are signed into law, as proposed, the quality of life for the average resident in Assisted Living would not improve but could, in fact, be compromised. Time does not allow me to elaborate totally on this so I will site just a few of the many areas that are cause for concern:

1. ***The added cost to the home to implement the proposed regulations.*** The current average cost to house a resident in Assisted Living in Pennsylvania is \$1,800.00 per month (for our facility it is just over \$1,500.00 per month). Implementing & following the proposed regulations would add another \$200.00 to \$400.00 per month to that amount. Only a few of the proposed regulations could be implemented without incurring more on-going costs.
2. ***SSI recipients would be displaced.*** The current amount paid to the Assisted Living facility for each SSI resident is \$898.30 per month. If you look at the average cost per month to house a resident you will easily see that a facility is losing \$600.00-\$900.00 per month for each SSI resident they are caring for. Add to this figure the added costs associated with the proposed regulations and that figure increases accordingly. A facility housing even a small percentage of SSI recipients will not be able to survive such losses very long. The only alternative for such a facility would be to discharge all SSI recipients & replace them with those who can afford private-pay rates or file for

bankruptcy and close down the facility. In either case the SSI recipient would be without a place to live. (I fail to see how this is supposed to improve the quality of life for these folks.)

3. ***Other residents would be displaced.*** Our facility also serves people who can only afford to pay what we call budget rates. These rates fall somewhere between the SSI rate & the semi-private rate of \$1,550.00 per month. The facility would lose anywhere from \$300.00-\$600.00 per month on these folks. They would then be in the same predicament as the SSI recipients.
4. ***Residents would receive less direct care.*** With all the extra paperwork, documentation, in-services, staff training, etc. associated with the proposed regulations the direct care staff would have less time to do what they were hired & trained to do, namely, assisting the residents with the tasks of daily living. The amount of training & continuing education required under the proposed regulations is excessive when you consider that personal care homes are not medical institutions. The amount of continuing education required by the proposed regs far exceeds what is required for nurses in hospitals and nursing homes. This kind of continuing education comes with a hefty price tag that will need to be paid for by the resident and/or their families. Many residents can only barely afford personal care now.
5. ***Staff training plan (2600.59) and Individual staff training plan (2600.60) would be very costly.*** A home the size of ours (approx. 45 full and part time employees) would have to hire a full time person to keep track of staff training & maintain the associated records. Again, the resident would have to pick up the tab for this requirement.
6. ***2600.130. Smoke detectors and fire alarms.*** The alarm system in our facility is such that when a detector malfunctions the panel will give a trouble signal to the monitoring center. The monitoring center in turn notifies our facility and our alarm system contractor immediately. Also our panel displays the trouble and sounds an alarm so we can see, hear, and correct the problem right away. It would be more reasonable and more cost effective for regulation to require all facilities to install this type of system than to require monthly testing of all detectors for all facilities. There again, the cost of this expensive testing would have to be passed on to the residents.

There are many more areas that I could have addressed which will add cost and/or inconvenience but I will stop with the few I have listed. The bottom line is the personal care home residents will be the ones who will suffer the most from the increased costs associated with the proposed regulations not to mention the loss of income for the staff members when many homes in Pennsylvania close their doors because they will no longer be able to afford to operate.

It seems to me that if the DPW would just enforce the regulations already in place (with perhaps just a few modifications) the problems that necessitated the rewriting of the current regulations would be alleviated at a tremendous savings to the residents in personal care.

My plea is that you would take a long look at what the impact on the elderly population will be if the regulations are past into law. The reality is that instead of improving their quality of life it will, indeed, have the opposite affect when you consider the stress caused by increased costs to them or, in many cases, relocation.

Sincerely,

A handwritten signature in cursive script that reads "James W. Duman".

James Duman
Director of Plant Operations

Original: 2294

October 27, 2002

INDEPENDENT REGULATORY REVIEW COMMISSION
333 Market Street
14th Floor
Harrisburg, Pa. 17101

Dear Commission Members,

I have read the proposed new regulations that are to be put in place for personal care homes and am very concerned about what will happen to many of us.

My brother and I placed our mother in Harmon House Personal Care Home in Mt. Pleasant, PA. We could no longer take care of her at home because of her advance stage of dementia. My brother and I did the best we could for as long as we could. The last year we needed to do everything for her including seeing that she was bathed.

If these new regulations are put into place the costs will be prohibited to us, so I suppose she will become a ward of the state.

Mother has an income of almost \$1500.00 a month and her monthly charges at Harmon House is \$1875.00 each month, not counting her medicines, hair dresser, etc. She had \$12,000.00 in savings and it is now down to \$7,000.00 and going fast.

We are trying to sell her home, but it needs many repairs so I don't think we will be able to get a huge amount for it.

I am very disturbed by what I have read in the Pittsburgh Post Gazette about the proposed regulations. None of the issues listed in the article have ever been a concern with my mother in Harmon House. Maybe you should spend your time enforcing the rules and regulations that are already in place.

My brother and I appeal to you to cut out the excessive regulations. More rules and regulations don't necessarily make things better, but it definitely adds more costs. Costs that most of us can't afford.

Please do whatever you can to stop these unnecessary regulations. We need your help.

Thanks for taking the time to read this letter.

Sincerely,



Glenn Millslagle
208 Newcomer Drive
Scottsdale PA 15683

INDEPENDENT REGULATORY REVIEW COMMISSION
2002 OCT 31 AM 9:55

Original: 2294

2002 OCT 31 AM 8:54
REGULATORY
REVIEW COMMISSION

October 27, 2002

Dear Sir,

The purpose I have in writing this letter is to voice my objection to the new proposed regulations for small personal care homes, which may be adopted in the near future.

I have an eighty four year old aunt who is currently a resident of a small personal care home. Her health is too frail for her to continue to live in her own home by herself but not frail to the point where she requires extensive nursing care. She had once been a resident of a large nursing home and hated it. On a daily basis she was exposed to other residents who suffered from severe physical and mental disabilities. It made her very depressed. The small personal care home where she now resides offers her, at a price she can afford, an environment close to what she had in her own home.

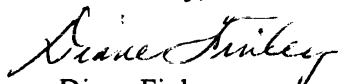
I consider the new proposed regulations excessive and unfair. They will make it more expensive for the owners to operate and eventually force them out of business. If these places close, then where are the residents to go? Many cannot afford to live in the larger nursing homes and would probably prefer not to live in them if given the option.

If the reason for the new regulations is due to the existing regulations not being enforced, then a simple solution would be to hire more inspectors to make sure the existing rules are being followed.

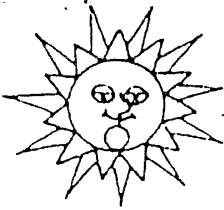
We need small personal care homes to exist in this state, especially when you consider the aging baby boomers and the eventual dramatic increase in the elderly population. I am a baby boomer, and I will tell you now if and when the time comes that I cannot function in my own home, I will definitely prefer to live in a small personal care home rather than a large nursing home.

I hope you will take my concerns into consideration and realize how the new regulations will do more harm than good to our senior citizens.

Yours truly,



Diane Finley
R. D. #1 Box 121-C
Smithton, Pa. 15479



Original: 2294

#14-475 (170)

Erdley's Sunnyside Personal Care Home

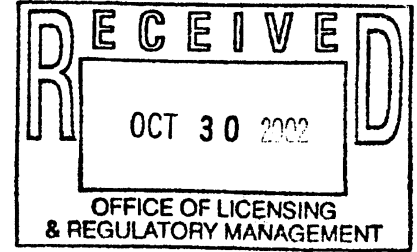
R.D. #5, Box 49 • Kittanning, PA 16201

Olivia A. Erdley, Administrator

October 28, 2002

(724) 545-9668

Ms. Teleta Nevius, Director
Department of Public Welfare
Room 316 Health and Welfare Building
P.O. Box 2675
Harrisburg, Pa. 16120



RE: CHAPTER 2600 PERSONAL CARE HOMES - PROPOSED REGULATIONS

Dear Ms. Nevius:

I am a proud member of NAPCHAA, and after all of the hard work this organization has been doing this past year regarding the proposed regulations, I am still in a state of shock from reading the publication in the Pa. Bulletin. I was at a meeting in which you were there and many ideas were shared between our group and you. I recall many times you would say "that is a good suggestion - write it down". Apparently, these notes and comments were only made to create a false hope to our organization - because I do not see any of these suggestions in the proposed regulations.

To point all of the areas I object to as an owner of a personal care home would take pages of paper. Therefore, I would like to list the main points and possibly refresh your memory of some of the suggestions brought up at our meeting:

2600.11(b) After initial inspection, inspections to cover 75% of homes every 2 years and all homes inspected at least every 3 years. - MY COMMENT: Is this for the safety and welfare of the resident or for the benefit of DPW to be able to staff fewer inspectors? I feel yearly inspections should be continued with every home. Two-three years is far too long for inspections.

2600.53 - Staff titles and qualifications for administrators -- MY COMMENT: - These qualifications are entirely overboard and serve no need. They would cause many of our "family" owned business not to be able to pass our business down to family members unless that person has a college education. Many of our family members are involved and work in our homes at a very young age - receiving many years of experience. Experience is not being given any value. Families are being penalized for having a personal care home business. I agree with the additional training and feel this is an area that can be developed.

2600.54 - Staff titles and qualifications for direct care staff - (2) -high school or GED - MY COMMENT: the training and skill that a staff person has is not being considered - only this piece of paper. Training and skill should be given merit and replace the diploma or GED. Hiring qualified staff is very difficult and eliminating good people because of a piece of paper is not acceptable.

2600.55 Exceptions for staff qualifications. (b) - one year break. MY COMMENT: cannot take more than one year off work in this field without needing the high school diploma or GED to be hired - no matter how much experience and training a person has. For what purpose is this included. Are you saying experience and knowledge is forgotten in a year?

2600.56 Staffing (b) referred to a local assessment agency or agent - MY COMMENT: who is this?

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& REGULATORY MANAGEMENT

2600.132 Fire Drills

(d) 2-1/2 minutes evacuation time - MY COMMENT: This is totally not acceptable and will cause a safety hazard to residents. Drills are for practice and to determine problems - not create them - and to rush my residents to evacuate in 2-1/2 minutes for a drill will cause falls and confusion. I really do not feel there should be a time sat into the regulations. The time to evacuate a building is determined by many things and a drill should be for practice and training.

(e) fire drill during sleeping hours every 6 months - MY COMMENT: - This is not acceptable as it is upsetting to the residents to be torn out of their beds in the middle of the night one time a year - now you want two times a year. I have always felt that a simulated drill stressing the training for staff during these hours was more reasonable and important than actually evacuating the resident. AGAIN - this is what is required in hospitals. The safety of the residents is the consideration. With the writing of new regulations, this is the time to be reasonable regarding the evacuation of the elderly during sleeping hours.

2600.181 Self administration - Medications (e) Self administering medications - MY COMMENT: cannot place medications in resident's own mouth (someone who only shakes), cannot give eye drops (this is easier for anyone to have help with). Most residents would not know medications, dosages and condition or illness. Confusion with medications is often one of the main reasons residents are placed in personal care homes. If they lived with a relative they would be given assistance with medications by the relative who, in most cases, would not have special training. Personal care is not a medical facility and the resident is not paying for medical care. This regulation would require me to hire a nurses for 24 hours because I do not feel it is possible to find nurses who would be willing to come into my home just to dispense medications for the times indicated and leave. And there are always the resident who needs pain medication in between the scheduled times. I estimate this would cost me an additional \$15,000 per month in payroll increase. This additional expense would be passed to my residents. All of this for a staff member that is not necessary. Does having a nurse insure no mistakes will occur - of course not. I have read that most medications errors are made in hospitals. Who dispenses medications in hospitals - Registered Nurses. With the shortage of nurses - how will we find them, if the resident could afford them. What other jobs will a nurse do in their 8 hour shift in my home? Prepare food, take residents to bathrooms, make beds, laundry, serve meals and feed residents. I do not think so!!! The solution to this entire regulation is to require additional training in medications for the administrator and staff required to give medications. Very simple, and additional cost that can be affordable to the owners and residents. Don't add additional and unnecessary expense to personal care by turning our homes into medical facilities.

2600.182 - Storage and disposal of medications and medical supplies (d) prescription, OTC and CAM stored separately. MY COMMENT: for what reason? This will open the door for mistakes because medications for each resident will not be kept together.

2600.185 Use of medications (b) only ones prescribed - MY COMMENT: we will now have to tell residents and families that since they are in a personal care home they cannot take vitamins, herbs, etc. they are used to taking for years at home without a Dr. order. Where is the rights and privacy of a resident in this regulation?

2600.186 Medication records (d) refuses medication - notify physician by end of shift. - MY COMMENT: I am sure a doctor is going to be thrilled with a phone call notifying him that resident refused a stool softener because they had diaherra. Lets get real!!! I agree that Dr. needs notified if a resident refuses medications for several days, and the type of medication being refused must be considered.

2600.252 Content of records (b)(3) previous 2 years physicians examination reports. MY COMMENTS: this is adding a burden to physicians to provide us with information that is not necessary. As busy as Drs. are is it reasonable to think they are going to go back 2 years with information for us and what

(c) administrator in the home 20 hours per week or an alternative meeting administrators qualifications. MY COMMENT: all homes would need two administrators in order for one administrator to take a week's vacation. A well trained designee under direct care staff would be sufficient for a short period of time.

2600.57 Administrator training and orientation

(c)(iii) mental retardation - MY COMMENT: if we do not have these types of residents - why do we need training - this should be included only if your home has these residents.

(d) 80 hours - licensed personal care home under supervision of a Department trained Administrator. - MY COMMENT: what is a Department trained administrator? - does this mean administrators grandfathered with these regulations are not Department trained?

(1) budgeting - MY COMMENT: for what? Should a personal care home not be able to decide if they want a budget or not - why in regulations?

(iv) Marketing - MY COMMENT: what? Should it not be up to the personal care home if they want to market their home and how - not in regulations?

(iii) mental retardation - MY COMMENT: not necessary if not taking these types of residents.

(e)(iii) mental retardation - MY COMMENT: not necessary if not taking these types of residents.

(11) budgeting - MY COMMENT: should not be in regulations - up to personal care home

2600.58 Staff training and orientation

(a) and (c) prior to working with residents - MY COMMENT: this would create additional costs to hiring employees. I estimate in my home this cost would be \$270-\$300 per each new staff before that person could work with the resident. It is a known fact that staffing is very difficult in this industry and it is not unusual to hire a person and have them quit after a few days or after receiving their first paycheck. Like most business, hands on training is the best and most effective, as long as there is quality supervision.

(e) direct care staff - 24 hours annual training - MY COMMENT: I believe in training and feel that almost very day my staff is learning or being trained in something because of the needs of residents. I understand that hospitals require 8 hours of annual training and nursing homes require 10 hours of annual training. Why than is 24 hours going to be required in personal care homes where residents are not as sick as in these other facilities? I estimate my additional cost for this training to be approximately \$625 a year per staff.

2600.101 Resident bedrooms

(c) additional space for physical immobility - MY COMMENT: I cannot provide this additional space with my already existing rooms. This regulation would require me to convert semi-private rooms into private rooms - causing the resident who has a physical immobility to pay for private rooms or leave my facility. Or, not take residents with the physical immobility. NOTE: these physical immobility's include wheelchairs, walkers and oxygen - this is approximately 95% of my current residents. My staff and current residents do not have trouble maneuvering in the rooms. Outcome of this single regulation would mean loss of beds and residents in my facility and additional expense to the resident who could afford the private room. Where did these sizes come from and for what purpose? And what guidelines is a Dr. to use to state that a person with these physical immobility's does not require the additional space? This entire section is not necessary or acceptable.

do we really need them for? In a lot of cases having a Dr. complete a current MA51 is difficult. A current MA51 has provided us with enough information.

(8) Documentation of physician visits and order for services - MY COMMENT: in most cases services are ordered directly by the Dr. and we do not see or get an actual written order. Doctors are not covered under our regulations and requiring us to have this type of documentation is not acceptable.

SUMMARY: I estimate that to implement these regulations in my home an additional cost of \$1,000-\$1,500 per month per resident would be necessary just to cover the expense of them. This is not taking the SSI into consideration (I currently have six) because I have no way to apply this kind of an increase to them. Therefore, the private paid resident will have to absorb their share. This does not cover the possibility of hiring an additional staff to replace the hands on work I perform myself by working shift work so I will have time to do the additional paper work for support and quality assessment and management plans required. There is also the issue of a second administrator.

Feather Houstoun stated under Private Sector, General Public that there will be no costs to the general public as a result of this proposed rulemaking. ARE RESIDENTS AND PERSONAL CARE HOME OWNERS NOT GENERAL PUBLIC????

These regulations are full of areas of interpretation that can cause problems with individual inspectors. I have seen this with the current regulations. Personal care home owners have stated in many meetings and letters written over this past year that many homes will be forced to close as a result of the approval of these regulations. This is a very true statement but one that has apparently fallen on deaf ears. I know this statement to be true because I am one of those homes!

I have no objection to the writing of new regulations. I am proud of my personal care home and the care I and my staff give my residents. Their safety and well being is always a concern and I do look on them as family members who I love and respect. Do not close homes like mine because of the few "bad apples" in our industry and cause a hardship to the elderly in Pennsylvania.

Please explain to me why our suggestions and input were not considered in the final writing of the regulations. Is it so hard to understand that all we want is to be able to care for the elderly in Pennsylvania and provide them with homes in a "family like" environment at a cost that they can afford? For the well being of the elderly in Pennsylvania these regulations must not be approved as written. Hearings need to be scheduled and personal care home owners, families and residents need to be heard.

I apologize for the length of this letter but I feel this is my last chance before the residents and the elderly I serve lives are changed forever. I am pouring my heart out to you - please listen!!! I look forward to hearing from you.

Sincerely,

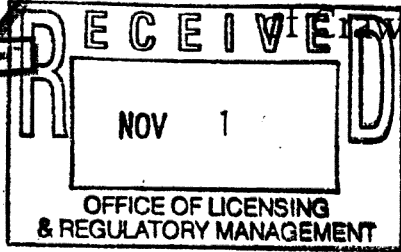

Olivia A. Erdley

CC: Harold Mowery, Jr., Pa. Senate Public Health and Welfare Committee
George T. Kinney, Jr., Pa. House of Representatives Health & Human Services Committee
Independent Regulatory Review Commission
Representative Fred McIlhattan, Member Health & Human Services Com.
Representative Jeffrey Coleman
Senator Don White



Quality Living Center

#14475(305)



York County

OFFICE OF THE SECRETARY
DEPT OF PUBLIC WELFARE

Ronald G. Duez
Executive Director
Administrator

REF. Nexus
Please Respond
2002 OCT 31 A 9:04

RECEIVED 10/31/02
metall' Houston
Eckley
Gannon

Honorable Houston,

The proposed regulations will have a negative effect on all personal care homes in Pennsylvania.

If promulgated as proposed these regulations will put many homes out of business — especially the homes who serve the poor. — Can my residents who have multiple mental health and mental retardation health issues — move in with you and your family. — They have no where to go.

Sincerely,
Ron Duez

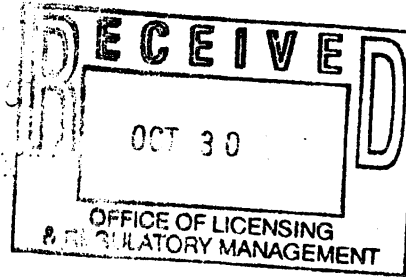
"Where Life is for Living"

Original: 2294

#14-415 (191)

10-27-02

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



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 extremely concerned that these proposed regulations will harm or even close many fine Personal Care Homes, and also seriously reduce housing options and the quality of life of low-income individuals- many of whom are disabled. One of the greatest features of Pennsylvania's PCH market is that it can offer consumers a home-like, even family, environment- not a "facility"- in which to live. I feel that the proposed regulations will place an insurmountable burden on PCH providers and are a definite shift to an institutional/facility model. The quality of life of PCH residents is not best served by forcing them back to an institutional setting.

Smaller, family style homes (possibly all those from 4-50 beds, representing over 1200 homes throughout the State), and those that serve the poor (10,500 beds in the State) simply will not be able to comply. The closure of many homes, or at best higher costs, will result in a transfer of the resulting costs to the consumer, or to the Commonwealth in cases of low-income residents. My major points of concern are as follows:

- Administrator qualification requirements (2600.57) have been increased from 40 hours of training, and 6 hours annual continuing education, to 60 hours of training, 80 hours of internship in another PCH, and 24 hours of annual continuing education, with no demonstrated need. In addition, new administrators must have some form of secondary education, or be a licensed nursing home administrator. Smaller, family style homes, and those that serve the poor simply will not be able to afford this level of qualification when seeking new administrators. Furthermore, to require PCH providers to assist in training their competitors is unreasonable.
- Direct care staff training has also significantly increased (2600.58-60), with extensive written training plans, individualized training plans for each employee (including required orientation, demonstration of duties, guided practice, and testing before they may work unsupervised). This is excessive in a residential living environment. PCH's are not skilled care as are nursing homes. Smaller, family style homes, and those that serve the poor, will not be able to comply.
- PCH providers will be required to assume greater responsibility- and insurance liability- by proposed statutes in 2600.226 that make the Home responsible for developing Support Plans that document all the resident's needs, and how they are met. The regulations (2600.41) also require that the Home be the primary source of assistance in obtaining clothing, transportation, rehab, health and dental care. These tasks have been historically, and more appropriately, the responsibility of Social Service agencies such as Dept of Aging, MH/MR, and DPW. By forcing these tasks upon the home, DPW will open up PCH's to increased frivolous lawsuits, affect insurance coverage/availability, and force PCH to hire Social Workers- a cost which smaller homes and those that serve the poor can not bear.
- The proposed regulations (2600.4, 2600.54-56) have also confused the terminology of direct care staff and personal care staff as they pertain to staffing ratios. "Direct care staff" is a new term introduced in this draft, and applies only to non-administrative personnel who assist with "Activities of Daily Living"

such as hygiene, dressing, eating. Yet there are a substantial number of services in the current regs under "Personal Care Services" that are now classified as "Instrumental activities of daily living" such as managing money and doing laundry. These tasks would thus no longer be considered as actual personal care (now direct care) hours. Yet while the draft still requires 1 hour of personal care per resident, only Direct Care personnel and their tasks count towards the requirement. Many semi-independent people simply do not need 1 hour a day of grooming and hygiene assistance. As a result this will cause higher staffing, as additional staff will be hired to do those tasks that used to be counted as personal care. In other words, although the Draft claims to have not changed staffing ratios, it has changed the definition of what can be counted towards those ratios, which will indirectly therefore require more staff. Family style homes, and those that serve the poor, simply will not be able to survive.

- The proposed regulations (2600.228) are seriously lacking in enabling PCH providers to remove unsuitable residents from the home. This requirement essentially negates the role or force of house rules to maintain order and harmony. It is not appropriate to require PCH providers to guarantee a resident a home for life as long as they pay their rent, are within PCH care limitations, and are not a danger to themselves or others. PCH's involve the group living of numerous individuals, of various personalities, behavioral patterns, and at times mental illnesses. A resident can be extremely disruptive or offensive to the home, its residents, and the community without being "a danger". In such cases, the home must have the ability to remove this person, maintain order, and protect the rights and the quality of life of the other paying residents.

- Finally, when detailing the costs of the new regs to the private and public sectors, there is no mention of the resulting manpower cost to the PCH for developing these home specific programs, procedures, Support Plans and other documents. There is no mention of the additional staff that will be required to maintain the programs (like Quality Management 2600.27), record keeping, or extra staff to do personal care that is not direct care. There is no consideration for the cost of removing administrators and staff from the home for additional training. Since training is not "direct care" there is no consideration of the cost to use supplemental staff to fill in for staff while they are being trained. There is also no mention of the additional costs associated with physical changes required in the number of toilets (2600.102), a communication system (2600.90), installing new surfaces (2600.88), dishwashers (2600.103), or type of mattress (2600.102k).

Contrary to what is stated, these proposed regulations will not improve the quality of PCH care, and will have significant cost impacts to the Private and Public sectors. They will not preserve and nurture good personal care homes, as they are cost prohibitive, are facility- not home- modeled, and add such a burden of liability as to remove the incentive for new individuals to enter the PCH field, especially in regards to low-income, disabled residents. Not only will many small businesses fold, but the quality of life for Personal Care Home residents will take a step backward. These regulations do not serve the short and long term needs of the Commonwealth. Public hearings should be held, and the draft again re-evaluated and revised to protect the interests of all Pennsylvanians, especially the most vulnerable.

Sincerely,



PRESBYTERIAN HOMES

In the Presbytery of Huntingdon

14-475

(353)

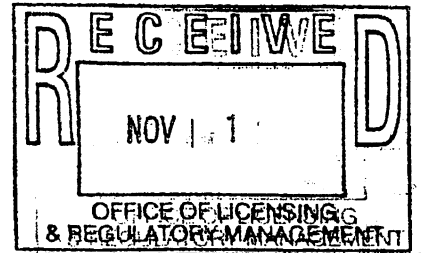


Original: 2294
October 29, 2002

2002 NOV -4 PM 3:35

RECEIVED
REVIEW COMMISSION

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



Dear Ms. Nevius:

Thank you for the opportunity to comment on the Proposed Rulemaking Department of Public Welfare [55 PA. Code CHS. 2600 AND 2620] Personal Care Homes as printed in the Pennsylvania Bulletin October 5, 2002.

One of the attractions of a personal care home is that it is less institutional and less expensive than a nursing home. One of the reasons nursing home care is so expensive is because of the regulatory requirements. While I firmly believe in appropriate regulations, it appears that the Department of Public Welfare is attempting to create regulations for personal care homes that rival the nursing home regulations. In some cases, the personal care regulations may in fact become more restrictive! On February 6, 1996, then Governor Tom Ridge issued an executive order expressing concern at the "volume and scope of regulations promulgated by Commonwealth agencies." This proposed rulemaking seems to ignore that concern.

Let me address some specific concerns:

2600.17 Confidentiality of records. I am curious as to why the staff of the facility would not have access to the records as appropriate. I am also curious as to why the long term care ombudsman should have access to a record other than when a complaint is being investigated. Since the regulations are leading toward a "medical model" rather than a "social model" wouldn't all the records fall under the federally mandated HIPAA regulations and the wording in this section is superfluous?

2600.20 Resident Funds

(b) (1) No staff in a PCH should be required to provide financial counseling concerning the use of funds and property. PCH staff are not financial advisors and should not be subject to the liability present when offering financial advice.

(b) (7) PCH staff should not be put into the position of "offer[ing] assistance in establishing an interest-bearing account in the residents name." Again this could

MANAGEMENT SERVICES OFFICE 120 HOLLIDAY HILLS DR., PO BOX 595, HOLLIDAYSBURG PA 16648 814-695-6371 OR 800 242-4037 FAX: 814-695-9052

Westminster Woods at Huntingdon
360 Westminster Drive, Huntingdon, PA 16652
Phone: 1-800-392-7981 Fax: (814) 643-3536

Presbyterian Home of Moshannon Valley
200 Medical Center Drive, Philipsburg, PA 16866
Phone: (814) 342-6090 Fax: (814) 342-2362

Hollidaysburg Presbyterian Home
220 Newry St., PO Box 38, Hollidaysburg, PA 16648
Phone: (814) 695-5095 Fax: (814) 695-9070

Presbyterian Home of Moshannon Heights
200 E. Presqueisle Street, Philipsburg, PA 16866
Phone: (814) 342-0340 Fax: (814) 342-0346

Woodland Retirement Center
Rt. 522, PO Box 280, Orbisonia, PA 17243
Phone: 1-800-232-9888 Fax: (814) 447-5486

subject the PCH to a fiduciary liability that I don't think is intended or desired by anyone.

(b) (8) This should not, however, prohibit a PCH from being named as the Representative Payee. This does allow for more efficient payment of the PCH monthly bill as well as provide access to the \$60.00 of personal funds for residents without requiring them to go outside to a bank. This limited fiduciary liability is expected as opposed to the possibility of assisting to manage any amount over \$200 (could be thousands) or providing counseling.

2600.26

(1) (ii) I am hoping that this list of charges may be included in the contract as an addendum so that it is easier to change when fees change. This would not require an entirely new contract.

(1) (x) Rather than changing the contract every time something changes, wouldn't it make more sense to refer to changes in fees or services?

(1) (xi) and (xii) Why can't these two be consolidated with (1) (ii) to assure that all the charge related items are listed together in an addendum?

2600.29

(e) This language is a little confusing and it does seem that the refunds (entire section) should be related to the date the room is vacated. Refunds should all be payable within 30 days not 7.

2600.42

(e) I trust that the last sentence should read, "Local calls shall be without additional charge." Obviously the cost of local phone service has to be included in the basic monthly fee.

(i) Can you define what "assistance in accessing " means? Personal care homes are not nursing homes. Are you suggesting that the PCH is to help the resident find the phone numbers for these care providers or actually make the appointments for them and see that they get there. There is a big difference.

(j) Again, please clarify what is meant by "assistance in attaining".

(r) What is meant by "assistance...in relocating to another facility"? I trust the PCH is not expected to be a moving service but this language is not very clear.

(u) What happens if the resident refuses to abide by the rules of the PCH, does not respect the rights of others, is abusive to staff, creates a nuisance in the neighborhood, or they do not cooperate with their support plan? The PCH must have a right to revoke the contract in these cases.

(x) There should be language here that the "immediate" payment will occur when it is proven that the money has been stolen or mismanaged by the homes staff. We all know sometimes residents make an accusation and later discover the funds right where they hid them.

2600.53 (i) and 2699.54 (3)

I realize this makes sense but can you define what "good moral character" means? Would it be better to require the criminal background check of the Adult Protective Services Act rather than state something here that is too vague?

2600.55

(c) Should you add to this exception that the 16 or 17 year old need not have a high school diploma or a GED? You seem to address only the age requirement of 2600.54 (i) and not the education requirement of 2600.54 (2).

2600.58

(e) Please clarify whether or not this 24 hours must be CEU's or courses established outside the PCH. Can the 24 hours be in-service training overseen by the PCH Administrator? What do you mean by "on the job training?" Is this training received while staff are performing their duties? This requirement seems more stringent than for nursing assistants in nursing homes.

2600.96

(a) I can find no references that suggest a home first aid kit contain syrup of ipecac (used to cause vomiting in case of suspected poisoning). Since this is a PCH and not a medical facility it seems inappropriate and potentially dangerous to expect PCH staff to know how to properly administer this.

2600.98

(f) It seems inappropriate for regulations to dictate where the TV should be located. There may be a large activity area which is the largest in the facility but not the most appropriate for a TV. Why not let the PCH use its best judgement as to where the TV should be located?

2600.101

(k) (2) Is it really necessary to require a "plastic-covered" mattress if the resident is continent? Plastic covered mattresses should only be required when incontinency is suspected.

(r) This could lead to tremendous expense if the resident decides only a heated, vibrating lounge chair is comfortable. Perhaps the wording could be that the resident will be consulted in determining what type of chair is comfortable.

2600.102

(g) Does "made available" mean at no additional charge or available for purchase?

2600.105

(a) It should be permissible for the PCH to supply non coin operated washers and dryers for residents who would like to do their own laundry.

2600.123 & 2600.130 & 2600.131

Shouldn't L&I have the responsibility for this?

2600.141

(a) What is the responsibility of the PCH in ensuring that the physician puts everything listed here on the charts? Since this is not a medical facility and no physician is employed by the PCH, there is really no way to control what the physician does or doesn't do. Perhaps the language should state that the PCH will assure that a health exam is completed by the physician on a DPW standard form. Then DPW should instruct physicians in the completion of the forms.

(b) Define assistance for this section too. It is too vague.

2600.143

(a) Since the PCH is not a medical facility, it is hard to imagine how the emergency medical plan could be any more than administering first aid and calling 911. Once the call is made I don't think the PCH can "ensure immediate and direct access to medical care and treatment"!

2600.145

Currently, what would be "the appropriate assessment agency"?

2600.161

(g) I don't really think you intend for a PCH to wake residents up every two hours to offer them "other beverages". The last part of the last sentence should be eliminated.

2600.201

Since a PCH is not a medical facility it seems that the PCH should have the right to cancel a contract of a resident whose behavior is not appropriate or puts others in danger.

2600.228

(a) Define assistance.

2600.42

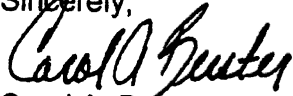
(h) This appears to be in conflict with 2600.42 (a) and really needs to give the PCH the right to discharge the resident if the resident doesn't obey the rules of the home, is a nuisance to the community, etc. as stated in comments for 2600.42

2600.261

Does this mean that an alleged infraction which does not "have an adverse effect upon the health safety or well being of a resident " will not be cited as a violation?

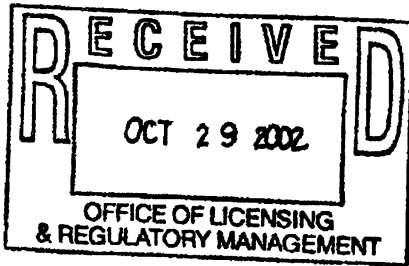
Thank you for the opportunity to submit these comments. I trust that we will have another opportunity to review a final draft before any action is taken on these regulations.

Sincerely,

A handwritten signature in black ink, appearing to read "Carol A. Berster". The signature is written in a cursive style with a large initial "C".

Carol A. Berster
CEO

cc: *Beth Greenberg, PANPHA*
Independent Regulatory Review Commission



Original: 2294

#14-475 (163)
 "SAME COMMENTER AS
 #L, 8, 12, 23, 92 and 93"
 W.C.P.C.H.A.A.
 P.O.Box 73
 Crabtree, PA.
 15624

October 29, 2002

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

Dear Teleta Nevius,

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

2600.81 Physical accommodations and equipment,

The home shall provide or arrange for physical site accommodations and equipment necessary to meet the health and safety needs of a resident with a disability and to allow safe movement within and exiting the home.

We have been resentful of the influence that the nursing home administrators have had in the development of these regulations. Because skilled nursing facilities receive medicare benefits, they are required to provide the wheelchairs, walkers, adaptive devices, oxygen, etc. PCH do not receive medicare benefits, nor do we want them. We should not have to purchase and provide such equipment. We could make sure that a resident has access to his/her own equipment.

Sincerely yours,

Elgin Paruchella

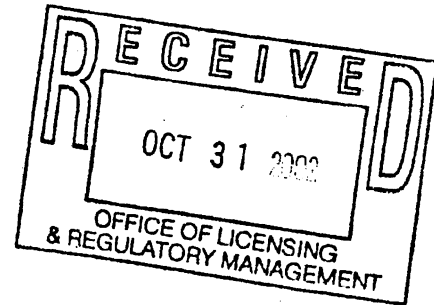
WC PCH AA

Original: 2294

#14-475
295

October 29, 2002

Ms. 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:

My mother and I both signed the concise and well written letter we received in the mail yesterday. It reflects our situation perfectly. My brother is in such a Personal Care Facility – Faith Friendship Villa of Mountville- with Schizophrenia diagnosed in his teens. He arrived at this wonderful facility after years of either trying to find to best place for him or finding it and being forced to have to move him again due to closure of the facility. Each failure was a major trauma for my brother and his family members. So you see, this situation is not new to us.

He has done extremely well in his current facility and it would be a terrible shame if it had to close. My brother is more fortunate than some of the other residents in this facility, he has caring family members who visit him and with whom he spends holidays. However, that in no way means he could live with family members. This was tried in the past and he failed each and every time. He requires the structured living provided by this facility and in fact, thrives on it.

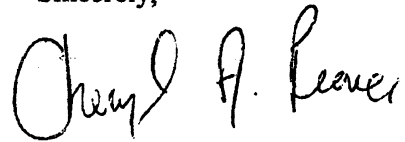
The people in these facilities are truly disabled and should be cared for with that thought in mind. It is no different from a physical disability and if truth be known, it can be worse. The regulations should not become so burdensome for the Personal Care Facilities that they are no longer able to provide this care due to increased expenditure without compensation from residents who cannot afford it. As the letter we received states, they are not nursing homes receiving income from each resident's family members or other outside income. They are highly structured very individualized personal care facilities for the disabled.

Why is it that people of low income, who are not truly disabled, receive the benefits of low income housing, food stamps, etc. and the type of care my brother receives is in question? I am certainly not against The Department of Public Welfare aiding low income families, in fact I am all for it if they use the aid properly and move on in life. But, for people like my brother there is no moving on – this is his life.

Page Two

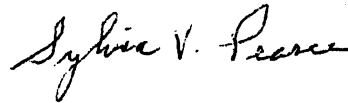
I sincerely hope you will take our comments, as well as those received from other residents of Personal Care Facilities and their families, in consideration. Please keep in mind how the limited number of facilities that currently exist and the consequences if they are forced to close.

Sincerely,

A handwritten signature in cursive script that reads "Cheryl A. Pearce".

Cheryl A. Pearce

19 Ramsgate Lane
Lancaster, PA 17603
(717) 397-7173

A handwritten signature in cursive script that reads "Sylvia V. Pearce".

#14-475
314

October 29, 2002

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

RECEIVED
NOV - 4 PM 3:04
OFFICE OF LICENSING AND REGULATORY
MANAGEMENT REVIEW COMMISSION

SUBJECT: PERSONAL CARE HOMES

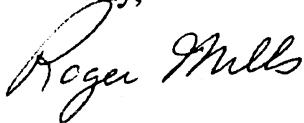
I feel compelled to write to you about a very pressing need. My mother is in a Personal Care Home in Armstrong County. Th is home provides a steady controlled environment and supervised care for my mother who, though not critically ill, does need a small amount of help and supervision to accomplish some tasks such as meals, housekeeping and laundry. I was recently informed that some new pending regulations could put this care beyond her reach financially, and possibly lead to the closure of many such facilities in the state of Pennsylvania.

What I have discovered is that some people have thought that by increasing the amount and type of staff that Personal Care Homes have, they could better help the residents. They seemed to have forgotten that the extra help will cost extra money, enough money that it would be impossible for my mother. From Social Security and a small pension she now receives, it is only enough to pay about half of the cost of the care home.

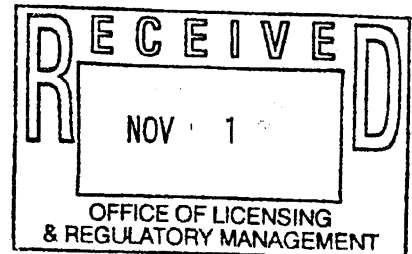
I am hoping this letter will enlighten you to the proposed changes and you will ~~reject them~~. We need the Personal Care Homes to remain and affordable and a readily available option for the families of Pennsylvania.

Thank you for time and consideration on this important matter.

Sincerely,



Roger D. Mills
4124 Carriage Ln.
Independence, MO 64055



#14-465 (168)

Original: 2294

Here's the Fax!

Date: 10-29-02 Time: 8:45 Am

To: Beverly Doherty

From: Joyce Cadden



Nanticoke Villa
Personal Care And
Residence Center
50 N. Walnut Street
Nanticoke, Pa. 18634
Pho: 735-8080 Fax: 735-8831

Message: _____

Number of Pages: _____

WRITTEN COMMENTS REGARDING REGULATIONS

Regulation Number	Section Title	Comment / Suggestion
11A.58	TRAINING	<p>Reps: Use of Medication Program and side effects of medication.</p> <p>Response: Staff is trained to assist residents with any administration or prescribed medication. Any order staff members must follow order of physician. They are trained to assess any adverse reactions to meds and report to fastest personal physician.</p>
2600.58	TRAINING	<p>Reps: Must have some staff who have at least 24 hours of annual training, related to their job duties.</p> <p>Response: We are able to ensure that is going to occur. Admins provide them to pass</p>

NANTICOKE VILLA PERSONAL CARE HOME

Joyce Costello

WRITTEN COMMENTS REGARDING REGULATIONS

Regulation Number	Section Title	Comments / Suggestion
2600.54	Staff Titles &	<p>Risks: Direct care staff shall have the qualifications of a high school diploma or GED.</p> <p>Response: Having a high school diploma will not train a staff member to give T.C. to residents.</p>
Reg 26057	Admin Training	<p>Risks: An Administrator shall have at least 24 hours of annual training related to job duties.</p> <p>Response: This will free the administrator away from daily duties. It is a hardship deal to get the required hrs. If 24 hrs is mandated, that is 3 full days away from facility - as well as added expense for seminars.</p>

Joyce Catalani

Original: 2294

Melody Manor, Inc.

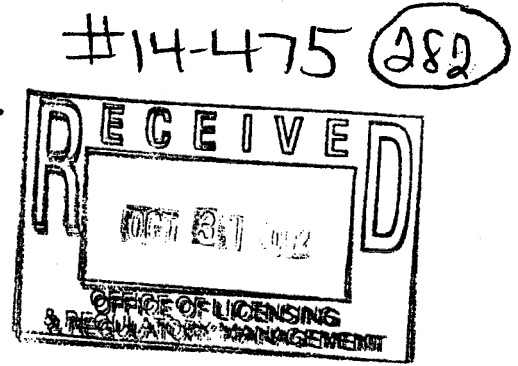
413 North McKean Street

Kittanning, PA 16201

www.melodymanorhome.com

Phone: 724-545-1564

Fax: 724-545-6740



October 29, 2002

Department of Public Welfare

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

Dear Ms. Nevius,

This letter is in response to the new proposed regulations for Personal Care Homes, which were published in the Pennsylvania Bulletin. I am deeply concerned for the future of Personal Care Homes, the Residents who reside in these homes and the persons employed in these homes. I am employed in a personal care facility, Melody Manor, Inc. in Kittanning, PA, Armstrong County. Many of our residents are SSI patients who are existing on a very limited income. They cannot pay any more than they are paying now. Our Staff is trained to administer medications and the idea we must hire a nurse to do this is absurd. Our budget could not or would not stand the extra costs for these new rules and regulations and we would be forced to close our home. Where would these folks go? Many of them do not have families. The employees would be out of work and Armstrong County has been in economic distress for quite some time. Please reconsider your new proposed regulations and think of the consequences they would cause.

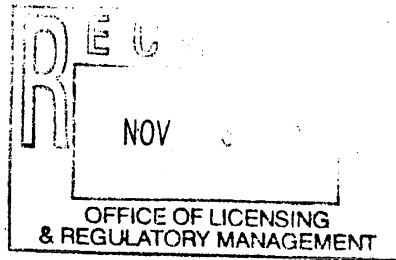
Sincerely Yours,

Myra Bowser
Secretary

Original: 2294

14-475 (560)

October 29, 2002



Dear Teleta Nevius,

I am a proud employee of a Personal Care Home, a home that I care about for many reasons, a home for our residents, their families, community members and lastly we employees. It is a nurturing environment built by our owners and administrator, an environment that thrives on interaction and communication with the foundation, the health, safety and welfare of our residents.

Our owner has informed us about the proposed regulations. 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 8 hours of yearly training in fire safety, resident abuse, and how to report it, Alzheimer's disease, dementia, first aid, CPR, oxygen, and disease stages to name a few. Many of our residents are SSI residents. Will you be supplying the extra money for the extra training, so our owner doesn't have to raise rates? Will you be helping our residents, who will not be able to afford the increase, new homes? They are loved, cared for, and call us home.

Please continue the 8 hours of training instead of increasing it to 24. This is an important issue resulting in wasted dollars and wasted time. Please consider it.

Sincerely Yours,

Connie M. Miller

CC: Independent Regulatory Review Commission
Harold F. Mowery Jr., Chairman Senate Public Health & Welfare
Committee
George K. Kinney Jr., Chairman House Health & Human Services
Committee