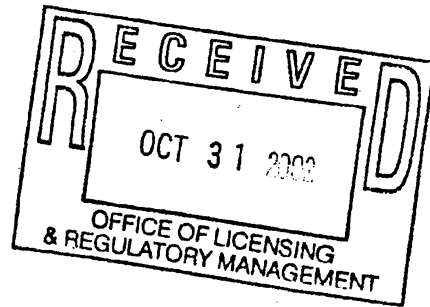


Original: 2294

#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.

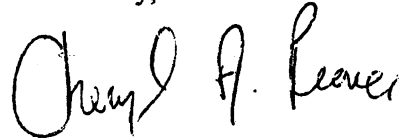
The people in these facilities are truly disabled and should be cared for with that thought in mind. It is no different from a physical disability and if truth be known, it can be worse. The regulations should not become so burdensome for the Personal Care Facilities that they are no longer able to provide 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

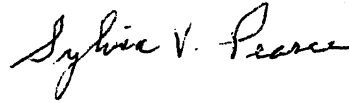
I sincerely hope you will take our comments, as well as those received from other residents of Personal Care Facilities and their families, in consideration. Please keep in mind how the limited number of facilities that currently exist and the consequences if they are forced to close.

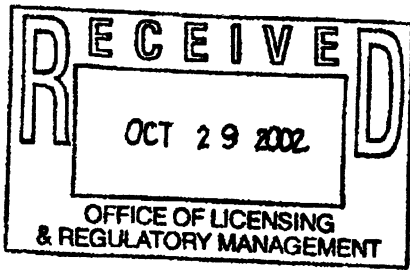
Sincerely,

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".



Original: 2294

#14-475 (163)
 "SAME COMMENTER AS
 #6, 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 Panichelle

WC PCH AA

#14-465 (168)

Original: 2294

Here's the Fax!

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

To: Beverly Roberts

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	Medication Administration	<p>Reps: Use of Medication Program and side effects of medication.</p> <p>Response: Staff is trained to assist residents with self 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 resident personal physician.</p>
26A.58	Training	<p>Reps: Unit can have staff schedule time 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. Annual training shown to per.</p>

NANTICOKE VILLA PERSONAL CARE HOME

Joyce Costello

WRITTEN COMMENTS REGARDING REGULATIONS

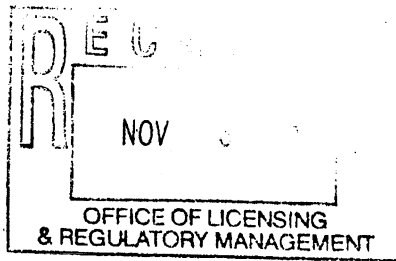
Regulation Number	Section Title	Comment / Suggestion
2600.54	Staff Titles	<p>Reids: Direct care staff shall have the qualifications of a high school diploma or GED.</p> <p>Response: Having a high school diploma will not train a staff member to give T.C. to residents.</p>
Reg 2600.57	Admin Training	<p>Reids: An Administrator shall have at least 24 hours of annual training relating to job duties.</p> <p>Response: This will take the Administrator away from daily duties. It is a hardship now 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 Colwell

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

#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 3:34
REGULATORY
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.

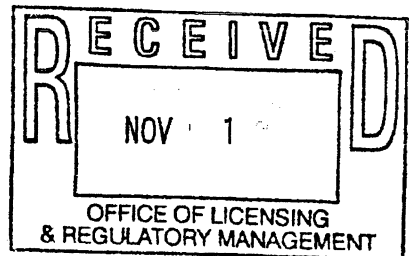
What I have discovered is that some people have thought that by increasing the amount and type of staff that Personal Care Homes have, they could better help the residents. They seemed to have forgotten that the extra help will cost extra money, enough money that it would be impossible for my mother. 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



14-475
328

Dear Televa Nevius, Oct. 29, 2002

REGULATORY
REVIEW COMMITTEE

PERSONAL CARE HOMES.

BENEFIT: Personal Care Homes provide care for a small group of residents who need personal assistance with some personal care issues such as making meals, house keeping laundry and other minor issues. These homes are not for the critically ill or patients with more care needed. My mother is one of these patients. Due to age (87), foot and mobility problems she can not maintain a home for herself.

PROBLEM 1: A new series of regulations is proposed for the personal care homes. If implemented these regulations would increase the costs to the residents approximately \$900 to \$1200 per month. Her Social Security and small pension cover only half of the present cost. This additional amount would be an impossibility for my mother as it would for most of the residents of the home where she lives.

BENEFIT: The home where she lives is small and the residents and staff are a family. They know, love and care for each other in many areas of support. Also, mother is near to many family members and friends. She is very happy in this situation.

PROBLEM 2: There is a known shortage of nurses.

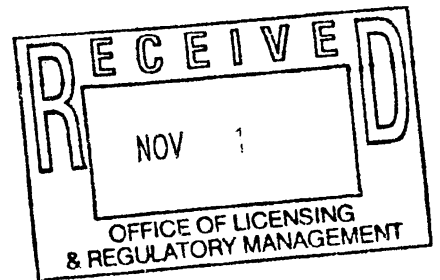
BENEFIT: Mother's care at the home is superb. She does not need nurses round the clock and when she does need extra care it is our job to take her to a doctor and provide the extra. This is seldom.

PROBLEM 3: If the small personal care homes would have to close due to the unfunded mandates the patients would end up in large facilities that do not have the same family feeling. Our seniors deserve better. They have been voting, tax paying citizens for many, many years. The unfunded mandates presently proposed will destroy the assisted living and personal care facilities that are serving the citizens of PA. What will happen to the 22,000 Pennsylvania citizens residing in these facilities?

PLEASE REJECT THE NEWLY PROPOSED REGULATIONS.

*Thank you.
Sincerely,*

*Jack H. Mills, age 64
- Son of Beretha Mills, resident
Grey's Colonial Manor
Armstrong County
Kittanning PA*



*Lawsona Mills
daughter in law of Beretha Mills*



Jack Mills
12755 Unity Rd.
New Springfld, OH 44443-9753

Original: 2294

Melody Manor, Inc.

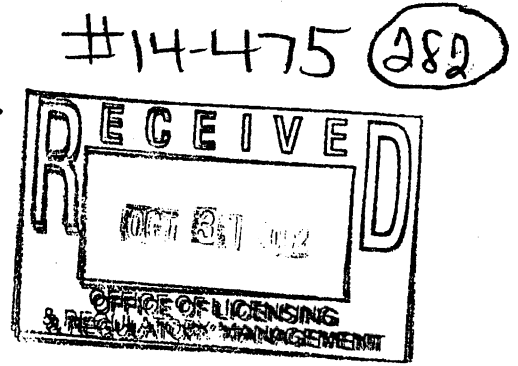
413 North McKean Street

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,

A handwritten signature in cursive script that reads "Myra Bowser".

Myra Bowser
Secretary

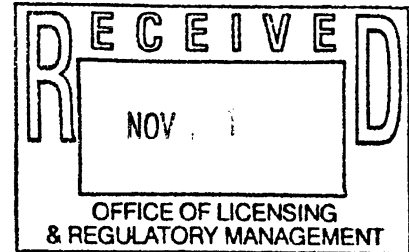
14-475
347

Original: 2294

NOV 1 2002
11:35 AM
REVIEW COMMISSION

Kelly R. Shaner
321 Polo Club Drive
Moon Township, PA 15108
412-264-7999
kelly.shaner@highmark.com

October 29, 2002



Teleta Nevius, Director
Department of Public Welfare
Room 316 Health & Welfare Building
P.O. Box 2675
Harrisburgh, PA 16120

Re: Personal Care Homes

Dear Teleta Nevius,

I am writing you regarding the proposed regulations to Pennsylvania's Personal Care Homes. I was recently informed that some new pending regulations could put care beyond many seniors. Plus, this possibly could lead to the closure of many facilities in many local areas. My grandmother lives in a personal care home and I am concerned for her well-being. What I have discovered is that some people feel that increasing the amount and type of staff in personal care homes could assist more residents. They seem to forget that the extra help will raise costs and fees. My grandmother like many senior citizens are on fixed incomes.

I am not in the habit of writing or calling members of the state or local government. I am a registered voter and hope the people who are elected or hired represent our state for the people. Many officials owe their positions to many of our senior citizens who time and time again reelect these officials. These personal care homes provide a safe environment for our loved ones. These homes provide supervised care for our family members who, though not critically ill, do need small amounts of help and supervision to accomplish ordinary tasks that we take for granted daily.

Please take the time to review the proposed regulations. If you need assistance, contact personal care homes in the area. They would be glad to answer any questions.

Teleta Nevius, Director
October 29, 2002
Page 2

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 and readily available option for families that want to visit loved ones who need a little assistance later in life. Someday, you will get old and will need assistance. Your decisions not only affect our senior citizens today but all of us in the future.

I appreciate your time and assistance in this matter. I thank you and my grandmother thanks you.

Sincerely,

A handwritten signature in cursive script that reads "Kelly R. Shaner". The signature is written in black ink and is positioned above the printed name.

Kelly R. Shaner

Original: 2294

14-475 (723)
SAME COMMENTER
AS # 411"

2002 NOV - 5 AM 9:40
INDEPENDENT REGULATORY REVIEW COMMISSION

Eric M. Krauz
321 Polo Club Drive
Moon Township, PA 15108
412-264-7999
krauz75@yahoo.com

October 29, 2002

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

Re: Personal Care Homes

To Whom It May Concern,

I am writing you regarding the proposed regulations to Pennsylvania's Personal Care Homes. I was recently informed that some new pending regulations could put care beyond many seniors. Plus, this possibly could lead to the closure of many facilities in many local areas. What I have discovered is that some people feel that increasing the amount and type of staff in personal care homes could assist more residents. They seem to forget that the extra help will raise costs and fees. Plus, numerous senior citizens are on fixed incomes.

I am not in the habit of writing or calling members of the state or local government. I am a registered voter and hope the people who are elected or hired represent our state for the people. Many officials owe their positions to many of our senior citizens who time and time again reelect these officials. These personal care homes provide a safe environment for our loved ones. These homes provide supervised care for our family members who, though not critically ill, do need small amounts of help and supervision to accomplish ordinary tasks that we take for granted daily.

Please take the time to review the proposed regulations. If you need assistance, contact personal care homes in the area. They would be glad to answer any questions.

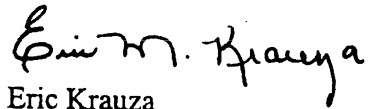
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October 29, 2002
Page 2

visit loved ones who need a little assistance later in life. Someday, you will get old and will need assistance. Your decisions not only affect our senior citizens today but all of us in the future.

I appreciate your time and assistance in this matter.

Sincerely,

Handwritten signature of Eric M. Krauz in cursive script.

Eric Krauz

Original: 2294

#14-475

164

Teleta Nevius
COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
P O BOX 2675
HARRISBURG PENNSYLVANIA 17105-2675

DEPARTMENT OF PUBLIC WELFARE
COMMUNITY CARE LICENSING DIVISION
HARRISBURG, PA 17105-2675

Dear Mrs. Nevius,

The following are comments on the draft of the proposed chapter 2600 Personal Care Regulations.

2600.4 Definitions : Restraint

(ii) Last line "As long as the device can easily be removed by the resident" should be removed.

Reason: The person may need to be in the PCH because they are unable to remove a brace or similar device by themselves.

S.P. Support Plan

Last line " and when the care, service or treatment will be provided, and by whom". Remove or change.

Reason: These can be interpreted very precisely. There is no way to tell how soon the visiting nurse can get in to assess the person, decide what treatments are needed and who specifically will meet which need. This timing is beyond our control.

2600.26 Resident - Home Contract

(a) (i) (viii) designated as a smoking or non-smoking home. Very good. Thank You.

(2) Senior Citizen Rebate

Last Line "there may be no charge for filling out this paperwork" - remove or change.

Reason: This paperwork can be very time consuming. If a family member is unable to do this, a reasonable fee should be allowed. i.e., \$10.00 an hour or a percentage of the money involved.

(3) Rescind Contract for up to 72 hours

Please return to current regulation.

Reason: With elderly people, it can take anywhere from one week to a month for them to "settle in" because of Transfer Shock. Some families want the leverage to say "Mom, we've paid for the month, we can't get the money back. Just stay the month and then you can leave if you want to." 95% of the time, they are happy as clams in a week or two. 72 hours is too short a time, they may still be confused or frightened by these changes in their life.

2600.29 Refunds.

(d) Next to last line "When the room is vacated and within 30 days of death.

Changes to "within 30 days of when the room is vacated."

Reason: Some families drag their heels about cleaning out the room. They own the belongings. The room can't be occupied until the belongings are claimed. There's not enough storage room to keep unclaimed items.

2600.42 Specific Rights

(u) add (4) Non Compliance with home rules and regulations

Reason: A person should be allowed to be discharged if they do not comply with home rules such as non-smoking or mutual respect or regulations such as participation in monthly fire drills or at least weekly bathing.

2600.54 Staff titles and qualifications

(2) A High School Diploma or GED: Should be removed.

Reason: Personally, I prefer this, but there are some instances when, because of the individual's life experiences, I have found some persons who have been excellent even without formal High School education.

(x) Stolen funds

Needs clarification. "...by the personal care home to REIMBURSE resident's money stolen or mismanaged....."

(z) Excessive Medication

Should not be in regulations.

Reason: Only a doctor can determine the number of medications or the dosage of the medication that is appropriate for a person.

2600.57 Administrator Training and Orientation

(e) 24 hours of annual training. Reduce this to 12 hours.

Reason: A certified registered nurse needs only 15 hours yearly to maintain her certification. A nursing home administrator needs only 24 hours yearly following the initial education. A person knows which area they are proficient in and which area they are lacking in. Two 6-hour days should be plenty to keep them up to date.

(1) CPR and First Aid. Exempting medical professionals from annual first aid training honors their basic education and daily performances. Thank You.

2600.58 Staff Training and Orientation

(c) (12) Safety Management and Prevention. What does this mean? Not defined under definitions. This is very ambiguous. Does it mean safety management and safety prevention? What is safety management? What is to be prevented?

(c) (13) Use of Medication. Purposes and Side Effects. Remove this portion.
Reason: It's not possible to teach all this before the person is allowed to work with residents. Resident medications change on a daily basis. Nurses take a pharmacology course for a whole year and never stop learning about new medications. Likewise for doctors.

The use of universal precautions – Leave this in.
Reason: very important information.

(e) Hours of Training.

24 hours of training for direct care staff initially is reasonable. Add "half of which shall be done with residents under direct supervision."

Reason: Many people taking this kind of position learn best by demonstration and return demonstration in the actual setting. Everything can't be learned before exposure to residents.

24 hours ANNUALLY is excessive. Eight hours is plenty.

Reason: 24 hours is equal to that required for a nursing home administrator. 24 hours is 1/2 a week for each person, each year. There's no way a PCH can have enough staff to cover these absences for training, let alone the cost involved. All of this training can be done well, in house, with manuals that cover all the topics. I know, I have them.

(f) (1) First Aid and CPR Training.

This should not be included in the list of items the person needs training in BEFORE being exposed to residents.

Reason: One person certified in CPR and First Aid must be present in the PCH, 24 hours a day already. It's not necessary for the second person to be immediately trained. In rural areas, it is very difficult to set up CPR and First Aid Classes. Yes, they need to learn, but within a reasonable amount of time following employment, not before. See previous regulations on the topic.

(g) (7) (viii) Alternatives and Techniques to IDENTIFY depression.

Change word IDENTIFY to MANAGE.

Reason: Identifying depression comes under the physician and nurse practice acts. This is diagnosing. PCH staff need education in MANAGING depression.

2600.60 Individual Staff Training Plan.

Remove. Reason: This is way too detailed. It seems very similar to a special needs child's Individual Educational Plan in school. Replace this with: the staff training topics shall be recorded on the STAFF TRAINING PLAN form (supplied by the district DPW office).

2600.82 Poisons (c)

keeping them lockedunless residents can use or avoid them safely.....

Very good

2600.85 Sanitation

(d) Trash in kitchens and bathrooms.

Please use the words "common use" before "bathrooms"

Reason: Having covered trash containers in kitchens and bathrooms that are used by many individuals makes sense, but covered receptacles should not be required in the resident's own bathroom or bedroom. This is Their Home. Are all of your wastebaskets covered at home? Beside, the facility must be kept rodent and insect free. See section 2600.85 (b) so there's no need for covered receptacles in individual bathrooms.

2600.91 Emergency Phone Numbers

"Phone numbers of hospitals, police, fire department, ambulance, poison control and PCH hot line "posted" on or by each telephone with an outside line." This one is over kill. Reason: Each of our resident rooms has an outside line plus the office facility lines and a line in the dining room and in the activity room for resident use. Every staff person knows that these numbers are easily accessible as listed in the front of the Emergency Preparedness Manual. See section 2600.107. The personal care home lot line number is posted on a large poster "in a conspicuous place" for residents, see regulation 2600.31 (1). 911 or it's equivalent is all that is needed on each phone. If other assistance is needed, the County Communications Center can connect this person's call to all emergency related numbers. If a person is alert enough to have their our personal phone they would be able to access the hot line or 911 without posting it in their room.

2600.94 Landing and Stairs

(b) non-skid surfaces. Remove the word "walkways:

Reason: Many homes have exterior walkways in gardens or to parking areas. These are paved or cement or gravel. " Interior stairs, exterior steps and ramps: are sufficient.

2600.99 Recreational Space

The word GLIDERS. Remove.

Reason: Gliders are very unstable pieces of exterior furniture. We had one and residents never used it. The words BENCHES OR CHAIRS would be more appropriately be placed between the words "including" and "books"

2600.101 Resident Rooms

(k) (l). "Solid foundation". Insert the words "or box spring"

Reason: Beds requiring solid foundations and fire retardant mattresses equate hospital metal frame beds.

Fire Retardant Mattresses. Add "in homes when smoking is allowed".

Reason: These are not needed in a smoke free environment. Most bedroom fires begin with smoking in bed. If you don't allow smoking, you don't need fire retardant mattresses.

(k) (2) Plastic Covered Mattress.

Add: and needed or requested by the resident.

Reason: Plastic covers are usually only needed when a person may be incontinent. They may be too hot for some people who don't absolutely need them. It should be a resident's need or choice.

2600.103 Kitchen Areas

(a) Please insert "metal or wire shelves after "cabinets"

Reason: Coated heavy duty wire shelving is a lot easier to keep clean than cabinets.

2600.105 Laundry

(h) last word "cloths". Surely this is a TYPO., The word should be "dryers"

2600.130 Smoke Detectors and Fire Alarms

(e) ALL smoke detectors and fire alarms – change the words "all" to "a portion of".

Reason: It will be very costly to retrofit all of the fire alarm systems with strobe lights and could put many small homes out of business. The new win of our building is already so equipped. All hearing impaired persons can be placed in the portion of a building so equipped. This is not needed, especially in a single story home.

2600.132 Fire Drills

(h) evacuate to meeting place outside building..... during EACH fire drill."

Add "except during inclement weather"

Reason: In homes not having fire safe areas, residents must go outside. This is a serious threat to their health and safety especially in winter months and or during a nighttime drill. Gathering at the exit is sufficient during the winter months.

2600.141 (a) (7) Resident health exam and medical care.

Remove: "Contraindicated medications and medication side effects".

Reason: Doctors don't even know all the contraindications or side effects of all medications. The pharmacist who fills the resident prescriptions automatically takes care of this precaution. His computer flags any medications with interactions.

(9)Health status with REQUIRED WRITTEN CONSENT.

What does this mean? Please clarify.

2600.143 Emergency Medical Plan

(C) (3) an emergency staffing plan. Remove.

Reason: It has no correlation to what you do when a person becomes ill or injured. It belongs in the "Emergency Preparedness Manual" that all PCH's are supposed to have from a different regulatory agency.

(a) Power of Attorney.

Good. This forces reluctant individuals to name someone, which will eventually be needed in any event.

(11) personal advanced directives. Thank you very much for adding this.

2600.161(g) Nutritional Adequacy.

An excellent provision. However, at the end of the last sentence, please add, "during waking hours" because you don't want to wake people every two hours during the night.

2600.171 Transportation

(a) (4) Remove it.

Reason: Not allowing a resident to drive a vehicle with another resident inside is taking away another choice of a resident. There are many residents who have cars and are perfectly capable of driving their spouse or friend who is also a resident. Residents who are perfectly capable of making choices of driving or riding with another resident should have that choice.

(5) Staff member transporting residents. Complete.....new hire direct care staff training. This is excessive training for someone JUST transporting people.

Reason: They do not need the following staff training and orientation (a) (1) (c) (8) (10) (13) (e) (f) (3) (5) (7) (VIII) as it stands (g) (1) (2).

2600.183 Labeling of Medications

(b) Sample Medications -THANK YOU SO MUCH for including "Sample Medication"

Reason: Trying out a few pills before filling a costly prescription that may not agree with a resident is very helpful to all of us.

2600.186 Medication Records

(b) (2) and (3) will increase the cost of medications to the residents.

(d) "If a resident refused to take a medication". Please add "or nurse" after physician in the second line. If a nurse is in charge of a home, she/he will know if it is necessary to contact the physician immediately concerning this particular medication or if the notification to the doctor can be postponed until the doctors' next office hours. Who wants to call a doctor on Sunday morning for something like a refused vitamin? However, if the medication were very serious, like Coumadin, a blood thinner, the nurse would know to call the doctor immediately.

2600.225 Initial Assessment and the Annual Assessment

(b)(8) Psychological assessment.

Add "if the attending physician deems necessary"

Reason: Not everyone needs one. Does this mean each resident has to see a psychologist? Who pays for this? Please clarify. Psychological assessments only need to be redone if there is a change in behavior – not necessarily on an annual basis.

(d)(1) 30 days before or after anniversary date. Very helpful. Thank You.

2600.241 Mobility Standards

(b) last word "immediately". Return to previous regulation wording or at least "within 7 days"

Reason: A week gives family and PCH time to make proper arrangements. If the wording is left "as is". It will lead to residents being "dumped" in hospital emergency rooms.

2600.252 Content of Records

(a) (2) description of resident is very helpful

(b) (a) (3) current photo is very helpful

Thank you for your consideration.

Sincerely,



Linda Harding RNC
Co Owner, Twin Cedars Assisted Living Center
Certified Gerontology Nurse
Certified Diabetes Educator

- Personal Care Homes -

Original: 2294

Oct. 29, 02 #14.475 (262)

Dear Teleta Nevius,

My mother has been a resident at the Grey's Personal Care in Kittanning, Pa. for the past two years. She is 92 yrs. old. This home was selected for my mom because of the convenience for all our family members to visit. But the main reason for the selection of this particular home was the meticulous impression we got when it was time to choose a home. Everything is well taken care of inside as well as the outside surroundings. You may visit anytime of the day and it is always cleaned to perfection. There is no odor when entering the facility, that was the first clue. It is always friendly by the staff. My mother is very particular about her appearance. She looks like a queen as they see to her personal needs as well as physical care. Her hair is beautifully done at the beauty shop there. Her food is another thing my mom is so fussy about. The meals are all well balanced and she is well satisfied, (in fact she needs to go on a diet.) I have been there when meals were served, and they were more than adequate. She is given her medication and watched for any changes

from her general routine or any difficulties she may be experiencing. All the staff are angles of mercy to all the residents and are cared for with love and compassion to each person there according to their needs.

I don't know what would happen to these many senior citizens up in age who depend on personal care homes, now being uprooted to these new regulations they are proposing. What is to become of all the aged who ~~are~~ have become more and more dependent on personal care homes in this next generation of increasing older people. I am 65 and my sister 70 with health problems we ourselves daily battle. Are we going to have personal care homes for us is our future which may be around the corner for us? You know this great United States of ours have people who are trying these new regulations with out much experience or understanding and making such heart breaking demands on the older people.

Thank You,

My opinion -

Loretta Koroncus

165 Ridge Ave

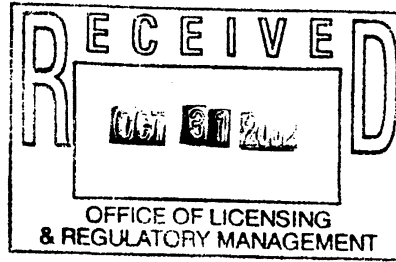
Freedom, Pa. 15042

NOISSN/000 021AFN
13-73 112 - NOV 1972



Original: 2294

#14-475-291



10-29-02

RE: Propose Regulations for Personal Care Homes.

Dear Ms. Nevius, Director

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

Rules and regulations are made to protect the individual's best interest. But when so many rules and regulations cost so much to implement, thereby, increasing the residents fee above the level they can afford to pay, how can these rules benefit the person.

Thank you,

Elaine E. Betack

Elaine E. Betack
Administrative Asst.

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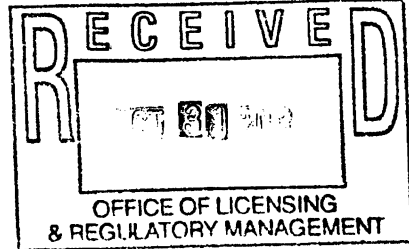
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COUNCIL - PA 2-89 *The Trusted Choice for Assisted Living*

REGULATORY
REVIEW COMMISSION

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:

After reviewing the proposed personal care home regulations, we at Hallmark Senior Communities East believe that many concerns expressed previously continue intact in this revision. We appreciate the efforts to improve accountability in the industry, however, several critical changes that are needed for our residents first and us as providers second, were not implemented.

Further, we are dismayed at the obvious shift towards the heavily regulated skilled nursing industry. These new regulations eliminate home and community-based services and appear to be institutionalizing personal care. The intervention, responsibility and choices of residents and their families have been removed, with all responsibility on the provider.

Currently, our communities create a warm, home-like atmosphere and our residents choose us for the quality of care and peace of mind that we offer our residents and their families. Unfortunately, the new regulations require a tremendous amount of paperwork that adds significant cost and time penalties. This money and time is so much more effective when used to directly care for our residents. If the regulations are approved in their current state, all residents of personal care homes will be negatively impacted.

Please review the enclosed comments and consider them when finalizing the new regulations. Thank you in advance for your time and efforts.

Best Regards,

Ms. Barbara J. Schneck
Vice President of Operations

**PROPOSED PCH REGULATIONS
WRITTEN COMMENT FROM HALLMARK EAST**

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	
2600.16	Reportable Incidents	

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	
2600.32	Specific Rights	<p>(e) Private access to phone & free local – Recommend remove.</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>

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	<p>(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</p>
2600.59	Staff Training Plan	<p>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.</p>
2600.60	Individual Staff Training Plan Physical Site	
2600.81	Physical Accommodations and equipment	Add "for new construction or renovations only".
2600.82	Poisons	
2600.83	Temperature	
2600.84	Heat sources	
2600.85	Sanitation	<p>(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</p>
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 <u>in</u> 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	
2600.121	FIRE SAFETY 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 Furnaces	
2600.126	Space Heaters	
2600.127	Supplemental Heating Sources	
2600.128	Fireplaces	
2600.129	Smoke Detectors and Fire Alarms	
2600.130	Fire Extinguishers	
2600.131	Fire Drills	(d) 2.5 minutes is not sufficient. Old regulations state 5 minutes.
2600.132	Exit Signs	
2600.133	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 be retained in the resident's record.

REGULATION NUMBER	SECTION TITLE	COMMENT/SUGGESTION
	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	
	TRANSPORTATION	
2600.171	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.
2600.181	Self-Administration	(c) What is a resident support plan? (e) Delete section e.
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 medication. Who absorbs this cost since pharmacies will not provide this service

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	Resident records	
2600.242	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.
2600.243	Record Retention and disposal	Delete items 2 and 3
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	ENFORCEMENT Classification of violations	<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>
2600.252	Penalties	<p>Extremely cost-prohibitive to the industry.</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>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>

PRESBYTERIAN HOMES

In the Presbytery of Huntingdon



Original: 2294
October 29, 2002

2002 NOV -4 AM 9:05
REGULATORY
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

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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,



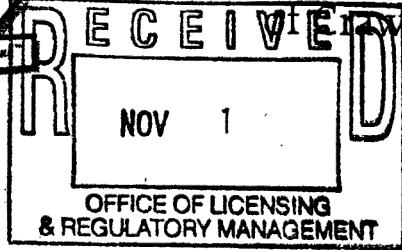
Carol A. Berster
CEO

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



Quality Living Center

#14475(305)



York County

OFFICE OF THE SECRETARY
DEPT OF PUBLIC WELFARE

Ronald G. Duez
Executive Director
Administrator

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

RECEIVED 10/31/02

metell' 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

Evergreen Assisted
Living, Inc.

141 Evergreen
Avenue
Pgh PA 15209

14-475 (104D)

10/29/02

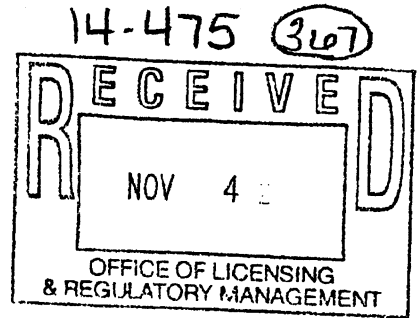
The Attached are
letters of support
from Staff in Evergreen
in Millvale who are
very concerned about
the new regulation
proposals & would
want them stopped
if it meant the
failure of Evergreen to
Survive. Marilyn -
Evergreen Staff

Original: 2294



2002 NOV -7 AM 11:17

OFFICE OF LICENSING & REGULATORY REVIEW COMMISSION



October 29, 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

Dear Teleta Nevius:

I am submitting this letter as Elwyn's written comments to the Proposed Rulemaking for Personal Care Homes, 55 PA Code CHS 2600 and 2620.

In general, we are very pleased with the new licensing regulations, and support the Department of Public Welfare's efforts to develop them. We already implement most of the regulations, and we do not anticipate problems adhering to them.

I would like to offer two recommendations having to do with training and orientation. They are:

1. 2600.57 Administrator Training and Orientation

We recommend 16 hours of annual training for qualified personal care home administrators.

2. 2600.58 Staff Training and Orientation

We recommend 24 hours of training for first year employees and 16 hours of annual training thereafter.

Thank you for giving us the opportunity to comment on the new licensing regulations. We look forward to working with the Department to implement them. Should you have any questions, or wish additional information from us, please do not hesitate to contact me at 610-891-2163.

Sincerely,

Gerald F. Skillings, Psy.D.
Executive Director
Mental Health Services

elwyn, Media Campus
111 Elwyn Road
Elwyn, PA 19063
610.891.2000
fax 610.891.7600

elwyn, California
18325 Mt. Baldy Circle
Fountain Valley, CA 92708
714.557.6313
fax 714.963.2961

elwyn, Delaware
321 East 11th Street
Wilmington, DE 19801
302.658.8860
fax 302.654.5815

elwyn, Philadelphia
4040 Market Street
Philadelphia, PA 19104
215.895.5500
fax 215.386.4436

The Training School at Vineland
1667 East Landis Avenue
Vineland, NJ 08361
856.794.5269
fax 856.696.8380



Christian and Missionary Alliance Church

135 E. Burrell Street

Blairsville, Pa 15717

724-459-7770 or 724-459-6572

Fax - 724-459-7099

E-mail - blsvcma@charterpa.net

Rev. Bruce J. Theakston

October 29, 2003

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

Dear Teleta Nevius,

I am writing to express my concern regarding the implementation of unnecessary requirements upon the proprietors of personal care homes.

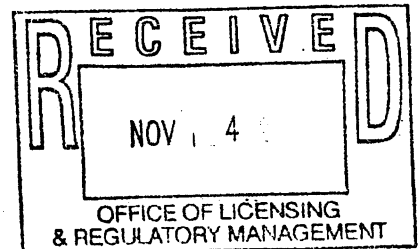
Being a minister for nearly twenty years, I have had many dealings with such homes. I can honestly say that some of the worst run facilities I have ever been in are state-run homes. If this is the kind of environment and atmosphere you are looking to create in personal care homes, you are making a grave mistake.

The upcoming requirements you plan to implement will force many small facilities to close. The small facilities I have seen and been involved with far surpass anything the state has to offer. The small homes offer much more of a family setting, in which I have seen people thrive. Please do not place requirements on these homes that will force them out of business and doom many elderly persons to spend their last days in what I like to call impersonal care homes.

Please think and pray long and hard concerning what you are about to do.

Sincerely,

Rev. Bruce J. Theakston



<p>MISSION STATEMENT: By God's direction, the mission of the Blairsville Christian and Missionary Alliance Church is to fulfill the Great Commission by leading people to trust Jesus Christ as Savior and Lord, and to disciple Christians to become fully devoted followers of Him.</p>	<p>VISION STATEMENT: With God's help, Blairsville Alliance Church will fulfill the Great Commission to go and make disciples by sharing the love of God in Jesus Christ with the wisdom given to us by the Holy Spirit through evangelism, discipleship, ministry, fellowship, and worship.</p>
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10/29/02 #14-475

222

Dear Ms Teletia Nevins,

I want to let you know I work in a personal care home for mental illness. I need you to know there is not to many people trained up to take care of severe schizophrenic people. With the proposed req these people will go on the streets. Have you thought of the rippling effects of home closure. My boss will definitely close - they employ 10 people - the police will have to deal with people unmedicated - no where to live and, and do the necessities (toilet + bladder) on the streets - these homes will close they will have to financially! Please

Consider this beyond your office door
 It is a Real problem - NO homes to live in
 NO medication
 a disaster. *Christina Dimitris*

Oct 29-02

14-475

318

Dear Teleta Nevins, Director
Dept of Public Welfare

I write as a Concerned Retired Caregiver with 29 yrs Service with Tender Loving Care in Armstrong County Pa. Geriatric Facility. I'm Proud of every day I helped to make the Residents Comfortable, Safe and Happy there.

I retired to Care for husband 1984-86 who needed Care 24-7 - And later in a Personal Care Home.

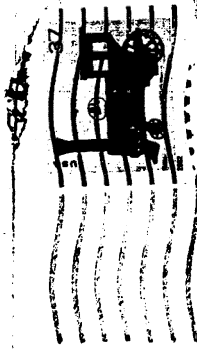
I write from Perspective of a Citizen who could shortly need service of these Very Special Facilities - and which can not exist if the Non sense Regulations Proposed By People - who evidently, Can not know the difference in Needs, Between Residents in Personal Care homes and Larger Nursing Home Facilities -

If Present Regulations had been enforced in the few Problem Homes over the past 7 or 8 years - The negative Media information would not be causing the sudden Political Commotion - Prompting the insecurity of these Dedicated People who Provide a Much Needed Service to our loved ones and the Community in General.

Where do you propose the money is to come from to pay the cost of (\$600, to \$1000, month) for each Resident affected by the proposed Specialized addition of Staff and Paper Work required to Change or Fix things which are not Broken.

Yes - we realize on going training is necessary to keep current on Changing Technology and Medication but why go overboard and upset 20,000 + Residents who are receiving Best Possible Care in Home like Atmosphere where Family can afford and visit those who can't quite make it on their own - Because of Problems with simple Every day Care -

2002
Ruth V. Cogley
RR 5 Box 30
Kittanning, PA 16201-8408

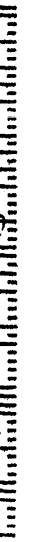


Teleta Nevins - Director

Office of Licensing & Regulatory Management

D. P. W.
Room 316 Health & Welfare Bldg.
P.O. Box 2675

Harrisburg Pa 17120



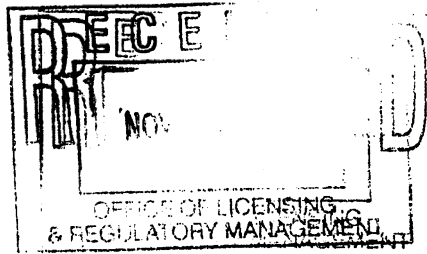
14-475 (1084)

Oct. 29, 2002

Dear Legislator,

I am writing this letter in response to the new regulations that have been proposed. I work in the health care industry and the changes are only going to make it harder for us to care for our residents. I feel it would be very costly to require a licensed nurse only be able to pass medications. It would take away from being able to hire more caregivers and make sure they are trained properly. There are changes that need to be made, however this is not the area.

Sincerely,
Marquetta J. Calderini
Marquetta J. Calderini
76 Oliver Court
Pittsburgh, PA 15239



10/30/02 10:30 AM
10/30/02 10:30 AM
10/30/02 10:30 AM

14-475
344

Oct 29, 2002

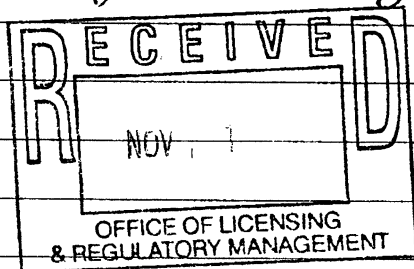
1734 Windsor Castle Rd
Hamburg PA 19526

Dept. of Public Welfare
Office of Licensing and Regulatory Management

Deleta, Nevius Director

We are writing to you as concerned daughter-in-law and granddaughter of a 90 year old woman in an assisted living facility. Recently we have been informed of impending new regulations. Many of these regulations seem extreme and unfair to the smaller facility already giving adequate care at reasonable rates. Furthermore people on SSI will be priced completely out of the system.

For the above reasons, we implore you not to approve these extreme regulations as they will do more harm than good to many members of the senior community.



Sincerely,
Dera M. Burkhardt
Peggy S. Fredericks

Original: 2294

14-475
354

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

NOV -4 PM 3:35
LABORATORY
REVIEW COMMISSION

October 29, 2002

If we are to do everything possible to give the best health care to our elderly loved ones then you cannot even conceive the possibility of allowing fewer Personal Care Homes than those that are currently in operation.

Since the No. 1 concern is the health and well-being of each person involved, every consideration has to be given in order to provide a longer and happy life and especially so at a time when this care is most needed.

To visualize a time when any one of us could be in this very situation, the most important thing we all would want is to have close and constant contact with family and friends, since warm family ties can be a therapeutic help as well as any needed medication. To be able to achieve this support all Personal Care Homes must be close and accessible.

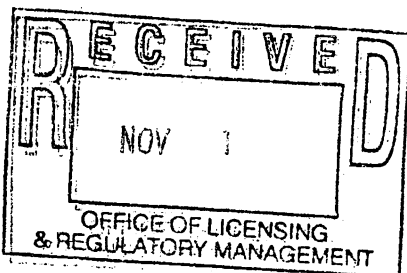
Therefore, it is essential to not reverse, or lessen, the amount of care and attention that is now given by so many dedicated hard-working people at each Personal Care Home. I feel to jeopardize any portion of this vital care would be a detriment to each one of us.

Elsie J. Bryan, daughter of
Leola E. Pinchock

CARMELLA'S HOUSE
CEMETERY RD.
CRABTREE, PA 15624

We fully concur with the above
comments,

Mahlon G. Pinchock, son
Donald E. Pinchock, son



DONALD E. PINCHOCK
357 Old Wm. Penn Hwy.
Blairsville, PA 15717

#14-475 (223)

Original: 2294

October 29, 2002

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

Dear Teleta Nevius,

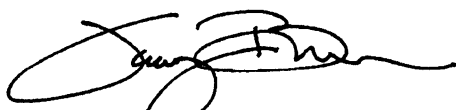
I am the legal guardian for my Uncle, George Speidel, who resides at the Green Hills Manor in Reading Pennsylvania. I have been very pleased with the regulations that govern that facility, *at a price that my Uncle can afford! Please, Please, Please do not make it impossible for me to keep him there!* If your new regulations make it too expensive for me to keep him there, what have you accomplished?

Why don't you spend the money on the facilities that *need* improvement and not over burden the *entire* system?

Perhaps you could create a simple grading system for all residents/guardians to fill out each year that would let you find facilities that *need* help instead of burdening all facilities.

Again, PLEASE do not take the great care my Uncle George has away!

Sincerely



Jeffrey Broner
782 Mt. Penn Road
Reading, PA 19607

CC Green Hills Manor

Original: 2294

2002 NOV - 1 AM 9: 21

INDEPENDENT REGULATORY
REVIEW COMMISSION



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

October 28, 2002

Mary Low Harris, Commissioner
Independent Regulatory Review Commission
333 Market Street, 14th Floor
Harrisburg, PA 17101

Dear Ms. Harris:

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

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

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

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

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

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

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

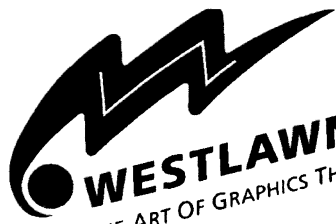
I hope that these new regulations will be pulled and re-worked. I also hope that you will include personal care home administrators, staff, residents and their families in the process. We love our residents and want to provide good, affordable care for them.

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

Sincerely,

A handwritten signature in cursive script that reads "Judy Fretts".

Judy Fretts, Administrator



WESTLAWN GRAPHIC
THE ART OF GRAPHICS THE SCIENCE OF MARKETING

Original: 2294

RECEIVED
OCT 20 AM 9:32

Dear Sirs: Robert Ayce

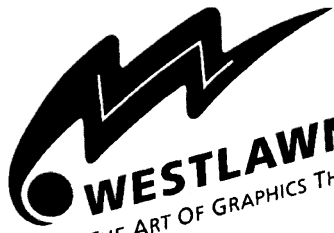
I am requesting that you please refrain from implementing the high cost regulations, and unnecessary regulations you are considering for assisted living facilities.

They will surely force some facilities out of business or at the very least double or triple costs which most residents cannot afford, my mother for one.

My mother lives at Green Hills Manor, Assisted Living Facility, in Reading Pa. She is happy there. The facility is very clean, well maintained, good food, great staff,

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

www.westlawngraphic.com • info@westlawngraphic.com



WESTLAWN GRAPHIC
THE ART OF GRAPHICS THE SCIENCE OF MARKETING

and a home she can presently afford. If costs skyrocket because of all these new, unneeded regulations, she will surely have to leave, to where I don't know, maybe out on the curb. Please do not force these elderly people out. Please let them stay there final years happy and well taken care of.

Thank You

Sincerely

Terry Weissmiller
3524 Oak St
Reading, Pa 19605

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

Original: 2294

October 28, 2002

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

2002 OCT 30 AM 9:36
INDEPENDENT REGULATORY
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

MARK R SCHRUM
636 N SECOND ST
READING PA 19601

October 28, 2002

Robert Nyce, Executive Director
Independent Regulatory Director
333 Market St
14th Floor
Harrisburg, PA 17101

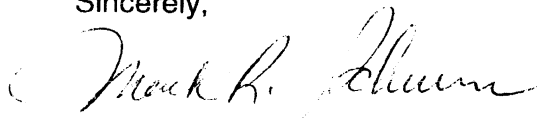
Dear Mr. Nyce,

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

MARK R SCHRUM
636 N SECOND ST
READING PA 19601

RECEIVED
NEW YORK
NOV 4 4 40 PM '02

Original: 2294

#14-475 (3Db)

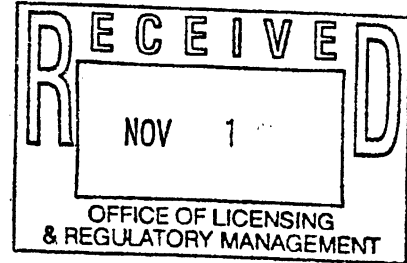


135 Main Street P.O. Box 336
St. Michael, PA 15951
814-495-4642

RECEIVED
NOV 1 10 33
SINCE 1988

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 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

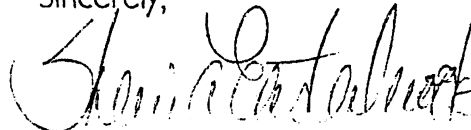
hold onto the hope that things will improve and she/he will go back to the previous level. If we, as providers, administrators and staff feel that we cannot adequately care for a person – is it right to force us to keep that person? Isn't it in the best interest of the resident if they receive the care 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

Original: 2294

#14-465 (67)
SAME COMMENTER
AS #6, 8, 12, 23, 92, 93
and 163"

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

October 30, 2002

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

Dear Teleta Nevius,

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

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

2600.32 Specific rights.

It is apparent the the influential resident advocates have dictated this section. So much was unfairly added since the March draft. Comments will be made after each item which are objectionable.

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

We request that the verbage be changed to "reasonable privacy" And that verbage from our current 2620 regs be added "except where a standard pay telephone is used."

(g)A resident...shall be open 365 days and shall provide the service needs identified in the resident's support plan". The last 12 words were added since the last draft, and they cause some issues which need to be discussed. NOT allservices are available 365 days a week. NOT ALL services are available on weekends and holidays.

Ex. the beautician would not be available on Christmas for sets/perms.

The transportation may not be provided after business hours,

~~or on holidays.~~

We agree that the home should be open all year, but delete the last few lines. It would also be costly to provide the services of ancillary staff on holidays which usually require time and half pay.

(j)A resident shall recieve assistance in attaining clean,seasonal clothing...appropriate."

The PCH is not in the shopping business. And what if the resident does not have the money to purchase clothing? This right isn't really a right as it depends on residents finances...it is a benefit of having money....not a right.

(k)A resident and, upon their request, his family, and advocate,... and request modifications to the resident's record.

The family MUST be narrowed down to state the resident's designee, as the PCH should NOT have to include the entire family. This could easily include more than 30 persons! HOW CHAOTIC is that!!!!

2600.32 Specific rights continued.

(k) The PCH records are Not a medical record and should not be treated as one. The clause request modifications takes this to a new level... Even medical records cannot be modified!

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

What kind of property are you referring to??? A car, wine, expensive jewelry, firearms???

This should have "within reason" and "consistent with home rules" added to the sentence, and if "Space allows".

(n) A resident... from the home, in relocating to another facility. Delete this clause and revert back to the old verbage. The assistance would NOT come from the home but rather outside agencies or families. This could definately create a conflict of interest problem, as well as a waste of time for the PCH.

(u) WE ADAMANTLY OBJECT TO THIS RIGHT. This gives only 3 reasons for giving a 30 day discharge. THIS IS TOO RESTRICTIVE! There are numerous reasons for leaving. What if the resident refuses to follow the home rules, or doesn't meet the criteria to live in a particular PCH. Ex. what if he becomes immobile or incontinent...He would not require a higher level of care, as he would still qualify for PCH level. but would need to move from one PCH to another. Or what if he depletes his funds and becomes an SSI and the PCH does not accept SSI.

The PCH should have the right to maintain the type of residents that create the atmosphere of the home.

What if the resident continually kicks the house dog...he should move to a petless PCH.

What if the resident begins to wander in and out of other residents rooms or belongings....

There are MANY appropriate reasons for giving 30 day discharge notices. After all we are dealing with a variety of people.

(x) A resident shall have the right to immediate payment by the home to resident's money stolen or mismanaged by the home's staff. Dealing with a confused clientele can create alot of issues with this right. Forgetful residents may accuse one of stealing when in fact the resident just forgot where he put it. The PCH should only be responsible for items placed in the possession of the home.

This seems more like a police matter than a regulatory one.

(Z) "A resident shall ...free from excessive medication." This is a medical issue and not a PCH issue. Talk to the prescriber who is NOT the PCH administrator. We assist with medications as prescribed.

It is very clear that the above rights were quotes from the resident advocates. The list of rights is an important part of the regulations. They need to be reasonable.

We recommend keeping the 2620.62 Rights.

Sincerely yours,

Elgin Panichelle

Elgin Panichelle WCPCHAA

Joseph A. Mix, D.M.D.
532 Woodhaven Drive
Lynchburg, VA 24502

#14-475

133

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

To Whom It May Concern:

I am writing to voice my opposition to the proposed personal care home regulations as stated in the 10/5/02 issue of the Pennsylvania Bulletin (55PA.Code CHS. 2600 and 2620). These proposed regulations are unnecessary and would place an undue financial burden on many of the smaller assisted living centers that are already providing excellent, high-quality care.

My mother, Doris V. Mix, of Shohola, PA, whose father was PA State Representative, Joseph H. Vogt, is currently a resident at Twin Cedars Assisted Living Center in Shohola where she receives excellent, high-quality, affordable care. My fear is that should these regulations be enacted, the care that my mother pays for out of pocket will no longer be affordable as the assisted living facility will, of necessity, pass the cost of implementing those regulations on to the residents and the residents' families. What is worse, the facility may be forced to close its doors since the increased costs may leave residents like my mother no alternative but to enter a nursing home.

As a former business owner and a current health care provider, I know first hand what these burdensome state and federal regulations can do. Though some oversight is necessary, the micro-managing from government at all levels, driven by a compulsion to "CYA" against the threat of litigation, never ends and does not achieve the stated objective of "protecting the public". The end result is that health care costs go up and people suffer.

I urge you to oppose these redundant, unnecessary and burdensome personal care home regulations. Thank you for the opportunity to voice my concerns.

Respectfully submitted,

Joseph A. Mix, DMD
Joseph A. Mix, DMD

Phone: (434) 239-4990

E-mail: jamix@liberty.edu

CC: Rep. George Kennedy, Jr., Chair (Majority), Health & Human Services Committee
Rep. Frank Oliver, Chair (Minority), House Health & Human Services Committee
Sen. Hal Mowery, Chair, Senate Public Health & Welfare Committee
Sen. Timothy Murphy, Vice-Chair, Senate Public Health & Welfare Committee
PA Assisted Living Association

Original: 2294

14-475 (136)
= SAME Commenter
as # 37, 38, 90, 91

2002 OCT 28 AM 10:55

REVIEW COMMISSION

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

October , 2002

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

Dear Teleta Nevius,

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

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

2600.58 staff training and orientation

(a) Prior to working with residents, all staff including temporary, part-time staff, and volunteers shall have an orientation that includes the following: (1) through (5)

Actually we agreed that this section is good. It is a basic issue for the health and safety of our residents. However we do feel that it is NOT necessary FOR VOLUNTEERS. It is extreme that a volunteer would need to be familiar with (4) personnel policies and procedures and (5) general operation of the home.

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

We agree with this. Excellent reasoning... this is a functional regulation which we agree with.

(c) Training of direct care staff hired after the effective date of this regulation shall include a demonstration of job duties, followed by guided practice, then proven competency before newly-hired direct care staff may provide unsupervised direct care in any particular area. Prior to contact with residents, all direct care staff shall successfully complete and pass the following competency-based training including... (1) through (14).

We have issues with (C)

On the technical writing (2) ADL (3) ... and personal hygiene (5) Personal care services

These 3 terms are redundant. Under the new medical terms which these regulations have adopted of ADL and IADL, the (2) ADL's is sufficient and complete

(3) Medication procedures, medical terminology... This should be two separate categories. EX: (3) Medication (4) Medical terminology

(3) and (13) are also redundant

This section was not well written.

Besides the technical writing errors we have greater issues with the intent as well as the contents. All of these items should NOT be

required prior to working with the residents. This totals to approx. 22 hrs. of training with completely testing PRIOR to working with the residents.

Some of the items listed are not appropriate for all direct care staff. EX.(3) Medication procedure, (6) Implementation of initial assessment, annual assessment, and support plan., (13) Use of medications...

(F) Training topics for the required annual training... This alone adds up to 22 hours. Again some of the topics may not be appropriate for all direct care staff. It is too rigid, too specific, and does not leave any room for stimulating new topics.

Philosophically this is not a sound training regulation. Economically, it is not feasible.

(g) Full-time, part-time and temporary staff persons and volunteers shall be trained annually on: (1) through (7)

We would recommend deleting # as this information would be ongoing rather than a yearly topic.

We would highly recommend adding BODY MECHANICS & STANDARD PRECAUTIONS. We feel that OSHA would require these two topics.

Again we do not feel that volunteers should be subject to rigid training requirements.

The mandated yearly topics already adds up to 7 hours. 7 + 22 = 29 hours/year mandated by this section alone!!!!

OUR RECOMMENDATIONS:

- (1) delete the word "volunteers" from entire section
- (2) We approve of (a), (b), and (g). Also (h), (i) and (j) are acceptable.
- (3) DELETE (c), (d), (f)
- (4) Instead of all the training BEFORE working with the residents, we would suggest requiring (a) and 16 hours of "shadowing"="working with the buddy system"="working with a preceptor".. and evaluation of orientation before working independently.

Sincerely yours,

Rosewood Manor PCH
Richard & Peter } Administrators
Coral Don }
 members
 NAA HAA
 WCP HAA

14-475

(713)

126 Crest St
Speers Hill
Charleroi, Pa
15022

10-30-02

Commonwealth of Pa,
Dept. of Public Welfare
Office of Licensing & Reg. Mgmt.
Teleta Nevius, Director
P. O. Box 2675
Harrisburg, Pa 171105

To Whom it may Concern:

Re: Proposed new regulations
for the Personal Care Home
industry

We have learned that the new
proposed regulations will
create a large problem for
us. Whenever businesses
have major cost increases
it is the consumer, or in
this case the resident and
their family, who bear a majority

RECEIVED

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 increases cost that the personal care home where my father is will charge.

The specific regulations that we have problems with and will do the most financial damage to our family are:

2600.19 Waivers (bathrooms for family?) Not necessary for us.

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 hire people won't give us better care, actually the opposite since existing staff will have to work overtime to cover for those who quit on short notice.)

2600.59 Staff Training Plan

2600.60 Individual Staff Training

2600.58 Annual Staff Training (24 hours when hospitals require 12?)

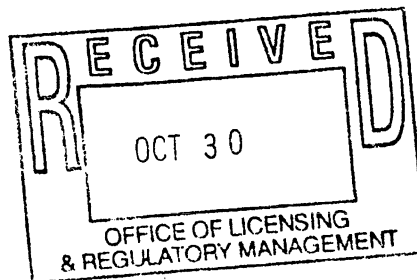
2600.181 Self Administration (professionals to put a pill in someone's mouth? an unnecessary expense!)

If you do not alter or delete these regulations, you will be creating a major problem financially for my family.

We're happy with the care
my father receives, however
my mother could not afford
an increase in rates.

Sincerely,
(Mrs.) Laurabelle Marchese
and (Mrs.) George Drey

#14-475 (178)



Dear Teleta Nevius,

I am writing to you on behalf of our entire family. Our desire was always to take care of our mother at home. But, due to all of my brothers and sisters and our spouses working it became impossible. Life puts a lot on you.

Our mother is 89 years old. She is in overall good health except she has dementia. Therefore, she forgets to take medication, forgets to eat or sleeps in the chair overnight with her legs down. All of this required us to place her in a WONDERFUL PERSONAL CARE HOME. We used community references on the best place to go. References like her Doctor, her priest, her pharmacist, her neighbors and our neighbors. If you notice, we did not use any government sources like your Department. We went to those who know.

Our mother lives in a wonderful environment. The personal care home has 19 other residents. It is family owned and operated. Not only are the husband and wife present but, their children are in and out (our mother treats them as her grandchildren as do all residents), their extended family too. They have pets, activities that we can all participate in, good food and a very professional employees. The care is first rate. On all of our visits, all residents are treated with respect and dignity.

Why do I mention all of this to you? Because our mother does not qualify for nursing home care. Therefore we are paying for her to live here. Between her Social Security and no pension we all pitch in for her to reside here. The changes you are recommending will increase our monthly payment and we will have to move her. Do you care? Did you look at these issues? The personal care home administrator has shown us that you projected a cost of \$680.00 to implement these regulations. She then showed us what the REAL cost will be for the home and how it divides out among the residents. She also has 4 residents receiving a supplement from Social Security. She can not raise their rates, therefore it is passed on to the others.

Our mother is safe. Her health and welfare are not only okay but, protected in the home she lives in. Why do you want to take that away. I will let the home address the specific areas to you. I have seen them, they have explained them and I have seen and believe her rate will increase by \$185.00 a month. That is \$185.00 my mother does not have and we do not have. Do you have children Ms. Nevius? We can not cut more to them. It is unfair and it is wrong for you to change my mother's personal care home.

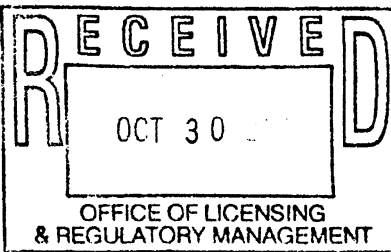
I think the most appalling issue that I have read in the Pittsburgh Post Gazette is that you have not even enforced the regulations you have. The article pointed out how critical issues went on for long periods of time. None of the issues in the article have EVER been a concern at my mother's personal care home. Maybe had you spent your time enforcing them, the proposed excessive regulations would not be needed.

We appeal to you to cut the excessive regulations. Our administrator has made plenty of suggestions in writing to you. She showed us where it has been ignored. Please, don't make our mother and so many others have to make the move. Be reasonable.

Sincerely yours,

A handwritten signature in cursive script that reads "Linda Riley".

Original: 2294



Dear Teleta Nevius,

I am writing to you on behalf of our entire family. Our desire was always to take care of our mother at home. But, due to all of my brothers and sisters and our spouses working it became impossible. Life puts a lot on you.

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Sincerely yours,

William W. Riley

2011 NOV 12 PM 12:29
PENNSYLVANIA REGULATORY
REVIEW COMMISSION

2011 NOV 13 AM 9:47
PENNSYLVANIA REGULATORY
REVIEW COMMISSION

October 30, 2002

Richard Lubecki RPh
Span & Taylor Pharmacy
175 West Main Street
Monongahela, PA 15063

IRRC
333 Market Street
14th Floor
Harrisburg, PA 17101
Attn: Mary Lou Harris

Dear Ms. Harris;

I would like to make a "public comment on the Proposed Regulations that the DPW has proposed for the personal care home industry. I imagine that you are attempting to regulate what you see as shortcomings in the personal care homes of Pennsylvania. You are attempting to pass legislation to require that many of the duties now performed by the regularly trained and competent staff members be restricted to nursing staff alone. While there is certainly no argument that nurses can and do provide a wide range of very valuable services to critically ill patients, there is also the cost factor associated with an increase in the number of nurses in use and the number of hours worked. The types of homes I am talking about are not for critically ill patients, they are for either elderly or otherwise challenged patients who generally need assistance with some personal care issues such as meals, cleaning, and other less critical duties. By making the proposed changes, many of the smaller personal care home operators could be forced out of business. This could lead to a decrease in the overall number of beds available for our senior citizen population and derive families of the ability to frequently visit their elderly relatives at convenient, local personal care homes.

Another issue associated with these proposed regulations is the very simple fact that there is already a critical shortage of nurses. This is why President Bush signed into law, legislation to help future nurses to go to school tuition free. This once again leads to the closing of many personal care homes that currently exist. Tie this in with the increased costs to the already financially strapped families and we can all see that while these regulations are intended to increase patient care, the effect would be just the opposite. Some families may seek out unregulated homes that would operate outside the law. Included in my duties as pharmacist are visits to these personal care homes to help them with patient care issues. These homes, as they currently exist provide good care for residents who have some need of personal assistance. 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. Please consider these issues very seriously.

Thank you,

Richard Lubecki RPh

14-475 (183)

October 30, 2002

20:00 PM '02

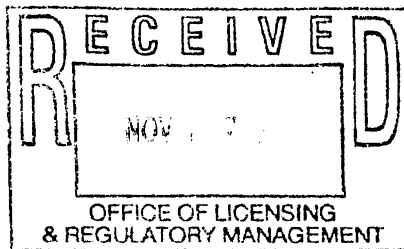
REVIEW COMMISSION

Dear Legislator,

I am writing to you on behalf of some of the proposed changes that may be occurring in the Personal Care/ Assisted Living industry. As an employee in an Assisted Living facility, I feel that I need to express a concern that I have over an issue that may affect our nurturing environment.

It has been brought to my attention that the Legislature would like to pass new laws concerning the distribution of medication to the homes' residents. If all of the Personal Care homes were to require C.N.A.'s or L.P.N.'s to distribute the residents' medications, that in turn would increase the cost of the individuals stay at any facility. I assure you that there is a L.P.N. on staff at all times, but she cannot be in all places at all times. This is why we have Care Givers that are well trained and professional in manner that distributes our residents' medications under the supervision of our Director of Nursing.

I hope that you have taken notice to the fact that I have been referring to our occupants as residents, and NOT patients! These wonderful people that stay in our facility are still mentally alert, and for the most part, mobile. They do not require round-the-clock care, such as someone in a hospital or nursing home environment. This is the type of environment that the individual and their family feel is the best for the loved one in question. If the Legislature changes some of the state's regulations to make our daily operations more costly then it will turn into a NO WIN situation for all parties concerned!



Sincerely,

A handwritten signature in cursive script that reads "Jeanne Leon".

Jeanne Leon

135 Jackson Rd

Pgh, PA 15239

Original: 2294

#14-475
312

OCTOBER 30, 2002

2002-10-30 PM 5:04

OFFICE OF LICENSING & REGULATORY
REVIEW COMMISSION

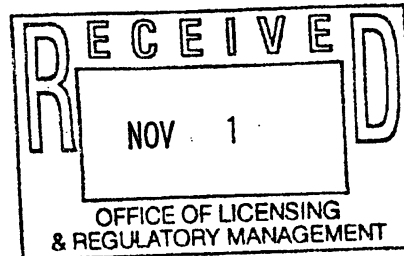
DEAR MS. NEVIOUS, IRRIC, SENATOR MOWREY AND MR. KINNEY:

THIS LETTER IS IN REFERENCE TO THE PROPOSED CHANGES IN THE REGULATIONS FOR PERSONAL CARE HOMES. MY MOTHER IS PRESENTLY RESIDING AT VALENCIA WOODS, A DIVISION OF ST. BARNABAS SINCE SHE IS UNABLE TO LIVE INDEPENDENTLY AND WE FEEL IS DOING VERY, VERY WELL. PERHAPS THE PEOPLE THAT ARE PROPOSING THE CHANGES IN REGULATIONS SHOULD TAKE A LITTLE TIME AND VISIT SOME PERSONAL CARE HOMES AND SEE FOR THEMSELVES HOW NEEDED THEY ARE. YOU ALL NEED TO GET YOUR PRIORITIES STRAIGHT AND DO WHAT IS RIGHT WITH OUR SENIORS. YOU KNOW SOME DAY YOU WILL BE AT THAT AGE, ON A FIXED INCOME AND UNABLE TO CARE FOR YOURSELF.

SINCERELY,



LINDA E. LEES
1405 THREE DEGREE ROAD
VALENCIA, PA. 16059



Original: 2294
To Teleta Nevius Director
Department of Public Welfare
Room 316 Health and Welfare Building
P.O. Box 2675 Harrisburg PA 17120

#14-475

(404)

1629 Route 580 Hwy
Clymer PA 15728
October 30, 2002
page 1 of 2

Dear Teleta Nevius

I am writing to you on behalf of our entire family. Our father is 89 and is in general good health but is developing dementia. His short term memory isn't good, he can't remember to take his medication, becomes easily confused and disoriented. Because of this he has been in a personal care home close by for over a year. He gets excellent care and is greatly relieved that he doesn't have the overwhelming tasks of taking care of himself which he insisted on doing when he was at home.

In this family owned and operated personal care home Dad gets first rate compassionate care and is treated with dignity and respect. Dad's Social Security doesn't cover half the cost and we are paying the difference. I recently read that new regulations were planned that would require a nurse or E.M.T. to give medications and other requirements that would greatly increase the cost of operating a Personal Care Home and possibly force many of them to close. I think that these new regulations are unnecessary requirements and would make it very difficult for families to afford the care, and it would probably be difficult to find a Personal Care Home close enough to visit our loved ones often.

Secondly this push to move Personal Care Homes to a medical model seems to be contradictory to the policy of placing the Profoundly Mentally Retarded residents
see page 2

F. S. Teleta, Director
Department of Public Welfare
Room 316 Health & Welfare Building
PO Box 2675 Harrisburg PA 17120

1627 Route 580 Hwy
Clymer PA 15728
October 30, 2002

page 2 of 2

of State Mental Retardation Centers, where they have trained medical staff nurses and doctors to give their medication and take care of their health concerns, into group homes. It is my understanding that these profoundly mentally retarded individuals are being discharged from the centers to privately operated group homes where I understand they receive all their medication for epilepsy, mental illness, heart conditions, diabetes and other health problems, from very young staff without medical training, degrees or certification. In view of this it seems the new pending regulations for Personal Care Homes are very discriminatory toward the folks that reside in Personal Care Homes and their families. I believe that the folks who reside in Personal Care Homes are generally verbal and can indicate when they are sick, and do not have the serious health problems that would necessitate daily nursing care. When people in Personal Care Homes have more serious health problems they are moved to Nursing Homes where the medical model is in place and is appropriate.

I believe the Personal Care Homes are doing well as a Family Oriented Social Model and should not be expected to be a Medical Model. Personal Care Homes as they are, are a wonderful resource for our loved ones.

SENATOR DON WHITE & STATE REP. JEFF COLEMAN
Sincerely,
Jane Lamer

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

Original: 2294

#14-475

(404)

1629 Route 580 Hwy
Clymer PA 15728
October 30, 2002
page 1 of 2

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F5 Teleta Nevins Director
Department of Public Welfare
Room 316 Health & Welfare Building
PO Box 2675 Harrisburg PA 17120

1627 Route 580 Hwy
Clymer PA 15728
October 30, 2002

page 2 of 2

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STATE REP. SARA STEELMAN
SENATOR DON WHITE & STATE REP. JEFF COLEMAN

Sincerely,
Jane Lamer

Original: 2294

14-475 (691)

"Same Commenter
as # 286"

NOV 12 PM 3:02
INDEPENDENT REGULATORY
REVIEW COMMISSION

NOV -4 AM 9:05
INDEPENDENT REGULATORY
REVIEW COMMISSION

October 30, 2002

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

Dear Mr. Nyce:

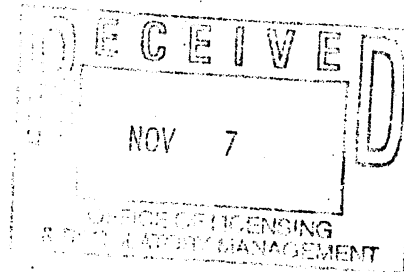
I am writing to you as a concerned daughter of a 90 year old woman in an assisted living facility. Recently we have been informed of impending new regulations. Many of these regulations seem extreme and unfair to the smaller facility already giving adequate care at reasonable rates. Furthermore, people on SSI will be priced completely out of the system.

For the above reasons I implore you not to approve these extreme regulations as they will do more harm than good to many members of the senior community.

Sincerely,

Kathryn F. Balthaser

Kathryn F. Balthaser



Kathryn F. Balthaser
251 Nichols Street
Leesport, PA 19533

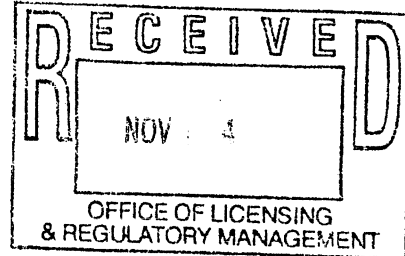
Original: 2294

14-475 (403)

RECEIVED
OCTOBER 30 2002
REGULATORY
REVIEW COMMISSION

October 30, 2002

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



Dear Mr. Nevius:

I am writing to you on behalf of my family. My grandmother resides in a personal care facility in Armstrong County. She is 90 years old and has dementia. She forgets to take her medication and forgets if she has eaten. She also has difficulties getting around. She uses a wheelchair and can only walk very short distances with her walker. I reside in Ohio and am not able to be there to take care of her. I visit her frequently and can honestly say that the care facility she lives in does an excellent job of taking care of her. I am a licensed nursing home administrator in Ohio and have visited many homes. I have seen some of the best as well as some of the worst managed homes and I feel the personal care facility that my grandmother resides in does an excellent job.

The reason that I am writing to you is that the facility has informed us that the proposed changes to Chapter 2600 regulating personal care facilities could have devastating effects on their facility and the residents that reside there. I have been told that many of these small personal care homes with 50 or fewer residents would have to close their doors were these changes to become law. I believe that these small homes do an excellent job in meeting the needs of their patients and these new regulations would be costly to the patients and would not increase their quality of care. Personal care facilities are not nursing homes and should not be treated as such. Nursing homes need more regulations because their patients are typically sicker and need services that patients in personal care facilities do not need. My grandmother is on a fixed income and could not afford an increase in her cost of care. I do not know where she would go if the facility would close its doors or increase their cost of care.

I appeal to you to cut the excessive regulations. Please remember that there are many people in the situation that my grandmother is in. Where will all these people go? Please let nursing homes be nursing homes and personal care facilities be personal care facilities and remember that there is a difference in the needs of their patients so there should be differences in their regulations.

Sincerely,
Cathy M. Johns
Cathy M. Johns