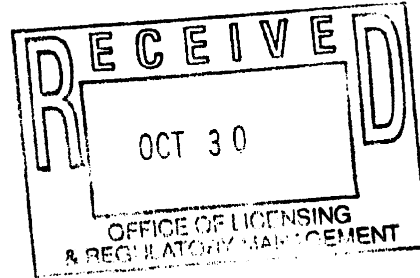
#14-475 (188)

Original: 2294

October 27, 2002



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

Dear Teleta Nevius,

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

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

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

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

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

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

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

Thanks for reading this.

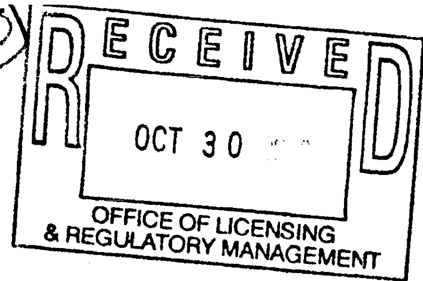
Sincerely,

Glenn Millslagle

Glenn Millslagle
208 Newcomer Drive
Scottdale PA 15683

Original: 2294

#14-475 (180)



Oct. 25, 2002

Dear Teleta Nevius,

I would like to give you a little background on my P.C.H. My husband started this business in 1979 with 3 residents under dom care. We were married in 1984 and became licensed that year. We are a small home, licensed for 8, presently we have 6 residents. All residents are on SSI. They are all men and all have mental illness.

24 hr. training: I believe the 24 hr. training is absolutely excessive. I have been in this business for 18 years now. We were told in 1992 that we had to have schooling. I complied with all of the classes and am still going 6 hrs. yearly, which have been nothing but a waste of my time and money. Perhaps you people don't understand what I do to run a P.C.H. Let me tell you what a typical day is: First thing in the morning I get breakfast, pass out medicine, pack lunches for those going to the Partial Hospitalization Program, pass out their money for the day, load dishwasher, start the laundry for the day, begin bathes and shaving for the ones who need help, wipe up bathrooms, tidy beds, by this time its lunch time, prepare meal and serve it. After lunch, more laundry, which never seems to end, run the sweeper, take out the garbage, prepare supper, serve meal, pass out meds, run dishwasher, wipe tables. At this time, if I'm lucky, I can sit down with my family for some supper. I also have 3 teenagers and a husband who need my time. As you can probably tell, I never have to worry about what to do. I think you people forget the word HOME in Personal Care Home. My P.C.H. is run like a home!! If there's a new way to clean a commode or an easier way to keep the laundry baskets empty, I'm all for education. If not then until you can actually come up with something to teach me--don't waste my money or time!

This, of course, was just a typical day. Many times there are Dr. appts. to be scheduled into this busy day, as well as unexpected phone calls, illnesses, family deciding to visit, etc. I have one part-time staff member who helps out. At other times, I call on my family for help. Understand, please, that I am not complaining about my job now, but with the 24 hr. training to be mandatory for everyone, even volunteers, I probably will have to go out of business because no one has said that they will take the training!! As of now, if they have CPR & First Aid, they can be here at the home as my designee. Without my family and one part-time person, I would have to be under house arrest in my own home, and that I will not tolerate.

I attended a meeting of other P.C.H.'s in the area and was told to write letters, but not to complain about how this would affect me because you only care about the residents, not the owners, adms., or staff of P.C.H.'s. Well, you can see that I wrote about how just this one requirement will affect me, but it will affect the residents as well, because they may have to leave my home if I cannot comply with these requirements, and I have residents who have lived here for 19 years, 18 years, 17 years, 13 years, 5 years, and 1 year, and they will lose their HOME!!You can't get affected more than that.

Please reconsider these regulations and leave as is.

Shirley A. Pisano, Adm.
Shirley A. Pisano
John and Shirley Pisano's P.C.H.
PO Box 144
670 Stonetown Road
Rossiter, PA 15772

Original: 2294

14-475 (509)

Proposed Rulemaking.
Department of Public Welfare

(55 PA.CODE CHS 2600 AND 2620)

Personal Care Homes.

October 27th 2002.

Having read the proposed rules we would like you to consider adding the following.
In a Personal Care Home that has all Brain Injured Residents.
There should not be any residents living on upper floors that are unable to walk down stairs during a fire drill or any other emergency,no wheelchairs

All staff should wear name tags,many brain injured people have short term memory loss and can not distinguish between other residents and Staff.

Nursing and Staff Offices should have the name of the department on the doors.

Medications need to be given after meals unless otherwise specified.
14 to 16 hours between meals at night is too long.Many residents take meds at 8 pm and again at 8am the next morning,with little to nothing to eat between those hours.

Dinning Halls should be reasonably heated for breakfast,lunch and supper.Not so cold in the AM that many wear their outdoor jackets while eating breakfast. During the cold winter months.

Family members should be allowed to transport a resident to any and all appointments,bringing back a consult sheet from Drs or other medical person.

Halls are to be well lit from dawn to dusk.

Our son is in a Personal Care Home that has only those with Brain Injury, and all of these rules need to be addressed.

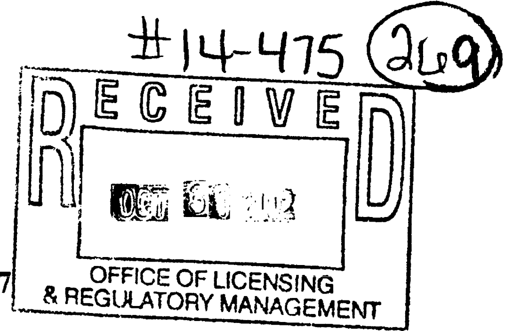
We hope you will consider our suggestions.

Thank you for your time.

Donald Gehrlein
Joan M. Gehrlein

Donald and Joan Gehrlein
838 St Clair Ave .
Erie Pa.16505-3447.

Original: 2294



JANE MARIONI
726 ST GEORGES RD
BRIDGEWATER NJ 08807

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

October 27, 2002

Dear Director,

I have recently become aware of proposed regulations for assisted living residences – 55PA.CodeCHS.2600 and 2620. I currently have a relative, my mother, in an assisted living residence. My review of these regulations indicates that the requirements may raise the cost, for no real safety improvement, to a level which will make it financially impossible for my mother to stay there.

I respectfully request that you withdraw these proposed regulations until future information on the need and benefit is obtained.

I would request you do some or all of the following before issuing additional regulations.

First – Obtain input from current operators of assisted living residences regarding their views of needed safety regulations.

Second – Obtain input from current residents (or their families) of assisted living residences as to what they view as the most needed regulations, if any.

Third – Perform adequate and extensive cost benefit analyses to determine if regulations are necessary.

Fourth – Determine the appropriateness of certain proposals, such as allowing firearms in residences or requiring residents to vacate buildings during fire alarm drills regardless of weather or physical condition.

I am sending copies of this letter to the various legislators involved in health and human services, and hope you will all carefully review this situation.

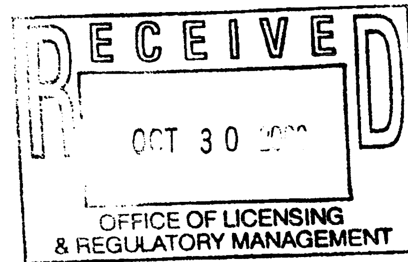
Sincerely,

Jane Marioni

C: Hon. Geo. Kennedy Jr.
Hon. Frank Oliver
Hon. Hal Mowery
Hon. Timothy Murphy

#14-475 (175)

Original: 2294



October 27, 2002

Dear Ms. Nevius,

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

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

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

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

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

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

Yours truly,

Diane Finley

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

Original: 2294

14-475 (277)

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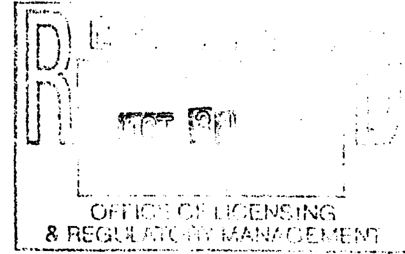


10/26/02

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

RE: Comments: Draft Chapter 2600 Personal Care Regulations

Dear Ms. Nevius:

Faith Friendship Villa is a 73 bed Home that serves primarily mental health residents. Of our total resident population, approximately 85% are SSI. We continue to be very disturbed at the progression of these regulations. The draft has continued to demonstrate a shift away from a Home-based model of residential care towards a Facility/Institutional based model.

The draft also continues to include provisions that simply do not recognize the financial and practical realities of what we do. Through this process, there have repeatedly been too many proposals- such as prior attempts to increase staffing ratios- that somehow did not consider the practical aspects and costs of doing business. There remains an idealism in these regs that again conflicts with reality. The draft also, in our opinion, contains provisions that are in clear violation of the rights of PCH owners/operators as citizens.

We recognize that this revision process has often times put PCH providers at odds with DPW. It truly is not our intent for this to be an adversarial situation. Hopefully we are similarly committed to making Homes the best they can be, for the good of our residents. Yet there are critical aspects of Personal Care that we simply do not feel have been recognized. Without this recognition, many good Homes will be forced out of business, and many residents, especially those who are most vulnerable, will be forced from their homes. We hold out hope that DPW and the provider community can work together, yet there remains numerous issues within the draft that are intolerable, or just unwise.

Therefore, in response to the Draft Chapter 2600 Personal Care Home Regulations as published in the PA Bulletin 10/4/02, we provide the following comments.

Purpose of the Proposed Rulemaking: We strongly question the statement that these regulations will strengthen health and safety requirements <u>based on public input and research</u>. The PCH provider community has tried diligently to provide input to this process, and has been ignored in many cases. The PCH provider community as a whole has never been surveyed for our current cost, nor for projections of the increased costs for the proposed regulations. We were given one survey to fill out at a Provider's meeting, but received no feedback, nor did we see these issues adequately addressed. In addition, the greatest single body of stakeholders are the residents, and their families, of PCH's. Aside from what has been conveyed by the Home providers, their opinions, likes, and concerns have not been

considered in the revision process. The term "research" implies some sort of scientific method and analysis, and there has been no evidence that this was conducted by DPW. Those responsible for these regulations apparently have made inadequate efforts to visit an appropriate sampling of Homes across the State, and there has been no indication that input from Inspectors was seriously considered. To claim that these regulations were based on public input, when the single largest body of stakeholders had no voice, and to claim that research was done, when a proper sampling of home visits were not conducted, is simply untenable.

Proposed Resolution: 1) Surveys should be made available to PCH residents to convey what they as consumers appreciate about their Home, and what concerns they have from. 2) Focus Groups of PCH providers should be convened. 3) State Inspectors should be surveyed to identify Top Performing Homes in various geographies, of various sizes, and with various resident characteristics (SSI, elderly, mental health, etc) and visits conducted by those writing the regulations to determine what is working, and what things DPW could do to help good homes get better.

Background: Noticeably lacking is any mention that the PCH provider community was given any opportunity to review and respond to DPW's cost analysis for these regulations. Since DPW has not the familiarity with all Home operations, there is no way they could have assessed what individual homes will need to do, or how many people they will need to hire, to implement and maintain the new regs.

Proposed Resolution: The full detailed cost analysis should be opened for review and response by the PCH providers.

Significant Provisions- In addition to comments in the individual sections, the following comments are provided:

Waiver Requests: It seems very odd that DPW would want to grant residents the ability to provide input when the Home wants a waiver on a regulation, but DPW has not given residents an appropriate vehicle to provide input to DPW on the development of these proposed regs.

Resident Rights: We are very concerned that the term "rights" has now become so broad- with 28 specific items- that DPW has placed PCH providers at undue legal risk. The term "rights" has severe legal ramifications, and should only be reserved for things that truly would be recognized throughout society.

Staffing: Contrary to the claims, the proposed rulemaking does not leave staffing unaffected, even though the number of PC hours is seemingly unchanged. By injecting the term "direct care staff", and by differentiating between ADL's and IADL's, the definition of "personal care tasks" as they apply to those who may be counted in the staffing ratios, has changed. Indirectly, more staff will now be needed, as only staff who do Direct Care (and thus ADL's) count towards the PC hours.

Administrator Training and Orientation: The explosion of requirements for an administrator is simply uncalled for. DPW has no basis for in essence requiring a medical professional to be the administrator of a residential care environment. Even someone with a business background is not considered to be qualified by these standards. This requirement will destroy small homes, and those that serve the poor. In addition, the current shortage of nurses and other medical professionals in the state, and the low compensation in many PCH homes, make this proposal unrealistic.

Staff Training and Orientation: Again, the training needs for residential care have been over-estimated, and the economic considerations under-estimated.

Safe Management Techniques: Rather than read literature, and speak with "experts" about Safe Management, DPW should have spent more talking with PCH providers to understand how well equipped they feel they are, and how DPW could help. The proposed regulations on Safe management are in reality a mandate to provide behavior modification therapy, a service that is clearly outside the realm of Personal Care.

Development of Support Plans: While these plans provide a value, it is not appropriate to place the burden, and liability, upon the Home. This is Social Service work, and various government agencies, such as DPW, Dept of Aging, and MH/MR, exist for this very reason. To require the Homes to assume this task will require them to hire Social Workers, yet the expense of this new service was not considered in the stated financial impact.

Affected Individuals, Groups, and Organizations: The proposed regs have been consistently opposed by smaller homes, and those that serve the poor. Residents and their families were not included in the development of the regs. Small homes (less than 50 beds) make up over 70% of the Homes in the State, according to DPW's figures. PCH beds for the poor make up over 20% of all beds. Residents represent over 50,000 people, including their families brings the total into the hundreds of thousands. Clearly those who are most affected have not been given the consideration they should.

Cost Considerations- Private Sector

Providing services to SSI residents entitles us to a maximum of $29.98 per day. This is an incredibly small sum in light of the services currently provided, and the liabilities incurred. The recently announced 1.4% COLA from Social Security is woefully inadequate to keep up with rising costs. Many of our expenses, especially insurances, have experienced a far greater increase. Even the State UC insurance has increased more than this.

If one were to individually itemize the fair market cost of everything we provide- lodging, meals, laundry services, housekeeping, activities, and various personal care services, it should be very obvious that the total value of these services would be far in excess of $29.98. We have considered the costs of services from local providers for their services, and feel certain that the value of our care is already far greater than what we receive in compensation.

One hour of personal care, from a reputable home care agency, would by itself cost over half of what an SSI resident pays us each day for **all** their services. Factoring in meals, lodging, laundry, housekeeping, financial and medication management/assistance, activities, supplies, and a substantial number of "as-needed" services, demonstrates a substantial value to the SSI consumer, and the Commonwealth. Our services are also provided in a regulatory and insurance environment that is more costly than others in the community. The bottom line is that SSI providers are presently under-compensated, and can not absorb any more losses. The following additional comments pertain to statements in the proposed regs:

PCH Providers: How can DPW actually claim to have given careful consideration to the cost of services when providers were never surveyed for cost projections, nor given the opportunity to review DPW's analysis? The cost projections in the Draft Regs are seriously flawed as follows:

Mandatory Costs:

(a) DPW claims that the new policies, procedures, personnel management, quality management, and other documents will only incur additional printing costs. Is it not realized that someone will need to be paid to research and write all these new policies, procedures, etc? That someone will needed to be paid to communicate them to staff? That staff will need to be paid to listen? That someone will need to be paid to maintain, administrate, and revise these policies and programs? That the qualifications of the persons doing these things would probably be of an Administrator or Social Worker, and would be a new hire for many Homes? For a Home of our size (73 beds) the additional policies and programs will require at a minimum the hiring of an administrative assistant or Social worker, at a minimum cost of $30,000 per year. With 85% of our residents being SSI, were does this salary come from?

(d) The cost of the additional training for each administrator, for replacement staff when others are in training, and the cost of observing and testing staff will be thousands of dollars. With 85% of our residents being SSI, where are these salaries to come from? And with the difficulty in finding good staff, where do we find adequate numbers of personnel?

The regulations also list a variety of "optional" and individual choice costs. There is nothing optional about regulatory compliance. We have no "choice". We question how DPW could anticipate to what degree these categories of costs will affect the industry when we haven't been consulted about our cost projections. We question what salary data DPW used in determining the cost of requiring all future administrators to have the higher qualifications.

The proposed regulations also omit the following costs to the PCH providers:

- Costs of program/policy development and administration, as mentioned previously. This includes the Social Service costs of Support Plans, training plans, annual questionnaires, emergency disaster plans, emergency medical plans for residents and various resident rights compliance documents.
- Cost of administrator time that will be lost in giving free internship training to administrator hopefuls for other homes, or even for their own.
- Costs of higher salaries due to the higher qualifications of administrators. Surely DPW doesn't think that someone who is a registered nurse is going to work for the same pay as many present administrators who are HS grads with 40 hours of training and on-the job experience?
- Costs of additional staffing due to the change in PC hour calcs. Since only "direct care staff" are included, and they only do ADL's, additional staff will be needed to do IADL's and other valid personal care tasks.
- Costs of additional liability insurance due to the increased responsibility on the PCH.
- Costs of personnel and possibly transportation for new resident right of receiving assistance in accessing various services and obtaining clothing.
- Costs of alternate food choices and additional portions.
- Costs of installing skid resistant surfaces. Stairs alone can cost thousands for a proper installation of treads.
- Costs of adding mechanical dishwashers and communication systems at some homes.
- The cost of offering non-water beverages every 2 hours. This includes not only the cost of the drinks themselves, but also the repeated washing and replacement of glasses, and the staff time to support these activities.
- Cost of modifying all home smoke detectors when there is a deaf resident.

- Cost of monthly testing of all smoke detectors.
- Costs of adding new toilets due to the ratio change, and the possible loss of revenue from needing to convert a bedroom into bathrooms.
- Cost of using fire-retardant mattresses. This alone would cost us approximately $10,000 to replace all mattresses initially, plus as mattresses wear out, fire-retardant are approximately $60 more than a standard new mattress.
- Costs of reporting due to expanded reporting requirements for events.

For a home such as ours, these regulations would incur over $25,000 in one-time implementation costs, and over $75,000 in recurring annual expenses, mostly related to additional manpower.

Cost Considerations- Public Sector

Commonwealth: It is very misleading to claim that personal care homes will be improved, and that residents will get better service, and it will cost the taxpayers of the Commonwealth virtually nothing. There still is no free lunch. Someone will pay for the additional costs. In the case of SSI residents, it will be the taxpayers, as PCH providers will not absorb losses. Also, there must be costs to DPW to implement and enforce the new regs. These are not reflected.

Finally, the mention of a 20% increase in SSI last year has absolutely no bearing on the present concern, and should not be an issue. That decision was made apart from this regulatory process, based on the condition of the PCH industry, rising demands, and diminishing options for low-income residents. To somehow link it to this debate and imply that the past increase may "make-up for" the new costs of the new regs, or preclude the need for new increases because of the regs, is deceptive. As stated, the Commonwealth is already getting a tremendous value from well run PCH's who serve SSI.

Local Government: There will be substantial costs to the local government if PCH's that serve the poor, or are small in size are forced out of business. The industry has been warning of this reality, but doesn't seem to be taken seriously.

Paperwork Requirements: More paperwork is avoidable. There are reasonable alternatives. The answer to the State's PCH issues is not answered by more paperwork . DPW is taking our Personal Care Homes, and turning them into Impersonal Can't Care Homes, because no one will have time to actually spend time with residents in a personal way.

Public Hearings: In light of the substantial number of stakeholders who have not been given legitimate opportunity for input, and the unresolved concerns of much of the PCH industry, we request that Public Hearings be held before any new regs are implemented.

2600.1 Purpose: The proposed regs do not assure that supportive residential settings will be provided, as the regs clearly are moving towards a facility model of care, not a home model. Many of the new requirements are clearly medical/nursing in nature, and inappropriate for a residential environment. PCH Providers have been pleading with DPW to recognize that one of the things that makes the PA system of PCH ideal for consumers is that it gives many choices, and enables people to stay in a home-like environment.

Proposed Resolution: DPW must gather more information from Home inspectors, Home residents, and providers to ensure that the things that are working well in PCH's are preserved. DPW must recognize that in some cases, because of home size or clientele, one regulation will not fit all. We would also welcome DPW to consider customizing some requirements according to the size of the

home, and the nature of its business. For example, Home size is a factor in licensing fees. Perhaps Home size should also differentiate administrator and staffing qualifications. Perhaps Home should be given greater latitude for waivers due to financial considerations. The State of Pennsylvania can decide what services it will offer to its residents based on their income- so might PCH providers decide what type of service they offer.

2600.4 Definitions

ADL- Activities of Daily Living, and IADL- Instrumental activities of daily living, and TDL- Tasks of Daily Living (from 2600.24): This differentiation is not helpful, and not appropriate for personal care. The current regs speak only of "personal care services" and TDL's, which are very easy to understand. The ADL/IADL addition gives a nursing home perspective, and is extremely confusing.

Resolution: Why not just have a comprehensive list of Tasks of Daily Living that includes all, and define personal care as assistance with those tasks? ADL's and IADL's should only be retained if the are used in assessing levels of personal care that a resident needs.

Abuse- we recognize this is the current definition. However, item (i) does not consider actual <u>intent</u> by the employee to harm. This definition of abuse is based largely by how the resident <u>responds.</u> Thus if a resident FEELS like he was talked to inappropriately by staff, he can claim abuse very easily. And if a resident doesn't receive certain services, the Home will need to demonstrate that they did everything they could, no matter how burdensome, or possibly be accused of neglect (item v). Of course I am not trying to minimize the seriousness of resident abuse. However, we as employees- especially those in mental health environments- have rights and need protection too.

Ancillary Staff- The definition states these individuals are those who are not direct care staff. Since direct care staff only perform ADL's, the regs imply that someone could be providing personal care yet not be in the staffing ratios, as they are not direct care. Ancillary staff should be revised to be those performing "services other than personal care."

Direct Care Staff- This definition should include ADL's as well as IADL's and other personal care service. Perhaps it should be deleted entirely. Direct care staff is again nursing home terminology. The current terminology of "staff providing personal care services" and tasks of daily living is very easy to understand. Why are we complicating matters?

IADL- We fail to see how this term is of value. Tasks of daily living seems to be adequate, and ADL's could be retained to refer to the basic hygiene/care functions.

Neglect- We obviously oppose neglect. But there must be some guidance given as to what is the reasonable extent to which PCH providers must go. Providers are just one resources in meeting resident needs. Stating that we are not responsible for things "beyond the control of the caretaker" is simplistic. A provider is obviously physically able to transport a resident out of the county to get medical or dental care that they can afford, but is that a reasonable expectation? If we don't do this, are we guilty of neglect?

2600.11 We obviously would encourage DPW to relax inspection frequencies for good homes, and focus their energies on those that give our business a bad name. Likewise, it doesn't seem to make much sense to inspect 4-8 bed homes as often as 100 bed homes.

2600.16 Reportable Incidents- We question the intent of some of the criteria, especially new initiating events. We feel the department is requiring homes to assume excessive responsibility for residents who are living in a PCH by their own volition. We also feel that by increasing the criteria for reporting, unwarranted negative "Quality Indicators" will result.

(2), (9) Although serious issues, we do not understand the need to report to DPW attempts of suicide, assault, or other acts by a resident. These should be handled with local agencies, not at a state level unless there is good cause.

(3) It is excessive to require notification whenever someone is treated at a hospital for injuries other than a minor injury. Especially in elderly and MH settings, people may fall. It is not appropriate to assume the Home guilty until proven innocent. The Medical professionals should be relied upon to notify appropriate agencies if anything seems suspicious.

(11) It is also excessive to require reporting whenever the services of an Emergency Management Agency or Fire Department are used. Since PCH's are not skilled care, calling for an ambulance- which might be considered an EMA- is a regular occurrence, and something that an individual resident has the right to do on their own. As for Fire Department responses, those of us who are directly connected end up with responses to false alarms that are the result of detector malfunction. Requiring a notification, and reports in these cases will just be stating the obvious, and also create a false negative impression of the home. As for Police, does DPW really want to know every time an MH home needs to call the police? The current criteria- to call if the home is closed for more than 1 hour by the incident- is very reasonable and appropriate.

(b) Written Procedures for Reporting: Why does the Homes need to write procedures on reporting events when the regs tell us what to do? As for preventing the events, this is part of standard training. DPW surely doesn't intend us to write a procedure on preventing termination notices from utilities or some of the other events.

2600.17 Confidentiality of Records- This is far too simplistic, and doesn't recognize the realities of helping residents who are mentally ill, retarded, or confused. There are scores of agencies- Social Security, MH/MR, Aging, Pharmacies, low-income assistance programs etc. who need some type of information from a resident's files as part of their care. PCH providers must be allowed a reasonable degree of professional discretion, and can not be bound to giving information only in emergencies or to a select few.

2600.19 Waivers- Some concerns of PCH providers could be alleviated if the waiver provision provided more flexibility in obtaining waivers.

2600.20 Resident Funds- We are concerned that DPW, with good intent for resident protection, has made the financial management of resident funds more cumbersome, time intensive, and risky.

Subsection (b) (2)- We recognize this is a current regulation, and we respect the right for residents to manage their own funds. However, we question what type of protection there is for the home provider to receive their rent. Mental health residents are tremendously prone to financial mis-management. If an irresponsible individual, especially an SSI resident with limited funds, were to insist on handling all their own finances, including rent, what type of protection can be provided to the provider, without excessive evictions due to non-payment?

Resolution: Homes should be given the ability to insist on being rep payee for SSI recipients if: the resident has a history of financial mismanagement and no-payment of rent, or, when social service and or medical personnel advise in writing the need for the resident to have funds managed.

Subsection (b) (7) Also a current reg. This is a significant admin burden, especially when most SSI residents receive a rent rebate each year in excess of $200. This provision is out-dated and of little use, especially since banks are increasingly discouraging accounts with such a low balance, and the fees would be prohibitive.

Resolution: Raise threshold to $500.

Subsection (b) (4)- It is unreasonable to expect immediate response to fund requests of <$10, and 24 turnaround on other withdrawal requests, especially when each action requires a written record and signature. For a home of many residents, business managers could end responding to requests for $1 here and there. While we understand the need to accommodate resident fund requests, residents must recognize that this is a home, not a bank or ATM machine. Stating that this is to be offered on a "daily" basis does not help, as this seems to mean all day, every day. Even once a day is unreasonable to mandate.

Resolution: We would prefer requiring a minimum number (ex 2) of "banking days" for standard withdrawals, with immediate response for emergent essentials. If you make it too difficult for the providers, the answer simply will be to stop holding funds, and giving the residents their entire $60 at one time. In the case of MH residents, it would be spent within days.

2600.24 Tasks of Daily Living- As mentioned, we are not sure why all the terms are needed. We now have ADL. IADL's, TDL's, and Personal Care.

Resolution: As mentioned earlier, the TDL's seems sufficient, with possibly the use of ADL's primarily to distinguish a level of basic care for the less independent resident.

2600.25 Personal Hygiene- For Simplicity, Hygiene should be considered as a Task of Daily Living.

2600.26 Resident-home contract: information on resident rights- Again we oppose the placement of Support Plans within a resident's contract. This is a Social Service function that is not a current requirement, and thus represents a new service that PCH's are mandated to provide. However, there are no plans for additional funding to provide this service for SSI residents.
Also, the 72 hours right to rescind places an unreasonable burden on the PCH and liability for lost rent. It is unreasonable to expect a PCH to hold a bed for a residents (and when they are SSI, they have no money for a hold bed fee, so we lose money in these cases anyhow) allow the resident to move in, then have them be able to move out a few days later, after which time the Home has done all the in-processing, set-up their medications and paperwork. This type of arrangement would not even be considered in any other rental situation. In addition, if the resident has 72 hours to decide if they like the home, rescind the contract, and move back out, we believe that legally the other participant in the contract, the PCH, would also have 72 hours to determine if they want the resident to stay, and could by right evict.

2600.27 Quality Management- This is yet another administrative procedure to add to the current care burden, without any consideration of the time and expense involved. In is unreasonable for small homes, as there simply are not enough processes to monitor. QM may be appropriate for very large homes (> 100 beds), but even in this case, we fail to see why the inspection process, other outside

agencies, market pressures, or personal commitment would not be enough to motivate quality management by good homes. Bad homes will just fake it anyhow.

Resolution: DPW shouldn't try to regulate how private businesses manage in areas that are not directly related to resident care. DPW should focus primarily on the ACTUAL quality of the home, not HOW the home manages the quality. If the Home is safe and clean, records are in order, the residents cared for, and the families are happy, that should be satisfactory. By requiring QM, DPW is taking a Business management tool that truly is optional for success, and making it mandatory.

2600.28 SSI Recipients- A clear statement from DPW is required regarding how homes are to handle residents who have overpayments automatically deducted by Social Security. The PCH is not responsible for a resident's debts, however, when Social Security collects that debt up front, it is unclear whether the resident's "actual current monthly income" is the gross amount (in which case the resident will need to pay the over payment out of spending money), or the net amount after the over payment deduction (in which case the home ends up paying for the overpayment). The Home should not have to pay their over-payment, even though that is what usually happens, unless we are successful in getting it waived.

2600.31-40: These sections are missing with no apparent explanation. If they were inadvertently omitted, we ask that the document be re-published in complete form.

2600.42 Specific Resident Rights- While we acknowledge the sensitivity of protecting resident rights, we are concerned about the following:

(c) We applaud the resident's right to be treated with dignity and respect. However, one way that a PCH ensures that residents are treated with dignity and respect by the other residents is through House Rules. However, these regs do not provide any provisions for evicting residents who refuse to treat others with dignity and respect. Thus we are not able to comply fully.

(d) Obviously we support the continued ability to have house rules. However, for a rule to be effective, there must be a potential consequence. In the proposed regs DPW has virtually eliminated the ability of the Home to evict a resident for violations of house rules, and the Home is given no recourse in handling those who refuse to conduct themselves with dignity and respect towards others.

(i) and (j) Assistance with services and clothing- We strongly oppose mandating this burden, and liability, upon the home providers. While we do try to assist residents in these areas, it can not be primarily the home's responsibility, and this should also not be in any way interpreted as providing financial assistance. Again we question the purpose of social service agencies if the home is forced to provide this service in a lead capacity. It must be a coordinated effort of all involved. This requirement places an incredible amount of liability on the home, and for what a home can receive from an SSI resident, it simply is not worth the risk.

By making "assistance" with medical/dental/behavioral/rehab and clothing a resident "right" you have raised these services to a plateau of legal liability that is intolerable. To what degree or extent must a home go to demonstrate they have not neglected these needs and violated the resident's "rights?" Do we need to transport residents out of the county for dental care? Violating a person's "rights" is a criminal offense. Classifying "age and gender appropriate, seasonal clothing" a person's right not only places an unfair burden on the Home, but also makes a mockery of legitimate rights. The term "right" should only be used for things that are uniformly recognized in general society as such.

Resolution: These two items should be removed from Resident Rights and listed under the Contracts section as additional services the Home may or may not elect to provide.

(l) (personal property)- We recognize that this is a current right, but the right to have personal property must be within the storage capacities of the space rented by the resident. As is, this reg would force homes to allow residents to bring in a house full of possessions, or instead, turn their rooms into a massive junk pile. Again, we feel that DPW has not considered the behaviors of mental health residents, many of whom hoard and pile mounds of items (often times picked out of someone's dumpster) for which they have no need or purpose. Residents can share space, closets and dressers, and in consideration of their roommate, must be restricted in some degree as to the possessions they bring.

(u) (right to remain in the home)- While we appreciate the desire to protect residents from unfair treatment, PCH providers are providing a for-fee service in operating a business. Forcing PCH providers to give renting residents the "right" to stay- even if they are adverse to the atmosphere of the Home, or if the Home chooses to seek higher paying clients- places a burden on the home beyond that of any rental agreement, and is contrary to the principles of a Capitalistic society. A PCH does not receive direct Government funding, and it is not part of a Socialized medicine program. Those to restrict our free conduct of trade in this manner, is a violation of our rights as citizens, and will no doubt result in legal challenges. We will expand our objections to this provision later regarding the need to protect the rights of other residents in the home.

(x) (stolen money)- This provision, if passed, would necessitate legal challenge. In our environment, residents claim things are stolen regularly, when in fact they were misplaced. In cases where funds are claimed to be stolen, we do not see how DPW can hold the home liable unless the claim is proven in a court of law, and the home was shown to be responsible. Furthermore, it is unreasonable to expect the home to pay for the crimes of their employees unless the home was knowingly negligent or at fault. It is the legal right of the Home provider to be innocent until proven guilty using due process in a court of law.

(z) (excessive medication)- Although this is a present right, it remains a poorly worded statement. Excessive according to who? Does this mean that house rules can not require med compliance? What if a schizophrenic resident feels his medication is "excessive"? Can he choose to stop being med compliant, with the home having no recourse until he hurts/threatens himself or someone else? What about PRN medications for agitation? We prefer the concern to state that residents should have the right to be free of medical restraints (unless necessary for protection of self/others), not a subjective term like "excessive."

2600.51 & 52 Criminal History checks and Staff Hiring- These provisions reference other statutes. If there is anything in these statutes that is not part of the current process, we asked that they be identified.

2600.53 Staff Titles and Qualifications for Administrators.- There is absolutely no justification for the explosion of requirements in Administrator qualification, and no reason why the proposed requirements are so heavily oriented towards having someone who is a medical professional. This implies a failure to recognize that Personal Care is a residential environment, not a medical environment, and that by prescribing a medical oriented administration you are further confusing the two. These requirements are also not achievable for small homes, or for larger homes who serve the poor. When the time comes to hire a new administrator, where will the money come from for the salary of this over qualified person? Where will all the extra nurses come from? We do not know

what information DPW has about PCH Administrator salaries, but we can say with certainty that both Administrators of this Home make far less than Nurse in the same stage of their professional career.

Resolution: We commend the department's efforts to raise the standard for new home operators, while providing exceptions for those currently in the field. Something more than 40 hours of training should be considered, with some sort of competency test. However, the proposed requirements are completely unreasonable, and will prevent many fine individuals from entering Personal Care. To still encourage more people to enter this field, however, we ask the Department to consider allowing some improved form of the current Administrator's training for homes of a certain size. More than 40 hours would be required- possible a 6 week certificate course, with mandatory testing to demonstrate proficiency. We would also suggest that the amount of training, and the topics, vary according to the size of the home. Just as DPW collects different fees for different size homes, so could Administrator qualifications be tailored to the size of the home. It should be obvious that it does not take the same skills to run a 4 bed home as it does a 25 bed home or a 100 bed home. Thus someone could be qualified to operate, for example, homes of 20 beds or less after they achieved a certain stage of training, but would need to progress in training to operate a larger home. In no case should a medical professional be required as the administrator, as this is residential care. However, in cases where the qualification is for a very large home- 100+ beds- a degree in Social Services, Business Management, Nursing, or other Technical Fields may be appropriate.

2600.56 Staffing- We continue to assert that the requirement for 1 PC hour per resident per day is excessive in some cases. Many PC residents are highly independent, and require no "direct care" as in ADL's. They only require health meals, medication assistance, and some reminders on other issues.

As mentioned previously, we also object to the terminology of "direct care staff" and especially oppose its use in determining staffing requirements. This distinction has indirectly increased staffing requirements by excluding current PC services from the calculation.

Resolution: Direct care should be replaced with personal care, or "staff providing personal care services", as appropriate. We continue to also ask that DPW revise the classes of residents to be the following: immobile, assisted mobility (in that they require a cane or walker, and/or require assistance with at least one ADL), and fully mobile (which would be those who require no ADL assistance, only some IADL/PC help). Assisted mobility would continue with 1 hour per day, but the fully mobile class would require less (such as 0.75).

We also wish to add that in subsection (k), there should be no need to arrange for substitute coverage when scheduled personnel are absent if a home is still meeting the staffing requirements without such help. Homes may at times over-staff as a contingency and should not be obligated to replace an excess person.

2600.57 Administrator training and orientation- 60 hours of training, on top of the qualifications proposed previously, is excessive. If the degree qualifications are relaxed, however, we could accept an increased amount of competency based training. However, the requirement for 80 hours of competency based internship is simply idealistic. While PCH providers maintain a loose affiliation with each other, we are still business operators within the same field, and are in a way competitors. To ask PCH's to train their competition is unreasonable. It is likewise unreasonable to expect an administrator- who is paid by their company- to give up a substantial amount of time to, without compensation, train someone to work at another company.

It is also not appropriate for DPW to require Administrators to be trained on marketing. How one markets their business is a matter of private concern and is not within the regulatory purview of DPW.

The increase of continuing education from 6 hours annually to 24- a four-fold increase- is staggering, and without demonstrated need for a residential environment.

Resolution: We ask DPW to provide comparisons for other occupations which deal with residential living, or even medical care, to justify the continuing education increase. 6 hours of continuing education is still adequate. Requirements for internship should be abandoned, or offered only as an alternative to other types of training.

2600.58 Staff Training and orientation- The list of training topics is extremely idealistic, and while they convey information which may be helpful, they are not essential for non-management individuals who by nature receive a higher degree of supervision. There is the business reality that for what personal care homes can afford to pay, and with the high turnover rate, there is a limited amount of staff development that can reasonably be attempted. These requirements are far more than what is appropriate for residential care. The 24 hours of continuing education is also without justification, and without consideration of the economic impact to the Home. We again ask where DPW proposes we get the time to conduct extra training functions without hiring an administrative assistant and incurring more costs.

Resolution: We are disappointed by the regulatory position that additional training plays such a large role in improving home performance. Justification through comparative data and information from other residential environments is needed, especially in regards to increased continuing education. We do not need more training hours as much as we need better resources to equip staff and improve the work place. DPW must help in in providing appropriate, cost-effective training such as training videos or lesson plans.

2600.59 Staff training plan- We again ask where DPW proposes we get the time to conduct extra training functions without hiring an administrative assistant and incurring more costs.

2600.60 Individual Staff Training Plan- This entire provision is excessive. We feel this is an attempt to micro-regulate. It would simply suffice to state that administrators are responsible to assess where individuals require specific training beyond the standard requirements in order to effective perform their job functions. It is an unnecessary burden to establish another documentation program, especially in a field where the turnover rate is so high. We again ask where DPW proposes we get the time to conduct extra training functions without hiring an administrative assistant and incurring more costs.

2600.86 Ventilation- Closets should be specifically excluded from requiring ventilation as defined.

2600.89 Water- Establishing a maximum water temperature of 120 deg F will be too cold for many residents, as the Home will need to maintain a margin, and thus set the thermostat for 115 deg F. We ask that the max temperature be established at 125 deg F.

2600.91 Emergency telephone numbers- This provision should only apply to phones in common areas, or for general staff or resident use. The PCH should not be mandate to maintain listings by a resident's personal phone within their own room.

2600.94 Landings and Stairs- "Non-skid surface" requires further clarification. Wooden ramps or stairs could legitimately be non-skid, unless some type of actual installed anti-slip treatment is intended by this reg.

2600.98 Indoor activity space- Requiring the largest lounge area to have a TV is presumptuous upon the function of the Home. A home may have numerous TV areas, and for very good reason, want to ensure that a large, multi-purpose room stays free of noise and distraction.

2600.99 Recreation Space- We have no idea what type of "outdoor recreation space" a home must provide when they are located within a crowded city block. We also are not sure what DPW means by the example of a "glider" as a recreational item.

2600.101 Resident Bedrooms-

(c) We do not understand the terminology "physical immobility" especially since the regulation continues to say that the space requirement can be waived if a physician certifies that the person can maneuver in the space provided. If the resident is able to maneuver, they are truly not an "immobile" resident, thus we are concern that the term "physical immobility" would be interpreted to mean "physical disability." If DPW intends to require that 100 sq ft of space be given to anyone with a walker or wheel chair, many homes will not be able to comply without extensive renovations, loss of revenue, or declare themselves unable to accept disabled individuals due to a lack of facilities.

(g) due to older L&I rulings, existing homes may have fire escapes through a resident's bedroom and should be grand-fathered in this reg.

(j) Resident access to bedrooms can no be guaranteed at <u>all</u> times if there are maintenance activities that would make it unsafe or inappropriate.

(k) It would be a tremendous expense to suddenly upgrade all mattresses to those certified as fire retardant. We do not see the realistic benefit in homes that prohibit smoking or flames in the home, and since the new regs ban smoking in the bedrooms, we see no need to provide a retardant mattress when the whole rest of the room is combustible. The cost of upgrading to a new, fire retardant mattress is at least $120 each, which means our home would be looking at a large initial expense, and higher than normal replacement costs. In addition, while plastic covering is beneficial in many cases, they can also be annoying. Residents who have no medical need for such a covering should have the right to a plastic-free bed.

2600.102 Bathrooms- Reducing the toilet ratio to 1:6 will be an unnecessary hardship. Remodeling costs will be incurred, beds will possibly be lost to accommodate the toilets and maintenance costs will be higher. Existing homes should be exempted, as there is no demonstrated problem with the current ratio.

By requiring "linens" in the living space (j) this can not be interpreted as bed lines without impacting resident storage space.

2600.103 Kitchen Areas-

(e) There is no need to rotate food weekly. It is rotated at deliveries. There is also no need to actually inventory food weekly if deliveries haven't been made. This creates yet another administrative function that has no purpose. As part of preparing routine food service orders, a home must assess

what they have. This may not be weekly, and does not need to be. The regulations should simply require that food is used before the expiration date.

2600.104 Dining Room

(b) We see no reason to prohibit the regular use of disposables where it is appropriate or customary (ex paper plates for sandwiches) provided it is made clear that there is to be no washing and re-use of disposable items. Disposable items can not only be more economical overall, but more sanitary, due to the single use. Secondly, if you choose to retain this prohibition, we ask that it not be on "plastic" cups and plates, but rather items that are disposable in nature. Due to our population, the use of heavy duty, restaurant style glasses, cups, and plates is necessary for safety reasons, as they are a plastic composite that resists breakage. The current wording forces the use of glass, which will result in breakage and cuts to staff and residents.

2600.105 Laundry- (g) The Home shall ensure that all lint is removed from clothes? How do you propose that we remove all lint when lint by definition is fiber fragments from the clothes. Perhaps it would be better to require that lint be removed from Dryer lint traps on a regular basis.

2600.107 Internal and External Disasters

(a) The cost and expertise for developing these procedures have not been addressed.

(b)(5) It is impossible for the Home to maintain a 3-day supply of medication. This provision demonstrates an unfamiliarity with the system for obtaining medications in a PCH. PCH's do not provide the medication, and unlike nursing homes, they often have no pharmacy. Rather, a PCH assists residents with their own medication that was prescribed for self-administration. The availability of medicine is determined by the insurance plan of a resident, and by their physician. A PCH can do absolutely nothing to get medication prior to the dates set by the insurance plan, especially when it is medical assistance.

2600.109 Firearms and Weapons- The term "weapons" needs better definition. What about pocket knives? We would hope that this would mean things that are truly intended for causing harm, not tools or other such items.

2600.121 Unobstructed Egress- The prohibitions of locking doors seem to create security risks, unless we can take this to mean that it would still be permissible to have doors that lock from the outside with keys, but can be opened from the inside without the use of a key (see 2600.123c).

2600.130 Smoke Detectors and Fire Alarms-

(e) There is no reason to incur the expense of modifying ALL alarms and detectors just because one person in the home can not hear them. Only the detector closest to this person's room needs modifying, so it wakes them at night. It is not unreasonable to rely on staff to ensure that all residents are guided out during other situations. We do however question how you can expect a fire alarm to be "equipped" so that the hearing impaired (even deaf?) can hear it.

(f) Monthly operability "testing" is uncalled for. To "test" a smoke detector is to produce an audible alarm. It is a tremendous burden, and runs the risk of multiple false alarms and resident distress. At a minimum, Homes that are connected to a monitoring service that would detect sensor trouble should be exempted, an visual verification of flashing indicator lights should suffice for "testing."

2600.132 Fire Drills-

(d) A 2 ½ evacuation is simply unrealistic on a regular basis and unnecessary. Where does this value come from? The time will depend somewhat on the clientele of the home, but also the lay-out of the Home. Our local fire chief was satisfied with under 5 minutes. We feel DPW needs to use a more realistic value- like 5 minutes- or justify their criteria.

(e) To require a fire drill during the sleeping hours once every 6 months is a source of unnecessary stress and upset of our resident populations, many of whom are elderly or suffer from anxiety disorders. This will also force them out into colder weather for no good reason. If sleeping hour drills must be conducted, annual frequencies would suffice.

2600.141 Resident Health Exam and Medical Care- The new requirements will complicate the medical form, which is presently very easy to use and understand. There is no need to have this degree of medical information at a residential Home.

2600.142 Physical and Behavioral Health- Why must the Home be held liable for convincing residents to get medical or dental care? We are not their guardians. This is again an attempt to impress a medical environment on personal care. In addition, who determines what is a "reasonable" effort? A suing attorney?

2600.161 Nutritional Adequacy- We oppose anything that would seem to imply that the PCH is a restaurant, not a home, with food service open anytime anyone feels like it. That's what resident spending money is for, and that's why residents should be afforded a reasonable location for the storage of personal snacks.

(b)&(e)- We resist requiring an alternative drink AND food selection. In addition to the additional costs of preparation, it has been our experience with our population that too many meal choices results in confusion, indecision, changed preferences, and more dissatisfaction. While homes should provide reasonable accommodation to dietary limitations, we do not feel this should imply that homes need to accommodate dietary preferences. For example, it is one thing to accommodate a vegetarian by serving something other than meat. It is another thing to be expected to produce customized vegetarian delicacies. We have experienced this already, where attempts at providing vegetarian meals were not good enough for the resident. Again, a PCH is a home. It is not a restaurant, and it is not a "facility."

(c)- It is both excessive and unwise to mandate additional portions. If a home is providing basic nutritional requirements, they should not be obligated to provided two times, three, four, five, or however many portions of "nutrition" a resident wants. Please remember that in a MH environment, many will eat simply out of boredom, or compulsion, not need, and others will eat out of hunger, but at unhealthy amounts. The home is responsible to meet the basics. If residents want to gorge themselves, it should not be at the home's expense.

(g) Other beverages (other than water) shall be offered every 2 hours. We can't believe that anyone would suggest that every 2 hours a personal care home that is getting less than $30 per day for resident care should be expected to offer 73 people the opportunity to come get a glass of juice, out of a glass that can not be disposable, which many of them will spill, requiring the dining room to be cleaned, and requiring all the glasses to be washed again, just in time for the next round of juice. This provision demonstrates an incredible lack of understanding for the realities of personal care.

2600.162 Meal Preparation-

(e) Residents who miss a meal for an unavoidable reason, as per the current regs, should be fed. But those who simply do not care to comply with Home dining times should not be catered to. A home simply can not manage customized meal times for all of its residents. Order must be maintained. Dining rooms simply can not be all-night kitchen's. These regs continue to ignore the realities of group living in an effort to cater to individual whims. Again this demonstrates a lack of understanding for the clientele many of us serve.

(f)- Meals shall include a variety of hot and cold? Thus the supper meal can not have all hot things?

2600.171 Transportation:

(a) (1) There are no longer specific staffing ratios in 2600.56 to refer to.

(3) We do not see how you can prohibit letting residents provide transportation to other residents. This is their right, and the home provider, nor DPW, should have no business hindering their activities without good cause.

2600.181-186 Medications: The level of documentation and written policies is excessive. Also, we do not see the benefit of storing prescription drugs and OTC "separately." Does using separate bottles, or separate bins in the same cabinet, meet this requirement?

While we see a practical benefit of recording when meds are dispensed by dosage, we are concern that from a liability perspective, this removes the homes from providing "assistance" in self-administration to actually administering the drug.

Resolution: We would also ask DPW to somehow recognize that those of us who do not pour from bottles, but rather get individual cards blister packed by dose for each resident, are probably not in need of some of the proposed safeguards.

2600.201 Safe Management Techniques- To expect a residential care Home to "modify or eliminate behaviors" is highly inappropriate. A PCH is not a mental hospital or behavioral treatment center. What DPW is requesting is that we perform behavioral therapy. We simply do not get compensated to provide this type of treatment, nor are we appropriately equipped. If there are behaviors in a resident that endangers others, the resident must be removed from the home. Period. It would be foolish to try and "modify" them while putting others at risk. If anything, proper crisis response training would be addressed as part of staff training.

2600.225 Initial Assessment and annual assessment- Again, if a resident has the right to rescind a contract within 72 hours, it is not appropriate to require the PCH to do all of their initial assessment paperwork before that time frame is completed.

2600.226 Development of the Support Plan- We are <u>very</u> concerned about all provisions dealing with Support Plans. We are first of all concerned that an inappropriate responsibility, and thus liability, is being placed on home providers instead of the existing social service agencies. Home providers often do far more case managing than they should in the present, and should not be mandated to do more- especially in light of the inability to recover our costs with SSI residents. These plans represent an additional social service that will be provided, and there is no means to recover the costs

for SSI residents. We also fail to see what is specifically required, and how this is different from the initial screenings and assessments currently done. DPW has yet to develop a standardized SP form as requested by the PCH industry so that we truly understand what is being asked.

2600.228 Notification of Termination- We strongly oppose the content of subsection (g), on the grounds that it places a disproportionate burden on home providers to maintain the rental agreement. Since residents are renters, we would question how you can prohibit evictions except in extreme cases. What about the right of PCH providers to survive financially? What about house rules, and the quality of life for other residents? Home providers have an obligation to ensure that residents are treated with dignity and respect, and House Rules for proper conduct are a major way of doing so. DPW has rendered House Rules useless, and PCH providers powerless against residents who want to do their own thing, with no consideration for others.

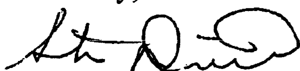
There are often situations where residents are not clearly "a danger to themselves or others" but who, through violations of house rules, or recurring extremes in behavior or illness, present an excessive, consuming, or tumultuous impact on the operations of the home, such that care can not be effectively given to others, or that the quality of life of the other residents is affected. If a resident is regularly inappropriate (nudity, speech, disruptive behaviors, screaming) is everyone else in the home required to put up with it? While we appreciate the need to protect the individual, the overall quality and atmosphere of a home <u>must</u> be preserved. Residents should have the right to live in a home where they are not regularly subjected to behavior that is unnecessarily offensive. Home providers should also have the freedom to conduct their business in a way that serves all residents, and remains financially viable. If you do not enable home providers flexibility to remove people who prove to be incompatible with the home, it will be too risky for us to take in those with less than stellar personal histories, and they will be forced to live unsupervised in the community, or in State Hospitals.

2600.251 Classification of violations- Although we recognize that they were recently published apart from the regulations, we feel that the guidelines for determining the classifications should be included in the regs. The present definitions are too vague, and by not including the guidelines, there is too much potential for guidelines to be revised without proper review and notification. In addition, there is a very great potential for varying interpretations.

We welcome a higher standard for PCH providers, but only if that standard has tangible benefits in resident care, and can realistically be achieved by those of us who seek to serve others. Homes such as Faith Friendship Villa provide a critical benefit to the State and Local communities, and have been able, with limited resources, to provide a caring home for many. It is our desire to serve those of lower income, however, if the proposed regulations go into effect, we simply will not be able to operate financially.

As a taxpayer, as well as a Home operator, I am also dismayed at the hours of government time, and the hours of provider time, that has been expended in revising regs that were fairly adequate to begin with, but where not effectively enforced. The result of all this effort is still a proposed document that is critically flawed. We feel that the detrimental effect on small homes, those that serve the poor, and the tax payers of the Commonwealth, has continued to be under-estimated. Thus we are requesting that public hearings be held in regards to the proposed regulations.

Sincerely,



Steve Dietch Co-Administrator- Faith Friendship Villa

Original: 2294

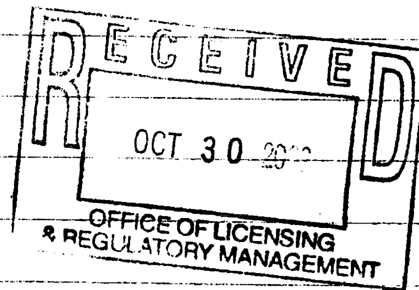
#14-475 (173)

HOMER CITY PA
10/27/02

Teleta Nevins Director
Dept of Public Welfare Rm 316
Health & Welfare Bldg
PO Box 2675
Harrisburg, Pa 17120

Please heed what Ms Kitzmiller says in our local newspaper.

Respectfully,
Vernon Dudash
11 Bear Dr
Homer City Pa 15748



Once again the personal care homes — small and large — across the state are fighting to survive. It appears that no industry is exempt from this struggle.

Because of Auditor General Robert Casey's report on these facilities, the state Department of Public Welfare has decided that rather than enforce current regulations, they would instead overregulate to the point that survival will be impossible.

The result? Many good personal care homes will be forced to close.

However, as part of the DPW's plan to make the homes that survive the new regulations better for the elderly, they actually are proposing fewer inspections.

New guidelines say that all homes will be inspected once following implementation of the new regulations, then just 75 percent will be inspected again every two years, with all homes being inspected at least once every three years.

Currently, these inspections are done annually for ALL facilities. You cannot and should not overregulate and inspect less in order to improve any industry.

With the right to visit any facility unannounced under current regulations, what is being proposed makes little sense and is ineffective in improving the quality of care for the elderly.

It appears that everyone but the people who should have been involved were the ones writing these regulations — most of whom had no prior experience in personal care and some with only two-and-a-half hours of DPW office time. Some have even admitted they had no credentials.

Ask yourself how someone with no prior experience in personal care can be allowed to devise regulations for the industry, and you will know why we are in such a dilemma.

It will only take one of the new regulations to put most, if not all, of the small personal care homes out of business. One of those is requiring facilities to have a doctor, R.N., L.P.N., or a paramedic or EMT on staff to give residents their medication.

To provide 24-hour assistance, the facility would need to hire at least three people with these degrees. Under the same guidelines, residents are required to be able to physically put their medication into their own mouth, know what the pill is for, the dosage, the time given and what it is used for.

Personal care has always been about assisting those who need help with daily living. We are not and should not be a "medical model," but rather a "social model." The proposed regulations are bulging with support plans, written policies and training programs with little emphasis on actually resident care.

These types of things are for skilled or nursing homes and are not applicable to the type of care provided in a personal care setting.

As a health care provider, I urge you to get involved now. You may not think this affects you if you don't currently have a loved one in personal care, but it will become an issue when that day comes for a loved one or for yourself and you no longer have the choice of personal care because the DPW has put all the homes out of business with these new regulations.

You can get involved by writing a letter to: Teleta Nevius, director, Dept. of Public Welfare, Room 316 Health and Welfare Building,

P.O. Box 2675, Harrisburg, Pa. Pa. 17120. Letters must be received by Nov. 4.

Liz Kitzmiller
owner/operator
Rose Manor PCH
Blairsville

Original: 2294

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October 25, 2002

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

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

Re: Comments
Proposed Personal Care Home (PCH) Regulations
55 PA Code Chapters 2600 and 2620
Pennsylvania Bulletin October 5, 2002

Dear Ms. Nevius:

We are submitting herewith our comments on the Regulatory Analysis Form and the proposed Chapter 2600 Personal Care Home Regulations submitted by your agency as published in the October 5, 2002 issue of the *Pennsylvania Bulletin*. Our comments are addressed to each specific item as indicated on the Regulatory Analysis Form and the proposed regulations and reflect the concerns of our members.

(8) (1) Requirements for the protection of the health, safety and well-being of adults who receive services in pchs in Pennsylvania were mandated by the Legislature in Act 185 (1988). The current regulations were promulgated to protect the health, safety and well-being of the residents of pchs in the Commonwealth. The problem is not the current regulations, but DPW's failure to provide adequate oversight. Following is a direct quote from the Auditor General's report, *Oversight of Personal Care Homes in Pennsylvania* dated October 2001.

> "The Pennsylvania Department of Public Welfare (DPW) was seriously deficient in its oversight of personal care homes, as evidenced by the results of a performance audit covering the period of July 1, 1998, through June 30, 2000. DPW's failure to provide adequate oversight occurred despite the Pennsylvania General Assembly's mandate that DPW enforce standards for the safe and

adequate care of personal care home residents."

(2) We seriously question the Department's intent as indicated in this item Their record of public input is suspect and will be addressed in item (16) of this document. Furthermore, they have not shared any of the "research" that would mandate new regulations at this time with the provider community. Finally, these proposed regulations are in conflict with *The Governor's Executive Order, regulatory Review and Promulgation, 1996-1, February 6, 1996.* Following is a direct quote from that document:

> "Licensing and regulation are primary functions of the Commonwealth. In the area of health and social services, they are also huge and costly endeavors. We believe that significant improvements can be made to the current system to both ease unnecessary burdens and cut costs." "Recommendation: Simplify licensing activities to ease the burden on providers and reduce Commonwealth's costs."

Even a cursory comparison of the proposed regulations and the current regulations will indicate that the Department's intent is suspect and that these regulations, as proposed, can never provide an appropriate balance between regulatory requirements and the need for life safety protection of the residents of personal care homes. In addition, the Auditor General's report referenced above made it clear the PCHs were a low priority on DPW's agenda. If implemented, these regulations will create an extensive and expanded set of regulations that will be difficult, if not impossible, and costly to enforce; place an intolerable burden on many providers that they will no longer be able to bear, and greatly increase the cost to the Commonwealth of regulating PCHs across the State. It is our opinion that the Department's real intent and agenda for PCHs in the Commonwealth **is not something that they have shared with the provider community**.

(11) We request that the Department to provide evidence of how the current regulations have not met the changing nature of PCHs and the needs of the residents. The current regulations were used to establish specialized units, secure units for persons with alzheimers and other forms of demenia, home health care, the introduction of hospice services into PCHs and numerous other innovative practices. What else is there? These proposed regulations are really the Department's attempt to change the nature of what a personal care home is. Historically, PCHs were built upon the foundation of a social residential model. These regulations assume a medical model. The proposed regulations do not "update standards" as the Department maintains. Instead, they create a whole new set of standards for what the Department wants to turn personal care homes into, not what they actually are.

(12) No one questions the fact that minimum health and safety standards are needed. Again, the problem is not that they do not presently exist but that **DPW has consistently failed to enforce them.** It should be noted here that the Intra-Governmental Council on Long Term Care, the Department of Aging, and the Department of Public Welfare have never been able to define Assisted Living . We request that the Department provide evidence that "Assisted Living Facilities" is the current terminology used by the industry. In addition, Pennsylvania cannot be compared to other States because all across the nation personal care homes and assisted living

facilities are defined differently.

(13) This statement is designed to mislead and is simply not true. Again, we request the Department to provide evidence that this is the case. In the first place, we all know that the census and the capacity of licensed pchs are two different things. There are 80,000 beds, not 80,000 residents. In fact, as of the writing of these comments, there are only 78,754 beds. Historically, there has always been at a minimum, an 80% occupancy rate, which means there are approximately 63,000 residents. The fact is, that if these regulations are promulgated, **wealthy residents will pay more for their care and the poor, including over 10,000 persons dependent upon SSI to access services, will be looking for a place to live.** Voluntary closures of PCHs in Philadelphia recently resulted in the loss of nearly 300 SSI beds and a cease and desist order in Philadelphia recently resulted in a loss of an additional 80 beds. At our Public Policy Forum held in Harrisburg in September of this year, four providers were advertising the sale of their homes because of the proposed regulations. This has never happened in the past. All of these homes serve persons dependent upon SSI and other poor persons. It is also significant to note that in November of 2000, there were 1821 licensed PCHs with 76,000 beds in Pennsylvania. Today, there are 1757 licensed pchs with 78,754 beds in the Commonwealth. Small homes are already being forced to close. Finally, where is the price tag for the training of the caretakers referred to here by the Department? The fact is, that no one will benefit from these regulations: not the residents, nor the providers, nor the Commonwealth.

(14) The Department's answer to this question defies interpretation. Is the Department actually saying that "enhanced staff qualifications" is an adverse affect? We request that the Department clarify this response.

We believe that the following persons will be adversely affected by these regulations.

The current 63,000 residents of personal care homes in Pennsylvania. Those with money will have to pay more for services. It is only common sense that the providers will pass the cost of increased regulation on to the consumer. This population is living longer and many of them are running out of money to pay for the luxuriant lifestyle offered by many modern Assisted Living Facilities.

Between 10,000 and 12,000 persons dependent upon the SSI State Supplement will not be able to access services. Most of these persons live in small personal care homes. There is ample evidence that the homes that serve the poor are already in trouble and that the closure of small PCHs that serve the poor has already begun and is gaining momentum.

Hundreds of small personal care home providers who are simply trying to make a living. Many of these homes are in economically depressed areas of the State and the closure of these small homes will add to the economic depression of those areas.

Hundreds of conscientious PCH staff who will become unemployed. Many of these persons have worked in PCHs for many years for little more than a minimum wage and now even that will be taken away.

Hundreds of PCH Administrators who will be locked into their present positions and who eventually will have to pay for additional unnecessary training.

The Commonwealth itself and the citizens of the Commonwealth will be adversely affected when personal care homes are turned into pseudo nursing homes and health care facilities. That is exactly what these proposed regulations are designed to do.

(16) We believe that the response to this item does not adequately address the facts of the matter. We request more evidence than the Department's assertion that they have maintained open communications with PCH providers, consumers and family members. Even at the present time, there are many PCH providers who have no idea what the Department is doing and we believe that the consumers and their families in general do not know or understand what the Department is trying to do. The Department has been remiss in keeping the PCH Provider Community advised of what they are doing. We offer the following evidence of our position.

The Department did convene a briefing meeting in February 2001 at the Forum building in Harrisburg. They had cases of three ring binders containing the so-called discussion tool to distribute. Out of nearly 1800 PCH providers in the State representing approximately 63,000 residents, **there were twenty-nine (29) persons present at the briefing.** We were there and counted the number of participants in the meeting.

When the Department posted an early version of the regulations on the DPW web site **they did not send out letters to PCH providers** until they were forced to do so by public pressure and members of the Legislature. This pressure was exerted to force the Department to (1) notify all PCH providers of their intentions, (2) send copies of the proposed regulations to all PCH providers because many of them did not have access to a computer, and (3) extend the comment period to compensate for the fact that many providers did not know about the proposed regulations. After a barrage of letters from PCH Provider Organizations to their Legislators, the Department complied.

The Department did convene a meeting in May 2001 at the prestigious and luxuriant Willow Valley complex in Lancaster, Pennsylvania. It is obvious that many small providers could not attend. It was the consensus at that meeting that the PCH regulations were unique and should be pulled out of the so-called Discussion Tool. The Department reluctantly complied and **promised a first draft of the proposed PCH regulations** for review by the Provider Community by early in December 2001.

We have documented evidence that this was affirmed in writing by the Secretary of Public Welfare and the Governor's Policy Office. **That draft was never prepared by the Department as promised.** According to staff in the Office of Licensing and Regulatory Management, from that time on the Department only corresponded with persons who had submitted comments and the Department's so-called "stakeholders". It is our opinion that all PCH providers, residents and their families are stakeholders.

The Department did respond to invitations from provider organizations in Philadelphia and Pittsburgh but at no time did the Office of Licensing and Regulatory Management schedule and **invite all providers to regional meeting across the State to discuss the proposed regulations and listen to what these providers have to say.**

In March 2002, the Department again posted the PCH draft on the DPW website and notified only the "stakeholders" on their list. The PCH regulations were published as proposed in the *Pennsylvania Bulletin* on October 5, 2002. Again, without notifying all PCH providers in the State.

(17) The Department's response to this item could be considered ludicrous if it was not so outrageous. It is impossible to project costs because they are so numerous and so different for different providers across the State. **The Department has no right to project costs without first doing a cost study and without getting extensive input from the provider community which they never did.** Following is only a few of the items included in these regulations that will greatly increase costs to the PCH providers across the State:

Radically changing the present social residential model to the medical/treatment model Embraced by these regulations.

New resident contracts, numerous forms including health care and assessment forms.

Inability to use third party payments for personal care services.

The potential of having to make a refund before a room is vacated.

The responsibility of having to ensure access to medical, behavioral, rehabilitation, and dental treatment.

Ensuring that residents have seasonal clothing that is age and gender appropriate.

The responsibility to relocate residents who need a higher level of care.

The limited ability to cancel a contract.

Increased qualification and training for Administrators and staff. Is this going to be

free?

Increased staff ratios.

Increased training and continuing education requirements and the increased paperwork for developing and implementing staff training plans.

Removal of lead based paint.

Staff communication systems.

Separate indoor activity space.

Plastic covered fire retardant mattresses.

Relocating smoke detectors that meet L & I standards.

Increased liability exposure and insurance costs.

Increased responsibility in providing transportation.

New and duplicated assessment requirements that are not coordinated with assessment procedures already being done by the AAAs.

EXCESSIVE RECORD KEEPING REQUIREMENTS.

It is incumbent upon the Department to address these increased costs to the provider community, especially to those who serve the poor. Again, the Department has no right to project operational costs for providers who are operating private businesses and who do not receive state funding.

The Department's response to this item is clear evidence that the persons who completed this document know very little about the PCH Industry and the impact the promulgation of these regulations will have on that Industry. We request that the Department provide evidence that those items extracted from these regulations and listed above Will not add to the cost of operation for PCHs in Pennsylvania.

(19) **We believe the Department is mistaken in projecting no cost to the State** in the promulgation of new regulations. The Auditor General made it clear in his Report of October 2001 that the Department's licensure of PCHs was fraught with problems. Presently, DPW PCH Licensing Staff are being stretched to the limit to address the concerns of the Auditor General. If new regulations are promulgated, DPW will have extensive additional enforcement mechanisms to put into place. They will need to develop and implement Interpretive Guidelines, a new and updated Licensure Policy and Procedure Manual, New Inspection Guidelines for the Inspectors,

additional and Revised DPW Forms and a whole new system for the classification of violations and the assessment and the collection of penalties. The assessment of penalties will result in a deluge of appeals, another time consuming and expensive process for the Department which will require excessive staff time. This process could easily take two to three years and there is no way it can be accomplished with the present number of PCH licensing staff in DPW. We request that the Department reconsider their response to this item and provide evidence that our assessment is not justified. **Again, we believe that the persons who completed this document simply do not understand what is involved in the promulgation of regulations.**

(20) This projection by the Department is an outrageous assessment of what the implementation of these regulations will cost the Regulated Community and a naïve, almost delusional assessment of what it will cost the State. (see #17 and #19 above).

(20a) The estimate of costs in this item reveal a devastating ignorance of the PCH Industry and additional costs associated with the promulgation of these regulations.

20 (b) Needs further clarification.

(21) These regulations and the costs both to the State and to the Providers to promulgate and implement them, far outweigh the benefits to the residents as indicated in the items listed above. The residents have and continue to be protected under the current regulations. They do not presently "need" services that are not being provided.

(22) The Department's response to this item is not true and reveals a rudimentary ignorance of the PCH Industry. **NON-REGULATORY ALTERNATIVES THAT SHOULD BE CONSIDERED ARE:**

1. There are vast differences in PCHs and Assisted Living Facilities in Pennsylvania. Any proposed regulations should reflect that difference. **Large, affluent Assisted Living Facilities, especially Continuing Care Retirement Communities (CCRCs) could and should be treated differently than small PCHs that serve the poor. There is no reason why they could not utilize peer reviews and/or accreditation processes in lieu of regulation. They receive no State Funding. The review of these facilities by the State should be marginal at most.**

2. Small personal care homes that serve the poor and that have a history of providing quality care could also utilize peer review and accreditation processes as they are able. Concerns could and should be limited exclusively to health and safety issues for these homes.

(23) This section is applicable and we request that the Department provide a response to it.

(25) We request that the Department provide evidence that their response is true.

(27) We request that public hearings be held in various regions of the State to give PCH providers an opportunity to address their concerns.

(28) We request copies of the proposed new and revised forms that the Department has prepared.

It is our opinion that the responses by the Department in this document are inadequate and unacceptable and that they reflect a remarkable ignorance of the PCH Industry and the PCH Licensing program. We strenuously object to the submission of this document as justification for the proposed regulations and **request that public hearings be held to address these issues.**

COMMENTS ON THE PROPOSED CHAPTER 2600 PCH REGULATIONS

Much of the language is the result of "cut and paste" from Mental Health and Mental Retardation Community Living Regulations. Some of the standards are totally inappropriate for personal care homes and are borrowed from regulations that receive public funds. These proposed regulations are all the proof that is necessary to conclude that the persons who wrote them have no experience and no working knowledge of the Personal Care Home Industry in Pennsylvania.

The Proposed Chapter 2600 PCH Regulations are so outrageous that it is difficult to comment on the individual standards. My comments are only a partial list of problems and concerns. I recommend that instead of trying to fix the proposed regulations, we go back to the current regulations and identify problem areas. It will be much better to fix the current regulations than to try and make the proposed regulations work. Most of the current regulations are appropriate. It is wrong to totally change the entire regulation and destroy what is good and what is working. These proposed regulations will change the nature of what a personal care home is in Pennsylvania

2600.20 Resident funds

This regulation gives rise to the lack of a Guardianship Program for residents of PCHs in the State. The language for financial management is not appropriate for the level of financial assistance that a PCH provides. PCHs are not financial advisors and should not be providing financial counseling sessions. The PCH should only control the funds entrusted to the PCH to ensure that they are used for the resident's own benefit. To give **immediately** upon request any fund less than $10 is not appropriate unless there is an emergency. Interest bearing accounts for a deposit of $200 is out-dated and should be deleted. There are no financial institutions offering this service. Since there is no guardianship program, the home and/or the administrator should have the option of providing this service.

2600.26 Resident Contract

The cost of writing new contracts would be prohibitive. A contract should state clearly what you are buying and how much you are going to pay. The contract proposed by the regulations would be very long and have a lot of information not appropriate for a resident agreement. It is not appropriate to list the personal care services in the agreement or forms and documents required for the resident's records in the contract. The current DPW approved contract was developed after years of research. It is incumbent upon the Department to provide evidence that there is a need to make a change in the existing contract.

2600.28(d) (3) SSI Recipient

This regulation is contradictory. There is no reason why a third party payment cannot be used for personal care services. SSI is not adequate to pay for personal care services. PCHs should continue to seek private third party payment for a service that is not funded by public dollars. DPW should not restrict the right of families to contribute to the wellbeing of their disabled family member. Third party payment for personal care services permits individuals that do not have personal resources the opportunity to live in a quality personal care home with access to services.

2600.29 (e) Refunds

This language has the potential of requiring the home to give a refund upon notification from the facility where the resident is transferred to before the room is vacated. This is ludicrous.

2600.32 Specific Rights -

(i) A resident shall receive assistance in accessing medical, behavioral, rehabilitation services and dental treatment.
It is cost prohibitive for a PCH to be responsible to assure the residents receives these services. Behavioral health, rehabilitation services and **dental treatment are not available or accessible to many PCH residents**. The responsibility to insure this right should be delegated to the advocates and the community social service agencies that receive public funds to provide those services. **Assistance must be defined to limit the expectations of the PCH.**

(j) A resident shall receive assistance in attaining clean, seasonal clothing that is age and gender appropriate.
This regulation reflects the absurdity of the thinking of the persons who wrote it.It is cost prohibitive for a PCH to be responsible for residents clothing. A PCH cannot be the total provider of goods and services to the poor. **Assistance must be defined to limit the expectations of the PCH. In addition, the language is insulting to the provider restrictive to the resident. Does the authors of these regulations think a provider would buy a dress for a**

<u>man.? Would this regulation prohibit a female resident from wearing a man's sweater if she chose to?</u>

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

Where is the case manager? It is cost prohibitive for a PCH to be the case-manager and placement agency for relocation of residents. This responsibility should be delegated to a community social service agency or a qualified placement agency that is funded to provide this service. <u>Assistance must be defined to limit the expectations of the PCH.</u>

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

This regulation is ridiculous. Where does the State get the authority to tell a privately run business that receives no funding from the State that they have to provide services to someone. This is like telling a car dealer that they must provide transportation to whoever asks for it. The cost and liability of not being able to terminate an agreement for a resident who will not adhere to home rules, will not respect the rights and dignity of staff and other resident, who physically, sexually or verbally abuses staff and other residents, who is a nuisance in the neighborhood, steals from staff, other residents or the neighbors, is incompatible with other residents, and refuses to follow or cooperate with a treatment plan, **is not acceptable.**

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

The PCH has no control over the amount of medication that is prescribed by the doctor and cannot be responsible to provide this right.

2600.53Staff titles and qualification for administrators

This requirement of the administrator to have 60 credit hours from an accredited college will more than double the cost of an administrator. Small independently operated homes that are providing a social model PCH do not need this education level for an administrator. **The increased cost would force many homes to close and would displace many low-income residents. This level of education is not necessary and is not as important as experience gained in working in a personal care home. The regulation should at a minimum include experience in lieu of formal education.**

2600.53 Staff titles and qualification for direct care staff.

The proposed staff titles and qualification for direct care staff are **not appropriate for a personal care.** They will not improve the quality of care and will increase operational costs. There is no research to show that a high school diploma or a GED will improve the quality of care.

2600.54 Staff Ratio

The increase in staff ratio is not appropriate for a personal care home. Staff should be available to provide the care and services to meet the needs of all residents. The words "resident with special needs" alone, could easily double the cost of care.

2600.58 Staff Training and Orientation & Continuing Education

The level of training proposed is not appropriate for the population served in personal care homes. It would divert time from resident care and increase the liability and the insurance premiums for the PCH.

2600.59 Staff Training Plan

There is no basis to determine the need for a staff-training plan with so many requirements. The increase in paperwork for a staff-training plan will increase operational cost and divert valuable time away from resident care. The turnover of staff in many personal care homes will make this whole process an exercise in futility.

2600.60 Individual staff training plan

There is no need for an annual written individual staff-training plan for each employee, appropriate to that employee's skill level with a plan to identify the subject areas and the potential training resource. The increase in paperwork for an individual staff training plan will increase operational costs and will diverts time from resident care. The turnover in staff in many personal care homes will make this process an exercise in futility.

2600.85 Sanitation

Sewage systems are monitored by various municipalities. DPW PCH inspectors do not need to be involved with sanitation. Municipalities do not typically provide a letter confirming compliance.
Surfaces
The expense of removing lead base paint is not justified because it would be extremely rare that a PCH would get a referral of a resident that eats paint. It would be more cost effective to make eating paint an **"exclusionary factor."** A resident who eats paint should be accepted only if the home is free of lead based paints.

2600.90 Communication system

Portable radios beepers and intercom systems are costly and not appropriate for many small homes. This is a home and not an institution. There may be times when the staff cannot communicate with one another. It is totally unacceptable to have staff carry a two-way radio.

2600.96 First Aid Supplies

It is not appropriate for a PCH to have syrup of ipecac with the first aid supplies.

2600.98 Indoor activity space

Dining areas, living areas can be used for activity space. It is not necessary to have activity space be large enough with sufficient chairs and tables for all residents and their families. It is highly unlikely that all families will visit at the same time. It is not appropriate to require that the TV be located in "largest" living room. Residents may be better served if the "largest" room is used to socialize and a smaller room used for TV.
Separate indoor activity space is an added and unnecessary expense to the home.

2600.101 Resident Bedroom

(k) (3) Plastic covered fire retardant mattress are not appropriate for residents who have bowel and bladder control. The kind of mattress is determined by the kind of resident served.
(r) The home should provide a chair that provides a reasonable standard of comfort. It is not appropriate to have a regulation where the resident cam select the type of chair they want and expect the home to pay for it.

2600.102 Bathrooms

The requirement to provide each resident with a towel, washcloth, soap, toothbrush, toothpaste, shampoo, deodorant, comb and hairbrush is out-dated and should be deleted. The personal needs allowance was increased to $60 so that residents would have the resources to buy personal needs supplies. Being able to make responsible and personal choices is essential to promoting independence and self-determination.

2600.104 Dining room

A family pet can be very important to PCH residents. Delete the requirement that no animals are permitted in the dining room.

2600.105Laundry

The PCH should have the option to provide a non-coin operated washer and dryer with detergent for those residents who desire to do their own laundry.

2600.123 Emergency Evacuation

Fire safety regulations for immobile residents should be the responsibility of L&I.
2600.126 Furnaces

The requirement that a furnace be cleaned according to manufacturer instruction is not acceptable. The language should be changed to read "that a furnace should be inspected and cleaned by a professional or trained maintenance staff person and documentation of the inspection and cleaning shall be kept".

2600.130 Smoke detectors and fire alarms

The Pennsylvania Department of Labor and Industry and the Fire and Panic Act of 1927 regulates the installation, location, and type of Smoke Detectors and Fire Alarms in PCHs. It is not appropriate for DPW to include a regulation regarding the placement of smoke detectors and fire alarms.

2600.131 Fire extinguishers

The Pennsylvania Department of Labor and Industry and the Fire and Panic Act of 1927 regulates the installation, location of fire extinguishers in PCHs. It is not appropriate for DPW to include regulations about fire extinguishers.

2600.141 Resident health exam and medical care

The Office of Income Maintenance spent years designing the current medical evaluation form **(MA51).** It works well and meets the needs of the resident and the home. There is no reason to change it. It is not reasonable to expect the PCH to monitor what the physician puts on the medical evaluation. The medical evaluation is not the appropriate form to use for physician's orders. At best, it will only include orders that exist at the time of the evaluation. The evaluation may have been done before the entrance into the home. The medical evaluation form is not the appropriate tool to use for specific precautions to be taken if the resident has a communicable disease. A communicable disease would be listed in the diagnosis. Specific precautions would be given as treatment instructions or physician's orders.

The PCH cannot be responsible to ensure access to any medical care.

The PCH can assist with securing an appointment, assisting in arranging transportation and reminding the resident that they have an appointment. In case of an emergency the PCH can call the ambulance and arrange immediate transportation to the hospital.
Access to medical care is dependent on the insurance company. PCH residents have very limited access to mental health and drug and alcohol services. **Assistance must be defined to limit the expectations of the PCH.**

2600.142 Physical and behavioral health

It is not appropriate for PCH to provide dental, vision, hearing and mental health or other behavioral services. Providers of these services should be licensed as a health care facility. The

PCH should assist in scheduling appointments and reminding the resident of appointments. It is not appropriate to require the PCH to train residents about the need for health care. It is not appropriate to require the PCH to obtain consent for Health care treatment. The health care vendor should obtain his or her own consent. Personal care homes are not guardians and should not provide the function of the guardian. A resident that refuses health care could be referred to Adult Protective services or the Ombudsman. A Guardianship program is needed for residents who is not able to make appropriate treatment decisions.

2600.143 Emergency medical plan

The PCH can provide first aid and call an ambulance but it cannot ensure immediate and direct access to emergency medical care and treatment.

2600.145 Supervised care

An appropriate assessment agency to which the PCH shall make referrals for residents whose needs cannot be met in the PCH must be established before a regulation requiring it can be implemented. At this time, no such agency exists.

2600.161 Nutritional Adequacy

(f) Therapeutic diets – Not every personal care home can provide every service. A PCH that does not have a dietitian on staff could elect not to accept a resident who requires a monitored therapeutic diet. PCH residents have the right to come and go at will and the PCH has no way to ensure that the therapeutic diet is followed.

(g) The requirement that a beverage be offered every two hours should be deleted. Many PCH residents are independent and capable of getting their own beverages.

2600.162 Meal preparation

It is not reasonable to require the home to provide meals whenever a resident misses a meal. Meals are served at scheduled times. The home should require the Resident to notify the home if they will not be there at mealtime and request that a meal is saved for them.

2600.171 Transportation

It is not reasonable to have a regulation regarding transportation. Many PCHs provide transportation **only** because DPW fails to meet their promise and obligation to provide medical transportation. DPW should fix their transportation problem before they try to regulate the people who are doing their job. Poor medical transportation for PCH residents is a big problem that DPW continues to ignore. In recent years, it has grown worse instead of better. In some

situations, transportation vendors are paid more to provide routine transportation than the home is paid to provide round-the-clock care. However, they will not provide non-routine transportation that is off their route. If the PCH provides the transportation at best, they are paid 12 cents – 35 cents per mile. They can expect nothing for the time. Residents have come to expect the PCH to provide transportation because public funded transportation is so poor. It requires the resident to leave the home several hours before their scheduled appointment and return several hours after their appointment. A 10-mile ride could be a two-hour ride and an eight-hour event. There is no reason to prohibit a resident with a valid driver's license from providing a ride to other residents in the home.

MEDICATION

Medication training certification currently accepted for staff in residential programs serving persons with mental retardation should be required and accepted for staff in personal care homes.

2600.201 Safe Management Techniques

This regulation has been extracted from institutional regulations of mental health treatment centers and could cost several hundred dollars per day. Residents with behavior that endangers other residents, staff or others belong in a mental health treatment center and are not appropriate for a personal care home. Homes that need to use Safe Management Techniques to manage their residents should be licensed as a mental health treatment facility. This regulation will make it more difficult to relocate a resident who is not appropriate for a personal care home and should be totally deleted.

2600.221 Community social services

The role of Community social service agencies and a description of the services that they offer needs to be defined before the PCH can encourage and assist residents to use the services.

2600.222 **Description of services.**

The screening instrument defines the resident needs and the services the PCH will provide. There is no need for the requirement of a written procedure for the delivery and management of services from admission to discharge. It is an unnecessary burden for a small home. The time spent on this added paperwork could be used more appropriately in providing care to the resident.

2600.224 Pre-admission screening tool.

A local assessment agency needs to be developed before a regulation can require a PCH to refer an applicant whose needs can not be met.

2600.225 Initial intake assessment and annual assessment.

This requirement needs to be coordinated with the Options Assessment by the Office of Aging for SSI residents.

2600.226 Development of the support plan.

Support plans are not appropriate for PCH. They change the purpose and goal of the PCH. There is no documentation regarding the need to change the screening and assessment tools currently used. A support plan will not improve the quality of care and divert staff time away from resident care. Support plans are institutional, very costly and should be deleted.

2600.227Notification of termination.

Delete the requirement that infers that the PCH is responsible to **relocate the resident to a home that meets his needs.** The PCH is not a placement agency and should not have this responsibility.

2600.223 **Description of services.**

A written description of services and activities provided is included in the resident's contract. A written procedure for the delivery and management of services from admission to discharge homes is not needed. It will not improve the quality of care and the added financial burden is not warranted.

A 30-day notice should not be required if persons have witnessed a dangerous behavior and/or have filed a petition for an involuntary commitment and/or have involved the police. The PCH must have the right to refuse to accept a resident back into the facility if the administrator is concerned about the health and safety of the other residents, staff and/or the neighborhood. It is not appropriate to require that "a physician certifies that the resident would jeopardize the health and safety of the residents or others in the home" before the home can waive the 30 day notice.

As previously stated there are many reasons why a resident would lose his right to remain in a PCH. In order to function and provide services to all residents it is essential that the PCH does not lose the right to cancel the contract for the person who is not appropriate for the PCH. Examples of residents who could lose the right to remain in the home include but are not limited to the following:

A resident violates the home rules.
A resident who does not respect the rights and dignity of staff and other residents.
A resident who creates a nuisance in the neighborhood.
A resident who steals from staff, other residents or the neighbors.
A resident who cannot get along with the other residents.
A resident who does not follow their treatment plan.
A resident who is destructive to the home and other people's property.

2600.229 Mobility standards

This standard is out-dated and should be expanded to include three level of mobility, i.e., I

1. Independently mobile
2. Mobile with assistance
3. Immobile. Specific requirements for the care, health and safety and notification of a new admission of an immobile resident should be immediately and not 30 days. The 30 days grace period is acceptable for a resident who becomes immobile.

Resident records.

There is no documented need to increase the current record keeping requirements. Excessive paperwork detracts from resident care. Duplication of paperwork causes confusion. PCH records should not contain a lot of highly confidential information and should not be subjected to regulations as such.

2600.241 Contents of records

There is no documented need to increase the current record keeping requirements. Excessive paperwork detracts from resident care. Duplication of paperwork causes confusion. The purpose of a recent photo in the resident's record may be needed in large homes for identification purposes. This could be an option but it should not be a regulation. It could be offensive to the resident. Not everyone likes having his or her picture taken. Physician's examinations and medical evaluation forms should be retained in the record until the resident leaves the PCH. Medical transfer & hospital discharge summaries should be provided to the PCH on the "need to know" basis. Medical records should be provided to the medical personnel who will be providing treatment to the resident and have the ability to interpret the information. The extensive record keeping required by the proposed regulations will move the PCH caregiver from resident care to a record keeper.

2600.242 Record retention and disposal

PCH records are not medical records and should not be subject to these requirements.

2600.243 **Record access and security**

PCH records are not medical records and do not contain highly confidential information. There should be no reason to lock records in a secure location.

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2600.251 **Classification of violations**

The violations of regulations can not be classified into three categories of classes. There needs to be a fourth class for the many potential violations that would have not have any adverse effect on the health, safety or well being of the resident.

2600.252 Penalties

Penalties for violations of reasonable regulations that have an effect on the health, safety and wellbeing of the resident are appropriate. There should be no penalty for violations that do not effect the health, safety and wellbeing of the residents or if they can be corrected in a reasonable time.

2600.253 Revocation or non-renewal of licenses

Many of the proposed regulations do not meet the standard of reasonable. Revocation should only be implemented for violation of uncorrected regulations that have an effect on the health, safety and wellbeing of the resident.

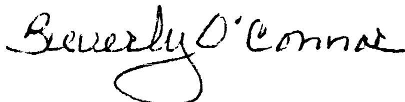
2600.254 Policies, plans and procedures of the home

The purpose of a written policy and procedure manual is to insure the smooth operation of the home and to insure that the residents get the quality of care they need. A written manual is essential for large PCHs with changing staff. Whereas, a manual is an added burden that does nothing to improve the quality of care, for a small home with few staff and little turn over. A policy and procedure manual may make it easier for the inspector, but the time spent organizing it will take away from resident care. This requirement will move the administrator away from resident care to that of a record keeper making a paper trail.

Respectfully yours,

Deborah L. Hollenbach

Beverly O'Connor



Original: 2294

IRRC

From: Pchresource@aol.com

Sent: Saturday, October 26, 2002 9:41 AM

To: MACKJODY42@aol.com; Magielpn@aol.com; amanley@epix.net; amartin@luthercare.org; JMccrea103@aol.com; mmcgeorge@kss.org; pmcnamara@phca.org; mehtamom@hotmail.com; mharvey@napchaa.org; mkwalwasser@jaapgh.org; mobilio@thehighlands.org; theridgewoods@nowonline.net; motter@blazenet.net; mselhat@stapeley.org; patm@harborviewtowers.com; HayesManor@aol.com; IRRC; baolson@stairwaysbh.org; ParkTerrace1@aol.com; pattii@erie.net; personalmom@email.com; RPete10703@aol.com; shadyrest@dp.net; ransharfarm@supernet.com; cedarwood@pghmail.com; Galeandbill1@aol.com; droley@voicenet.com; rosebrok@salsgiver.com; nrush@mennonitehome.org; Geoschaef@aol.com; schaichwortel@redrose.net; BScimone@jennerspond.org; bseymour@mail.com; Sh2moon@aol.com; sharedhome@ynt.net; valleyview@acsworld.net; BSheard810@aol.com; rsinger@eccru.com; cvacres@email.com; CDSmitty3@aol.com; homeland1@pa.net; lsofia@baptisthome.org; st@nb.net; stiebel@pitt.edu; Stugatbab@aol.com; lsullivan@chs-adphila.org; SWTMISTIC@aol.com; rtarasi@netscape.net; WITEDUV@aol.com; daisydog55@comcast.net; c.oals@stargate.net; mary.wise@sunrise-al.com; wmartin33@hotmail.com; mary.a.woertz@phila.gov; Wonbigdaddy@aol.com; wrinky@penn.com; grace@innernet.net; wmhome@dejazzcl.com; GYosko@aol.com; billyo@infi.net; dyowler@mennohaven.org

Subject: December Public Hearing to be Scheduled.

The State Legislators have promised a Public Hearing on the Proposed Chapter 2600 Regulations in December. They have not scheduled it yet. But they intend to hold it prior to DPWs "Stakeholders Meeting".

The Legislators agree that it is a little late in the process for a "Stakeholders Meeting." That information was supposed to have been included in the RAF (Regulatory Analysis Form)

I will email the date of the hearing as soon as I know. Please help me spread the word by forwarding this information to other administrators

Keep up the good work. It is wonderful to know that so many groups and individuals are working on this issue.

Margaret Eby

14-475 (228)

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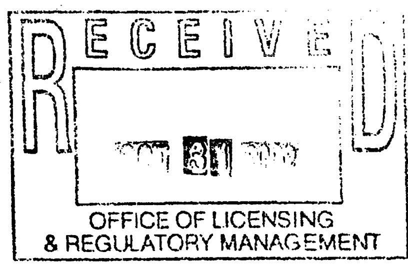


10/26/02

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

RE: Comments: Draft Chapter 2600 Personal Care Regulations

Dear Ms. Nevius:

Lehman Rest Home is a 27 bed Home that serves primarily mental health residents. Of our total resident population, approximately 85% are SSI. We continue to be very disturbed at the progression of these regulations. The draft has continued to demonstrate a shift away from a Home-based model of residential care towards a Facility/Institutional based model.

The draft also continues to include provisions that simply do not recognize the financial and practical realities of what we do. Through this process, there have repeatedly been too many proposals- such as prior attempts to increase staffing ratios- that somehow did not consider the practical aspects and costs of doing business. There remains an idealism in these regs that again conflicts with reality. The draft also, in our opinion, contains provisions that are in clear violation of the rights of PCH owners/operators as citizens.

We recognize that this revision process has often times put PCH providers at odds with DPW. It truly is not our intent for this to be an adversarial situation. Hopefully we are similarly committed to making Homes the best they can be, for the good of our residents. Yet there are critical aspects of Personal Care that we simply do not feel have been recognized. Without this recognition, many good Homes will be forced out of business, and many residents, especially those who are most vulnerable, will be forced from their homes. We hold out hope that DPW and the provider community can work together, yet there remains numerous issues within the draft that are intolerable, or just unwise.

Therefore, in response to the Draft Chapter 2600 Personal Care Home Regulations as published in the PA Bulletin 10/4/02, we provide the following comments.

Purpose of the Proposed Rulemaking: We strongly question the statement that these regulations will strengthen health and safety requirements <u>based on public input and research</u>. The PCH provider community has tried diligently to provide input to this process, and has been ignored in many cases. The PCH provider community as a whole has never been surveyed for our current cost, nor for projections of the increased costs for the proposed regulations. We were given one survey to fill out at a Provider's meeting, but received no feedback, nor did we see these issues adequately addressed. In addition, the greatest single body of stakeholders are the residents, and their families, of PCH's. Aside from what has been conveyed by the Home providers, their opinions, likes, and concerns have not been considered in the revision process. The term "research" implies some sort of scientific method and

analysis, and there has been no evidence that this was conducted by DPW. Those responsible for these regulations apparently have made inadequate efforts to visit an appropriate sampling of Homes across the State, and there has been no indication that input from Inspectors was seriously considered. To claim that these regulations were based on public input, when the single largest body of stakeholders had no voice, and to claim that research was done, when a proper sampling of home visits were not conducted, is simply untenable.

Proposed Resolution: 1) Surveys should be made available to PCH residents to convey what they as consumers appreciate about their Home, and what concerns they have from. 2) Focus Groups of PCH providers should be convened. 3) State Inspectors should be surveyed to identify Top Performing Homes in various geographies, of various sizes, and with various resident characteristics (SSI, elderly, mental health, etc) and visits conducted by those writing the regulations to determine what is working, and what things DPW could do to help good homes get better.

Background: Noticeably lacking is any mention that the PCH provider community was given any opportunity to review and respond to DPW's cost analysis for these regulations. Since DPW has not the familiarity with all Home operations, there is no way they could have assessed what individual homes will need to do, or how many people they will need to hire, to implement and maintain the new regs.

Proposed Resolution: The full detailed cost analysis should be opened for review and response by the PCH providers.

Significant Provisions- In addition to comments in the individual sections, the following comments are provided:

Waiver Requests: It seems very odd that DPW would want to grant residents the ability to provide input when the Home wants a waiver on a regulation, but DPW has not given residents an appropriate vehicle to provide input to DPW on the development of these proposed regs.

Resident Rights: We are very concerned that the term "rights" has now become so broad- with 28 specific items- that DPW has placed PCH providers at undue legal risk. The term "rights" has severe legal ramifications, and should only be reserved for things that truly would be recognized throughout society.

Staffing: Contrary to the claims, the proposed rulemaking does not leave staffing unaffected, even though the number of PC hours is seemingly unchanged. By injecting the term "direct care staff", and by differentiating between ADL's and IADL's, the definition of "personal care tasks" as they apply to those who may be counted in the staffing ratios, has changed. Indirectly, more staff will now be needed, as only staff who do Direct Care (and thus ADL's) count towards the PC hours.

Administrator Training and Orientation: The explosion of requirements for an administrator is simply uncalled for. DPW has no basis for in essence requiring a medical professional to be the administrator of a residential care environment. Even someone with a business background is not considered to be qualified by these standards. This requirement will destroy small homes, and those that serve the poor. In addition, the current shortage of nurses and other medical professionals in the state, and the low compensation in many PCH homes, make this proposal unrealistic.

Staff Training and Orientation: Again, the training needs for residential care have been over-estimated, and the economic considerations under-estimated.

Safe Management Techniques: Rather than read literature, and speak with "experts" about Safe Management, DPW should have spent more talking with PCH providers to understand how well equipped they feel they are, and how DPW could help. The proposed regulations on Safe management are in reality a mandate to provide behavior modification therapy, a service that is clearly outside the realm of Personal Care.

Development of Support Plans: While these plans provide a value, it is not appropriate to place the burden, and liability, upon the Home. This is Social Service work, and various government agencies, such as DPW, Dept of Aging, and MH/MR, exist for this very reason. To require the Homes to assume this task will require them to hire Social Workers, yet the expense of this new service was not considered in the stated financial impact.

Affected Individuals, Groups, and Organizations: The proposed regs have been consistently opposed by smaller homes, and those that serve the poor. Residents and their families were not included in the development of the regs. Small homes (less than 50 beds) make up over 70% of the Homes in the State, according to DPW's figures. PCH beds for the poor make up over 20% of all beds. Residents represent over 50,000 people, including their families brings the total into the hundreds of thousands. Clearly those who are most affected have not been given the consideration they should.

Cost Considerations- Private Sector

Providing services to SSI residents entitles us to a maximum of $29.98 per day. This is an incredibly small sum in light of the services currently provided, and the liabilities incurred. The recently announced 1.4% COLA from Social Security is woefully inadequate to keep up with rising costs. Many of our expenses, especially insurances, have experienced a far greater increase. Even the State UC insurance has increased more than this.

If one were to individually itemize the fair market cost of everything we provide- lodging, meals, laundry services, housekeeping, activities, and various personal care services, it should be very obvious that the total value of these services would be far in excess of $29.98. We have considered the costs of services from local providers for their services, and feel certain that the value of our care is already far greater than what we receive in compensation.

One hour of personal care, from a reputable home care agency, would by itself cost over half of what an SSI resident pays us each day for **all** their services. Factoring in meals, lodging, laundry, housekeeping, financial and medication management/assistance, activities, supplies, and a substantial number of "as-needed" services, demonstrates a substantial value to the SSI consumer, and the Commonwealth. Our services are also provided in a regulatory and insurance environment that is more costly than others in the community. The bottom line is that SSI providers are presently under-compensated, and can not absorb any more losses. The following additional comments pertain to statements in the proposed regs:

PCH Providers: How can DPW actually claim to have given careful consideration to the cost of services when providers were never surveyed for cost projections, nor given the opportunity to review DPW's analysis? The cost projections in the Draft Regs are seriously flawed as follows:

Mandatory Costs:

(a) DPW claims that the new policies, procedures, personnel management, quality management, and other documents will only incur additional printing costs. Is it not realized that someone will need to be paid to research and write all these new policies, procedures, etc? That someone will needed to be paid to communicate them to staff? That staff will need to be paid to listen? That someone will need to be paid to maintain, administrate, and revise these policies and programs? That the qualifications of the persons doing these things would probably be of an Administrator or Social Worker, and would be a new hire for many Homes? For a Home of our size the additional policies and programs will require at a minimum the hiring of an administrative assistant or Social worker, at a minimum cost of $30,000 per year. With 85% of our residents being SSI, were does this salary come from?

(d) The cost of the additional training for each administrator, for replacement staff when others are in training, and the cost of observing and testing staff will be thousands of dollars. With 85% of our residents being SSI, where are these salaries to come from? And with the difficulty in finding good staff, where do we find adequate numbers of personnel?

The regulations also list a variety of "optional" and individual choice costs. There is nothing optional about regulatory compliance. We have no "choice". We question how DPW could anticipate to what degree these categories of costs will affect the industry when we haven't been consulted about our cost projections. We question what salary data DPW used in determining the cost of requiring all future administrators to have the higher qualifications.

The proposed regulations also omit the following costs to the PCH providers:

- Costs of program/policy development and administration, as mentioned previously. This includes the Social Service costs of Support Plans, training plans, annual questionnaires, emergency disaster plans, emergency medical plans for residents and various resident rights compliance documents.
- Cost of administrator time that will be lost in giving free internship training to administrator hopefuls for other homes, or even for their own.
- Costs of higher salaries due to the higher qualifications of administrators. Surely DPW doesn't think that someone who is a registered nurse is going to work for the same pay as many present administrators who are HS grads with 40 hours of training and on-the job experience?
- Costs of additional staffing due to the change in PC hour calcs. Since only "direct care staff" are included, and they only do ADL's, additional staff will be needed to do IADL's and other valid personal care tasks.
- Costs of additional liability insurance due to the increased responsibility on the PCH.
- Costs of personnel and possibly transportation for new resident right of receiving assistance in accessing various services and obtaining clothing.
- Costs of alternate food choices and additional portions.
- Costs of installing skid resistant surfaces. Stairs alone can cost thousands for a proper installation of treads.
- Costs of adding mechanical dishwashers and communication systems at some homes.
- The cost of offering non-water beverages every 2 hours. This includes not only the cost of the drinks themselves, but also the repeated washing and replacement of glasses, and the staff time to support these activities.
- Cost of modifying all home smoke detectors when there is a deaf resident.

- Cost of monthly testing of all smoke detectors.
- Costs of adding new toilets due to the ratio change, and the possible loss of revenue from needing to convert a bedroom into bathrooms.
- Cost of using fire-retardant mattresses. This alone would cost us approximately $10,000 to replace all mattresses initially, plus as mattresses wear out, fire-retardant are approximately $60 more than a standard new mattress.
- Costs of reporting due to expanded reporting requirements for events.

For a home such as ours, these regulations would incur over $15,000 in one-time implementation costs, and over $40,000 in recurring annual expenses, mostly related to additional manpower.

Cost Considerations- Public Sector

Commonwealth: It is very misleading to claim that personal care homes will be improved, and that residents will get better service, and it will cost the taxpayers of the Commonwealth virtually nothing. There still is no free lunch. Someone will pay for the additional costs. In the case of SSI residents, it will be the taxpayers, as PCH providers will not absorb losses. Also, there must be costs to DPW to implement and enforce the new regs. These are not reflected.

Finally, the mention of a 20% increase in SSI last year has absolutely no bearing on the present concern, and should not be an issue. That decision was made apart from this regulatory process, based on the condition of the PCH industry, rising demands, and diminishing options for low-income residents. To somehow link it to this debate and imply that the past increase may "make-up for" the new costs of the new regs, or preclude the need for new increases because of the regs, is deceptive. As stated, the Commonwealth is already getting a tremendous value from well run PCH's who serve SSI.

Local Government: There will be substantial costs to the local government if PCH's that serve the poor, or are small in size are forced out of business. The industry has been warning of this reality, but doesn't seem to be taken seriously.

Paperwork Requirements: More paperwork is avoidable. There are reasonable alternatives. The answer to the State's PCH issues is not answered by more paperwork . DPW is taking our Personal Care Homes, and turning them into Impersonal Can't Care Homes, because no one will have time to actually spend time with residents in a personal way.

Public Hearings: In light of the substantial number of stakeholders who have not been given legitimate opportunity for input, and the unresolved concerns of much of the PCH industry, we request that Public Hearings be held before any new regs are implemented.

2600.1 Purpose: The proposed regs do not assure that supportive residential settings will be provided, as the regs clearly are moving towards a facility model of care, not a home model. Many of the new requirements are clearly medical/nursing in nature, and inappropriate for a residential environment. PCH Providers have been pleading with DPW to recognize that one of the things that makes the PA system of PCH ideal for consumers is that it gives many choices, and enables people to stay in a home-like environment.

Proposed Resolution: DPW must gather more information from Home inspectors, Home residents, and providers to ensure that the things that are working well in PCH's are preserved. DPW must recognize that in some cases, because of home size or clientele, one regulation will not fit all. We would also welcome DPW to consider customizing some requirements according to the size of the

home, and the nature of its business. For example, Home size is a factor in licensing fees. Perhaps Home size should also differentiate administrator and staffing qualifications. Perhaps Home should be given greater latitude for waivers due to financial considerations. The State of Pennsylvania can decide what services it will offer to its residents based on their income- so might PCH providers decide what type of service they offer.

2600.4 Definitions

ADL- Activities of Daily Living, and IADL- Instrumental activities of daily living, and TDL- Tasks of Daily Living (from 2600.24): This differentiation is not helpful, and not appropriate for personal care. The current regs speak only of "personal care services" and TDL's, which are very easy to understand. The ADL/IADL addition gives a nursing home perspective, and is extremely confusing.

Resolution: Why not just have a comprehensive list of Tasks of Daily Living that includes all, and define personal care as assistance with those tasks? ADL's and IADL's should only be retained if the are used in assessing levels of personal care that a resident needs.

Abuse- we recognize this is the current definition. However, item (i) does not consider actual intent by the employee to harm. This definition of abuse is based largely by how the resident responds. Thus if a resident FEELS like he was talked to inappropriately by staff, he can claim abuse very easily. And if a resident doesn't receive certain services, the Home will need to demonstrate that they did everything they could, no matter how burdensome, or possibly be accused of neglect (item v). Of course I am not trying to minimize the seriousness of resident abuse. However, we as employees- especially those in mental health environments- have rights and need protection too.

Ancillary Staff- The definition states these individuals are those who are not direct care staff. Since direct care staff only perform ADL's, the regs imply that someone could be providing personal care yet not be in the staffing ratios, as they are not direct care. Ancillary staff should be revised to be those performing "services other than personal care."

Direct Care Staff- This definition should include ADL's as well as IADL's and other personal care service. Perhaps it should be deleted entirely. Direct care staff is again nursing home terminology. The current terminology of "staff providing personal care services" and tasks of daily living is very easy to understand. Why are we complicating matters?

IADL- We fail to see how this term is of value. Tasks of daily living seems to be adequate, and ADL's could be retained to refer to the basic hygiene/care functions.

Neglect- We obviously oppose neglect. But there must be some guidance given as to what is the reasonable extent to which PCH providers must go. Providers are just one resources in meeting resident needs. Stating that we are not responsible for things "beyond the control of the caretaker" is simplistic. A provider is obviously physically able to transport a resident out of the county to get medical or dental care that they can afford, but is that a reasonable expectation? If we don't do this, are we guilty of neglect?

2600.11 We obviously would encourage DPW to relax inspection frequencies for good homes, and focus their energies on those that give our business a bad name. Likewise, it doesn't seem to make much sense to inspect 4-8 bed homes as often as 100 bed homes.

2600.16 Reportable Incidents- We question the intent of some of the criteria, especially new initiating events. We feel the department is requiring homes to assume excessive responsibility for residents who are living in a PCH by their own volition. We also feel that by increasing the criteria for reporting, unwarranted negative "Quality Indicators" will result.

(2), (9) Although serious issues, we do not understand the need to report to DPW attempts of suicide, assault, or other acts by a <u>resident.</u> These should be handled with local agencies, not at a state level unless there is good cause.

(3) It is excessive to require notification whenever someone is treated at a hospital for injuries other than a minor injury. Especially in elderly and MH settings, people may fall. It is not appropriate to assume the Home guilty until proven innocent. The Medical professionals should be relied upon to notify appropriate agencies if anything seems suspicious.

(11) It is also excessive to require reporting whenever the services of an Emergency Management Agency or Fire Department are used. Since PCH's are not skilled care, calling for an ambulance- which might be considered an EMA- is a regular occurrence, and something that an individual resident has the right to do on their own. As for Fire Department responses, those of us who are directly connected end up with responses to false alarms that are the result of detector malfunction. Requiring a notification, and reports in these cases will just be stating the obvious, and also create a false negative impression of the home. As for Police, does DPW <u>really</u> want to know every time an MH home needs to call the police? The current criteria- to call if the home is closed for more than 1 hour by the incident- is very reasonable and appropriate.

(b) Written Procedures for Reporting: Why does the Homes need to write procedures on reporting events when the regs tell us what to do? As for preventing the events, this is part of standard training. DPW surely doesn't intend us to write a procedure on preventing termination notices from utilities or some of the other events.

2600.17 Confidentiality of Records- This is far too simplistic, and doesn't recognize the realities of helping residents who are mentally ill, retarded, or confused. There are scores of agencies- Social Security, MH/MR, Aging, Pharmacies, low-income assistance programs etc. who need some type of information from a resident's files as part of their care. PCH providers must be allowed a reasonable degree of professional discretion, and can not be bound to giving information only in emergencies or to a select few.

2600.19 Waivers- Some concerns of PCH providers could be alleviated if the waiver provision provided more flexibility in obtaining waivers.

2600.20 Resident Funds- We are concerned that DPW, with good intent for resident protection, has made the financial management of resident funds more cumbersome, time intensive, and risky.

Subsection (b) (2)- We recognize this is a current regulation, and we respect the right for residents to manage their own funds. However, we question what type of protection there is for the home provider to receive their rent. Mental health residents are tremendously prone to financial mis-management. If an irresponsible individual, especially an SSI resident with limited funds, were to insist on handling all their own finances, including rent, what type of protection can be provided to the provider, without excessive evictions due to non-payment?

Resolution: Homes should be given the ability to insist on being rep payee for SSI recipients if: the resident has a history of financial mismanagement and no-payment of rent, or, when social service and or medical personnel advise in writing the need for the resident to have funds managed.

Subsection (b) (7) Also a current reg. This is a significant admin burden, especially when most SSI residents receive a rent rebate each year in excess of $200. This provision is out-dated and of little use, especially since banks are increasingly discouraging accounts with such a low balance, and the fees would be prohibitive.

Resolution: Raise threshold to $500.

Subsection (b) (4)- It is unreasonable to expect immediate response to fund requests of <$10, and 24 turnaround on other withdrawal requests, especially when each action requires a written record and signature. For a home of many residents, business managers could end responding to requests for $1 here and there. While we understand the need to accommodate resident fund requests, residents must recognize that this is a home, not a bank or ATM machine. Stating that this is to be offered on a "daily" basis does not help, as this seems to mean all day, every day. Even once a day is unreasonable to mandate.

Resolution: We would prefer requiring a minimum number (ex 2) of "banking days" for standard withdrawals, with immediate response for emergent essentials. If you make it too difficult for the providers, the answer simply will be to stop holding funds, and giving the residents their entire $60 at one time. In the case of MH residents, it would be spent within days.

2600.24 Tasks of Daily Living- As mentioned, we are not sure why all the terms are needed. We now have ADL. IADL's, TDL's, and Personal Care.

Resolution: As mentioned earlier, the TDL's seems sufficient, with possibly the use of ADL's primarily to distinguish a level of basic care for the less independent resident.

2600.25 Personal Hygiene- For Simplicity, Hygiene should be considered as a Task of Daily Living.

2600.26 Resident-home contract: information on resident rights- Again we oppose the placement of Support Plans within a resident's contract. This is a Social Service function that is not a current requirement, and thus represents a new service that PCH's are mandated to provide. However, there are no plans for additional funding to provide this service for SSI residents.
Also, the 72 hours right to rescind places an unreasonable burden on the PCH and liability for lost rent. It is unreasonable to expect a PCH to hold a bed for a residents (and when they are SSI, they have no money for a hold bed fee, so we lose money in these cases anyhow) allow the resident to move in, then have them be able to move out a few days later, after which time the Home has done all the in-processing, set-up their medications and paperwork. This type of arrangement would not even be considered in any other rental situation. In addition, if the resident has 72 hours to decide if they like the home, rescind the contract, and move back out, we believe that legally the other participant in the contract, the PCH, would also have 72 hours to determine if they want the resident to stay, and could by right evict.

2600.27 Quality Management- This is yet another administrative procedure to add to the current care burden, without any consideration of the time and expense involved. In is unreasonable for small homes, as there simply are not enough processes to monitor. QM may be appropriate for very large homes (> 100 beds), but even in this case, we fail to see why the inspection process, other outside

agencies, market pressures, or personal commitment would not be enough to motivate quality management by good homes. Bad homes will just fake it anyhow.

Resolution: DPW shouldn't try to regulate how private businesses manage in areas that are not directly related to resident care. DPW should focus primarily on the ACTUAL quality of the home, not HOW the home manages the quality. If the Home is safe and clean, records are in order, the residents cared for, and the families are happy, that should be satisfactory. By requiring QM, DPW is taking a Business management tool that truly is optional for success, and making it mandatory.

2600.28 SSI Recipients- A clear statement from DPW is required regarding how homes are to handle residents who have overpayments automatically deducted by Social Security. The PCH is not responsible for a resident's debts, however, when Social Security collects that debt up front, it is unclear whether the resident's "actual current monthly income" is the gross amount (in which case the resident will need to pay the over payment out of spending money), or the net amount after the over payment deduction (in which case the home ends up paying for the overpayment). The Home should not have to pay their over-payment, even though that is what usually happens, unless we are successful in getting it waived.

2600.31-40: These sections are missing with no apparent explanation. If they were inadvertently omitted, we ask that the document be re-published in complete form.

2600.42 Specific Resident Rights- While we acknowledge the sensitivity of protecting resident rights, we are concerned about the following:

(c) We applaud the resident's right to be treated with dignity and respect. However, one way that a PCH ensures that residents are treated with dignity and respect by the other residents is through House Rules. However, these regs do not provide any provisions for evicting residents who refuse to treat others with dignity and respect. Thus we are not able to comply fully.

(d) Obviously we support the continued ability to have house rules. However, for a rule to be effective, there must be a potential consequence. In the proposed regs DPW has virtually eliminated the ability of the Home to evict a resident for violations of house rules, and the Home is given no recourse in handling those who refuse to conduct themselves with dignity and respect towards others.

(i) and (j) Assistance with services and clothing- We strongly oppose mandating this burden, and liability, upon the home providers. While we do try to assist residents in these areas, it can not be primarily the home's responsibility, and this should also not be in any way interpreted as providing financial assistance. Again we question the purpose of social service agencies if the home is forced to provide this service in a lead capacity. It must be a coordinated effort of all involved. This requirement places an incredible amount of liability on the home, and for what a home can receive from an SSI resident, it simply is not worth the risk.

By making "assistance" with medical/dental/behavioral/rehab and clothing a resident "right" you have raised these services to a plateau of legal liability that is intolerable. To what degree or extent must a home go to demonstrate they have not neglected these needs and violated the resident's "rights?" Do we need to transport residents out of the county for dental care? Violating a person's "rights" is a criminal offense. Classifying "age and gender appropriate, seasonal clothing" a person's right not only places an unfair burden on the Home, but also makes a mockery of legitimate rights. The term "right" should only be used for things that are uniformly recognized in general society as such.

Resolution: These two items should be removed from Resident Rights and listed under the Contracts section as additional services the Home may or may not elect to provide.

(l) (personal property)- We recognize that this is a current right, but the right to have personal property must be within the storage capacities of the space rented by the resident. As is, this reg would force homes to allow residents to bring in a house full of possessions, or instead, turn their rooms into a massive junk pile. Again, we feel that DPW has not considered the behaviors of mental health residents, many of whom hoard and pile mounds of items (often times picked out of someone's dumpster) for which they have no need or purpose. Residents can share space, closets and dressers, and in consideration of their roommate, must be restricted in some degree as to the possessions they bring.

(u) (right to remain in the home)- While we appreciate the desire to protect residents from unfair treatment, PCH providers are providing a for-fee service in operating a business. Forcing PCH providers to give renting residents the "right" to stay- even if they are adverse to the atmosphere of the Home, or if the Home chooses to seek higher paying clients- places a burden on the home beyond that of any rental agreement, and is contrary to the principles of a Capitalistic society. A PCH does not receive direct Government funding, and it is not part of a Socialized medicine program. Those to restrict our free conduct of trade in this manner, is a violation of our rights as citizens, and will no doubt result in legal challenges. We will expand our objections to this provision later regarding the need to protect the rights of other residents in the home.

(x) (stolen money)- This provision, if passed, would necessitate legal challenge. In our environment, residents claim things are stolen regularly, when in fact they were misplaced. In cases where funds are claimed to be stolen, we do not see how DPW can hold the home liable unless the claim is proven in a court of law, and the home was shown to be responsible. Furthermore, it is unreasonable to expect the home to pay for the crimes of their employees unless the home was knowingly negligent or at fault. It is the legal right of the Home provider to be innocent until proven guilty using due process in a court of law.

(z) (excessive medication)- Although this is a present right, it remains a poorly worded statement. Excessive according to who? Does this mean that house rules can not require med compliance? What if a schizophrenic resident feels his medication is "excessive"? Can he choose to stop being med compliant, with the home having no recourse until he hurts/threatens himself or someone else? What about PRN medications for agitation? We prefer the concern to state that residents should have the right to be free of medical restraints (unless necessary for protection of self/others), not a subjective term like "excessive."

2600.51 & 52 Criminal History checks and Staff Hiring- These provisions reference other statutes. If there is anything in these statutes that is not part of the current process, we asked that they be identified.

2600.53 Staff Titles and Qualifications for Administrators.- There is absolutely no justification for the explosion of requirements in Administrator qualification, and no reason why the proposed requirements are so heavily oriented towards having someone who is a medical professional. This implies a failure to recognize that Personal Care is a residential environment, not a medical environment, and that by prescribing a medical oriented administration you are further confusing the two. These requirements are also not achievable for small homes, or for larger homes who serve the poor. When the time comes to hire a new administrator, where will the money come from for the salary of this over qualified person? Where will all the extra nurses come from? We do not know

what information DPW has about PCH Administrator salaries, but we can say with certainty that both Administrators of this Home make far less than Nurse in the same stage of their professional career.

Resolution: We commend the department's efforts to raise the standard for new home operators, while providing exceptions for those currently in the field. Something more than 40 hours of training should be considered, with some sort of competency test. However, the proposed requirements are completely unreasonable, and will prevent many fine individuals from entering Personal Care. To still encourage more people to enter this field, however, we ask the Department to consider allowing some improved form of the current Administrator's training for homes of a certain size. More than 40 hours would be required- possible a 6 week certificate course, with mandatory testing to demonstrate proficiency. We would also suggest that the amount of training, and the topics, vary according to the size of the home. Just as DPW collects different fees for different size homes, so could Administrator qualifications be tailored to the size of the home. It should be obvious that it does not take the same skills to run a 4 bed home as it does a 25 bed home or a 100 bed home. Thus someone could be qualified to operate, for example, homes of 20 beds or less after they achieved a certain stage of training, but would need to progress in training to operate a larger home. In no case should a medical professional be required as the administrator, as this is residential care. However, in cases where the qualification is for a very large home- 100+ beds- a degree in Social Services, Business Management, Nursing, or other Technical Fields may be appropriate.

2600.56 Staffing- We continue to assert that the requirement for 1 PC hour per resident per day is excessive in some cases. Many PC residents are highly independent, and require no "direct care" as in ADL's. They only require health meals, medication assistance, and some reminders on other issues.

As mentioned previously, we also object to the terminology of "direct care staff" and especially oppose its use in determining staffing requirements. This distinction has indirectly increased staffing requirements by excluding current PC services from the calculation.

Resolution: Direct care should be replaced with personal care, or "staff providing personal care services", as appropriate. We continue to also ask that DPW revise the classes of residents to be the following: immobile, assisted mobility (in that they require a cane or walker, and/or require assistance with at least one ADL), and fully mobile (which would be those who require no ADL assistance, only some IADL/PC help). Assisted mobility would continue with 1 hour per day, but the fully mobile class would require less (such as 0.75).

We also wish to add that in subsection (k), there should be no need to arrange for substitute coverage when scheduled personnel are absent if a home is still meeting the staffing requirements without such help. Homes may at times over-staff as a contingency and should not be obligated to replace an excess person.

2600.57 Administrator training and orientation- 60 hours of training, on top of the qualifications proposed previously, is excessive. If the degree qualifications are relaxed, however, we could accept an increased amount of competency based training. However, the requirement for 80 hours of competency based internship is simply idealistic. While PCH providers maintain a loose affiliation with each other, we are still business operators within the same field, and are in a way competitors. To ask PCH's to train their competition is unreasonable. It is likewise unreasonable to expect an administrator- who is paid by their company- to give up a substantial amount of time to, without compensation, train someone to work at another company.

It is also not appropriate for DPW to require Administrators to be trained on marketing. How one markets their business is a matter of private concern and is not within the regulatory purview of DPW.

The increase of continuing education from 6 hours annually to 24- a four-fold increase- is staggering, and without demonstrated need for a residential environment.

Resolution: We ask DPW to provide comparisons for other occupations which deal with residential living, or even medical care, to justify the continuing education increase. 6 hours of continuing education is still adequate. Requirements for internship should be abandoned, or offered only as an alternative to other types of training.

2600.58 Staff Training and orientation- The list of training topics is extremely idealistic, and while they convey information which may be helpful, they are not essential for non-management individuals who by nature receive a higher degree of supervision. There is the business reality that for what personal care homes can afford to pay, and with the high turnover rate, there is a limited amount of staff development that can reasonably be attempted. These requirements are far more than what is appropriate for residential care. The 24 hours of continuing education is also without justification, and without consideration of the economic impact to the Home. We again ask where DPW proposes we get the time to conduct extra training functions without hiring an administrative assistant and incurring more costs.

Resolution: We are disappointed by the regulatory position that additional training plays such a large role in improving home performance. Justification through comparative data and information from other residential environments is needed, especially in regards to increased continuing education. We do not need more training hours as much as we need better resources to equip staff and improve the work place. DPW must help in in providing appropriate, cost-effective training such as training videos or lesson plans.

2600.59 Staff training plan- We again ask where DPW proposes we get the time to conduct extra training functions without hiring an administrative assistant and incurring more costs.

2600.60 Individual Staff Training Plan- This entire provision is excessive. We feel this is an attempt to micro-regulate. It would simply suffice to state that administrators are responsible to assess where individuals require specific training beyond the standard requirements in order to effective perform their job functions. It is an unnecessary burden to establish another documentation program, especially in a field where the turnover rate is so high. We again ask where DPW proposes we get the time to conduct extra training functions without hiring an administrative assistant and incurring more costs.

2600.86 Ventilation- Closets should be specifically excluded from requiring ventilation as defined.

2600.89 Water- Establishing a maximum water temperature of 120 deg F will be too cold for many residents, as the Home will need to maintain a margin, and thus set the thermostat for 115 deg F. We ask that the max temperature be established at 125 deg F.

2600.91 Emergency telephone numbers- This provision should only apply to phones in common areas, or for general staff or resident use. The PCH should not be mandate to maintain listings by a resident's personal phone within their own room.

2600.94 Landings and Stairs- "Non-skid surface" requires further clarification. Wooden ramps or stairs could legitimately be non-skid, unless some type of actual installed anti-slip treatment is intended by this reg.

2600.98 Indoor activity space- Requiring the largest lounge area to have a TV is presumptuous upon the function of the Home. A home may have numerous TV areas, and for very good reason, want to ensure that a large, multi-purpose room stays free of noise and distraction.

2600.99 Recreation Space- We have no idea what type of "outdoor recreation space" a home must provide when they are located within a crowded city block. We also are not sure what DPW means by the example of a "glider" as a recreational item.

2600.101 Resident Bedrooms-

(c) We do not understand the terminology "physical immobility" especially since the regulation continues to say that the space requirement can be waived if a physician certifies that the person can maneuver in the space provided. If the resident is able to maneuver, they are truly not an "immobile" resident, thus we are concern that the term "physical immobility" would be interpreted to mean "physical disability." If DPW intends to require that 100 sq ft of space be given to anyone with a walker or wheel chair, many homes will not be able to comply without extensive renovations, loss of revenue, or declare themselves unable to accept disabled individuals due to a lack of facilities.

(g) due to older L&I rulings, existing homes may have fire escapes through a resident's bedroom and should be grand-fathered in this reg.

(j) Resident access to bedrooms can no be guaranteed at all times if there are maintenance activities that would make it unsafe or inappropriate.

(k) It would be a tremendous expense to suddenly upgrade all mattresses to those certified as fire retardant. We do not see the realistic benefit in homes that prohibit smoking or flames in the home, and since the new regs ban smoking in the bedrooms, we see no need to provide a retardant mattress when the whole rest of the room is combustible. The cost of upgrading to a new, fire retardant mattress is at least $120 each, which means our home would be looking at a large initial expense, and higher than normal replacement costs. In addition, while plastic covering is beneficial in many cases, they can also be annoying. Residents who have no medical need for such a covering should have the right to a plastic-free bed.

2600.102 Bathrooms- Reducing the toilet ratio to 1:6 will be an unnecessary hardship. Remodeling costs will be incurred, beds will possibly be lost to accommodate the toilets and maintenance costs will be higher. Existing homes should be exempted, as there is no demonstrated problem with the current ratio.

By requiring "linens" in the living space (j) this can not be interpreted as bed lines without impacting resident storage space.

2600.103 Kitchen Areas-

(e) There is no need to rotate food weekly. It is rotated at deliveries. There is also no need to actually inventory food weekly if deliveries haven't been made. This creates yet another administrative function that has no purpose. As part of preparing routine food service orders, a home must assess

what they have. This may not be weekly, and does not need to be. The regulations should simply require that food is used before the expiration date.

2600.104 Dining Room

(b) We see no reason to prohibit the regular use of disposables where it is appropriate or customary (ex paper plates for sandwiches) provided it is made clear that there is to be no washing and re-use of disposable items. Disposable items can not only be more economical overall, but more sanitary, due to the single use. Secondly, if you choose to retain this prohibition, we ask that it not be on "plastic" cups and plates, but rather items that are disposable in nature. Due to our population, the use of heavy duty, restaurant style glasses, cups, and plates is necessary for safety reasons, as they are a plastic composite that resists breakage. The current wording forces the use of glass, which will result in breakage and cuts to staff and residents.

2600.105 Laundry- (g) The Home shall ensure that all lint is removed from clothes? How do you propose that we remove all lint when lint by definition is fiber fragments from the clothes. Perhaps it would be better to require that lint be removed from Dryer lint traps on a regular basis.

2600.107 Internal and External Disasters

(a) The cost and expertise for developing these procedures have not been addressed.

(b)(5) It is impossible for the Home to maintain a 3-day supply of medication. This provision demonstrates an unfamiliarity with the system for obtaining medications in a PCH. PCH's do not provide the medication, and unlike nursing homes, they often have no pharmacy. Rather, a PCH assists residents with their own medication that was prescribed for self-administration. The availability of medicine is determined by the insurance plan of a resident, and by their physician. A PCH can do absolutely nothing to get medication prior to the dates set by the insurance plan, especially when it is medical assistance.

2600.109 Firearms and Weapons- The term "weapons" needs better definition. What about pocket knives? We would hope that this would mean things that are truly intended for causing harm, not tools or other such items.

2600.121 Unobstructed Egress- The prohibitions of locking doors seem to create security risks, unless we can take this to mean that it would still be permissible to have doors that lock from the outside with keys, but can be opened from the inside without the use of a key (see 2600.123c).

2600.130 Smoke Detectors and Fire Alarms-

(e) There is no reason to incur the expense of modifying ALL alarms and detectors just because one person in the home can not hear them. Only the detector closest to this person's room needs modifying, so it wakes them at night. It is not unreasonable to rely on staff to ensure that all residents are guided out during other situations. We do however question how you can expect a fire alarm to be "equipped" so that the hearing impaired (even deaf?) can hear it.

(f) Monthly operability "testing" is uncalled for. To "test" a smoke detector is to produce an audible alarm. It is a tremendous burden, and runs the risk of multiple false alarms and resident distress. At a minimum, Homes that are connected to a monitoring service that would detect sensor trouble should be exempted, an visual verification of flashing indicator lights should suffice for "testing."

2600.132 Fire Drills-

(d) A 2 ½ evacuation is simply unrealistic on a regular basis and unnecessary. Where does this value come from? The time will depend somewhat on the clientele of the home, but also the lay-out of the Home. Our local fire chief was satisfied with under 5 minutes. We feel DPW needs to use a more realistic value- like 5 minutes- or justify their criteria.

(e) To require a fire drill during the sleeping hours once every 6 months is a source of unnecessary stress and upset of our resident populations, many of whom are elderly or suffer from anxiety disorders. This will also force them out into colder weather for no good reason. If sleeping hour drills must be conducted, annual frequencies would suffice.

2600.141 Resident Health Exam and Medical Care- The new requirements will complicate the medical form, which is presently very easy to use and understand. There is no need to have this degree of medical information at a residential Home.

2600.142 Physical and Behavioral Health- Why must the Home be held liable for convincing residents to get medical or dental care? We are not their guardians. This is again an attempt to impress a medical environment on personal care. In addition, who determines what is a "reasonable" effort? A suing attorney?

2600.161 Nutritional Adequacy- We oppose anything that would seem to imply that the PCH is a restaurant, not a home, with food service open anytime anyone feels like it. That's what resident spending money is for, and that's why residents should be afforded a reasonable location for the storage of personal snacks.

(b)&(e)- We resist requiring an alternative drink AND food selection. In addition to the additional costs of preparation, it has been our experience with our population that too many meal choices results in confusion, indecision, changed preferences, and more dissatisfaction. While homes should provide reasonable accommodation to dietary <u>limitations</u>, we do not feel this should imply that homes need to accommodate dietary <u>preferences.</u> For example, it is one thing to accommodate a vegetarian by serving something other than meat. It is another thing to be expected to produce customized vegetarian delicacies. We have experienced this already, where attempts at providing vegetarian meals were not good enough for the resident. Again, a PCH is a home. It is not a restaurant, and it is not a "facility."

(c)- It is both excessive and unwise to mandate additional portions. If a home is providing basic nutritional requirements, they should not be obligated to provided two times, three, four, five, or however many portions of "nutrition" a resident wants. Please remember that in a MH environment, many will eat simply out of boredom, or compulsion, not need, and others will eat out of hunger, but at unhealthy amounts. The home is responsible to meet the basics. If residents want to gorge themselves, it should not be at the home's expense.

(g) Other beverages (other than water) shall be offered every 2 hours. We can't believe that anyone would suggest that every 2 hours a personal care home that is getting less than $30 per day for resident care should be expected to offer people the opportunity to come get a glass of juice, out of a glass that can not be disposable, which many of them will spill, requiring the dining room to be cleaned, and requiring all the glasses to be washed again, just in time for the next round of juice. This provision demonstrates an incredible lack of understanding for the realities of personal care.

2600.162 Meal Preparation-

(e) Residents who miss a meal for an unavoidable reason, as per the current regs, should be fed. But those who simply do not care to comply with Home dining times should not be catered to. A home simply can not manage customized meal times for all of its residents. Order must be maintained. Dining rooms simply can not be all-night kitchen's. These regs continue to ignore the realities of group living in an effort to cater to individual whims. Again this demonstrates a lack of understanding for the clientele many of us serve.

(f)- Meals shall include a variety of hot and cold? Thus the supper meal can not have all hot things?

2600.171 Transportation:

(a) (1) There are no longer specific staffing ratios in 2600.56 to refer to.

(3) We do not see how you can prohibit letting residents provide transportation to other residents. This is their right, and the home provider, nor DPW, should have no business hindering their activities without good cause.

2600.181-186 Medications: The level of documentation and written policies is excessive. Also, we do not see the benefit of storing prescription drugs and OTC "separately." Does using separate bottles, or separate bins in the same cabinet, meet this requirement?

While we see a practical benefit of recording when meds are dispensed by dosage, we are concern that from a liability perspective, this removes the homes from providing "assistance" in self-administration to actually administering the drug.

Resolution: We would also ask DPW to somehow recognize that those of us who do not pour from bottles, but rather get individual cards blister packed by dose for each resident, are probably not in need of some of the proposed safeguards.

2600.201 Safe Management Techniques- To expect a residential care Home to "modify or eliminate behaviors" is highly inappropriate. A PCH is not a mental hospital or behavioral treatment center. What DPW is requesting is that we perform behavioral therapy. We simply do not get compensated to provide this type of treatment, nor are we appropriately equipped. If there are behaviors in a resident that endangers others, the resident must be removed from the home. Period. It would be foolish to try and "modify" them while putting others at risk. If anything, proper crisis response training would be addressed as part of staff training.

2600.225 Initial Assessment and annual assessment- Again, if a resident has the right to rescind a contract within 72 hours, it is not appropriate to require the PCH to do all of their initial assessment paperwork before that time frame is completed.

2600.226 Development of the Support Plan- We are very concerned about all provisions dealing with Support Plans. We are first of all concerned that an inappropriate responsibility, and thus liability, is being placed on home providers instead of the existing social service agencies. Home providers often do far more case managing than they should in the present, and should not be mandated to do more- especially in light of the inability to recover our costs with SSI residents. These plans represent an additional social service that will be provided, and there is no means to recover the costs

for SSI residents. We also fail to see what is specifically required, and how this is different from the initial screenings and assessments currently done. DPW has yet to develop a standardized SP form as requested by the PCH industry so that we truly understand what is being asked.

2600.228 Notification of Termination- We strongly oppose the content of subsection (g), on the grounds that it places a disproportionate burden on home providers to maintain the rental agreement. Since residents are renters, we would question how you can prohibit evictions except in extreme cases. What about the right of PCH providers to survive financially? What about house rules, and the quality of life for other residents? Home providers have an obligation to ensure that residents are treated with dignity and respect, and House Rules for proper conduct are a major way of doing so. DPW has rendered House Rules useless, and PCH providers powerless against residents who want to do their own thing, with no consideration for others.

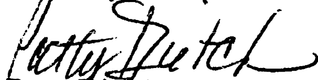
There are often situations where residents are not clearly "a danger to themselves or others" but who, through violations of house rules, or recurring extremes in behavior or illness, present an excessive, consuming, or tumultuous impact on the operations of the home, such that care can not be effectively given to others, or that the quality of life of the other residents is affected. If a resident is regularly inappropriate (nudity, speech, disruptive behaviors, screaming) is everyone else in the home required to put up with it? While we appreciate the need to protect the individual, the overall quality and atmosphere of a home <u>must</u> be preserved. Residents should have the right to live in a home where they are not regularly subjected to behavior that is unnecessarily offensive. Home providers should also have the freedom to conduct their business in a way that serves all residents, and remains financially viable. If you do not enable home providers flexibility to remove people who prove to be incompatible with the home, it will be too risky for us to take in those with less than stellar personal histories, and they will be forced to live unsupervised in the community, or in State Hospitals.

2600.251 Classification of violations- Although we recognize that they were recently published apart from the regulations, we feel that the guidelines for determining the classifications should be included in the regs. The present definitions are too vague, and by not including the guidelines, there is too much potential for guidelines to be revised without proper review and notification. In addition, there is a very great potential for varying interpretations.

We welcome a higher standard for PCH providers, but only if that standard has tangible benefits in resident care, and can realistically be achieved by those of us who seek to serve others. Homes such as Lehman Rest Home provide a critical benefit to the State and Local communities, and have been able, with limited resources, to provide a caring home for many. It is our desire to serve those of lower income, however, if the proposed regulations go into effect, we simply will not be able to operate financially.

As a taxpayer, as well as a Home owner, I am also dismayed at the hours of government time, and the hours of provider time, that has been expended in revising regs that were fairly adequate to begin with, but where not effectively enforced. The result of all this effort is still a proposed document that is critically flawed. We feel that the detrimental effect on small homes, those that serve the poor, and the tax payers of the Commonwealth, has continued to be under-estimated. Thus we are requesting that public hearings be held in regards to the proposed regulations.

Sincerely,



Patty Dietch Owner & Administrator- Lehman Rest Home

#14-475 (108)

Adams Personal Care Home

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October 26, 2002

Department of Public Welfare
Office of Licensing and Regulatory Management
Teleta Nevius, Director
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P.O. Box 2675
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Please consider the following my comments on the proposed Personal Care Home Regulations.

Regulation Number 2600.19 Waivers

(g) A structural waiver will not be granted to a new facility, new construction or renovations begun after __________(Editor's Note: The blank refers to the effective date of adoption of this proposed rulemaking.) Upon request, the Department will review building plans to assure compliance with this chapter.

Comment: Our building is in compliance with the current regulations if we were to sell it under the proposed regulations their would be a loss of eight beds due to ceiling heights, Regulation number 2600.101(e)and possibly two beds due to Regulation number 2600.101 (c.) We would like to see this regulation changed to buildings established as personal care homes prior to the new regulation regardless of present or future ownership be granted a structural waiver.

Regulation Number 2600.57 Administrator training and orientation.

(b) Prior to licensure of a personal care home, the legal entity shall appoint an administrator who has successfully completed and passed a Department approved competency based training that includes 60 hours of Department approved competency based training, and ha s successfully completed and passed 80 hours of competency based internship in a licensed home under the supervision of a Department trained administrator.

Comment: Many personal care homes owners are administrators of their homes and would not be willing to allow a new administrator to have internship in their home that may open a home in their area.

Regulation Number 2600.85 Sanitation.

(f) A home that is not connected to a public sewer system shall have a written sanitation approval for its sewage system by the sewage enforcement official of the municipality in which the home is located.

Comment:When we first opened our home we had to obtain a zoning approval from our local zoning board whom inspected the property and sewage system and gave the approval. At that time our municipality had no sewage enforcement officer this was taken care of by the zoning board. If we would have a sewage official inspect it now and it did not pass we would have to install a sand mound system which would cost between $10,000 and $15,000. The installation or replacement of the traditional septic tank and leech bed system is not permitted in this area because of the soil conditions. Our municipality is going to install a public sewage system within the next few years. If we would have to install the sand mound system this would be an unnecessary expense for us as we would be connected to the public sewage system in the near future. We would like to see this regulation changed to buildings established as personal care homes prior to the effective date of the new regulations, regardless of present or future ownership be excluded from this regulation.

Regulation Number 2600.101 Residents Bedrooms.

(c) Each bedroom for a resident with a physical immobility shall have 100 square feet per resident, or allow for easy passage between beds and other furniture, and for comfortable use of a resident's assistive devices, including wheelchairs, walkers, special furniture or oxygen equipment. This requirement does not apply if there is a medical order from the attending physician that states the resident can maneuver without the necessity of the additional space.

Comment:During the eighteen years we were in business we added several additions on to our home which were constructed to house two or three residents. These rooms were built to the specifications of the regulations at that time. Each bedroom was built to allow 60 square feet for each resident. The residents that occupy these rooms who use the equipment stated in the new proposed regulation have no problem maneuvering around in these rooms. There is no way these rooms can be expanded to meet this regulation and in turn we would loose a significant amount of income due to a loss of a resident. We would like to see the regulation changed to buildings established to be personal care homes prior to the effective date of the new regulation, regardless of present or future ownership be excluded from this regulation.

General comments: Under the Private Sector section General Public it states the following, There will be no costs to the general public as a result of this proposed rulemaking. The residents of personal care homes are the public. For the personal care homes to be in compliance of these changes they will have to increase their fees paid by the personal care home resident.

If the Department wants all the documentation that is stated in this proposed rulemaking they should provide the necessary forms and the documents so the personal care homes would have the necessary paper work to be in compliance.

As for the training of the staff as we understand the staff member may have twelve hours in house training and twelve hours training from an outside source. If the Department wants our staff to have training from an outside source they should see that at least one training center be located in each county seat so the staff members would not have to travel an outrageous distance to obtain this training.

Thank you for taking the time to review our comments on this proposed rulemaking.

Sincerely
Sam and Sandy Adams

Original: 2294

#14-475 (109)

October 25, 2002

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,

Detailed below are comments from Mennonite Home in relation to the Proposed Rulemaking as it pertains to Personal Care Homes.

1. 2600.14 is this an every one, two, or three year requirement?

2. 2600.16 (f) refers to 2600.243 (b), yet there is no 2600.243 (b) in the proposed regulations.

3. 2600.26 (i) our facility does not manage resident funds. If a facility does not manage resident funds, how would a facility be aware of how many funds a resident is retaining? This proposed regulation is unclear. The current personal needs allowance only applies to SSI residents.

4. 2600.29 (e) our facility is a Continuing Care Retirement Community. If a resident moves to a higher level of care, they will continue to be billed by the facility, so why the need for a refund? 7 business days would be preferred, if regulation is required.

5. 2600.42 (u) agree with the 3 circumstances listed as reasons for discharge, but a fourth reason should be added. Inappropriate conduct occurs which can warrant discharge that does not necessarily meet the criteria of the 3 listed reasons.

6. 2600.56 (a) it would be helpful for "special needs" to be defined along with providing some examples.

7. 2600.58 (e) the proposed 24 hours of annual training is double the amount required by Department of Health in skilled nursing facilities and would tax the facility in both monetary and time resources.

8. 2600.60 a written individual staff training plan for each employee is <u>extremely unrealistic</u> in the current environment of staff shortages. While we support staff training for all staff, the

Mennonite Home
1520 Harrisburg Pike
Lancaster, PA 17601
Phone (717) 393-1301
Fax (717) 393-1389

Woodcrest Villa
2001 Harrisburg Pike
Lancaster, PA 17601
Phone (717) 390-4100
Fax (717) 390-4106

proposed regulation is onerous and would take an extreme amount of resources to comply with.

9. 2600.98 (b) states that living room or lounge areas shall be sufficient to accommodate all residents at one time. Our facility has 264 beds with multiple lounges and activity rooms throughout. Does this meet the intent of this regulation?

10. 2600.101 (i) Does this regulation mean that privacy curtains are required in semi-private rooms or does it mean the room needs to have a door?

    2600.101 (r) it is unrealistic to expect a facility to allow the resident to determine what type of chair is comfortable. The facility could potentially go through five chairs depending on the resident preference.

11. 2600.130 (f) NFPA guidelines for alarmed health care facilities only require semi-annual testing. There needs to be differentiation between residential facilities with battery operated smoke detectors and health care facilities with continually monitored fire alarm systems.

12. 2600.132 it is unrealistic to expect a multi-story building to be evacuated in 2 1/2 minutes. Current fire safety research and standards support "defend in place" techniques used in sprinklered health care facility buildings are safer than trying to evacuate a building. There needs to be differentiation between small facilities (e.g. 10 beds) and large health care facilities.

13. 2600.161 (g) we support beverages being available to residents. To expect that beverages are offered to the resident at least every two hours is unrealistic.

14. 2600.252 requiring a record of incident reports to be part of the medical record is totally contrary to legal advice in regards to medical records and opens facilities up to potential legal action. Incident reports in health care facilities have always been considered internal documents for quality improvement purposes.

If you have any questions, or need further clarification on the above comments, please feel free to contact me.

Sincerely,

John D. Sauder, NHA
VP of Health Services

Cc: Nelson Kling, President
Nan Rush, Dir. of Personal Care
Beth Greenberg, PANPHA

Original: 2294
Orig[illegible]

GREEN HILLS MANOR
COMMENTS ON THE PROPOSED CHAPTER 2600 RULEMAKING

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

EXECUTIVE ORDER OF FEBRUARY 6, 1996

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

1. "Costs of regulations shall not outweigh their benefits." According to the Regulatory Analysis Form the estimated cost is only $680 to each personal care home. However, as shown below, the cost will far exceed that.

2. "Where viable, non-regulatory alternatives exist; they shall be preferred over regulations." The writing of new and increased regulations would seem to indicate that the old regulations are not adequate, but I have seen no evidence to prove this.

3. The Executive Order states that burdensome regulations have placed undue restrictions on the regulated community and have hampered Pennsylvania's ability to compete effectively with other states. The General Requirements state that "Regulations shall not hamper Pennsylvania's ability to compete effectively with other states." Instead of lifting the "burdensome regulations," the proposed rulemaking has increased regulations from the 46 regulations now in effect to 127 regulations.

COST ESTIMATE

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

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

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

PROPOSED RULEMAKING THAT WILL INCREASE COSTS

1. Development and implementation of policy and procedures. The $14 cost for a printed policy and procedure stated in the RAF is only a small part of the cost of this regulation. The time to develop, implement, and train staff would be significant.

2. Individualized admission agreements.

3. Development, implementation, and maintenance of a quality assurance program.

4. Alternate means of supply of utilities.

5. Physical site accommodations.

6. Larger bedroom space for residents with wheelchairs, walkers, and special equipment.

7. Plastic-covered fire-retardant mattresses.

8. Development, implementation and maintenance of intake assessments.

9. Annual furnace inspection and cleaning.

10. Every fire alarm equipped for the hearing impaired.

11. Development, implementation and maintenance of support plans.

12. Beverage, other than water, is to be offered every two hours. .

13. Smoke detectors and fire alarms tested monthly.

14. Training requirements:

    (a) Administrator. The cost would increase 4 times over our current cost for a minimum of $600 annually.
    (b) Direct care staff competency-based orientation.
    (c) Direct care staff 24 hours of annual training.

15. Excessive record keeping.

16. Increased acuity-based staffing.

17. Implementation and training in safe management techniques.

18. Increased liability and insurance policy costs.

2600.4. Definitions.

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

2600.17. Confidentiality of records.

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

2600.20. Resident funds.

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

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

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

2600.29. Refunds.

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

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

2600.42 Specific rights.

(u) A resident shall have a right to remain in the home, as long as it is operating with a license, except in the circumstances of:

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

(2) Higher level of care needs.

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

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

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

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

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

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

2600.54. Staff titles and qualifications for direct care staff.

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

2600.55. Staffing.

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

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

2600.58. Staff training and orientation.

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

2600.59. Staff training plan.

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

2600.59. Individual staff training plan.

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

2600.101. Resident bedroom

(c) The requirement for increased space for residents with wheelchairs, walkers and special furniture or oxygen equipment will mean that most of our SSI residents will have to be given 30-day notices. Most of them have wheelchairs or walkers and our rooms for SSI residents would not meet the criteria.

(k) If a fire-retardant mattress is plastic covered it defeats the purpose. Also, it is not appropriate to require continent residents to sleep on plastic-covered mattresses.

2600.107. Internal and external disasters.

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

2600.125. Flammable and combustible materials.

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

2600.130. Smoke detectors and fire alarms.

(e) All smoke detectors and fire alarms shall be tested for operability at least once monthly. A written record of the monthly testing shall be kept.

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

2600.142. Physical and behavioral health.

(a) The personal care home is not a medical facility and cannot provide dental, vision, hearing, mental health, or behavioral care services. The responsibility of a personal care home should be to assist residents in scheduling appointments and reminding them of appointments.

(b) Personal care home staff members are not qualified to train residents about the need for medical or dental treatment.

(c) The personal care home is not a health care facility and it is inappropriate to require the personal care home to obtain consent for treatment.

2600.143. Emergency medical plan.

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

2600.145. Supervised care.

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

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

2600.161. Nutritional adequacy.

(f) A dietician would need to be hired before this regulation could be followed. It is not appropriate to require a personal care home to ensure that a therapeutic diet is followed. Residents are free to come and go. Often they eat out with family or friends. We are required by regulation to keep condiments on the table, so we cannot control whether or not the resident on a low salt diet adds salt or the diabetic adds sugar.

(g) Personal care home residents are mobile and can get their own beverages; therefore, there is no need for beverages to be offered every two hours. They have access to water at all times and many of them have refrigerators stocked with beverages in their rooms.

2600.171. Transportation.

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

2600.201. Safe management techniques.

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

2600.223. Description of services.

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

2600.224. Pre-admission screening tool.

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

2600.225. Initial assessment and annual assessment.

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

2600.226. Development of the support plan.

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

2600.228. Notification of termination.

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

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

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

Submitted by:

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

Original: 2294

October 25, 2002

Dear Sir:

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

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

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

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

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

Thank you,

Nancy Conners

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

Original: 2294

B

October 25, 2002

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

Attention: Mr. Robert Nyce, Exec. Director

Dear Sir:

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

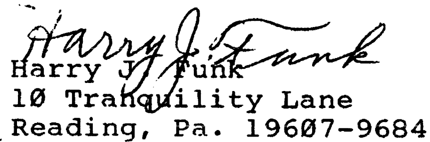
I feel the cost to implement and maintain these regulations--should they become law--would outweigh the benefits.

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

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

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

Respectfully yours,



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

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

Original; 2294

To Whom it may concern.

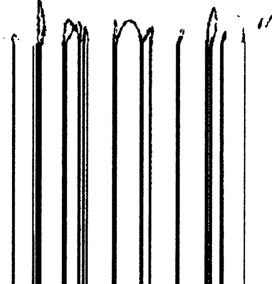
I am writing in reguards to the new regulations for Personal Care Homes Chapter 2600.

I am a single mother with 3 Children I have worked here for 3½ years Without my job what am I to do? Go on walfare??

You want nurse's in our homes, but whose going to pay for them? Are you going to pay for the increase of living for these people? Are they to live on the streets?

Nurses are wonderfull people. But I too am trained with medication, have access to information about the medications. You tell me, is a nurse going to give someone a shower, Change a dirty diaper. I don't think So. Do you?

We are personal - we love and care about the well being of these people we know these people as well as we know our own family because these people become "our family"



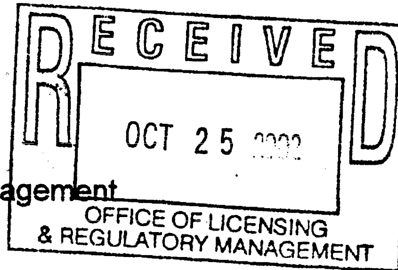
[illegible], washes their clothes, [illegible] the [illegible]
We know when they need something even if sometimes its just a hug. You tell me would you not want this kind of care for your parents, grandparents. I know I would!

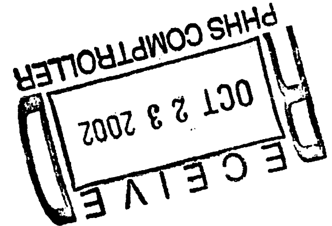
So lets keep Personal Care Homes just that "Personal" - Let me know how you fell on these's new regs!

Nancy Hicks
R.D. #1 Box 229C
Kittanning PA
16201

Original: 2294

#14-475 (89)





October 21, 2002

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

CC: IRRC
% Robert Nyc, Executive Director
333 Market Street, 14th Floor
Harrisburg, PA 17101

To Whom It May Concern;

I am the assistant administrator of a nonprofit, licensed personal care facility in Northeastern PA. We are have a licensed capacity of 43 residents, but in actuality, our census is based on 29 due to room structure, layout, etc. We were founded to provide low cost housing to the elderly and as a mission of the First Baptist Church in our town.

The pending proposed regulations have me very concerned. First of all in our small, rural area, adequate staff persons are hard to come by. We cannot afford to pay a high wage to these people, and they frequently seek employment in larger facilities with benefits. The training requirements alone will discourage many qualified applicants.

The staff training requirements as outlined are very cost prohibitive and overly comprehensive for what the staff actually performs. In our Home the day to day personal care staff will never be doing intake assessments and care plans. That is solely the job of the Administrator and myself.

I agree with at least 6 hours of yearly training for the staff, and in fact, that is appropriate. But 24 hours is excessive, and very expensive. They will spend more time in training than in actually working. To say nothing of the cost of providing all this training and the coverage needed while staff is training. The individual training plan is redundant. All of our staff is trained in the same way, to do the same thing. We don't tailor our job duties to the individual. If they cannot perform the job, they cannot work here.

I also feel that 24 hours is overly excessive for the Administrative positions. When you are employed day to day with these elderly people, you are constantly learning and utilizing all of the Administrator initial training. 12 hours is more than sufficient to keep up with training requirements.

Secondly, the inclusion of detailed assessments and "support" plans make the personal care home appear to be on nursing home level. Not the resident's home, but a management facility complete with mountains of annual paperwork. We aren't "managing" residents, we are providing them a loving HOME. It is completely within their right to live anywhere they choose and can afford. You are making our home an unattractive alternative with all of these plans and assessments.

Thank you for your consideration to these comments,

Sincerely,
Melissa Hazelton
Melissa Hazelton
Assistant Administrator
Wellsboro Shared Homes, Inc.

Original: 2294

October 25, 2002

Dear Commissioner Harris,

I am writing in regard to the new regulations the government wants to impose on Personal Care Homes. I have a sister in a P.C.H. because she has dementia and requires help with medication and her personal needs. Her husband has passed away, and my work schedule prevents me from caring for her. My fear is, that if these new regulations are implemented we will not be able to afford the added costs. Not only will she be affected, think of all those who are on SSI and are not sick enough to be in a nursing home, they will be burdened by the added costs and possibly will have no where to go. If these costs cause smaller P.C.H. to close and their residents would have to move, what a tragedy that would be for those who have been calling their P.C.H. their home.

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

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

Original: 2294

#14-475 (45)

Green Hills Manor
10 Tranquility Lane
Reading, Pa.

Sirs:

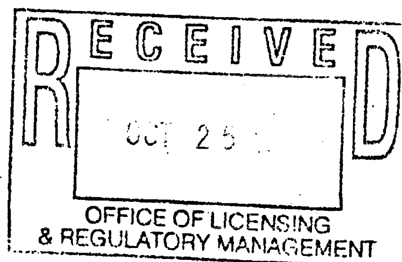
To whom it may concern I have been informed of new legislation in Pennsylvania, for personal care homes. I am a senior citizen as well as an employee of a personal care home. I was impressed how absurd most of these regulations can be. The cost and effectiveness are not aimed at helping our seniors and disabled at all!

First of all residents under S.S.I. will probably be forced out of these homes due to more costly regulations. We have been informed the public will pay no more. Be real! Any additional costs have to be passed on somehow and either residents pay more or personal care homes will close their doors. That creates another problem

over

Where will these people go to?
This legislation certainly favors the larger & wealthier homes?
Our home has a reputation for treating our residents fairly, compassionately, kindly. Why try to fix ~~something~~ that is not broken
Spend your time doing things that may worthwhile to our seniors!

Mary Lou Whitman
Activity Dr.



Original: 2294

#14-475 (91)

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

October 25, 2002

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

Dear Teleta Nevius,

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

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

2600.53 Staff titles and qualifications for administrators.

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

(1)A valid license as a R.N. from this Commonwealth

(2)An associate's degree or 60 credit hours from an accredited college or university

(3) A valid license as a LPN from this Commonwealth and one yr, of work experience in a related field.

(4)A valid license ad a NHA from this Commonwealth.

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

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

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

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

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

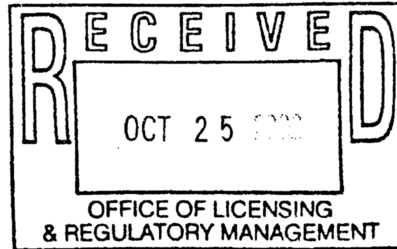
The last clause throws a terrible liability onto the administrator. Now the PCH will need to have 2 liability insurances: the Home and the Adm. REMOVE that dangerous clause,

members of NAPCHA & WCPCHAA

Thank you,
Rosewood Manor

Richard E. Hetzer
Carol Ann Hetzer
Administrator

Original: 2294



#14-475
78

Dear Department of Public Welfare,

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

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

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

Sincerely,

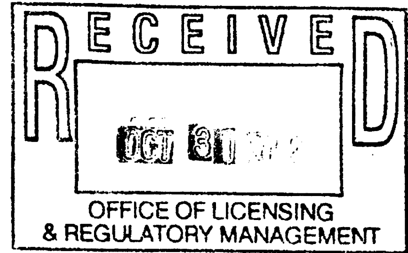
Pamela L Fernando

Original: 2294

#14-475 (2608)

2002 NOV -1 PM 2:57
REVIEW COMMISSION

EDNA R. MARIONI
11 AVENUE K
MATAMORAS PA 18336



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

October 27, 2002

Dear Director,

I have recently become aware of proposed regulations for assisted living residences – 55PA.CodeCHS.2600 and 2620. Several friends and I are currently considering an assisted living residence. My review of these regulations indicates that the requirements may raise the cost, for no real safety improvement, to a level, which will make it financially impossible for me to stay there.

I respectfully request that you withdraw these proposed regulations until future information on the need and benefit is obtained, and to consider the cost effect of any new regulations. I would hope you would consider some grandfathering or phase in for <u>any</u> required regulations.

I would also hope you would obtain input from current operators of assisted living residences regarding their views of needed safety regulations, and obtain input from current residents (or their families) of assisted living residences as to what they view as the most needed regulations, if any.

As a concerned citizen I am also sending a copy of this letter to my elected representatives and asking them to, as a minimum, postpone these regulations and consider the effects on the average citizen first.

Sincerely,

E R Marioni

C: Hon. Geo. Kennedy Jr.
Hon. Frank Oliver
Hon. Hal Mowery
Hon. Timothy Murphy

Original: 2294

#14-475 (39)

2002 OCT 30 AM 10:31

INDEPENDENT REGULATORY REVIEW COMMISSION

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

October 25, 2002

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

Dear Teleta Nevius,

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

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

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's
(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 proceedures, medical terminology...

This should be two seperate 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 completetency testing PRIOR to working with the residents.

Some of the items listed are not appropriate for all direct care staff. EX.(3) Medication procedures (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 #7 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,

Elgin Panichelle

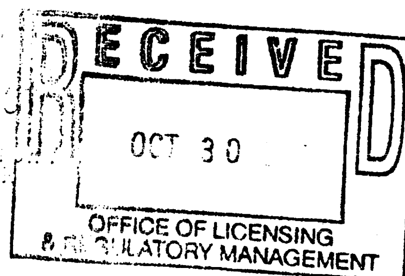
WCPCHAA.

#14-415 (191)

10-27-02

Original: 2294

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



Dear Ms. Nevius

This letter provides formal public comment to the Chapter 2600 Personal Care Home Regulations published in the 10/4/02 edition of the Pennsylvania Bulletin. I am extremely concerned that these proposed regulations will harm or even close many fine Personal Care Homes, and also seriously reduce housing options and the quality of life of low-income individuals- many of whom are disabled. One of the greatest features of Pennsylvania's PCH market is that it can offer consumers a home-like, even family, environment- not a "facility"- in which to live. I feel that the proposed regulations will place an insurmountable burden on PCH providers and are a definite shift to an institutional/facility model. The quality of life of PCH residents is not best served by forcing them back to an institutional setting.

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

- Administrator qualification requirements (2600.57) have been increased from 40 hours of training, and 6 hours annual continuing education, to 60 hours of training, 80 hours of internship in another PCH, and 24 hours of annual continuing education, with no demonstrated need. In addition, new administrators must have some form of secondary education, or be a licensed nursing home administrator. Smaller, family style homes, and those that serve the poor simply will not be able to afford this level of qualification when seeking new administrators. Furthermore, to require PCH providers to assist in training their competitors is unreasonable.

- Direct care staff training has also significantly increased (2600.58-60), with extensive written training plans, individualized training plans for each employee (including required orientation, demonstration of duties, guided practice, and testing before they may work unsupervised). This is excessive in a residential living environment. PCH's are not skilled care as are nursing homes. Smaller, family style homes, and those that serve the poor, will not be able to comply.

- PCH providers will be required to assume greater responsibility- and insurance liability- by proposed statutes in 2600.226 that make the Home responsible for developing Support Plans that document all the resident's needs, and how they are met. The regulations (2600.41) also require that the Home be the primary source of assistance in obtaining clothing, transportation, rehab, health and dental care. These tasks have been historically, and more appropriately, the responsibility of Social Service agencies such as Dept of Aging, MH/MR, and DPW. By forcing these tasks upon the home, DPW will open up PCH's to increased frivolous lawsuits, affect insurance coverage/availability, and force PCH to hire Social Workers- a cost which smaller homes and those that serve the poor can not bear.

- The proposed regulations (2600.4, 2600.54-56) have also confused the terminology of direct care staff and personal care staff as they pertain to staffing ratios. "Direct care staff" is a new term introduced in this draft, and applies <u>only</u> to non-administrative personnel who assist with "Activities of Daily Living"

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

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

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

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

Sincerely,

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

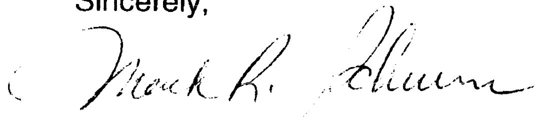
Dear Mr. Nyce,

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