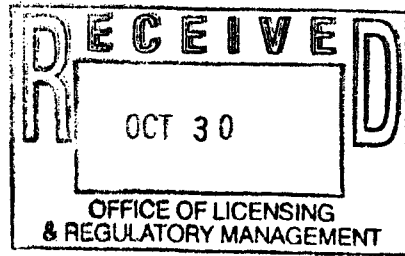


Original: 2294

#14-475 (177)



118 Hasbrouck Avenue  
Hasbrouck Heights, NJ  
07604

Sir ;

My sister and I placed our mother in the Twin Cedars Assisted Living facility for a trial visit in August, 2001 after a hospital stay. In January, 2002 our mother was very happy to return to Twin Cedars for permanent residency. She is cared for lovingly by very capable personnel and her medical needs monitored by an exceptional nursing staff.

We find that this facility, although modest in size, presently meets all our mother's needs and is within her financial abilities. However, if prices were to rise due to unnecessary expenses, such as, flame retarding mattresses in a non-smoking facility, strobe light fire alarm system in an area you could walk completely through in 5 minutes, additional training for staff off premises, time spent rewriting policies and procedures already in place, our mother's finances would be hard pressed to keep up with the increases.

Another point to consider in revising regulations for the elderly, is not to have these weak and partially impaired citizens, assemble outdoors during winter fire drills.

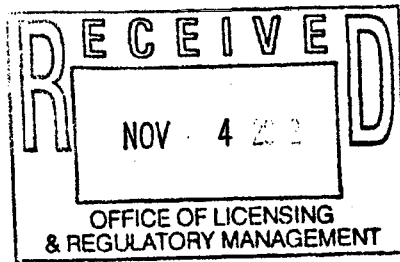
Please take these matters into consideration when proposing new and improved regulations for these assisted living facilities.

Thank you.

Jacoba Jasionek

A handwritten signature in cursive script that reads "Jacoba Jasionek".

Original: 2294



14-475  
371

October 30, 2002

Kim Jackson  
519 9<sup>th</sup> Street  
Monessen, PA 15062

Teleta Nevius, Director  
Dept. Of Public Welfare  
Room 316 Health & Welfare Building  
PO Box 2675  
Harrisburg, PA 17120

Dear Ms. Nevius,

I am a proud employee of a personal care home near me. It is a home that I love for many reasons. Mainly, I love it because it is a home and not a large health facility, even though our resident's health needs are watched very closely. It is a HOME. It is a home for our residents, their families, community members and also for we the employees. We often kid about this being our "second" home. It's a nurturing environment built by our owner-administrator. Her son had a great part in getting the home ready for us all to move in. An environment that thrives on interaction & communication. The health & safety of our residents is always our # 1 concern from the owner on down.

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

We receive 8 hours training every year in CPR and First Aid classes. We also have training on medications, mental illness, geriatrics, diet, skin care, activities, and many more, too numerous to mention here. Don't you think that 24 hours training for a new employee (before they can touch a resident) is a little too much? Some of us have had from 2-10 years experience in this work before getting hired here. Yet we aren't allowed to touch a resident or work on the floor before we sit in a classroom for 24 hours. Our one administrator is a Certified Nursing Assistant, and told us that she learned the most in her classes when she worked on the floor with someone—not in a classroom. Our owner will have to pay three staff persons each time she trains someone. One to train, the trainee, the person to cover the floor. Isn't that a bit excessive. And 24 hours of training each year. Won't we be repeating a lot of information. We aren't nurses, and we aren't giving critical care. Nursing home workers are not even required to take this much training. I have a friend that works in one. They are required to take 12 hours each year. Wouldn't 8 or 12 hours be better? Please do not add hours that will not be productive, wasteful and useless. Please let us have 8 or 12 hours and keep the "family" we have.

This is an important issue. This is important to resident safety, but it is also important to keep these "homes" open and I worry that the owner will not be able to afford all the extra money it will cost. She has about 85% SSI residents and says the state is not planning to increase the amounts she is paid. The few private pay residents cannot afford all of the increases. The owner is planning to close if these regulations

COMMUNITY - 7  
OCT 30 2002

are passed, for she said she cannot afford all of the extra money for training us. She also mentioned that you will require nurses to be administrators 24 hours a day and 7 days a week. Even though she is a nurse, she would be spending thousands more to pay a nurse to be there that many hours. She doesn't make a lot of money now with all the SSI residents, but she says she feels she is meant to take them, they don't have a lot of homes that will take them. Where will they go when all of these homes are forced to close? The larger homes that are left don't take that many of them now, they surely won't want to fill up their facilities with low income residents.

Please help us with this situation and please don't allow these good homes to close. We know there are bad homes out there, and they should be closed, but we take pride in being a good home. Our residents and their families would tell you that.

Sincerely yours,

*Hemi Jackson*

13259 State Route 422  
Kittanning, PA 16201  
724-548-8727 Fax: 724-545-8267

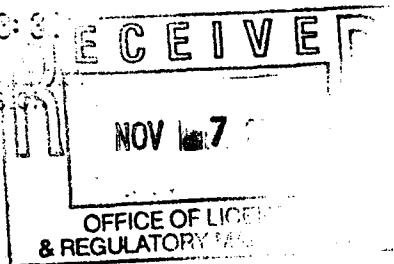
14-475

674

October 30, 2002

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

NOV 12 PM 3:30



Dear Teleta Nevius,

I would like to address what I feel are problem areas with the proposed 2600 regulations.

# 1 Resident funds - 2600.20 (B-4) "immediately" Money should not have to be available after normal office hours. "immediately" would entail giving all employees access to resident's money.

# 2 Staff Training - 2600.58 (5C) This would mean 40-50 hours of training before an employee could begin working with residents. Some employees quit after 2 hours, or 2 days, they decide this type work is not for them. Some do not show up the first day they are scheduled to be on their own. Our 20 years experience has found, that after an orientation of 3-4 hours, 16-24 hours of on the job training with a supervisor, with follow-up, works best.

#3 Administrative training - 2600.53 The qualifications listed (A) is discriminating against family owned businesses. If they wish to pass their ownership to the next generation, they would have to hire an outsider as administrator, even though they grew up in the business.

# 4 2600.57 24 hours of annual training is excessive. 12 hours as previously agreed upon is twice what is now required, and sufficient.

#5 Indoor Activity Space - 2600.98 (B) The words "family & visitors" should be deleted.

# 6 Bathrooms 2600.102 (A.B.C.) There should be 1 toilet, sink, bathtub or shower for every 6 residents and personnel. "Family" should be deleted.

#7 Self administration of medicines. 2600.181(E) if a resident cannot do all the items listed in this section, he would not qualify for a personal care, unless a licensed staff person administers it. Many people at home cannot do all this for themselves. So, DPW would still require personal care homes to have RNs to pass meds, even though the governor requested this be changed.

# 8 Storage of Meds 2600.182 (C) If medications are in a refrigerator in the locked med room, a locked container in the refrigerator should not be necessary.

# 9 Medication records 2600.186(D) Doctors do not want bothered at all hours, and a resident still has a right to refuse a medication. I feel a doctor should be notified under certain circumstances (insulin, etc.), and if a maintenance med. is refused several times in a row, but as stated, I would have to call the Dr. if she decided she didn't want to take her os-cal tonight. This is like 'crying wolf' and after a few of these, he will refuse to take your calls, when it IS important.

# 10 Development of Support Plan 2600.226 How long & at what cost? Approximately \$300. per resident per year. Support plans are formed & implemented as we become familiar with each individuals needs and desires, this is an ongoing thing which is part of bringing a new member into a family, to be adjusted constantly to keep people happy. How can you regulate & dictate this? Treatments can be dictated by doctors, family can express wishes, but residents themselves, over time, their individual care plans.

# 11 Notification of Termination 2600.228 (H) The ONLY grounds for discharge or transfer, This is totally disregarding the rights of other residents. If a resident's behaviour becomes totally unacceptable to the other residents in the home, they have no recourse?

There are so many places in 2600 that are going to be so expensive to comply with, that homes under 50 residents could not survive. These are homes that have been doing a good job.

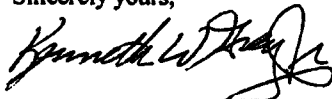
The Regulatory Cost Analysis Form filled out by DPW is totally misleading and unfair. Under # 17, refund the resident's personal needs allowance when discharged - \$300. Surely DPW knows this is not the personal care home's money.

What about the cost of: 2600.26, 2600.27, 2600.53, 2600.54, 2600.57, 2600.58, 2600.59, 2600.60, 2600.89, 2600.181, 2600.201, and 2600.226?

Who is going to pay these costs? Not DPW. They aren't aware of their existence. All the increase will fall to the private pay residents.

Where are the SSI residents going to live for \$29.00 a day?  
Those of us who do take them now, will no longer be here to do it.

Sincerely yours,



Kenneth W. Grey, Jr.

Oct 30, 2002

#14-475

313

Dear Teleta News

My mother-in-law, who is 90 is in a personal care home here in Armstrong Co. where they have approximate 30 residents. She is being well taken care of by the staff and the administration.

My family due to health reasons and other personal reasons such as not having the knowledge of taking care of her needs or the room in their home to keep her can not care for her.

I myself have worked in personal care homes and in a nursing home. I know how much more loving care you are able to give a resident one on one in a personal care home than in a nursing home which is too big and usually understaffed.

If you yourself would have a loved one in one of these homes, you would better understand the situation. If you don't please go and visit both ~~types~~ of facilities and you will find

different needs in the different type of facility.

If this law or regulation of Chapter 2600 goes into effect alot of the personal care homes will have to shut down because the cost will be too great for them to pay their homes.

We as the family of my mother-in-law will not be able to afford the price amount

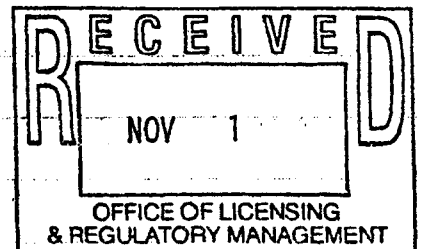
of the cost to keep her in the facility. She has 3 children and they are all on Social Security so could not afford to pay any out of their own pocket.

As our government leads what are you prepared to do about this situation. We need help.

Sincerely  
Janet L. Harner  
Apt A106 State Rt 85  
Kittanning, PA. 16201

P.S. Please forward a copy of this letter to  
Independent Regulatory Review Commission  
333 Market St 4th floor  
Harrisburg, PA 17101

Harold T. Mowery, Jr. Chairman  
Sen. Public Health & Welfare Comm.  
Senate Box 203031  
Harrisburg, PA 17120-3031



George T. Kinney, Jr. Chairman  
House Health & Human Services Com.  
Room 108 Ryan Office Building

Original: 2294



ESTATES AND MANAGEMENT CORPORATION

PERSONAL CARE & ASSISTED LIVING

14-475 (402)  
"SAME COMMENTER  
AS #4"

**CORPORATE  
OFFICE**

One Corporate Drive  
Hunker, PA 15639  
724-755-1070  
Fax 724-755-1072

**SOMERSET**

138 East Main Street  
Somerset, PA 15501  
814-445-9718  
Fax 814-445-2999

**LIGONIER**

R.D. #4, Box 107  
Ligonier, PA 15658  
724-593-7720  
Fax 724-593-7720

**NEW STANTON**

One Easy Living Drive  
Hunker, PA 15639  
724-925-1159  
Fax 724-755-0615

**LAKESIDE**

Lakefront Resort  
Community  
724-755-1070  
Adjacent New Stanton

October 30, 2002

Teetie Nevius  
PA Dept. Public Welfare / OLM  
316 Health & Welfare Building  
Harrisburg PA 17120

Dear Teetie Nevius:

When it was brought to the floor by several members of the Advisory Committee at the meeting held on October 24, 2002 that the "Regulatory Analysis Form" statement of \$680 was false or erroneous. It was undisputed by Secretary Gannon that the cost data supplied by DPW called "Regulatory Analysis Form" Item 17 submittal to IRRC was fraudulent, false or just misleading. Since it is evident that DPW will not provide their corrected cost analysis by November 14, the date of the next meeting of the advisory committee and since the cost is the most compelling reason to reject Regulation 2600. The true cost will change your outlook on Regulation 2600 even if you are a staunch supporter of the new regulations. I submit to your scrutiny my item by item cost analysis. Which I am willing to substantiate to you, personally, or in front of the committee.

The cost consequence of Regulation 2600 is that the cost will rise from \$21,900 per person per year to \$107,048 per person per year. After you have scrutinized my financial calculation, I hope with this new impression of outrageous cost, you some how will be able to convince yourself that Regulation 2600 as is conceived is "misconceived" not being in the financial interest of anyone:

1. 80,000 Residents - and there families.
2. 1,800 Administrators plus facility employees.
3. 1,800 Facilities.
4. Investors - stockholders of 1800 facilities.
5. Banks - and their depositors whom has financed 1,800 facilities.

For your information I would like to state to you that on principal I have no affiliation with provider organizations, only at Westmoreland County. I have three large Personal Care Homes. If everything is true what is said of Regulation 2600, it only will kill small Personal Care Homes, than I should be for it. My only ulterior motive is that I am an administrator since 1987



and I am 72 years old and thoroughly understand the problems associated with aging.

I was told that my calculation of \$107,048 per resident per year should be made more realistic. But no one has provided evidence that my calculation is not realistic. I can accept that not every additional expense will occur for each resident, but it will occur for most residents.

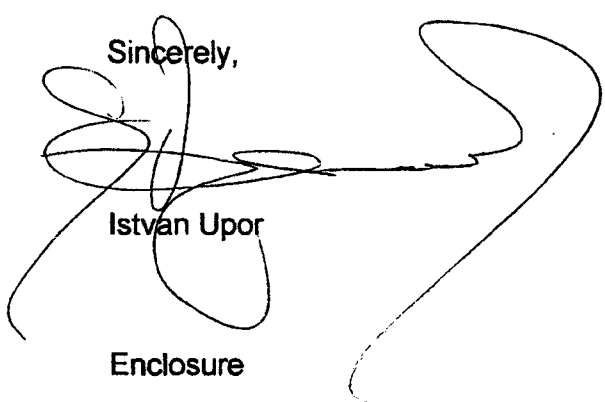
Current average long term care Medicare reimbursement is at \$315.00 per day which is an annual cost \$114,975 per resident. The projected \$107,048 per person per year cost will eliminate the usefulness of Personal Care as it is known today. Current private pay for Personal Care Homes is \$60.00 per day or \$21,900 per person per year.

You know and I know Regulation 2600 is cost prohibitive and will change personal care forever, from a residential social model to a medical model.

You should entertain my proposition! Let 2620 stay as is until it will be clear that the new enforcement initiatives that DPW concurrently just launched, will solve alleged enforcement problems, then revise, if it is necessary, 2620 for the better.

Most importantly to make resident cost more affordable not prohibitive, the aim is to serve the possible widest group for the possible least cost.

Sincerely,



Istvan Upor

Enclosure

2600 Regulations Cost Study

**This study represents the cost as a consequence of regulation 2600.**

**The cost to the each resident would be \$107,048.00 per year**

**The cost to the state would be \$4.4 billion**

This cost study was prepared using the following assumptions:

- 1 All cost was based on Easy Living Estates of Somerset.  
A small rural town facility with about 30 residents
- 2 Salary and overhead  
Administrator \$45,000 + 32% for taxes, Workman's Comp., Unemployment, Etc. = \$59,400.00 or \$29.70 per hour  
Average Labor \$6.00 per hour + 32% = \$7.92 per hour
- 3 Total staff 15 employees plus extra

Regulation	Calculation	Each Time Cost	Yearly Cost	Cost to State	Additional Insurance
2600.20 (b) (7)	To take resident to the bank once a month Mileage 15 miles x .30 = \$4.50 Administrator Labor 1 Hour \$29.70 \$29.70 x 10 residents x 12 months		\$3,654.00		
2600.20 (b) (10)	To write and obtain signature at death Administrator Labor 2 hours x \$29.70	\$59.40			
2600.23 (2)	At hire and weekly 15 positions Administrator Labor 1 hour \$29.70 15 x 29.70 x 52		\$23,166.00		
2600.24 (1)	Securing Transportation Administrator Labor 15 minutes	\$7.42			
2600.24 (2)	Shopping Administrator Labor 1 hour \$29.70 Mileage 15 miles x .30 = \$4.50	\$34.20			
2600.24 (3)	Making Appointment Administrator Labor 15 minutes	\$7.42			
	Keeping appointment Administrator Labor 1 hour \$29.70 Mileage 15 miles x .30 = \$4.50	\$34.20			
2600.24 (6)	Correspondence Administrator Labor 20 minutes	\$9.90			

Regulation	Calculation	Each Time Cost	Yearly Cost	Cost to State	Additional Insurance
2600.25	Personal Hygiene Time needed to document Direct Care Staff 15 min/day/resident Staff wage \$7.92 $\$1.98 \times 365 \times 30$ residents		\$21,681.00		
2600.26	Resident Contract to Explain Admission Director Labor 30 Minutes Witness Administrator 30 minutes	\$29.70			
		once per contract			
2600.26 (a)	If the resident agrees Admission Director Labor 30 minutes	\$14.85			
		once per contract			
2600.26 (a) (3 & 4)	Itemize Charges Admission Director Labor 2 hours	\$59.40			
		once per contract	each occurrence		
2600.26 (a) (6)	Detailed Refund Policy Admission Director Labor 15 minutes	\$7.42			
		once per contract			
2600.26(a) (10)	30 day advance letter Administrator labor 1 hour \$29.70 This can change daily $\$29.70 \times 365 \times 30$ residents		\$325,215.00		
2600.26 (a) (11)	List of Services Admission Director Labor 30 minutes This can change daily $\$14.85 \times 365 \times 30$ residents		\$162,607.50		

Regulation	Calculation	Each Time Cost	Yearly Cost	Cost to State	Additional Insurance
2600.26 (a) (12)	Any Additional Services This is to detailed "any" Manager 30 minutes Admission Director 30 minutes \$29.70 x 365 x 30		\$325,215.00		
2600.26 (d)	Extra person for Saturday, Sunday, Holiday Sat & Sun 104 days x 8 hours = 832 hours Holiday 6 days x 8 hours = 48 hours 880 hours x \$7.92 = \$6969.60 yearly		\$6,969.60		
2600.27 (a)	Quality Assessment & Management plan Manager Labor 30 minutes Administrator Labor 1 hour Manager x employees x months \$14.85 x 15 x 12 = \$2673.00 Administrator x months \$29.70 x 12 = \$356.40		\$3,029.40		
2600.27 (b) 5	Family council Manager 1 hour per month \$29.70 x 12 Administrator 1 hour per month \$29.70 x 12		\$712.80		
	Resident council Manager 1 hour per month \$29.70 x 12 Administrator 1 hour per month \$29.70 x 12		\$712.80		

Regulation	Calculation	Each Time Cost	Yearly Cost	Cost to State	Additional Insurance
2600.31 (a)	Family, advocate Notice Admission Director 3 hours	\$89.10 once per resident			
2600.31 (b)	"in a language" Interpreter 1 hour \$29.70 Admission Director 1 hour \$29.70 Manager 1 Hour \$29.70	\$89.10 once per resident			
2600.31 (d)	Signed Statement of rights Manager or Admission director 1 hour	\$29.70 once per resident			
2600.31 (g)	Complaint decision Administrator and Manager 1 hour per resident per week \$59.40 x 30 x 52		\$92,664.00		
2600.32 (v)	Resident Right Contracted services Administrator 8 hours per week \$29.70 x 8 x 52 = \$12355.20 Lawyer 8 hours per week \$60.00 x 8 x 52 = \$24960.00		\$37,315.20		
2600.32 (w)	Resident right to appeal Administrator 1 hour per week \$29.70 x 52		\$1,544.40		
2600.31 (x)	Bonding each employee 15 employees		\$3,750.00		
2600.53 (a) (2)	Associate Degree Additonal Salary		\$3,000.00		

Regulation	Calculation	Each Time Cost	Yearly Cost	Cost to State	Additional Insurance
2600.53 (d)	Administrator's responsibility Liability Insurance premium		\$7,000.00		\$7,000.00
2600.54 (2)	Have a high school diploma or GED .50 per hour per employee per year .50 x 2000 hours in a year x 15 employees		\$15,000.00		
2600.56 (a)	"each" mobile resident 50% cost of wages half needs less than 1 hour half needs more than 1 hour \$80,886.78 (yearly wage cost) x 32% (cost of taxes, Unemployment, etc) / 50%		\$53,385.27		
2600.56 (a)	immobile "special needs" 50% cost of wages		\$53,385.27		
2600.56 (c)	Administrator designee 7 days x 24 hour at \$40,000/year 4.2 designee at \$25,000/year overhead 32% = \$33,600.00		\$138,600.00		
2600.57 (b)	Administrator Training additional salary for administrator additional salary for 4.2 designee		\$26,000.00		

Regulation	Calculation	Each Time Cost	Yearly Cost	Cost to State	Additional Insurance
2600.57 (e)	Administrator 24 hours annual training 18 hours additional 9-2 hour classes (including travel) = 36 hours total 54 hours x \$29.70 = \$1603.80 Replacement administrator 32 hours x \$29.70 = \$950.40 Administrator designee same training as administrator 4.2 x \$2554.20 Cost of Class Administrator 18 hours x \$25.00 = \$450.00 Designees 4.2 x 24 hours x \$25.00 = \$2520.00		<b>\$16,251.84</b>		
2600.57 (e) (1)	CPR & First Aid 3 hour class + 2 hours travel = 5 hours 5 hours x \$29.70 = \$148.50 Cost of Class = \$35.00		<b>\$183.50</b>		
2600.58 (a)	Prior to working with residents 1 30 minutes (i) 30 minutes (ii) 15 minutes (iii) 10 minutes (iv) 10 minutes (v) 30 minutes (vi) 45 minutes (vii) 5 minutes 2 15 minutes 3 10 minutes 4 15 minutes 5 30 minutes total 21 hours		<b>\$9,937.62</b>		



Regulation	Calculation	Each Time Cost	Yearly Cost	Cost to State	Additional Insurance
	21 hours x 56 employee = 1176 hours 1176 hours x \$7.92 = \$9313.92 Administrator 21 hours x \$29.70 = \$623.70				
2600.58 (c)	Training 24 hours x \$7.92 = \$190.08 \$190.08 x 56 employees = \$10,644.48		\$10,644.48		
2600.58 (e)	24 hours annual training 24 hours x 30 employees x 720 hours Wages \$7.92 + overtime \$3.96 = \$11.88 \$11.88 x 720 = \$8553.60		\$8,553.60		
2600.59	Staff Training Plan 1 3 hours 2 5 hours 3 2 hours 4 8 hours 58 hours total by administrator 58 hours \$29.70 = \$1722.60		\$1,722.60		
2600.60	Individual staff training plan 4 hours 1 2 hours 2 16 hours 3 2 hours 24 hours by administrator 24 x \$29.70 = \$712.80		\$712.80		

Regulation	Calculation	Each Time Cost	Yearly Cost	Cost to State	Additional Insurance
2600.85 (d)	Trash - covered 1 hour per room per day = 30 hours labor \$7.92 per hour = \$237.60 \$237.60 x 365 days = \$86,724.00		\$86,724.00		
2600.89	Water \$150 each 3 months + labor Test and Delivery = 4 hours each time \$150.00 x 4 = \$600.00 per year 16 hours x \$29.70 = \$475.20		\$475.20		
2600.90	Communication System \$100.00 month x 12 months		\$1,200.00		
2600.98 (c)	Indoor Activity space 24 hours per week 24 x \$7.92 employee = \$190.08 12 x \$29.70 administrator = \$356.40 \$546.48 x 52 weeks = \$28,416.96		\$28,416.96		
2600.101 (l)	Resident's Privacy - curtains around beds \$500.00 per room x 30	\$15,000.00			
2600.101 (k) (1)	Bed description \$200.00 per bed x 30	\$6,000.00			
2600.101 (r)	Lift chair as a comfortable chair \$2500.00 x 30	\$75,500.00			
2600.102 (g)	Bathrooms - toiletry items for everyone \$100.00 x 30 residents	\$3,000.00			

Regulation	Calculation	Each Time Cost	Yearly Cost	Cost to State	Additional Insurance
2600.102 (j)	Toiletry and linens \$15.00 x 30 residents	\$450.00			
2600.103 (b)	Sanitized after each meal 3 hours per meal = 9 hours per day 9 \$ \$7.92 = \$71.28 per day \$71.28 x 365 days = \$26,017.20		\$26,017.20		
2600.103 (e)	Food labeled and rotated 2 hours per week 2 x \$7.92 x 52 weeks = \$823.68		\$823.68		
2600.105 (g)	Laundry - lint removal 15 minutes x 24 hours x 365 days = 2190 hours 2190 hours x \$7.92 = \$17344.80		\$17,344.80		
2600.107 (b)	Written emergency procedures - annually 8 hours x \$29.70 administrator = \$237.60 Saftey inspector \$200.00 per year		\$437.60		
2600.126	Furnace inspection		\$200.00		
2600.130 (f)	Written record smoke detectors / alarms \$450.00 per month		\$5,400.00		
2600.130 (i)	Fire alarm system for 5 immobile new panel cost	\$6,000.00			
2600.142 (a)	resident support plan 1 hour x 30 residents x \$29.70 administrator		\$10,692.00		

Regulation	Calculation	Each Time Cost	Yearly Cost	Cost to State	Additional Insurance
2600.142 (b)	Train resident about needs 1 hour x 30 residents x \$29.70 administrator		\$891.00		
2600.161 (f)	Therapeutic diets This will double cost of kitchen 12 hours per day x \$7.92 x 365 days		\$34,689.60		
2600.161 (g)	Drink every 2 hours Cost of beverage .35 x every 2hours x 30 residents x 365 days		\$45,990.00		
2600.163 (d)	Staff with infected wound, etc. Will raise kitchen cost 10% 12 hours x \$7.92 x 365 days / 10%		\$2,468.96		
2600.181 (e)	Resident must know medication 4.2 RN's x 24 hours a day x \$23.76 X 365		\$874,177.92		
2600.181 (e)	53,926 x \$227 per day x 365 days Cost to state if all PCH homes close See comment at the end.			\$4,468,038,730.00	
2600.182 (a)	Medication Storage - original container 1 hour x 3 times a day x 365 days \$7.92 x 3 x 365 = \$8672.40		\$8,672.40		
2600.184 (b) 1	Documentation 1.5 hours x 3 times a day x 365 days \$76.92 x 1.5 x 3 x 365 = \$13,008.60		\$13,008.60		
2600.201 (b)	Quality Improvement program Administrator 1 hour x \$29.70 x 30 residents x 52 weeks		\$46,332.00		

Regulation	Calculation	Each Time Cost	Yearly Cost	Cost to State	Additional Insurance
2600.223	Description of services Administrator 2 hours per resident per day 2 x \$29.70 x 30 x 365		\$650,430.00		
2600.225 (d) (3&4)	Assessment - Hospital Discharge / Agency Administrator 1 hour x 6 times per year \$29.70 x 6 x 30 residents		\$5,346.00		
2600.226	Development of support plan Cost was addressed in 2600.223				
<b>Total Cost</b>		<b>Each Time Cost</b> \$107,312.81 varies	<b>Yearly Cost</b> Average facility \$3,211,460.60	<b>Cost to State</b> \$4,468,038,730.00	<b>Additional Insurance</b> \$7,000.00

At an average facility, the present private pay is \$55.28 per day or \$20,177.00 per year.  
 This new regulation as proposed will cost \$107,048.00 per year per resident or \$293.28 per day.  
 Plus the items listed as "each time"  
 Cureently Personal Care Homes, cost to the public is 1/2 the amount of Nursing Homes.  
 With this new regulation 2600, Personal Care Homes will cost twice as much.

2600 Regulations Cost Study

**"NO COST TO THE PUBLIC"**

This was the statement made by Feather Houstoun, Secretary of Public Welfare, on page 12 of her letter.

There are 18 policy and procedure manuals and 59 separate documentations that are being required. Along with the additional calculations that will be needed from the support plan for staffing requirements, the DPW will have to double the inspectors for Personal Care Homes.

With approximately 64 inspectors statewide at an annual salary of  $\$35,000.00 + 32\% = \$46,200.00$

**This would cost the State, per year** **\$2,956,800.00**

If the 2600 regulations are implemented, PCH homes will close.

This will force the state to transfer the residents to skilled nursing facilities.

May 2002 census of PCH Residents 53,926

$53,926 \times \$227 \text{ per day} \times 365 \text{ days}$

**This would cost the State, per year** **\$4,468,038,730.00**

The cost to implement 2600.181 (e), alone, will cause PCH homes to close.

This is a stupid and malicious as a regulation can get.

The intent of just this one regulations is to close the door on Personal Care Homes.

I am an administrator but I can't recall all what is required to meet the requirements for self-administration of medicine.

Therefore, most likely no PCH/AL resident can, that is why they consented to be a resident in the first place.

They will not qualify for residency, therefore they will need to be transferred to a skilled nursing facility at a cost to the state, because Personal Care Homes will be out of business.

As a consequence of the new regulation, no SSI resident will be accepted at PCH/AL facilities.

The state pays \$29.00 per day, the fair SSI rate should be \$51.98.

Current SSI Population in State 10,529.00

Nursing home Daily rate \$227.00

$10529.00 \times \$227.00 \times 365 \text{ days}$

**This would cost the State, per year** **\$872,380,295.00**



Original: 2294

#14-475 (252)

'SAME commenter as # 37, 38, 90, 91, 136, 137, 145, 146"

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

October 30, 2002

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

Dear Teleta Nevius,

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

**2600.32 Specific rights.**

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

(e) A resident shall have private access to a telephone in the home. Local calls shall be without charge.  
We request that the verbage be changed to "reasonable privacy" And that verbage from our current 2620 regs be added "except where a standard pay telephone is used"

(g)A resident...shall be open 365 days and shall provide the service needs identified in the resident's support plan". The last 12 words were added since the last draft, and they cause some issues which need to be discussed. NOT all services are available 365 days a week. NOT ALL services are available on weekends and holidays. Ex. the beautician would not be available on Christmas for sets/perme. The transportation may not be provided after business hours, or on holidays.

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

(j)A resident shall recieve assistance in attaining clean,seasonal clothing...appropriate."  
The PCH is not in the shopping business. And what if the resident does not have the money to purchase clothing? This right isn't really a right as it depends on residents finances...it is a benefit of having money...not a right.

(k)A resident and, upon their request, his family, and advocate,... and request modifications to the resident's record.  
The family MUST be narrowed down to state the resident's designee, as the PCH should NOT have to include the entire family. This could easily include more than 30 persons! HOW CHAOTIC is that!!!!



2600.32 Specific rights continued

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

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

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

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

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

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

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

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

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

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

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

Dealing with a confused clientele can create alot of issues with this right. Forgetful residents may accuse one of stealing when in fact the resident just forgot where he put it. The PCH should only be responsible for items placed in the possession of the home.

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

(z) "A resident shall ...free from excessive medication."

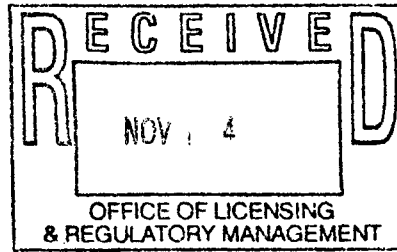
This is a medical issue and not a PCH issue. Talk to the prescriber who is NOT the PCH administrator. We assist with medications as prescribed.

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

We recommend keeping the 2600.32 Rights.

Sincerely yours,

*Richard E. Nelson*  
*Carol Ann Hensel*  
Administrator  
NARC  
7/14/82



October 30, 2002

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

NOV 7 11:20  
OFFICE OF LICENSING  
& REGULATORY MANAGEMENT

Re: Comments to the Proposed Personal Care Home Regulation

Dear Ms. Nevius:

I would like to respectfully submit the following comments on the proposed personal care home regulations. The following are areas that I believe need consideration.

1. 2600.24 – Tasks of daily living.  
Comment: I recommend the language used in this requirement be changed because a resident may not require one of the tasks listed here. I suggest the requirement read, “A home shall provide residents with assistance with tasks of daily living as indicated in their support plan and assessment, which may include one or more of the following.” The current language suggests a resident must receive one of the tasks listed.
2. 2600.25 – Personal hygiene.  
Comment: Again this is a language issue as stated above in my comment on 2600.24. The reality is a resident may not need any of the services listed under personal hygiene and the language suggests they must receive one of these services. I recommend the requirement read, “A personal care home shall provide residents with assistance with personal hygiene as indicated in the support plan and assessment, which may include one or more of the following.”
3. 2600.26 – Resident-home contract: information on resident rights.  
Comment: In part (a)(3) I recommend the provider also be given the right to rescind the contract for up to 72 hours. My reasoning is that the resident or their designee may not always be representationally faithful and subsequent information may change the provider’s decision to continue to provide services to the resident. The provider may want to initiate placement of the resident elsewhere without having to provide a 30-day notice to terminate the contract/agreement.

4. 2600.29 – Refunds.

Comment: Part (a) makes a reference to 2600.26 with respect to notice of discharge or transfer. This would be more appropriately referenced to 2600.228, which addresses more specifically termination notices relating to discharge or transfer.

Part (d) has confusing language as to when previously paid charges are to be refunded to the estate of a resident who has died at the home. I recommend the requirement read, “In the event of a death of a resident, the administrator shall refund the remainder of the previously paid charges to the estate of the resident within 30 days of the resident’s room being vacated of the resident’s personal belongings.”

Currently the language is creating two different time standards, namely upon the room being vacated and within 30 days of the resident death. Those can be two very different points in time.

Part (e) creates inconsistency with the timing of refunds. I recommend that refund timeframes be the same for any reason of discharge. The argument has been raised that when a resident is discharged to another facility, they may need deposits they made to your home in order to give the deposit to the facility they have been transferred to. In my experience I have never heard of a facility that will not wait 30 days to collect an entry fee or deposit knowing a refund is currently being processed from another facility. I would rather see a requirement granting a resident 30 days to pay entry fees or deposits, rather than have inconsistency with the timeframes for refunds. Consistency with the timing of refunds upon discharge is best.

5. 2600.41 – Notification of rights and complaint procedures.

Comment: I recommend parts (a), (b), (c), (d) and (h) be included as items addressed within the resident contract/agreement. Signing papers upon move-in is a very burdensome process for residents and/or their designees (ask anyone who has been signed into a nursing home). I would recommend sections within the agreement requiring initials to signify notification and discussion of the right mentioned rather than separate documents.

6. 2600.42 – Specific rights.

Comment: I recommend part (j) read, “A resident shall be offered assistance in attaining clean, seasonal clothing that is age and gender appropriate.” A resident should have the right to wear clothing of their choice. We have an obligation to offer assistance but not to force our “better judgement” on them.

Part (l) needs more. I recommend, “A resident shall have the right to purchase, receive and use personal property unless it presents a potential danger to themselves or others.” I think my reasoning for this addition is obvious.

I recommend part (u) contain a fourth item as a circumstance, which would revoke the resident's right to remain in the personal care home. It is as follows: (4) "Following the homes efforts to change resident behavior, continued violation of the home's house rules and/or rights of other residents." The home has to have some recourse for residents who ignore house rules and other residents' rights.

Part (w) I believe is missing some language. I recommend the following: "A resident or designee shall have the right to appeal in writing discharge, reductions, changes or denial of services originally contracted for. The personal care home shall have written resident appeal policies and procedures. The resident or designee shall receive a written answer to the appeal within 14-calendar days after submission. Having these items "in writing" creates a better paper trail for both parties involved.

Part (x) needs more to this requirement. I recommend adding the following so the requirement reads, "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 if proven negligence has occurred of the home's staff." If this addition is not made to this requirement, it can be interpreted that all allegations of stolen or mishandled money be reimbursed. In reality, money is alleged to have been stolen frequently by residents and in most cases this is not true due to resident's frequently misplacing money.

Part (z) is written very vaguely. I would recommend something more specific in regards to what constitutes "excessive medications". Perhaps a reference to Chemical Restraints in section 2600.202 (a)(4) would be appropriate.

7. 2600.54 – Staff titles and qualifications for direct care staff.

Comment: Part (2) should not be a necessary qualification to be a direct care employee. I have met far too many people that would not meet this requirement that are excellent direct care employees. The high school diploma or GED is simply not a guarantee of quality.

8. 2600.56 – Staffing.

Comment: I recommend part (b) be amended in the last sentence of the requirement. "If a home cannot meet a resident's needs, the resident shall be referred to an appropriate facility or a local assessment agency." Unless there are financial concerns, there is no reason a local assessment agency needs to be contacted in all cases of a need for transfer/discharge. In fact, my experience is that the local assessment agency does not want to be involved unless the resident needs to be evaluated for state funding assistance.

Part (m) has a terminology deficiency. Staffing is to be based on sufficient hours of care to meet the needs identified in the support plans. This requirement is referring to staff "ratios". We are not using a staff ratio model but rather a total staff hours model.

9. 2600.57 – Administrator training and orientation.

Comment: Part (e) I recommend allowing an administrator obtain their continuing education requirements over two (2) years (i.e. 48 hours in two years). This is more practical. Also, I recommend the requirement read, “An administrator shall have at least 48 hours of training every two years relating to job duties, which may include the following.” Requiring all the areas listed is not practical and may prove unnecessary for the administrator depending on the resident population he or she serves.

10. 2600.58 – Staff training and orientation.

Comment: Part (c)(11) needs better language. I recommend the requirement read, “Special emphasis on the needs of the residents being served in the personal care home.”

Part (e) is going to be very costly and difficult to achieve for many providers. I recommend that direct care staff be trained at least 12 hours annually.

Part (f) will be difficult to address all the topics listed. I recommend the requirement read, “Training topics for the required annual training for direct care staff may include the following where applicable.” All the topics identified may or may not be appropriate depending on the needs of the residents being served.

Part (f)(1) I do not feel that all direct care staff be trained in first aid and certified in obstructed airways and in cardio-pulmonary resuscitation. The recommendation for requirement I have is that at least one (1) person is working in the home at all times who meets the first aid and CPR certifications. The likelihood of more than one resident at a time needing these services is highly remote.

11. 2600.59 – Staff training plan.

Comment: I recommend striking from the proposed requirement “the timeframes for completion of the following components:” and the subsequent 1-4 requirements. This requirement would require a great deal of time to complete and I believe the return for this effort to be minimal. The development of a comprehensive training plan is good but it should not have to be as detailed as the proposed requirement here.

12. 2600.60 – Individual staff training plan.

Comment: I recommend completely deleting this requirement. Again, this would be an excessively time consuming endeavor that would not produce enough of an appreciable benefit.

13. 2600.94 – Landings and stairs.

Comment: In part (a) I feel feasibility and cost consideration should be given for existing construction. I recommend this only be required for new construction or renovations.

14. 2600.96 – First aid supplies.

Comment: In part (a) I recommend not requiring “syrup of ipecac” be required of first aid kits. I am concerned for inappropriate use of the syrup. In many cases bringing back up something that was wrongfully ingested is contraindicated. This is the first time I have ever heard of this syrup being required of a first aid kit.

15. 2600.99 – Recreation space.

Comment: I do not feel that the requirement should specifically dictate the recreational items that are to be found in the recreational spaces. Items provided should be those that meet the interest level of the residents being served. Evidence of recreational items on hand should be sufficient. I recommend striking from the requirement, “including books, magazines, puzzles, games, cards, gliders, paper, markers and the like.” It could be worded more as “Examples of appropriate items would be...”

16. 2600.101 – Resident bedrooms.

Comment: I recommend part (l) to read, “Cots and portable beds are prohibited for residents.” These items should be okay to be used for overnight visitors of a resident.

Part (r) concerns me. I recommend striking from the recommendation “The resident shall determine what type of chair is comfortable.” I feel this way because what if the only chair comfortable to a resident is a LazyBoy reclining chair or a glider? Will the home be responsible to provide those types of chairs for the resident?

17. 2600.102 – Bathrooms.

Comment: In part (g) I feel these items should only be required for residents who are recipients of SSI payment for services. Other residents should be able to afford those items and if they must be required I recommend allowing a home to charge the resident for those items.

I recommend changing part (.i) to read, “A dispenser with soap shall be provided in all bathrooms. Bar soap is not permitted unless there is a separate bar for each resident that is stored in clearly labeled containers for each resident.” I am not sure how you would label a bar of soap otherwise.

18. 2600.105 – Laundry.

Comment: In part (g) I recommend changing the requirement to read, “To reduce the risks of fire hazards, the home shall ensure lint is removed from all clothing dryers regularly.” It would be extremely difficult to remove all lint from resident clothes if not impossible.

19. 2600.107 – Internal and external disasters.

Comment: I recommend changing part (a) to read, “The home shall have written emergency procedures that are approved by qualified fire, safety and/or local emergency management offices.” Fire and emergency management offices may or may not be willing to develop plans for the home. I know they will review and approve plans you ask them to review but I do not think they will develop the plans for the home.

20. 2600.130 – Smoke detectors and fire alarms.

Comment: Part (f) requires monthly testing of smoke detectors and fire alarms for operability. Some systems provide for a self-monitoring feature with detectors. For such systems annual testing should suffice. For systems that constantly monitor themselves the alarm will trigger if a detector is bad. Testing every detector for this type of system would be very time consuming and is not necessary. It would be beyond reasonable safety precaution since the system constantly monitors the detectors in the system design.

21. 2600.132 – Fire drills.

Comment: In part (d) I recommend the following be considered. If a building is fully sprinkler protected and has a fire alarm system that is tied directly to a central monitoring station that automatically dispatches fire personnel to the home if the alarm triggers, the following should be considered. Evacuation of the entire building is unnecessary and is also not recommended by the fire safety experts I have spoken with. What they recommend is evacuating the immediate fire area only as this is what they would expect us to do in a true fire emergency. If that is the case, 2 ½ minutes to evacuate is realistic. Otherwise, evacuation as indicated in this requirement is entirely unrealistic. Fire drill requirements I feel should relate to evacuating to a fire safe area, not evacuation of the entire building as in reality that may not be what is necessary depending on the sprinkler protection and fire safety features a home has.

22. 2600.161 – Nutrition adequacy.

Comment: I recommend striking “other beverages shall be offered at least every two hours.” This suggests that a home must make rounds to all residents with a beverage cart, offering drinks. This is unnecessary and would prove an unnecessary staffing expense that would be passed onto the consumer. Other beverages should be made available at all times to residents but I disagree that we need to go around and offer the beverages to them every two hours. This should only be required if the support plan identifies a hydration problem with a resident.

23. 2600.171 – Transportation.

Comment: In part (a)(1) recommend rewording the requirement since staff to resident ratios is not a requirement otherwise. Total staff hours to meet resident support plan needs are the requirement with minimums established based on mobility factors. Therefore, I recommend the requirement to read, “Appropriate staff needed to meet the needs of the residents is required.”

Part (a)(5) concerns me. At times drivers are employed to take residents to doctor appointments. They should not have to become fully trained as a direct care employee. I recommend they be required to carry cell phones and be properly trained in resident handling and transferring techniques.

Part (a)(6), again, syrup of ipecac I do not feel should be required of a first aid kit.

24. 2600.186 – Medication records.

Comment: Part (b)(7) to me is unnecessary documentation. If medications are packaged in a mediset, blisterpack or unit dose system, all the documentation requirements become excessive, time consuming and ultimately an inefficient use of precious staff time as well as contradicts the definition of self administration. This level of documentation will contribute to the same problem currently faced in nursing homes, namely too much time spent in documentation and less time for direct resident interaction. We need to be wary of unnecessary documentation if reasonable alternatives are present.

25. Medication Administration (in general).

Comment: I strongly believe there is a need to develop a program that will train non-licensed staff to assist with administration of medications. We are all well aware of the nursing shortage there is and the high cost it is to consumers when licensed professional staff is required for services. It is simply in our best interests to train staff with an approved training program for medication administration. Many other states have taken this creative approach and have done so with success. We cannot afford to continue to brush this issue aside. High quality care can be achieved through a good training program. It is simply the right thing to do and enhances opportunities for non-licensed staff to further develop in a career in senior services.

26. 2600.201 – Safe management techniques.

Comment: I feel parts (a) and (b) are more applicable to MH/MR homes and should not be required under this Chapter. Possibly more appropriate for homes providing dementia care services.

27. 2600.225 – Initial assessment and annual assessment.

Comment: In part (d)(4) I recommend that an assessment only need completed if following hospital discharge a substantial change in condition or level of function has occurred. That may or may not be the case following a brief hospital stay.

28. 2600.226 – Development of the support plan.

Comment: Part (c) in my opinion is a requirement that could require a great deal of effort for very little outcome.

In part (d) a signature by the administrator or their designee should suffice.



Again, in part (e), this is a great deal of effort for every resident with little positive outcome. Very few family members and residents want to participate (in my experience) and the documentation requirements for this I believe are excessive.

29. 2600.228 – Notification of termination.

Comment: In part (h)(5) it is written as if to assume most homes participate in public funding whereas I believe most probably do not. I recommend the requirement read, “If the resident has failed to pay or cooperate with efforts to obtain public funding if the home accepts public funding as a source of payment.”

I recommend also adding a seventh ground for discharge or transfer. It would be as follows: (7) “Following the home’s efforts to change resident behavior, continued violation of the home’s house rules and/or the rights of other residents.”

Thank you for your consideration of my recommendations and comments. I look forward to the ultimate development of regulations that maintain a personal care homes ability to be creative in meeting the needs of the residents they serve as well as enhances the overall care provided across the state.

Sincerely,



Andrew J. Miller  
Administrator

Cc: Representative George Kenney, Jr.  
Representative Frank Oliver  
Senator Hal Mowery  
Senator Timothy Murphy  
Ms. Mary Lou Harris, IRRC

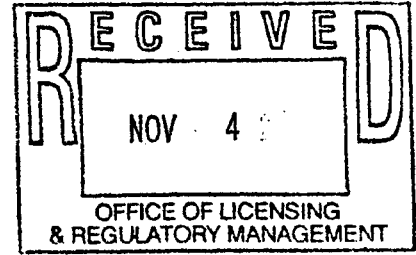
CARIE

14-475 (368)

Original: 2294

October 30, 2002

2002 NOV -7 AM 11:17  
Teleta Nevius, Director  
PA Department of Public Welfare  
Office of Licensing and Regulatory Management  
Room 316  
Health and Welfare Building  
P.O. Box 2675  
Harrisburg, PA 17120



RE: Personal Care Home Regulations

Dear Ms. Nevius:

On behalf of the Center for Advocacy for the Rights and Interests of the Elderly (CARIE), thank you for the opportunity to comment on the proposed regulations for personal care homes. CARIE appreciates the Department of Public Welfare's (DPW) process to obtain input from both providers and advocates in making much needed revisions to Pennsylvania's personal care home regulations. The proposed regulations contain many improvements over the current regulations. However, we continue to have concerns with certain provisions contained in the proposed regulations.

Since there are about 1,800 licensed personal care homes caring for approximately 79,800 residents, there is much at stake. We hope that the election of a new Governor and a new administration will not impede the progress of making needed reforms with personal care home regulations. There is a mountain of evidence pointing to the need for major reforms with the personal care home system in Pennsylvania. For example, The Pennsylvania Health Law Project recently released a White Paper, *A Report On Pennsylvania's Personal Care Homes And Assisted Living Residences: Licensure Violations And The Department of Public Welfare's Enforcement Efforts For Personal Care Homes And Assisted Living Residences With Less Than Full Licenses*, that reviewed DPW inspection records of 98 personal care homes throughout the Commonwealth with less than full licensure status. The report concludes, "DPW's own licensing records provide clear and convincing evidence of the inadequacy of existing statutes and regulations..." Interestingly, many of the report's recommendations have been the same recommendations made repeatedly over the past 30 years! (The report can be found at [www.phlp.org](http://www.phlp.org).)

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CARIE serves as the long-term care ombudsman providing complaint handling and general advocacy services for about 7,500 residents of approximately 140 nursing homes and personal care facilities located in various Philadelphia neighborhoods. It is through this experience that we offer the following comments. We hope you will consider our concerns and make needed revisions before the final regulations are published.

**Section 2600.3. Inspections and licenses or certificates of compliance**

Facilities should have **unannounced** inspections. Nothing in statute precludes a regulation requiring inspections be unannounced. Unannounced inspections provide a more accurate reflection of what a particular facility is like rather than giving a provider the opportunity to fix problems one day out of the year. Inspections should also be staggered and not done on the same date or in the same month each year.

**Section 2600.4. Definitions**

For the definition of *long-term care ombudsman*, the reference to older individuals should be changed to residents since the ombudsman help residents of all ages.

Language should be added to the definition for *Personal care home or home* to indicate the hours of operation are 24 hours a day and 365 days a year.

CARIE recommends adding a definition for *Reportable Incidents* to ensure clarity in the regulations.

Additionally, a definition should be included for "Older Adults Protective Services" ...the agency housed in each Area Agency on Aging across the commonwealth with responsibility for receiving and investigating allegations of abuse and neglect of care dependent persons as per (35 P.S. §§ 10225.701—10225.707) and 6 Pa. Code § 15.21 – 15.27.

**Section 2600.11. Procedural requirements for licensure or approval of personal care homes**

(b) As ombudsman we have witnessed how quickly the conditions in a personal care home can change. Both Auditor General Casey's audit of personal care homes and the Pennsylvania Health Law Project's recently released *White Paper* about personal care homes have documented the need for annual inspections and better enforcement. This proposed change to every two to three years is an alarming proposition. Given the documented problems in many personal care homes, there is no way to ensure the health and safety of residents with this proposed licensing requirement. Therefore, CARIE recommends that inspections must be conducted at least annually.

**Section 2600.14. Fire safety approval**

Language should be added to require personal care homes to obtain updated fire safety approval once every three years, since buildings deteriorate over time.

**Section 2600.15. Abuse reporting covered by statute**

(b) In cases where the alleged abuser is the administrator of the personal care home, provisions should be added for DPW's oversight for the plan of supervision.

**Section 2600.16. Reportable incidents**

(a)(1) All deaths that occur in a personal care home should be considered reportable incidents since staff is not equipped to assess all the circumstances related to a particular death.

(a)(13) Language should be added to include neglect and exploitation as defined by the Older Adult Protective Services Act as reportable incidents.

Since (a)(7) through (18) are incidents that may affect all residents of a facility, the personal care homes should be required to inform the residents or their legal representatives of any incident that affects all residents.

(f) A copy of the incident report should also be given to the consumer or his/her legal representative.

Finally, this section should include information about what sanctions will be imposed to a facility that fails to report an incident or fails to report in a timely manner.

**Section 2600.19. Waivers**

(c) Personal care homes should also be required to provide a copy of the completed written waiver request to the local long-term care ombudsman at the same time notice is given to residents since some residents may need assistance in understanding their rights or articulating their concerns.

A time frame should be specified in (f) instead of "periodic review." CARIE recommends an annual review. In addition, the Department should consider any complaints made by residents or others when determining whether to renew the waiver and should take time during annual inspections to talk with residents about the waiver.

**Section 2600.20. Resident funds**

Under (b)(2), include a provision preventing a facility from requiring the resident to make the facility his/her representative payee as a condition for admission or remaining in the facility. The Department should further require any facility or its staff found to have misappropriated or misused a consumer's funds to promptly reimburse the consumer and make the appropriate referrals to law enforcement and/or Older Adult Protective Services.

**Section 2600.26. Resident-home contract: information on resident rights**

(a)(1)(i) The following statement should be added: "Staff shall be prohibited from accepting any portion of the resident's personal needs allowance as a gift or in exchange for providing services." Recently, a resident had given away all of her personal needs allowance to staff to express her appreciation for their help and then went on the street to beg for money.

(a)(3) CARIE recommends changing the resident's or designee's right to rescind the contract from 72 hours to three business days to accommodate delays that may occur over a weekend.

(c) A copy of the admission contract should be given to the resident and/or their legal representative.

The Department should also require that the contract as well as all information about the contract and resident rights be written and communicated in a manner understandable to consumers.

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

This section appears to conflict with section 2600.20 "Resident funds." Section 2600.20 requires the personal care home to provide residents with more immediate access to their funds. Access to these funds may be critical for residents who need or want to transfer to another facility. Section 2600.29 (d) permits a personal care home up to 30 days to reimburse funds to the resident's estate. Many families rely on this money to help with burial expenses. Therefore, 30 days is not a reasonable amount of time. The requirement should be changed to up to 7 days.

#### **Section 2600.41. Notification of rights and complaint procedures**

(a) Residents should also have protection against retaliation when they file complaints with the Department or with the long-term care ombudsman. The word reporter should be changed to resident for situations where someone other than the resident voices a complaint. The statement should be revised as follows: "Upon admission each resident and, if applicable, the resident's family and advocate, if any, shall be informed of the resident's rights and the right to lodge complaints with the personal care home, the Department, or the long-term care ombudsman without retaliation, or the fear or threats of retaliation of the home or its staff against the reporter or resident."

(c) In addition to providing a copy of the resident's rights and complaint procedures, the resources described in (i) should also be given to the resident and, if applicable, the resident's family and advocate, if any, upon admission and upon request.

(e) The rights outlined here need to be broader. A resident should be allowed to make any complaint and exercise all of their rights.

(f) should also be amended so that it is not limited to complaints regarding a violation of the resident's rights. Procedures should address all complaints made by residents regarding their care and services.

(g) Allowing 14 calendar days for the personal care home's response to a complaint is too long for complaints that relate to the resident's health or well-being. A response within 72 hours would be more reasonable in these situations.

**Section 2600.42. Specific rights**

Existing personal care home regulations lack clear language supporting residents' rights to privacy, dignity, and free choice in what is supposed to be their home. The lack of sufficient transfer and discharge rights for residents is an important example. Currently in Pennsylvania, providers are not required to give a reason for the discharge, nor are they required to provide assistance to residents seeking a new home. They are only required to give thirty days written notice to the resident. There is no option for appeal. This policy discourages residents from voicing complaints, particularly individuals with limited incomes who would have difficulty relocating to another facility. Once residents learn that they can be discharged for any reason, they are reluctant to voice their concerns for fear they will be forced to move. The proposed regulations bring a welcome change to the current policy. Below are some recommended changes for this section.

(b) Residents should not be subjected to any form of discipline. Therefore (b) should be revised as follows: "A resident may not be neglected, abused, mistreated, subjected to corporal punishment, or disciplined in any way."

(d) should be revised to not only include information about the personal care home's rules and policies but also information about services and charges. Therefore, (d) should be revised as follows: "A resident shall be informed of the rules, services and charges of the personal care home and given 30 days' written notice prior to the effective date of a new rule, service change and /or rate change of the home."

(l) should be revised to read: "A resident shall have the right to purchase, receive and use personal property, including clothing."

(q) Since some residents may not be able to perform personal housekeeping tasks, this provision should read: "Residents may perform personal housekeeping tasks related directly to the resident's personal space..."

(t) should be revised to read: "A resident shall have the right to voice complaints and recommend changes in policies and services of the personal care home without retaliation or the fear of reprisal, intimidation or retaliation."

(w) should be revised to include language giving residents the right to remain in the personal care home during the appeal process.

CARIE strongly recommends that the following rights be added to this section:

- A resident shall receive a written copy of residents' rights.
- A resident shall have access to and information regarding the Long-Term Care Ombudsman Program
- A resident shall have the right to be provided with 30-day advance written notice of the personal care home's intent to discharge the resident and the reason for discharge.
- A resident shall have the right to request and receive assistance in relocating from the home.

- The resident shall have the right to maintain at least \$60 per month in a personal needs allowance.
- A resident shall have the right to vote and to exercise all civil rights. Residents may not be subjected to "search and seizure" by the personal care home under any circumstances.

**Section 2600.57. Administrator training and orientation**

(c) We recommend adding the following topics: "Abuse and neglect identification, prevention and reporting" and "cultural competency."

**Section 2600.58. Staff training and orientation**

(c) We recommend adding the following topics: "Abuse and neglect identification, prevention and reporting" and "cultural competency."

(f) We recommend adding the following topics: "Abuse and neglect identification, prevention and reporting" and "cultural competency."

**Section 2600.83. Temperature**

(b) Given the number of heat related deaths and health complications among older adults caused by excessive heat, we recommend that all personal care homes have and use air conditioning when the temperature exceeds 80 degrees. At the very least, not only should fans be made available to residents but they should also be placed in common areas.

**Section 2600.101. Resident bedrooms**

(a), (b), and (c) should be consolidated to simply state, "Each resident shall have 100 square feet of floor space measured wall to wall, including space occupied by furniture."

(d) should be revised to state: "No more than two residents may share a bedroom and every effort should be made to provide single rooms for those who choose." Privacy and any quality of life cannot occur with more than two individuals sharing a bedroom.

**Section 2600.102. Bathrooms**

(c) There should be one bathtub or shower for every six users, not fifteen. Adequate access and the cleanliness of the shower or bath cannot be ensured with fifteen individuals sharing the same bathtub or shower.

**Section 2600.109. Firearms**

Firearms and weapons of any kind should not be allowed within the personal care home for any reason. We recommend striking the language contained in this section and language prohibiting the use or storage of firearms and ammunition should be included. The risk to the safety of the residents and staff is too great to allow firearms and weapons on the premises

**Section 2600.161. Nutritional adequacy**

(b) Since there can be a long time between the evening meal and breakfast, we recommend adding the following statement: "An evening snack shall be provided that includes a food and drink item."

**Section 2600.162. Meal preparation**

(c) The proposed regulation of allowing no more than 14-16 hours between the evening meal and breakfast is too long. A personal care home provider could potentially serve dinner at 4 PM and serve breakfast at 8 AM and still be in compliance. We believe that this is too long of a period to not have a meal served. The regulation should be changed to 12-14 hours.

(j) Language should be added to require that menus be followed.

**Sections 2600.261 through 2600.264. Enforcement**

The enforcement sections overall are very disappointing since the proposed regulations do not begin to address the reforms needed to enforce current standards or ensure quality care is provided in Pennsylvania's personal care homes. Current regulations (Section 2620.1.) require personal care homes to provide, "safe, humane, comfortable and supportive residential settings for the aged, blind and disabled, and other dependent adults who require assistance beyond the basic necessities of food and shelter but who do not need hospitalization or skilled or intermediate nursing care." CARIE has visited homes that fit this description; however, in far too many instances, we have visited homes that are dirty, bug infested, understaffed and where the residents are clearly being neglected.

Last year, an ombudsman was denied access to a personal care home on multiple occasions and sought intervention by DPW. DPW was also denied access and issued a citation to the provider but stopped trying to enter the home. The ombudsman sought the assistance of the state ombudsman office and they assisted in getting DPW to do a joint visit with the ombudsman to gain access. When the ombudsman and DPW investigator finally gained access, they found a bathroom ceiling had fallen down, broken toilets, a sharp pipe protruding from a wall, a cord laying across the stairwell, a broken mirror, clutter, odor, and filthy conditions. Nine days later the home caught on fire causing the evacuation of all the residents with one of the nine being admitted to the hospital. Four months after the fire, the ombudsman received a copy of a letter sent to the provider stating the Department's intent to revoke her license.

The closure of personal care homes by DPW is a recent phenomenon. This past summer, there were a few personal care homes that were closed in Philadelphia. These facilities exemplified horrific living conditions and had been out of licensing compliance for years. During the closure process, some residents were transferred to a facility with a "Cease and Desist" order owned by the same owner as the facility being closed. These residents, most of whom were older or had mental health problems, ultimately had to endure the traumatic experience of being moved again. Issues surrounding closures both voluntary and involuntary need to be addressed in the regulations.



The audit report released by the Pennsylvania Office of the Auditor General, *A Performance Audit of the Department of Public Welfare's Oversight of Personal Care Homes in Pennsylvania*, describes serious deficiencies in DPW's oversight of personal care homes and made over 30 recommendations. (The audit can be found at [www.auditorgen.state.pa.us/Department/Press/PCH-PR.html](http://www.auditorgen.state.pa.us/Department/Press/PCH-PR.html).) Auditor General Casey said, "The nature of these violations, which posed significant risk to residents, underscores both the vital importance of intensive oversight and the gravity of DPW's failure to provide it." As a long-term care ombudsman, we too witness many problems with DPW's failure to respond to problems. Chronically poor performing facilities who remain out of compliance may be issued "Cease and Desist" orders by DPW. However, personal care homes may appeal this decision and, if unsuccessful, may be granted automatic reconsideration. During this time, providers can continue to admit new residents into a facility and receive SSI payments for eligible residents. In other words, business continues as usual. There are no grounds upon which the personal care home must base its appeal. More disturbing is that some facilities operate under "Cease and Desist" orders for years!

One facility in Philadelphia illustrates the problem of a chronically poor performing provider continuing to operate after negotiating its way out of DPW enforcement actions. The owner is well known to the ombudsman in the Philadelphia area for operating facilities that are chronically out of compliance as well as her lack of willingness to resolve complaints. The ombudsman noted problems at this facility related to vermin and cockroaches, food (poor quality, insufficient amounts), residents accessing their personal funds, residents receiving mail that has been opened, and a general chaotic atmosphere. Residents lacked activities at the facility and were often dressed in ill fitting, dirty clothing. Neighbors also voiced complaints and concerns about the facility. Here is a history of the aforementioned facility:

- In December 1991, a Cease and Desist order was issued after a resident suffered first and second degree burns from being bathed in water that was too hot. A settlement was agreed in February 1992 that allowed the facility to remain open.
- In December 1993, a Cease and Desist order was issued for insufficient staff and violation of the 1992 settlement. Another agreement in July 1994 allowed the facility to remain open.
- In November 1996, a Cease and Desist Order was issued for all facilities owned by this provider in Philadelphia for rent rebate fraud. In June 1997, this order was rescinded for all homes except the one being described. In December 1997, the Commonwealth Board of Finance ruled in the provider's favor.
- In February 1999, a Cease and Desist order was issued based on problems cited by Philadelphia Licensing and Inspection, but the facility appealed.
- In April 2001, the facility was operating under a Cease and Desist order that was still under appeal.
- In October 2001, the facility received a letter stating that it no longer was licensed to operate as a personal care home and was instructed to relocate the residents as soon as possible.

Protective Services and Department staff. The guidelines should direct that in classifying violations, consideration be given to the number and frequency of violations, and the circumstances surrounding and consequences of violations.

4. After revision, the guidelines should be added as an appendix to the regulations in order to increase consistency of enforcement and certainty about the penalty for a particular violation.

5. The statutory provision at 62 P.S. §1085 should be amended to provide that a violation which "has caused or has a substantial probability of causing death or serious mental or physical harm to any resident" constitutes a Class 1 violation.

6. The term "serious mental harm" in 62 P.S. §1085 (defining Class 1 violations) should be interpreted to include the harm resulting from abandonment or financial exploitation.

7. The Department should enforce compliance with 62 P.S. §1057.3(a)(4), which requires that each resident be provided by the administrator with notice of any Class 1 or 2 violations which remain uncorrected after five days.

### **III. Fines**

1. Fines should be imposed for failure to comply with a plan of correction or for false documentation of compliance with a plan of correction.

2. There should be a rebuttable presumption that a violation still exists (resulting in the continued imposition of fines) unless and until the provider demonstrates that it has been corrected. Notices of violations or of imposition of a fine should state that the fines will continue to accrue each day until the facility demonstrates to the Department that the violation has been corrected. Any revision of the personal care home regulations should explicitly state this presumption.

3. In certain circumstances, fines should be imposed irrespective of whether the violation(s) have been corrected. If the provider fails to correct the violation, additional fines should be imposed. The Department should seek the statutory change which appears necessary to implement this recommendation.

### **IV. Plans of Correction**

1. For a plan of correction to be considered acceptable, it should address how the facility will correct the root cause of the violation and not just the resulting symptoms. For example, if a facility is cited for having bulging cans of food, the plan of correction should not just state that the bulging cans will be thrown away, but also provide a system for ensuring that the facility does not have bulging cans in the future (e.g., provider will check the cans at periodic intervals).

2. When a plan of correction is submitted, the Department should promptly determine and notify the provider whether it is acceptable as a tool which, upon implementation, will bring the facility into compliance.

3. The Department should facilitate the joint development of plans of correction by providers and licensing representatives, as well as approval, at the time of an inspection.

4. Once a plan of correction has been approved, the provider must demonstrate implementation of the plan and provide verification to the Department that compliance has been achieved. This must take place before expiration of a license in order for the license to be

a facility's admissions or operation until the matter has gone to Commonwealth Court, a step which currently takes years to reach. The subcommittee disagrees very strongly and questions the legal basis for this interpretation. A revocation or denial of a license is a decision of the Department, giving the Department the right and the duty to prevent further harm to residents while an appeal is pending. To this end, the Department should in appropriate cases relocate residents, ban new admissions and oppose supersedeas from the moment it revokes or denies renewal of a license. Supersedeas should not be granted during administrative appeals or at the Commonwealth Court level unless the provider can show a substantial likelihood of success on the merits.

3. BHA should make PCH appeals a top priority where residents are still in the facility. Hearing decisions should be issued within 90 days of the filing of an appeal, and reconsideration requests to the Secretary should be decided within 60 days.

4. The Department's Office of Legal Counsel needs to have adequate staff dedicated to PCH issues to be able to handle appeals with reasonable promptness.

5. Appeals should not routinely be settled with poorly performing providers, as currently appears to be the case. Settlements should only be used if they a) are specific as to what will be required from the provider and b) the terms are enforceable by the imposition of financial and/or licensure consequences if the provider does not comply.

6. To avoid giving an advantage to non-compliant providers, any settlement agreement must require the provider to do more than simply comply with the regulatory requirements which they were supposed to comply with in the first place; the provider must offer additional efforts above and beyond the baseline requirements.

7. All settlement agreements should provide that the facility waives the right to appeal citations for violations of anything they promised to do or not to do in the settlement agreement.

8. In licensing action appeals involving the worst actors, the Department should coordinate efforts with Protective Services and ombudsmen and seek amicus briefs from consumer advocates to help educate the courts about the harm caused by egregiously bad PCHs.

9. Providers who appeal fines are required to submit the assessed penalty, up to a maximum of \$500, to the Department for placement in an escrow account. A higher payment, dependent on the severity of the violation, should be required in order to cut down on frivolous appeals. An escrow payment should also be required in appeals of license revocations.

10. The statute or regulations should be clarified to provide that a reviewing court should not sustain an appeal on the ground that the facility, although out of compliance at the time it was cited, is now in compliance unless the facility can show by a preponderance of the evidence that its procedures, policies and staff resources do and will continue to ensure full compliance in the future.

## **VI. Disclosure of Information to the Public**

1. The public needs more and better information about PCHs in order to make knowledgeable decisions. Accordingly, the following should be added to the Department's web site: a) which facilities have secured unit waivers, b) whether the reason a facility has a provisional license is that it is new or that it has been reduced from a full license, c) number of consecutive provisional licenses a facility has had, d) types of violations found in recent

than the licensing reps. It is recommended that the teams be multi-disciplinary, including members with different knowledge bases.

2. Complaint investigations should take place in accordance with the DPW Procedure Manual for Licensing Staff, which sets forth different time frames depending on whether a complaint involves an immediate threat, a potential threat, or no threat. For the purpose of determining which of these three categories is applicable, the facts alleged should be taken as true.

3. Complaint investigations should focus not just on the individual circumstances of the complainant, but also on whether a systemic problem may exist which threatens harm to additional residents. For example, even if the complainant is hospitalized, consideration should be given to whether the facts as alleged reflect a threat to other residents who are still in the facility. If so, the complaint should be considered an immediate or potential threat even though the complainant is no longer in the facility.

4. The Department should create protocols articulating what steps a complaint investigation should include, how it is to proceed and at what point it will be considered completed. The protocols should specify the types of individuals who should be interviewed. All person with information pertinent to the complaint should be interviewed. This may include other residents, family, physicians and others. Investigators should make sure to speak with enough people to get both sides of the story. Interviews should be conducted confidentially. Where residents' rights violations are alleged, confidential interviews should be conducted with other residents in order to determine whether the alleged violations are occurring.

5. The Department should develop criteria for circumstances in which a complaint investigation may be performed by telephone and those in which there should be a site visit.

6. Site visits for complaint investigations should be unannounced except where immediate telephone contact with the provider is needed to avert an imminent risk to residents.

7. The Department should follow up after the investigation to verify that the conditions complained of have been corrected. Depending on the circumstances, this follow-up could take the form of calling the resident back to check whether the problem is resolved, making a site visit to verify compliance, etc.

8. The Department should notify the complainant in writing of its investigation findings, whether the complaint was founded, and any resulting actions which will take place.

9. During licensing inspections, attention should be paid to issues which have been the subject of complaints in a facility.

10. The Department should utilize a data base to track complaints better. Specifically, the Pennsylvania Automated Complaint Tracking System (PACTS) should promptly be made available to licensing staff. Complaint records should document, in a retrievable form, the nature of each complaint, actions and follow-up monitoring performed by the Department, and issues to be monitored at the next inspection.

#### **IX. Waivers, Immobile Residents**

1. No regulation which address the health, safety or well-being of residents (including residents' rights) should ever be waivable.

2. The Department should adopt the Personal Care Home Advisory Committee's



**Recommendations on  
Personal Care Home Licensing and Enforcement Reform  
by the Licensing and Legislative Subcommittee  
of the DPW PCH Advisory Committee**

March 14, 2002

The Licensing and Legislative Subcommittee of the DPW PCH Advisory Committee met three times, on November 28 and December 14, 2001 and January 8, 2002. The purpose was to address the issues raised by the Auditor General's October 2001 report on "Oversight of Personal Care Homes in Pennsylvania" and other concerns about the licensure and regulation of personal care homes. The group explored the current regulatory and enforcement system to determine what changes should be made in order to ensure the health and safety of personal care home residents.

The Subcommittee included the following participants: Pam Walz (Chair), Community Legal Services; William Gannon, DPW-OSP; Patsy Taylor-Moore, DPW-OSP; Ann Torregrossa, Pennsylvania Health Law Project; Alissa Halperin, Pennsylvania Health Law Project; Christine Klejbuk, PANPHA; Lynn Fosnight, PALA; Beth Greenberg, PANPHA; Dale Laninga, Inter-Governmental Council on Long Term Care; Clarence Smith, CERCA; Pat McNamara, PHCA/CALM; Cindy Boyne, State Ombudsman.

The Subcommittee makes the following recommendations:

**I. Licensing:**

The subcommittee recommends changes to the licensing process *to ensure that facilities which are out of compliance with regulatory standards do not receive new or renewed licenses.*

**Overview of Recommended Licensing Process:**

1. Step 1: Facility applies for license. If applying to renew existing license, it will apply 2-3 months prior to expiration of current license.
2. Step 2: DPW makes unannounced inspection visit.
3. Step 3:
  - If facility is in full compliance (meaning no Class I, II or III violations), it will be issued a full license.
  - If facility is in substantial compliance (meaning it has Class III violations and has had an acceptable plan of correction approved), it will be issued a provisional license. If correction of violations is demonstrated prior to expiration of current license, full license will be issued.
  - If facility is in non-compliance (meaning that Class I or II violations exist), no license will be issued unless the facility submits an acceptable plan of correction and provides verification that violations have in fact been corrected prior to the end of the licensure period.

- In November 2001, the facility had not attempted to move any residents claiming they were appealing the decision.
- Over the next eight months, the ombudsman visited on a regular basis and heard multiple complaints from residents. In one case, the ombudsman spoke with a resident who was coerced into doing manual labor and was afraid to complain even though he was suffering from back pain.
- In July 2002, the facility was finally closed as per a court order. Even after all this time, the facility was still filthy and in disrepair, the residents were observed to be lacking adequate hygiene and were in dirty clothing, and the administrator continued to be uncooperative with DPW and the ombudsman. The residents moved to new homes in August 2002.

The well publicized fatal beating of a resident in a Bucks County personal care home and DPW's renewal of the home's license following the death of the resident, raise serious concerns about DPW's oversight of personal care homes. We recommend that the Department implement the *Recommendations on Personal Care Home Licensing and Enforcement Reform by the Licensing and Legislative Subcommittee of the DPW PCH Advisory Committee*. This document is attached to our written comments. It is important to note that the Personal Care Home Advisory Committee, DPW's appointed advisory committee comprised of consumers, providers, and advocates, unanimously approved the recommendations described in the document.

### Conclusion

Founded in 1977, CARIE is a non-profit organization dedicated to improving the quality of life for frail older adults. CARIE's focus of concern spans the long term care continuum of long-term care needs from those who are homebound to those who are institutionalized. Older adults who experience physical or psychological impairment frequently have difficulty advocating for themselves and are often a silent group. CARIE works to protect their rights and promote awareness of their special needs and concerns.

There are thousands of vulnerable personal care home residents throughout the Commonwealth who deserve better standards of care and better enforcement of these standards. There should be no further delays in implementing regulations that will work to improve the standard of care and work to ensure the health and well being of the residents. The time for change is long overdue. If you need any further clarification regarding these comments, please do not hesitate to contact me at (215) 545-5728, extension 244 or at [menio@carie.org](mailto:menio@carie.org). We look forward to your response to the comments raised about the regulations.

Sincerely,



Diane A. Menio  
Executive Director

Original: 2294

Richard T. Brigham  
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REVIEW COMMISSION

October 30, 2002

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

Dear Teleta Nevius:

I am a member of the Board of the Hickman, a non-profit, Quaker-sponsored residential and assisted living facility in West Chester, PA. At our recent Board Meeting we reviewed to proposed regulations for personal care homes in detail. I recognize the need for regulations to protect those elderly persons living in personal care homes. However as a Board member for over sixteen years I am totally aware of the cost of providing care. The increased regulations as proposed will increase our challenge to remain affordable and provide care for our residents.

The paper work in sections (2600.58, 2600.226, and 2600.225) will be most onerous and we estimate will cost The Hickman over \$86,000, largely for extra staff. Section (2600.130 will require visible fire alarms in each room. This will cost us \$135,000 and I fail to see the value of lights in addition to bells. If a deaf person is asleep she will not only not hear the bells but will not see the lights. Finally, The Hickman is a home of modest size and the inability to terminate the contract of a resident (sections 2600.42 and 2600.228) whose conduct is absolutely incompatible with our standards and is unacceptable to both residents and staff has the potential to destroy the home-like atmosphere we have worked to maintain for 110 years.

I trust as your review the proposed regulations you will bear these important points in mind.

Very truly yours

*Richard T. Brigham*

Richard T. Brigham

