

Original: 2294



2002 NOV -5 AM 9:22

REGULATORY
REVIEW COMMISSION

NAMI PENNSYLVANIA

Delaware County Chapter

P.O. Box 1493

Havertown, PA 19083

November 1, 2002

Edward Zogby, Director
Bureau of Policy
Department of Public Welfare
Room 431 Health & Welfare Building
Harrisburg, PA 17120

Dear Mr. Zogby:

I am writing on behalf of the Delaware County Chapter of the NAMI- PA (Pennsylvania's Voice on Mental Illness). Our Chapter has membership in excess of 200 families in Delaware County.

I have learned with alarm that DPW is proposing regulations to eliminate NMP spend down under Medical Assistance. This can only be a humanitarian disaster for approximately 7,000 Pennsylvania citizens who are dependent on NMP spend down.

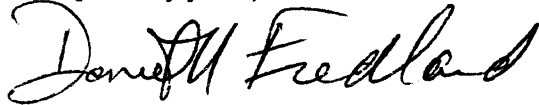
Many of the 7,000 individuals suffer severe mental illnesses. Their mental stability and ability to live in the community are achieved only with medications which often cost hundreds of dollars per month. (The Medical Assistance cost, of course, is less because of negotiated reimbursement rates.) These people often receive Social Security disability benefits only a little above the threshold for regular Medical Assistance. If they are forced to buy their medications on their own, they will be thrown into utter poverty. There is a danger that many of them will forgo medication, and then decompensate and be back in the hospital at much greater expense to the public. Some will find themselves unable to afford a place to live and will end up living on the street or staying in make shift shelters such as church basements.

How can Pennsylvania balance its budget on the backs of its most needy and vulnerable citizens? That will be a humanitarian disaster right in our own backyard - not in some war-torn overseas country.

Edward Zogby
November 1, 2002
page 2

Therefore, I urge you on behalf of both the directly affected individuals and their families and loved ones not to issue the regulations which will deprive our neediest citizens of the opportunity to get prescriptions under the NMP spend down plan.

Respectfully yours,



Daniel R. Fredland
Secretary

cc: Independence Regulatory Review Commission ✓
Editor, *Delaware County Daily Times*

DANIEL R. FREDLAND, P.C.

211 N. MONROE STREET
SECOND FLOOR
MEDIA, PA 19063

Original: 2294

November 1, 2002

To Whom It May Concern:

I am writing to you on behalf of my Grandmother who is not able to do so herself.

My Grandmother is 89 years old. Her health is overall pretty good but she has dementia and is not able to care for herself. She is in a personal care home in Kittanning, PA where they take wonderful care of her and she is treated like a person with the love and respect she deserves. She does not qualify for nursing home care nor does she or her family members have the money or other resources needed to care for her at home.

I was informed that some now pending regulations could soon raise the monthly cost to care for my Grandmother to an additional \$1,000.00 to \$1,500.00 per month. This is impossible to even think since she only has a small amount of Social Security as her income.

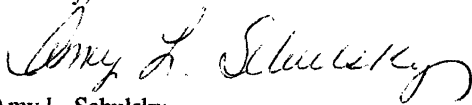
If the personal care home does not make the additional rate changes in order to meet all of the new regulations, they would be forced to close. Where do these people go then? What happens to them?

It is unfair and wrong for so many people to have to leave all they now know as their home. Please give this some thought as you and I will be one of these residents some day who need a personal care home.

I am hoping this letter will help you to understand and move you to help keep personal care homes an affordable and available option for families like mine who want to give the care to our loved ones who need this extra help and care as they mature.

Thank you for your time.

Sincerely,



Amy L. Sebulsky

Amy Sebulsky
10333 Stratton Rd.
Salem, ON 44460

RECEIVED
NOV 15 2002
HEALTH COMMISSION

Original: 2294

PAPPANO & BRESLIN
ATTORNEYS AT LAW

3305 EDMONT AVENUE

BROOKHAVEN, PENNSYLVANIA 19015-2801

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CYNTHIA L. CHOPKO, PARALEGAL

CAREN C. LADD, M.A., LEGAL ASSISTANT

HELEN LYNN, RN BSN, LEGAL ASSISTANT

JOSEPH E. PAPPANO

1933-1978

ROBERT F. PAPPANO
ROBERT J. BRESLIN, JR.
DANA MCBRIDE BRESLIN, CELA*
ELIZABETH T. STEFANIDE

* CERTIFIED ELDER LAW ATTORNEY
BY THE NATIONAL ELDER LAW FOUNDATION

November 1, 2002

Department of Public Welfare
Edward J. Zogby, Director
Bureau of Policy, Room 431
Health and Welfare Building
Harrisburg, PA 17120

Re: Proposed Regulations for Personal Care Homes; Published October 5, 2002, in the Pennsylvania Bulletin

Dear Sir:

Through my work with our Ombudsman Program and Advisory Council to the Area Agency on Aging Protective Services Unit, I have seen firsthand the abuse and neglect of persons residing in personal care homes. I fully endorse the efforts of the Department to begin to regulate this industry. While the proposals could be stricter, they are a good beginning and very much needed. I therefore ask that the regulations become final.

Respectfully submitted,



Dana M. Breslin

DMB:njm

cc: The Honorable Harold F. Mowery, Jr.
The Honorable Vincent Hughes
The Honorable George Kenney, Jr.
The Honorable Frank Oliver
Dennis O'Brien
Independent Regulatory Review Commission

RECEIVED
NOVEMBER 5 2002
REGULATORY REVIEW COMMISSION

Nov. 1, 2002

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2002 NOV -6 AM 9:25

REGULATORY
REVIEW COMMISSION

Dear Mr. Nye;

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

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

Sincerely

Ruth A. Himmelsberger

Nov 1-02

Original: 2294

I'm writing to you because of the regulations you want to put on Personal Care Homes.

My husband Franklin Engle is in a Personal Care Home not a Nursing Home. He resides at Colonial Garden Personal Care Home located at Butler, Pa. It is certified by the V.A. I think that says it.

My husband has made his home these five five years. He is doing very well under the care of Linda Mueller the owner of the home and the wonderful help and care of her staff.

The home is very clean, comfortable, very well managed. My husband is well taken care of, I'm very much satisfied as I want the best for him.

If the new regulations go through a lot of small homes will have to close. People would have to help residents pay more for nursing home care and it would be very upsetting for residents to adjust, meaning more hospital stays to.

Please stop these new regulations from going through.

Sincerely
Betty Engle
R. D. # 7 Box 150
Mt. Pleasant, Pa.
15666

Please stop this process from going through and I'm requesting an answer about the regulations. Thank you

Original: 2294

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

RECEIVED
2002 NOV 12 AM 9:33
INDEPENDENT REGULATORY
REVIEW COMMISSION

November 1, 2002

To Whom It May Concern:

I am writing to you as a concerned family member. My mother was always a very healthy and capable person until a few years ago when she got osteoporosis and arthritis in her knees. After my father passed away in 1976, my mother bought a mobile home and put it on my sister's property. Mother continued to live there for several years and was very happy helping to cook meals when my sister worked.

To make a long story short, my sister got breast cancer in 1985 and my mother helped her through this ordeal and my sister recovered. Then the cancer metastasized into bone cancer around 1994 and again my mother was nearby to help my sister; however, in 1996, my sister passed away.

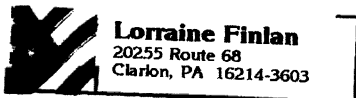
While my sister was alive, she and her husband were able to check on mother daily to see if she needed anything and mother was able to help out with them as needed. After my sister passed away, my brother, two sisters and I worried that mother wasn't eating properly and was forgetting to take her medicine on time. We discussed things with her and decided to move her into my brother's Assisted Living Home where she would be given nutritious meals and someone would be there to make sure she took her medicine in a timely fashion.

I do not live in the same town as my mother and I teach school and am unable to take care of her. My two sisters work at the Assisted Living Home, as well as other family members and it is great for my mother. Mother does not need Nursing Home care because she is able to get around and has a sharp mind. If she were to be placed in such a facility, I fear that she would fail quickly. Because of this, I am asking that you please rethink the new regulations that are proposed for Personal Care Homes and Assisted Living Homes and do not pass them. Families cannot afford to pay any more than they now pay for their loved ones care. I implore you to please cut the excessive regulations and do force my mother and so many others to move. My mother is now 90 years old and very happy and content where she is living. Please do not pass these senseless regulations. Thank you.

Sincerely,



Lorraine Finlan



Original: 2294



ESTATES AND MANAGEMENT CORPORATION

PERSONAL CARE & ASSISTED LIVING

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

November 1, 2002

Mary Lou Harris
IRRC
333 Market St., 14th Floor
Harrisburg, PA 17101

Dear Ms Harris:

Our residents, families, employees and friends have responded to the DPW regulation 2600.

They have enforced our viewpoint STOP THESE REGULATIONS.

Attached you will find their signatures stating their opposition to these proposed regulations. They are concerned about the future of the Personal Care Homes in this state.

Please enter these signatures as part of our Public Comment against the DPW 2600 regulations.

Sincerely,

Margie Zelenak
Assistant Administrator

RECEIVED
COMMUNITY DEVELOPMENT
NOV 1 2002

PETITION

Dear family and friends of the elderly. Recently the Department of Welfare proposed 149 pages of regulations. These regulations will put many small personal /assisted living facilities out of business. These regulations can be found on the Pennsylvania Bulletin printed this past Saturday. If these regulations go through, the cost in the homes will increase approximate 40% per home in addition to the cost already. At this point in time, many of us ignore the fact we are aging. Many of our parents, uncles, aunts, have already experienced some physical or mental conditions. The question for all of us is where are we going to go when we age? We would appreciate you and any members of your family or friends to sign this petition. We will make sure they are hand delivered to the proper organization in Harrisburg.

Thank you in advance in this cause.

NAME	ADDRESS	PHONE
Cheryl M. DeLaf	104 6th St Scottsdale Pa	724-887-2022
Anna Mae Kubi	104 8th St Scottsdale Pa	724-887-7022
Ann L. Lagan	408 S Broadway Scottsdale PA	724-887-6668
Barry McKeffer	704 Box 276 Mechanicsburg	724-268-9989
Ann L. Lagan	Rd 4 Box 204 Somerset Pa	814-463-4548
Ann L. Lagan	215 N 5th St York Pa	704-493-4312
Cathy Harris	300 Narrows Rd Conneville Pa	610-572-6611
Delores McEighan	236 S 4th St Youngwood Pa	15697 724-628-1362
Donald Eiler	236 5th St Youngwood Pa	15697 724-923-1362
Janet Miller	14 Meadowbank Ln PA	15401 724-833-2482
Suzanne Gray	RD #1 Box 523 Ruffe Dco Pa	15679 724-802-9456
Bonnie Gray	717 Appleton Dr Youngwood Pa	15697
Jackie Gray	402 S 7th St Youngwood Pa	15697
Theresa Baker	301 Maple St P.O. Box 153 Ertson Pa	15631
Carolyn Bassell	156 7th St P.O. Box 285 Dawson Pa	724-529-2964
Sandra Moore	518 Davis Rd Dawson Pa	15428 724-529-2421
Ann Perry	36 Susan St Traneh PA	15644 724-523-237
Vincent Mule	214 Washington St Mt Pleasant Pa	15666 - 724-547-2555
Ann Miller	214 Washington St Mt Pleasant Pa	15666 724-547-2555
Phyllis Chlebun	212 Brookholme Rd Mt Pleasant Pa	724-547-1919
Christina M. Mule	39 2nd St Mt Pleasant Pa	
Shirley M. Mule	P.O. Box 204 Culler Pa	724-628-1960 577-4414
Heather Wilco	120 Penn. Ave Ertson Pa	724-887-3115

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Lara Hornshell	225 N Good St Jeannette PA 15644	
Karen Wisen	511 Fairmont Ave Trafford Pa	
Lyron Hesterman	51 Broadway Ave North Irwin PA 15642	
Franklin Knight	307 DELAWARE RD LOWER MERRELL PA 15668	
ARTHUR A. OSNICK JR	621 GARFIELD AVE SLIGHTDALE PA 15683	
Thomas R. O'Brien	33 GARFIELD RD LATROBE PA 15650	
Mark Mough	819 GREEN STREET / Greensburg, Pa. 15601	
Theodore O'Malik	1189 Galando Rd RR#2 New Alex. Pa 15670	
Edward P. Blain	204 N 2 nd St Jeannette, PA 15644	
Robert W. Moore	PO Box 156 HARRISTOWN PA 15635	
Glenn Cramer	985 RIDDER RD LIGONIER PA 15698	
Deloraugh Baughman	RD 7 Box 346 Greensburg PA 15601	
Neil A. Stankovic	1322 Glen Ave, Greensburg, PA 15601	
John R. Cerasi	121 College Ave Mt. Pleasant Pa. 15666	
Bill Flynn	10230 Fairmont St North Huntingdon, PA 15642	
John J. Thompson	419 Chestnut St. GREENSBURG PA 15601	
Joe N. Seltzer	2-3-3 S. WASHINGTON AVE GREENSBURG, PA 15601	
Bob L. ...	1401 Ashland St GBS PA 15601	
Paul ...	1031 Stickell Ln Mt Manar PA 15663	
U. ...	10449 Broadway St N Huntingdon PA 15642	
Bob Henney	Box 236 ADAMSBURG PA 15611	



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LAKESIDE
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Adjacent New Stanton

Date: 11/1/02
To: Mary Lou Harris Company: IRRC
Fax # 717-783-2664
From: Marge Zelenak
Company: **Easy Living Estates**
Fax# Corporate 724-755-1072 Ligonier 724-593-7720
Somerset 814-445-2999 New Stanton 724-755-0615

RECEIVED
COMMUNITY DEVELOPMENT
DIVISION
NOV 1 2002
15639

Number of pages including Cover page 9

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ESTATES AND MANAGEMENT CORPORATION

PERSONAL CARE & ASSISTED LIVING

RECEIVED
DEPARTMENT OF
REVENUE
HARRISBURG, PA
NOV 01 2002

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333 Market St., 14th Floor
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Assistant Administrator

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Shirley Hodous	P.O. Box - 704 - Cullin PA	724-528-1960 577-44119
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Joe Nulick	233 S. WASHINGTON AVE GREENSBURG, PA 15601	
Paul J. [unclear]	1401 Ashland St GBO PA 15601	
Paul [unclear]	1031 Stickell Ln Hill Manor PA 15665	
U [unclear]	10449 Broadway St N Huntingdon PA 15642	
Bob Henley	Box 236 ADAMSBURG PA 15611	

Original: 2294

Country Comfort



Country Comfort Assisted Living
RR 1 Box 27
New Columbia, PA 17856
570-568-1090 fax: 570-568-1095

14-475
373

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

November 1, 2002

To the Department of Public Welfare of Licensing and Regulatory Management,

I am an administrator and co-owner of a 20-bed personal care facility and am writing to you concerning the new regulations that have been created for personal care facilities. Our facility has all private rooms and we currently have twelve SSI residents and eight residents who pay \$45 or less a day. Currently we employ one administrator, one co-administrator, 2 full time personal care staff, and 5 part-time personal care staff none to which I can pay any benefits. My oldest resident is 97 and doing very well. She has been with us since we opened in 1997.

We are a small facility but we give excellent care as our inspector, AAA, residents and their families will tell you. Our facility has been described as being homey, cozy, and caring. There has not been one resident who has wanted to leave after staying with us for 30 days. We have a very limited budget but have managed to create a very well run, warm, caring home for our elder citizens. All this could change overnight if the new proposed regulations are passed.

It is my opinion that you are trying to take a social environment and create a medical environment. This is an injustice to our elderly. It also seems to me you want more professional people to reduce errors but we are constantly catching professional people's errors. This past week we had two doctors whom made errors on medication dosage when writing new scripts. We also had the pharmacy fill a prescription with the wrong dosage. This type of thing is not out of the norm. No matter how many highly educated professionals you require people still make mistakes and it doesn't always take another highly educated person to catch them. It takes people who like their jobs and the people they care for.

I hope you will seriously consider changing these regulations. Otherwise we will have no other choice but to tell families and residents that we will have to close our facility due to the high cost of insurance and the high costs you have imposed on us. Perhaps you would like to explain all of this to our residents. What has happened to protecting their rights? I think the public should know how government control has again closed small businesses, created more unemployment, and abused the elderly by forcing a safe,

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373

healthy, caring home to close. In addition, where are the SSI residents to go? There are not a lot of places that will take these low-income residents. I beg you to read carefully and hear what we as administrators are telling you.

The following regulations we feel need to be changed or clarified:

CLARIFY

1. 2600.32 J

Clarify assistance in attaining clean, seasonal clothing. Does this mean we need to purchase clothing for those who have no money? How are we to handle those residents who are not having a problem with the clothes they have but we think are not seasonal?

2. 2600.33 K

Clarify "request modification to the resident's record". Does this mean medications, support plans, finances, whatever they decide they want changed?

3. 2600.33 L

Clarify "right to purchase, receive, and use personal property." Does this mean they can purchase a horse or motorcycle and we need to accommodate them? Does this mean they can receive a cat as a gift and we need to accommodate it although our contract does not allow pets?

4. 2600.33 Z

Clarify "excessive medication". How can we be accused of giving excessive medication if we are following doctor's orders?

5. 2600.56 C

Clarify "an average of at least 20 hours a week". Does average mean weekly, monthly, yearly?

6. 2600.56 M

Clarify "if he (why not she?) is scheduled to provide direct care services". Does this mean that an administrator needs to schedule himself or herself on the work schedule in order for personal care hours to be counted? I do endless amounts to personal care in my 8,10, or 12-hour days without being scheduled or keeping track of it. If a staff or resident need me, it is part of the job all the time.

7. 2600.99

Clarify "gliders".

8. 2600.224 B

Clarify. Does this mean that if we cannot meet the needs of an applicant, we need to notify AAA?

9. 2600.228 H 3

Clarify. Does this mean that every time we discharge or transfer a resident because they need a higher level of care, we need to contact our PCH regional field licensing office? I would think this would be very time consuming for them. What is the purpose? We need to report this information when we have inspections.

PROBLEMS

1. 2600.20 B 4

This service is to be offered on a daily basis. My co-administrator and I work Monday through Friday and are on call alternate weekends. Residents and their families know this without any problems. I do not nor do I want to give my staff person access to residents' funds. This creates any unnecessary risk for money to be stolen. The residents can receive their funds during office hours or choose to take care of their own funds.

2. 2600.33 U

This regulation states nothing about violation of contract. Does this mean we cannot ask a resident to leave if they violate the contract?

3. 2600.33 X

We encourage residents not to keep values in their rooms and we have them sign a release of responsibility form releasing us of responsibility if something is missing from their room. None of our residents or families have had a problem with this. How am I to know how much money some of our dementia residents have in their room or if they missed placed it (like threw it in the trash or down the toilet)?

4. 2600.53 A

How can I afford to pay someone with these qualifications? I and my co-administrator are currently receiving less than \$25,000 a year. (Both of us do have degrees.) How many people with these qualifications do you think will be will to work for that amount of money? Also do you think because they have a degree that they will be better administrators? You just need to love your job.

Solution: Let people who want to be administrators take the training, do the internship, and pass a test.

5. 2600.57 B

You have increased the training hours from 40 to 60 and the are requiring 80 hours of intership. This is very costly considering the cost of classes and time. This could deter people from even trying.

Solution: Reduce internship hours and give a test on the 60 hours of training.

6. 2600.57 E

24 hours of annual training for administrators - This will create a real hardship trying to find credited hours that can fit into my budget. Most training cost \$100 or more for 4 or 5 credit hours. That could cost me \$600 or more a year for my training.

Solution: Reduce annual training to 10 hours.

7. 2600.58 E

24 hours of annual training for direct care staff - we cannot afford to send 8 staff people outside for 12 hours of training. This could cost us \$2400 or more for training programs not to mention having to pay for the hours and mileage while they are at training. Also I need to pay for someone to cover the shift or shifts.

Solution: Reduce hours to 12 hours, 6 in-house and 6 out.

8. 2600.85 D

Covered trash receptacles in the bathrooms - Many of our residents would get confused on how to work the trash receptacles or just frustrated and throw the incontinence pads or trash on the floor or flush down the toilet. This would create a whole new problem and expense. We empty trash once daily and sometime more depending on soiled or wet incontinence pads.

Solution: Covered trash reseptacles in kitchen only.

9. 2600.102 A

One flushing toilet for six people - I think this regulation is degrading and insensitive to the needs of the elderly. I know if we had only four bathrooms in our facility, we would be spending a considerable amount of time cleaning up messes.

Solution: One flushing toilet for every 2 or less users.

10. 2600.107 4

Three days supply of drinking water - Where and how do you suggest we store 3 days of drinking water? Also what about water to flush toilets and bath?

Solution: Provision for this should be covered in the disaster plan.

11. 2600.107 5

Three days supply of resident medications - We have a system of a 2-week med exchange. The pharmacy brings us the new medications the day before we run out. Also some residents' families supply their meds and do not bring them until the day before or the day we need them.

Solution: Provisions for this should be covered in the disaster plan.

12. 2600.130 E

Equip smoke detectors and fire alarms for hearing impaired - What happens at night when the hearing impaired resident is sleeping? WE have smoke detectors in every room as well as in the hall. This would be a very expensive cost.

Solution: I have placed signs that read "FIRE!!! GET OUT!" in strategic locations so staff can use them
for fire drills.

13. 2600.141 A 7

Medication side effects - We cant' get the doctors to complete the current MA51 properly now. There is no way that they are going to include the side effects for every medication.

14. 2600.161 G

"other beverages offered to the residents every 2 hours" - Does this mean sleeping hours as well? We have a water mug in every residents room and they receive fresh water every morning and evening as well as when requested. We also pass other beverages in the mid-morning, with 8pm medications, and at meal times. I think every 2 hours is extreme.

Solution: Offer 2 other times beside meals.

15. 2600.182 G

Antiseptic and external use medications stored separately from oral and injectable meds - Does this mean that cough medicine and Tums must be stored in a separate area away from triple antibiotic ointment? If this is the case, we will need an additional room to store medications as required.

16. 2600.186 B 2

Possible side effects - If we need to keep the possible side effects of every medication in the med records of each resident, we will need a bookcase just for the medication records. This seems to be a waste of space and paper since it will be duplicating information.

Solution: Have a notebook arranged in alphabetic order of medication information sheets on all medications in use.

17. 2600.186 D

Medication refusals reported to the physicians by the end of the shift. Some doctors turn their fax machines off at the end of their office hours and would not appreciate receiving a page telling them that a resident has refused their medication.

Solution: Fax or call information to the doctor the next day that the doctor has hours.

18. Definition of immobile residents is too broad. All of our dementia residents could possibly fall into the category. Keep the existing definition as is.

19. Definition of restraint includes a chemical device. All our PRN medications such as ativan and risperdal could fall under this category but they were prescribed by a doctor for the purpose of controlling aggressive behavior. Therefore chemical restraint should be excluded from this definition.

20. Paper management is going to be overwhelming. You want written policies on:
- a. prevention, reporting, notification, investigation, and management of reportable incidents
 - b. job descriptions
 - c. management plans
 - d. staff-training plans
 - e. individual staff-training plans
 - f. resident appeal policy
 - g. emergency procedures
 - h. support plans
 - i. emergency medical plan
 - j. driver transportation info

We will have to hire extra staff in order to keep up with the extra paperwork not to mention the extra load put on our inspectors.

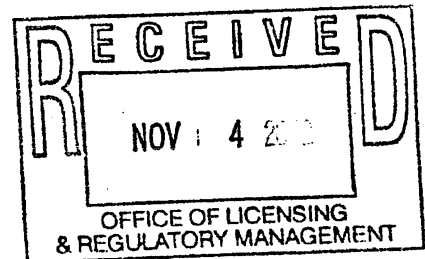
Thank you for your time and consideration.

Sincerely,

Rose M. Bolich

Rose Bolich, Administrator
cc: Rep. George Kenney, Jr.
Rep. Frank Oliver

Sen. Hal Mowery
Sen. Timothy Murphy



Original: 2294



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2002 NOV -8 AM 9:17
THE NEW JERSEY STATE DEPARTMENT OF TREASURY

November 1, 2002

Teleta Nevius
Department of Public Welfare
316 Health Welfare Building
P.O. Box 2675
Harrisburg, PA 17101-2675

RE: Proposed Personal Care Home Regulation Comments

Dear Ms. Nevius:

Country Meadows (George M. Leader Family Corporation), representing approximately 2200 beds in the State of Pennsylvania respectfully submits the attached comments on the draft personal care home (PCH) regulations.

We have attached a document that identifies the areas of concern in relation to our facilities and, in some areas, other known providers in the state.

We are aware of the DPW Advisory Committee and the Subcommittee Task groups who have been working long hours with all interested parties involved, to create common ground ideas in response to the initial draft which was provided in the Spring of 2002. We would encourage continued discussions with all interested parties going forward until such time that the final proposal is made.

We are supportive of all recommendations set forth in the document submitted by CALM including the general observations and comments dealing with:

- Economic or fiscal impact;
- Protection of the public health, safety and welfare and the clarity, feasibility and reasonableness of regulation;
- Questions as to the regulation representing a policy decision of such a substantial nature that it requires legislative review.

In closing we appreciate this opportunity to comment and look forward to continuing this collaborative effort.

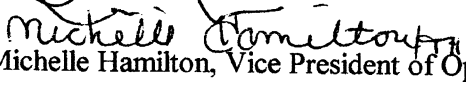
Sincerely,



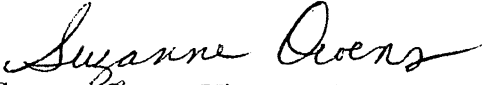
Michael Leader, CEO Country Meadows



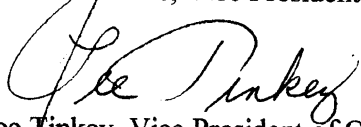
David Leader, COO Country Meadows



Michelle Hamilton, Vice President of Operations



Suzanne Owens, Vice President Operations



Lee Tinkey, Vice President of Operations and Quality Assurance

Cc: Robert E. Nyce, Executive Director IRRC
Members of the Senate Public Health and Welfare committee
Members of the House & Human Services Committee
Other Interested Parties

Response to proposed DPW regulation 2600 from Country Meadows

Section of regulation in question	Comments regarding concerns in regulation	Suggested change to regulation
2600.27 Quality Management	This is too prescriptive in its verbiage and could also be overwhelming to smaller providers	We recommend that the facility be able to determine what quality management means to their facility based on size and levels of care. Such a determination may or may not include the areas stated in proposal.
2600.41 Residents Rights (u) reason resident can be asked to leave PCH (x) regarding stolen or mismanaged resident money	(u) We feel there needs to be an addition to the reasons provided to ensure the rights of others as well. (x) It is a concern that not all residents or families may be accurate as it relates to their finances.	(u) Add "Violation of house rules and/or violation of other residents rights" (x) We feel the words "proven to be" must appear in the sentence so as to protect the provider and residents.
2600.59 Staff Training Plan	We feel the detail to which this proposal goes is far too cumbersome for all providers and will not result in a higher quality of care – this was also discussed in the DPWAC task force and agreed to be excessive.	Keep the first paragraph with the same modifications as explained by CALM and delete 1 through 4.
2600.60 Individual Staff Training Plan	Same as above	Delete the entire section
2600.130 Smoke Detectors and Fire Alarms (F)	Testing <u>all</u> smoke detectors and fire alarms monthly – the amount of noise and volume of work involved in a large building does not equal the benefit.	Change "at least monthly" to once "annually".
2600.61 Nutritional Adequacy (f) Therapeutic diets shall be followed and documentation retained on resident record	We feel that a facility can not assure that a resident will follow a therapeutic diet since they also have rights that contradict this portion of the proposed regulation.	We suggest that any special diets be made available for residents, but that the facility not be held responsible if they do not follow it.

Response to proposed DPW regulation 2600 from Country Meadows

Section of regulation in question	Comments regarding concerns in regulation	Suggested change to regulation
<p>2600.201 Safe Management Techniques (a) use of positive interventions (b) specific quality improvement for this item</p>	<p>The items mentioned in 2600.201 (a) are appropriate methods in dealing with behaviors, but it is uncertain as to how DPW would regulate this area for compliance.</p>	<p>We suggest that 2600.201 (a) be reconsidered as an actual regulation and 2600.201 (B) be totally eliminated.</p>
<p>2600.225 Initial Assessment and the Annual Assessment (a) 72 hour required time period for assessment</p>	<p>Based on the data required under 2600.225 (a) and (b), 3 days may not be enough time to fully complete – even in a nursing facility 5-7 days are given to accumulate such data.</p>	<p>We recommend that 5-7 days be the appropriate time frame to complete the information requested in the proposed regulation for the initial assessment.</p>
<p>2600.225 continued (b) coordination of persons in attendance at service plan meeting (c) documentation of efforts to involve resident or family in service plan (e) documentation of why family or resident would not sign service plan</p>	<p>These proposed regulations are excessive and do not relate to the accuracy or the quality of the service plan. Items such as these related to documentation of a non-direct care activity only provide more possible areas of non-compliance due to the inability to control all parties involved.</p>	<p>We recommend that these items be removed from regulation. If a facility wishes to go to this extent it should be their decision and not a regulation.</p>
<p>2600.231 Door locks and alarms (l) building standards</p>	<p>There is no language regarding grand fathering of current facilities.</p>	<p>Indicate in 2600.231 (l) that such items will be grand fathered.</p>
<p>2600.239 Programming Standards for Secured Units (l) activity programming expectations</p>	<p>The proposed regulations are very general and would be very difficult to measure compliance. Too subjective of a decision for the surveyor to determine with consistency.</p>	<p>Subparagraph (l) should be eliminated.</p>



Original: 2294

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Association of Personal Care Administrators

PO Box 88

Mifflinburg, PA 17844

Phone and Fax 1-800-375-5993

Handled With Care

The First Statewide Association for Personal Care Administrators

Fax Cover Sheet

Send To: Company Name OLRM

From Heather Hein

Attention Pat Shockless

Date 11/1/02

Fax number 717-705-6955

Fax number 800-375-5993

Urgent Reply ASAP Please comment Please review For your information

Total pages, including cover: 6

Comments: Comments on PCH's Regulations
Please let me know you
received these.
Thanks
Heather

NOV 01 2002
11:00 AM
1-800-375-5993

**Association of Personal Care Administrators
PO Box 88 Mifflinburg, PA 17844
1-800-375-5993**

To: Office of Licensing and Regulatory Management

Re: Comments to the PCH Published Regulations

Date: November 1, 2002

Hello,

Enclosed are comments and suggestions regarding the Draft Regulations for Personal Care Homes. If you would have any questions/comments please feel free to contact us at the above number.

Sincerely,

Heather Hain, APCA Adm. Asst.

Association of Personal Care Administrators
PO Box 88 Mifflinburg, PA 17844
1-800-375-5993

Staff Training -- 2600.58

Direct Care staff required to have 24 hours of training annually.

Issue: The cost of 24 hour annual training for direct care staff would be a tremendous burden personal care homes, especially the small homes. Would create an increase in charges for care, those whom on SSI would not be able to afford those costs. CNA's working in a nursing home only need 13 hours of annual training.

Recommendation: Newly hired direct care staff should receive 24 hours of annual training in their 1st year, relating to their job duties and 12 hours annually thereafter. Current direct care staff should receive 12 hours of annual training.

Building -- Emergency Numbers -- 2600.91

Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, and personal care home hotline number shall be posted on or by each telephone with an outside line.

Issue: Current guidelines are sufficient; all these numbers should be posted in a conspicuous place within the home. 911 numbers are already widely abused by some resident's. If there is an emergency that would not allow a person to get the other numbers, they would be dialing 911.

Recommendation: 911 shall be posted on or by each telephone with an outside line, numbers for the nearest hospital, police department, fire department, ambulance, poison control and personal care home hotline shall be posted in a conspicuous place within the home.

Association of Personal Care Administrators
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Indoor Activity Space - 2600.98 (b)

The home shall have at least one furnished living room or lounge for the use of residents, their families and visitors. The combined living room or lounge areas shall be sufficient to accommodate all residents at one time. These rooms shall contain a sufficient number of tables, chairs, and lighting to accommodate the residents, their families, and visitors.

Issue: The way this is worded sounds as if a mansion is needed, it allows for a wide variety of interpretation among the department. There are very few facilities that would have the space available to accommodate every resident, their families and visitors. It is unrealistic to have this in place.

Recommendation: Keep current regulation 2620.53 (q)

Indoor Activity Space - 2600.98 (c)

The administrator of the home shall develop and ensure that the activities program is designed and implemented to promote each resident's active involvement with other residents, the resident's family, and the community.

Issue: Wording of the administrator of the home shall develop.

Recommendation: The administrator/designee shall develop an activities program. The administrator shall ensure that it is designed and implemented to promote each residents active involvement with other residents, the resident's family and the community.

**Association of Personal Care Administrators
PO Box 88 Mifflinburg, PA 17844
1-800-375-5993**

Resident Bedrooms – 2600.101 (k) (1)

A bed with a solid foundation and fire retardant mattress that is in good repair, clean, and supports the resident.

Issue: Some resident's like to bring their own mattresses, it would seem that we would be violating their rights if we did not allow them to bring their own. The cost of these would be high, since all mattresses would need replaced.

Recommendation: Keep the Chapter 2620.53 (i) Regulation, it is sufficient.

Resident Bedrooms – 2600.101 (k) (2)

A mattress that shall be plastic-covered if supplied by the home.

Issue: Change of wording, plastic covering is completely uncomfortable for some.

Recommendation: A mattresses that shall have a moisture barrier, if supplied by the home.

Resident Bedrooms – 2600.101 (l)

Cots and portable beds are prohibited

Issue: Cots and/or portable beds are fine to use for staff or family members of staff.

Recommendations: Cots and portable beds are prohibited for resident use.

**Association of Personal Care Administrators
PO Box 88 Mifflinburg, PA 17844
1-800-375-5993**

Resident Bedrooms – 2600.101 (x)

There shall be a minimum of one comfortable chair per resident per bedroom. The resident shall determine what type of chair is comfortable.

Issue: Homes would consistently be purchasing new chairs at a open value to meet the residents comfort. There has to be some limit on this.

Recommendation: The resident shall determine what type of chair is comfortable which is provided by the home.

Medications – 2600.181 (e)

Issue: This would encompass at least 75% of resident's in personal care homes who would Not be capable of self – administration. In other words most homes would need an Nurse on duty 24 hours a day. This is not financially feasible!!

Recommendation: Development of a medication certification program for all employees.

YINGST
HOMES INC.

Original: 2294

Forrest N. Troutman, II
General Counsel

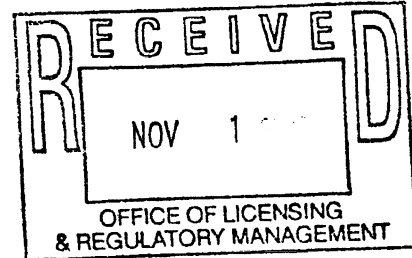
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November 1, 2002



Sent via Hand-Delivery

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

RE: Comments, Suggestions, or Objections to Proposed Rulemaking
Personal Care Home Regulation, 55 Pa. Code, Chapter 2600

Dear Director Nevius:

This letter contains comments, suggestions, or objections to the proposed Personal Care Home Regulations to be codified at 55 Pa. Code, Chapter 2600, which are made on behalf of Grayson View, Inc., a Yingst family assisted living facility owner and operator of two facilities in Pennsylvania. These comments, suggestions, or objections are presented to you after thorough review and discussion of the proposed regulations by and among the Administrators of our facilities, the corporate owners and officers, and the undersigned counsel. We take serious the opportunity to provide these comments, suggestions, or objections to you as part of the public comment period and it is our hope they are received accordingly.

An overriding theme of concern from our discussions and review of the proposed regulations is what will be the cost, at the facility level and ultimately at the individual resident's level, to implement these proposed regulations. A categorical summary of proposed cost impact appears in the preamble to the proposed regulations under the "Private Sector" heading. The projected cost impact to the Personal Care Home Providers, as stated therein, seems to gloss-over what we believe to be a significantly higher actual cost. This is especially true with respect to the additional training requirements, not only from the aspect of the person required to receive the training, but also from the aspect of promulgating and administering the requisite training program in a way that is consistent and uniform across all homes in the Commonwealth. It is yet to be seen that there will be no cost to the general public, as stated therein, but causing the resident rates to rise in an already tight market will clearly have a calculated effect on the general public.

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Speaking in more specific terms, the following comments, suggestions, or objections are lodged at particular sections of the proposed regulations as indicated by section number:

§2600.4 – Definitions

Life care contract/guarantee. This definition needs to incorporate language that such lifetime care will be provided subject to certain terms and conditions stated in the agreement. We believe this change is necessary for clarification and to avoid the interpretation that such agreements are unconditional.

§2600.16 – Reportable Incidents

Subsection (a)(17) requires the home to report criminal convictions occurring subsequent to the most recent criminal history check. In practical terms, how is the home supposed to acquire such information? Is there going to be a duty created on behalf of law enforcement or the court system to notify a particular home or an agency if a conviction is handed down against an employee that works for a home? Does this subsection purport to create a duty on the part of the home that extends beyond the criminal history checks already required? This subsection causes concern to the extent it creates a new duty on the part of the home to investigate and the potential problems which could result from a failure to discover certain criminal convictions even where a specific inquiry was conducted. An easy solution would be to require such reporting by the home only "when they become aware" of the subsequent conviction since there is no mechanism for the home to be made aware as a matter of course, and it seems unrealistic to rely on the employee to communicate his or her conviction to the home. It would also be preferable to specify that the home has no duty to "make itself aware" beyond conducting the already required criminal history checks.

§2600.17 – Confidentiality of Records

The requirements of this section, including the ability for the resident to "consent around" the confidentiality, need to conform with HIPAA legislation because of its comprehensive aim at protecting privacy issues. The language should also be clarified to indicate that it is the home, as an entity, to which this duty of confidentiality applies thereby allowing the internal disclosure among and between staff members at the home instead of creating the need for a resident's consent each time the records are reviewed internally by staff members. As a practical solution, it is most likely that such consent will be sought at each admission and incorporated into the admission agreement.

§2600.20 – Resident Funds

Subsection (b)(4) places an unreasonable standard on the home to deliver these funds by (1) requiring only 24 hours to produce funds above \$10.00 and (2) requiring the services to be available to the resident on a daily basis. Practically speaking, a resident's request at some point

on a Saturday for funds in excess of \$10.00, could require a visit to a bank or other financial institution for delivery back to the resident on Sunday, and most banks and other financial institutions are not routinely open on the weekends, especially not on Sunday. The language should be modified to allow the home some flexibility. For example, for funds in excess of \$10.00, the language should be modified to allow the home to create and publish to the resident certain "windows of opportunity" limitations for the resident to make a request to the home for funds in excess of \$10.00 and authorize the inclusion of such limitations in the admission agreement (*e.g.*, funds in excess of \$10.00 will be available between the hours of X and X, Monday through Friday).

§2600.26 – Resident-Home Contract; Information on Resident Rights

Subsection (3) allows the resident the right to rescind the admission agreement for 72 hours after signing provided such rescission is communicated to the home in writing. This section should have language added to provide the resident the obligation, upon rescission, to provide the home reasonable payment for its services provided to the resident up to the effective date and time of the rescission. To not allow the home to recover such reasonable compensation could force homes to impose a 3-day waiting period for all residents which is not in the best interest of the residents and contrary to the goal of the industry.

§2600.41 – Notification of Rights and Complaint Procedures

Various subsections in this section 41 (and in other sections of the proposed regulations) refer to the phrase "resident's family and advocate" yet, those terms are not defined. The term "designee" is defined and probably could be used in place of the term "advocate" and its definition could be expanded to include, but not require it to be, someone in possession of and named in a valid power of attorney instrument. The term "family" is quite encompassing and in its broadest sense could refer to any number of persons. This uncertainty presents situations under these proposed regulations where a home would be unable to comply in the practical sense for it would never know if all the family members had been included. Further, with respect to sharing of information, such uncertainty creates tension and is inconsistent with the HIPAA regulations on privacy. A solution may be to add language that would define the term "family" where used in the proposed regulations to include only those persons named and authorized by the resident in writing.

§2600.42 – Specific Rights

Subsection (j) provides the resident the right to receive assistance in obtaining clothing yet, it does not specify from whom the assistance is to come. The home should not be providing these clothes and should not be determining what the resident wants to wear (*i.e.*, "age and gender appropriate" is too subjective and does not respect the resident's own desires).

Subsection (k) provides the resident, and the elusive and undefined resident's family and advocate, the right to access, review and request modifications to the resident's record.

Notwithstanding the fact that the term "resident's record" is not defined in this subsection, it is believed this refers to the resident record as described in §2600.251, which is to be on a standardized form promulgated by the Department. This subsection is most problematic in that it purports to allow modification of a record that the home is obligated to maintain. It is not clear whether the home is required to make any requested modification. Additionally, this sharing of information with the undefined group of family members is not consistent with HIPAA regulations. This appears to present a daily source of problems and provides no guidance for the home. The language should be modified to require the person requesting access and review to have secured and present to the home written authorization from the resident to that effect. Also, if the "request modifications" language is not deleted, it should be supplemented to make clear the home is not obligated to make any such requested modification, only make note of the request, since it is the home that is obligated to maintain the record.

Subsection (x) imposes an obligation on the home to pay the resident for any money stolen or mismanaged by the home's staff. This subsection is a breeding ground for dispute for the most fundamental reason that it requires no standard of proof. As a practical matter, residents in these homes often "misplace" money and things and claim they are stolen, etc., when in reality they are later discovered in the resident's room. The home provides care to the residents and any determination of a crime should be left to the criminal law. Accordingly, this subsection should be deleted.

§2600.54 – Staff Titles and Qualifications for Direct Care Staff

Subsections (1) and (2) work to eliminate the use of high school students participating in a bona fide cooperative vocational training program as staff members. There should be a subsection added to allow such practice as an exception to these subsections. The vocational training program is a vital resource for the employers (homes) and also for employees (student learners). Adding this exception language will ensure the future of this relationship and the training program which serves to replenish what some consider to be a shrinking pool of qualified workers.

§2600.56 – Staffing

Subsection (i) purports to grant the Department authority to circumvent and enlarge upon the staffing requirements without providing for any standard in making such a determination and without providing the home any procedure to challenge such a determination. There is also concern that such a determination coupled with an equally arbitrary compliance date could be used to effectively shut down a home that is otherwise in compliance. If this broad power is to be reserved, it should contain language to temper the arbitrary exercise of such power by defining a procedural mechanism and objective standards to be applied.

§2600.57 – Administrator Training and Orientation

This section 57 refers to the phrase "department-approved competency-based training" which appears to be fairly comprehensive in design. Have these programs been developed? Are there going to be a flurry of "training" organizations and consultants in the marketplace and will that event cause the Department to increase its staff or create a new section of persons responsible for oversight and regulation of this sector of individuals? Finally, there is no delay in the effective date of this section 57 and thus, there needs to be language added to require the Department to notify the homes and administrators when such training is available and by whom. Further, those homes desiring to hire replacement administrators immediately after enactment of these regulations will be unable to do so without the training in place. There is no "grandfathering" language and this fact, and this section, will no doubt result in a significant cost to the homes.

§2600.58 – Staff Training and Orientation

This section 58, also like section 57, requires extensive training which will have a significant cost impact to the home. Unlike section 57, this section 58 has a one-year delay in the effective date (at least for a portion of the section), presumably to allow for the training to be promulgated and disseminated. The language requires the person being trained to "pass" the training, suggesting that some testing is to be required. Yet, this training and testing thereof are not "Department-approved" and are likely not to be promulgated by the Department. Thus, in practice, this will be an unenforceable situation at best, or will at least put the home in an indefensible position if the Department were to allege that such training being provided did not meet the requirements of this section. Lastly, this section does not state who is authorized to provide this training and/or if the home can provide it in-house, and it does not provide any mechanism to standardize the curriculum to be used.

Specifically, subsection (h) speaks to the ability for training received at one home to satisfy all or part of the training requirements, subject to certain conditions (*i.e.*, written verification, etc.), when that person is employed at more than one home or at different homes. For lack of better term, subsection (h) could loosely be referred to as the "training portability" subsection. To ensure that portability, it is suggested that the records required to be kept on file at the home pursuant to subsection (j) be required to be completed in duplicate (or a fully executed copy) and furnished to the staff member simultaneously with placing it into the staff member's record. Thus, the added language to effect this goes in subsection (j) even though subsection (h) is the portability section. Further, when considering this portability it becomes even more incumbent upon the process that the records be kept in a uniform manner and that could be more easily achieved through Department-based forms. For example, subsection (j) requires the *content* of the course as one of the elements in the record and it would serve the means of subsection (h) if that content were described the same regardless of the home at where the training were received. By way of illustration, if staff member A receives training at one home for topic "(f)(7)(iv)-conflict resolution" the record should list "Conflict Resolution" as the topic and not "Dispute Resolution" (or some other variation) because while it may actually be the

same content, describing it differently would perhaps cause the second home to believe the newly hired staff member did not have the required Conflict Resolution training and thereby cause the second home and the staff member to duplicate this aspect of the training. Worse yet, without the uniformity such differences in describing content may work to exclude potentially qualified job candidates from open positions.

§2600.59 – Staff Training Plan

Once again, this section will have significant cost impact to the home. Also, without more guidance from the Department, in terms of sample forms for the questionnaires, etc., the implementation of such a broad requirement will likely vary greatly from home to home. Further, there is no delay in effective date for this section and it should stand to reason that creating such a program will take time and effort and will not be in place on the date the final version of these regulations are complete. Also, the same inconsistency issues will cause enforcement problems and disputes without more guidance and resources from the Department.

§2600.60 – Individual Staff Training Plan

As stated before, there should be a delay in the effective date for this training to allow time to promulgate, test, and develop a training plan to meet the requirements of this and the other similar sections.

§2600.91 – Emergency Telephone Numbers

This language needs to be modified to exclude the home from "posting on or by" resident's telephones in the situation where the home is not providing such telephones. In our facilities, a resident can acquire a phone and phone service completely without the home's knowledge. Yet, under the proposed regulation an inspection might reveal such resident's phone without the requisite "posting on or by" resulting in a violation for the home. This is a situation whereby the home could be held liable for that which it cannot control without infringement on the rights of its residents. Language in this section should be modified to require the home to "provide" such emergency numbers to the resident and to "post on or by" only at facility controlled phones.

§2600.94 – Landings and Stairs

Although under this section's heading, subsection (b) requires non-skid surfaces on all interior walkways which, conceivably, includes all walking surfaces. It is not clear what level of non-skid surfaces are being required, but whatever the case will undoubtedly create a significant cost impact to the home depending on existing surfaces. The term "walkways" should either be defined or language added to exclude floors and hallways from application of this section or, in the alternative, "grandfather" existing floors and limit application to new construction.

§2600.98 – Indoor Activity Space

Subsection (b) is completely unworkable and unenforceable as written. Clarification needs to be added by making the word "room" plural to read "combined living rooms or lounge areas shall be sufficient to accommodate all residents at one time" because without it the terms "room" and "lounge" appear to be mutually exclusive. It is the last sentence in this subsection that renders the entire section unworkable and without standard. "These rooms shall contain a sufficient number of tables, chairs and lighting to accommodate the *residents, their families and visitors.*" (*emphasis added*) Clearly, without the term "family" being defined this number is not quantifiable. The term "visitors" is so completely unquantifiable that a home could never be designed to accommodate the appropriate number. This language needs to be tailored to a definable standard. For example, fix the number of family members and visitors for each resident which would then give non-arbitrary standards for the size of these areas.

§2600.100 – Exterior Conditions

Subsection (b) should be modified to allow the home to restrict access to the "recreational" areas when snow and ice are present. The practical aspect is that once walkways, ramps, and steps are cleared of these obstacles most persons are interested in going indoors. Another suggestion may be to leave it mandatory with respect to walkways, ramps, and steps, and add "only when possible and upon request" language to apply to recreational areas.

§2600.101 – Resident Bedrooms

Subsection (k) requires "plastic-covered" mattresses and should be modified to require mattress covers that provide protection against bio-hazards. Practically speaking, most people do not desire to sleep on plastic.

Subsection (r), to the extent it requires a comfortable chair is reasonable, but the language requiring the home to provide a chair that the resident determines is a "comfortable" chair is unworkable and will lead to increased costs for homes. Homes must operate with the benefit of economies of scale and providing furniture for the home is no exception to this rule. The language should be modified to delete the sentence which empowers the resident to make the determination of whether a chair is comfortable, or at least specify that the resident may choose to have a substitute chair at the resident's sole expense.

§2600.102 – Bathrooms

Subsection (g) purports to require that individual toiletry items be provided to the resident (*specifically including* toothpaste, toothbrush, shampoo, deodorant, comb and hairbrush). The language fails to state to whom this requirement is aimed which should be made clear. We believe that responsibility should belong to the resident. It is not the practice at our facilities to provide such items and to do so will be costly, confusing, and may likely be viewed as not being resident-friendly. One need only go to the appropriate aisle in the local grocery store

to witness the extensive choices available for such items and without the ability to purchase in bulk, forcing all residents to use common products, this requirement is not cost-effective.

Subsection (i) requires a dispenser for soap and prohibits bar soap unless labeled. Notwithstanding the practical problem of labeling an ever-shrinking bar of soap, this requirement fails to consider the cost or the resident's desires. This language should be modified to be applicable only where semi-private conditions exist, and only then out of concern for disease control and safety, because as a practical matter, residents would prefer their own brand and form of soap.

§2600.104 – Dining Room

Subsection (b) should be modified to allow for the use of non-disposable plastic glasses. In practice, glassware is broken frequently resulting in a safety hazard and increased cost.

Subsection (d) purports to require "adaptive" equipment, when necessary, to assist residents in eating at the table, but fails to place the burden of cost for such equipment. To the extent that a resident has such equipment, the home should be required to assist the resident by providing such resident-owned equipment at the dining table, but the home should not be required to purchase and provide such equipment at its own cost.

§2600.105 – Laundry

Subsection (g) should be modified to require that lint screens be used on automatic clothes dryers because, as written, there is no way for the home to police and satisfy the standard that "all lint" be removed from "all clothes" as a fire-safety technique.

§2600.109 – Firearms and Weapons

This section appears to be designed to discourage firearms, weapons and ammunition from the premises of the home – a position we support. However, language needs to be added to define the term "weapons" either by reference to another statute or within this statute directly. In today's climate there may be some difference of opinion as to the definition of this term. Clarification will ensure the protection of the rights and safety of the residents and the homes.

§2600.129 – Fireplaces

Subsection (b) should be modified to exclude applicability to fireplaces fueled strictly by natural gas and without chimneys (*i.e.*, those not capable of burning wood, coal, or other fuels).

§2600.130 – Smoke Detectors and Fire Alarms

Subsections (a) and (b) should be modified to address the placement of smoke detectors inside the bedroom in addition to those in the common areas or hallways.

Subsection (f) requires monthly testing of smoke detectors and fire alarms. At our facilities the smoke detectors and fire alarms are maintained by a professional monitoring service. It is suggested that in such circumstance where a professionally installed and monitored system is in place (as opposed to do-it-yourself, battery-operated detectors and alarms) that such testing be required only annually.

§2600.131 – Fire Extinguishers

Subsection (e) requires fire extinguishers be kept in "locked" cabinets in certain circumstances. According to our local Fire Marshall, this should read "unlocked" cabinet for safety purposes.

§2600.132 – Fire Drills

Subsection (d) requires residents be able to evacuate the entire building, or to a fire-safe area, within 2 ½ minutes or "within the period of time specified in writing within the past year by a fire safety expert." Our local Fire Marshall supports our position that we cannot possibly comply with the 2 ½ minute standard. The problem then becomes finding a person that would be willing to state a different time. The 2 ½ minute standard illustrates the difficulty of a Department-mandated time frame being utilized. The language should be modified to set a standard based on various factors including, but not limited to, number of residents, and size and design of the home's structure. It may also be helpful and necessary to include language that "calculation of evacuation time by a fire safety expert does not, by itself, subject such fire safety expert to liability for later injury to persons unable to evacuate within such calculated time"; or language to that effect.

§2600.171 – Transportation

The staffing ratio stated in subsection (a)(1) when referring to §2600.56 is not functional because section 56 relates staffing ratios to total personal care service hours. This standard is not applicable in a vehicle. Language in this section should be modified to base this ratio on the number of residents being transported, the capacity of the vehicle, or other objectively determinable factor or combination of factors.

§2600.225 – Initial Assessment and the Annual Assessment

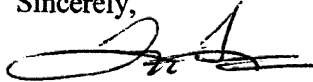
Subsection (a) requires such assessment to be made on standardized forms provided by the Commonwealth (presumably the Department) and the requirements have been enlarged. There needs to be added a delay for effective date after final regulations are in place to allow for the new forms to be provided.

Globally speaking, after going back through the proposed regulations and the above comments, it is suggested that incorporating a delay for effective date for the entire regulation

may be the best approach, for then clarity and uniformity could be achieved by inserting a single section at the beginning of the chapter. The alternative may be to have a mandate to the enforcement officers that no penalty beyond a warning would be levied against a home during this first year after enactment of the final regulations. Another, yet less attractive alternative, is to allow the enforcement officer to set a particular effective date or compliance date for each home on a case-by-case basis upon the discovery of non-compliance (not to exceed one year from enactment of the final regulations), until which officer-set date there would be no penalty assessed or other administrative action taken against the person or the home, etc. The obvious problem with this last approach is the opportunity for the inequitable treatment from home to home. The point is that there are many sections throughout these proposed regulations which will require time and effort to fully implement from the perspective of both the home and the Department. It would be helpful for all involved if the homes could expect that the Department would view the inspections during this first year as a tool to aid in compliance (and not as a penalty), and even provide the homes with guidance and possibly the necessary forms to get that home in compliance. The overriding goal should be compliance and not penalties or violations.

Again, our timely submission of the foregoing comments, suggestions, or objections is provided during this public comment period for your review and consideration in preparation of the final-form rulemaking. If there are issues or comments stated above which are not clear or if you simply want to discuss any of the proposed regulations or comments further, please feel free to call me.

Sincerely,



Forrest N. Troutman, II

c Representative George Kenney, Jr. (Chairman – Majority)
Representative Frank Oliver (Chairman – Minority)
House of Representatives
Box 202020
Harrisburg, PA 17120-2020

Senator Hal Mowery (Chairman)
Senator Timothy Murphy (Vice Chairman)
Senate Public Health and Welfare Committee
Senate Post Office
Main Capital Building
Harrisburg, PA 17120

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

14-475 (515)

November 1, 2002

Teleta Nevius Director
Office of Licensing & Regulatory Mgt.
Dept. of Public Welfare
Room 316 Health & Welfare Bldg.
P.O. Box 2675
Harrisburg Pa 17120

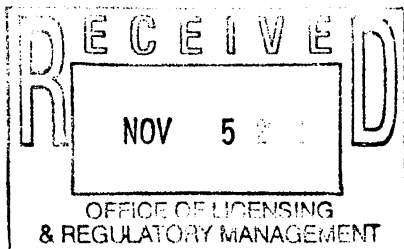
Director Nevius:

I recently attended an informational meeting on the proposed rules & regulations for Personal Care. I am asking you to reconsider the present draft. I at one point had my mother in a Personal Care Facility, she received the best of care in a loving home like environment. She definitely was not Nursing Home material.

Please reconsider what you have proposed. Thank you for considering that not all residents have the resources to pay for the increases they would be required to pay or go to Nursing Homes.

Sincerely,

LaWave Trudgen



Original: 2294

14-475
471



SUNRISE
ASSISTED LIVING®
NATIONAL OFFICE

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

November 1, 2002

Dear Ms. Nevius:

Thank you for the opportunity to review and comment on the proposed rulemaking for Personal Care Homes.

Sunrise Assisted Living currently owns or manages 14 communities in Pennsylvania. We are very proud to be serving the citizens of this state and look forward to working with you to meet the long-term care needs of the state's elderly.

We are very supportive of the proposed Personal Care Home regulations, and applaud the Department for their efforts. We offer the following comments for your consideration.

2600.26 Resident Home Contract: Information on Resident Rights

The following requirement needs clarification: "(x) a statement that the resident is entitled to at least 30 days advance notice, in writing, of the homes intent to change the contract." The statement needs to clarify that if a resident has a need for a higher level of care, advance notice is not required and the resident/family will be billed as soon as the additional care is provided.

2600.29 Refunds

d) The next to last line should be changed to within 30 days of when the room is vacated. Even in the case of death, if the room is not vacated of personal belongings, a refund cannot be provided.

2600.53 Staff Titles and Qualifications for Administrators

We recommend adding an option under possible "list of administrator qualifications"

5) Twelve months experience working in a Personal Care Home or related field experience.

The reason for this recommendation is to allow for the internal promotion of personal care workers who may not meet the other higher educational qualifications but have equally if not more valuable experience working in the home.

2600.54 Staff Titles and Qualifications for Direct Care Staff

We recommend clarification on definition of "non-direct care" staff. For example, we would still want the opportunity to employ staff under 18 years of age for such positions as meal servers, dishwashers, etc.

We oppose the requirement that all direct care staff have a high school diploma or GED. Many direct care workers who are exceptional care managers did not have the opportunity to complete high school and should not be required to pursue the GED as a condition of employment. A person's ability to successfully perform a job is not always dependent on diplomas.

2600.56 Staffing

a) The requirement that "at minimum each mobile resident shall receive an average of one hour of personal care service per day" needs further clarification. There are some residents who move into personal care homes

for the companionship and amenities such as meals, housekeeping and laundry but do not need any personal care services. The regulations should reflect that the minimum care hours should be based on determination of resident need.

2600.57 Administrator Training Orientation

- d) We recommend eliminating the requirement for an 80-hour competency based internship. Requiring the administrator who has already taken a competency based training to be tested again for competency seems duplicative and excessive.

2600.58 Staff Training and Orientation

We support the orientation requirement for staff prior to working with the residents. However, we have some concerns with the other training requirements.

- The time frame for completion of the comprehensive training required in (c) should be changed to within the first 90 days of employment. The training will be more meaningful if spread out and provided in tandem with shadowing and other on the job training.
- In addition, we recommend eliminating the requirement that the training be competency based. The training should be a positive experience for growth and learning without fear of passing a test.
- Twenty-four hours of annual training specified in (e) is excessive after the first year. A more realistic requirement would be twelve hours per year.
- The list of training topics may not be relevant for all direct care staff. Numbers three and thirteen regarding medication should only apply to staff involved in medication assistance. CPR and First Aid training should not be a requirement for all direct care staff, but rather the home's responsibility to make sure at least one staff member on each shift is CPR/First Aid trained.

2600.59 Individual Staff Training Plan

The Personal Care Home regulations are very specific on type of training required for staff in section 2600.58. In addition, most assisted living providers have specific training goals and requirements for staff. Therefore, an annual individualized staff-training plan for each employee is not necessary.

2600.91 Emergency Phone Numbers

Emergency phone numbers should be posted in key locations in the home for staff to readily access. However, it would be impossible to ensure that the numbers were posted by every resident's phone. In an emergency, residents would call 911.

2600.101 Resident Rooms

(k)(1) After the words "solid foundation," add "or box spring." Beds requiring solid foundations usually equate to hospital metal frame beds.

2600.105 Laundry

- g) "home shall ensure all lint is removed from clothes," do you mean clothes dryer?

2600.107 Internal and External Disasters

Requiring homes to maintain at least a three-day supply of all resident medications is not possible with all pharmacies. We suggest requiring the home to provide a policy for obtaining medication during emergency or disaster situations.

2600.228 Notification of Termination

An additional reason for termination should include residents who are non compliant with home rules and regulations.

2600.231 Doors, Locks, Alarms

- 4) "Doors that open into the enclosed area may not be operated by an electronic or magnetic locking system or similar devise." We recommend adding to the sentence "unless the device is only activated after dusk and during inclement weather."

2600.235 Discharge Standards

This standard should be consistent with section 2600.228. The 60 day advance written notice if a home initiates a discharge or transfer of a resident should be 30 days, and include language that the 30 day advance notice may not be given if delay would jeopardize the health or safety of the resident or others in the home.

2600.236 Administrator Training

We recommend eliminating the requirement that 2) ongoing education shall be "competency-tested training." Ongoing education should be an opportunity for staff development and growth without worry or fear of having to be tested on the material.

2600.237 Staff Training on Dementia

We recommend eliminating the requirement the training be competency-based training for the same reason as stated above.

2600.252 Content of Records

The requirement that record of incident reports be included in the individual resident file should clarify that only incident reports required to be sent to the department under reportable incidents, Section 2600.16, need to be kept in resident files.

Thank you for the opportunity to provide comments.

Sincerely,



Maribeth Bersani
National Director of Government Affairs

Teleta Nevins, Director
Dept. of Public Welfare
Room 316 Health and Welfare Bldg
P. O. Box 2675
Harrisburg, Pa. 17120

Original: 2294

14-475
349

Dear Teleta Nevins:

I am not in the habit of writing or calling members of the state or local government, but at this time I feel COMPELLED to do so. I have an elderly sister who is in an Assitated Living Home. This home provides a steady controlled envrionment and supervised care for my sister, though not critically ill, does need a small amount of help and supervision.

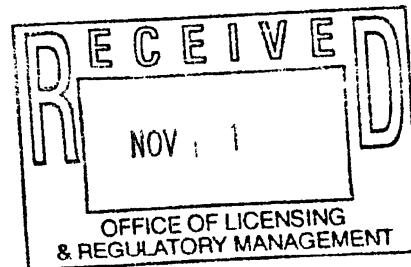
I am informed that some new pending regulations could put this care beyond her reach financially. She has never been married and therefore has NO family to take care of her. I myself live in a small two room apartment --living on Social Security and would not be unable to care for her.

I am hoping this letter will enlighten you to the proposed changes and you WILL DO YOUR PART to help keep Personal Care Homes affordable and NOT HAVE TO HAVE THEM CLOSE THEIR DOORS.

Sincerely yours, *Melva Tomb*

Please send copies, to: Independent Regulatory Review
333 Market St. 14 th floor
Harrisburg, Pa. 17101

Harold F. Mowery, Jr. Chairman



Melva Tomb
759 Maple St. Apt. 6
Indiana, PA 15701



*Teleta Nevins, Director
Dept. of Public Welfare*

14-475 (485)

Original: 2294

Proposed Regulations CH.2600
STONE BROOK MANOR
P.O. BOX 606 - ROWE RD.
MANOR, PA 15665
PHONE: 724-863-0802 (Office) 724-863-4937 (Staff)
FAX: 724-863-1216 E-MAIL: StoneBrookManor@aol.com
Internet Listing at http://extendedcare.com under "Assisted Living"

11/1/02

Teleta Nevius, Director of OLRM / Fax # 1-717-705-6955

Department of Public Welfare
Room 316, Health & Welfare Building
P.O. Box 2675
Harrisburg, PA 17120

Dear Ms. Nevius,

As Personal Care Home owners, we are placed in an unfavorable position with DPW when we comment unfavorably on the proposed Regulation Chapter 2600. However, we must question the agency which regulates us in order to preserve the quality of care we provide our residents and to ensure that our home will not close due to financial ruin. It is our contention that the cost to implement the regulations as proposed has not been addressed by the department satisfactorily. Would it be possible to have your costs estimates to the home and to the consumer?

As you know from your visit, homes such as ours only accept and keep highly-functioning residents who need little or no medical care. Most need only social activities, meals and housekeeping services. On the other hand, we are sure you toured facilities where the residents had many more needs--some bordering on Nursing Home care. Residents needing only social-type services should not be burdened with costs necessary to care for residents needing more specialized care. More stringent regulations should apply to those residents needing added medical care--personal care homes are not meant to be 'junior' nursing homes!

In the November 1, 2002, Tribune-Review article 'New Rules May Hurt PCH,' "Pagni (spokesman for DPW) estimated that at least 90 percent of personal care homes in the state are well-run operations." The article states the proposed changes to the regulations were prompted by Auditor General Bob Casey's criticism of DPW's failure to do its job inspecting and licensing homes. Why can't the current regulations--properly enforced--be directed at these failures so that an immediate remedy is put in motion? If the failing homes aren't in compliance with the current regulations, why should all residents (consumers) be punished with regulations that seem better suited for the nursing home industry?

We would appreciate your response to these questions.

Sincerely,



Mary Jo & Harry E. Wright

DONALD M. SOLENBERGER

RIDDLE VILLAGE 502 HAMPTON HOUSE, MEDIA, PA 19063

Nov. 1, 2002

Kyleta Nevins, Director
Office of Licensing & Regulatory Management
Commonwealth of Penn.
Dept. of Public Welfare
P.O. Box 2675
Harrisburg, Pa. 17105-2675

Attention The Director:
I am writing as a Board member
of a non-profit Quaker sponsored residential
& assisted living facility in West Chester, Pa.
Having had a number of full time professional
social service workers in my family, I am
somewhat knowledgeable as to the need for
some regulations of social service
organizations.

However it appears to me that
the current proposed regulations w/
personal care institutions are not a
sound idea & will actually be adverse
to the best interests of residents of
such entities.

For example, creating an
"individual staff training plan" for
each staff member would require
a very large extra expense to comply such as
requiring the employ of additional staff

2002-11-01 09:25
REVIEW: COMMISSION

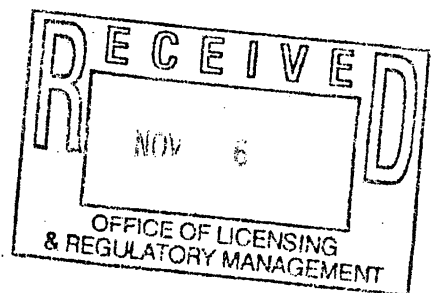
to cover staff occupied during training.
This would cost as much as \$40,000 or more
annually. We train our new people
well & don't need this need-less
extra expense & obvious extra paper
work that would result.

There are several other aspects
of the proposed DOW proposed regulations
that are just not needed. How much
regulation could hurt the people
we are trying to help!!

Members of my family who
formerly worked for DOW would
agree with this. Sorry they are now
deceased & can't add to this letter.

Thank you for your consideration.

Sincerely,
Don Solenberger



14-475 (307)

Dear Teleta Nevius,

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

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

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

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

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

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

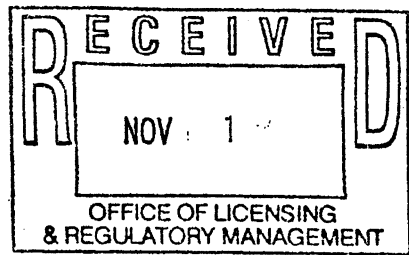
We appeal to you to cut the excessive regulations. Our administrator has made plenty of suggestions in writing to you. She showed us where it has been ignored. Please, don't make our mother and so many others have to make the move. Be reasonable.

Sincerely yours,

*Cynthia Smith
Roger Smith*



NOV 1 2003
11:00 AM



14-475

714

PAPPANO & BRESLIN
ATTORNEYS AT LAW

3305 EDMONT AVENUE

BROOKHAVEN, PENNSYLVANIA 19015-2801

(610) 876-2529

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E-MAIL - pappanoandbreslin@comcast.net

CYNTHIA L. CHOPKO, PARALEGAL
CAREN C. LADD, M.A., LEGAL ASSISTANT
HELEN LYNN, RN BSN, LEGAL ASSISTANT

JOSEPH E. PAPPANO
1933-1978

ROBERT F. PAPPANO
ROBERT J. BRESLIN, JR.
DANA MCBRIDE BRESLIN, CELA*
ELIZABETH T. STEFANIDE

* CERTIFIED ELDER LAW ATTORNEY
BY THE NATIONAL ELDER LAW FOUNDATION

November 1, 2002

Department of Public Welfare
Edward J. Zogby, Director
Bureau of Policy, Room 431
Health and Welfare Building
Harrisburg, PA 17120

Re: Proposed Regulations for Personal Care Homes; Published October 5, 2002, in the Pennsylvania Bulletin

Dear Sir:

Through my work with our Ombudsman Program and Advisory Council to the Area Agency on Aging Protective Services Unit, I have seen firsthand the abuse and neglect of persons residing in personal care homes. I fully endorse the efforts of the Department to begin to regulate this industry. While the proposals could be stricter, they are a good beginning and very much needed. I therefore ask that the regulations become final.

Respectfully submitted,

Dana M. Breslin

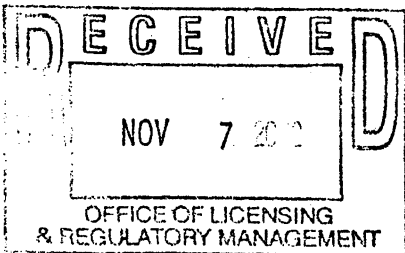
DMB:njm

cc: The Honorable Harold F. Mowery, Jr.
The Honorable Vincent Hughes
The Honorable George Kenney, Jr.
The Honorable Frank Oliver
Dennis O'Brien
Independent Regulatory Review Commission

Office of Income Maintenance
Bureau of Policy

NOV 05 2002

REFER TO: _____



#14-475 (589)

November 1, 2002

To Whom It May Concern:

I am writing to you on behalf of my Grandmother who is not able to do so herself.

My Grandmother is 89 years old. Her health is overall pretty good but she has dementia and is not able to care for herself. She is in a personal care home in Kittanning, PA where they take wonderful care of her and she is treated like a person with the love and respect she deserves. She does not qualify for nursing home care nor does she or her family members have the money or other resources needed to care for her at home.

I was informed that some now pending regulations could soon raise the monthly cost to care for my Grandmother to an additional \$1,000.00 to \$1,500.00 per month. This is impossible to even think since she only has a small amount of Social Security as her income.

If the personal care home does not make the additional rate changes in order to meet all of the new regulations, they would be forced to close. Where do these people go then? What happens to them?

It is unfair and wrong for so many people to have to leave all they now know as their home. Please give this some thought as you and I will be one of these residents some day who need a personal care home.

I am hoping this letter will help you to understand and move you to help keep personal care homes an affordable and available option for families like mine who want to give the care to our loved ones who need this extra help and care as they mature.

Thank you for your time.

Sincerely,

Amy L. Sebulsky

Amy L. Sebulsky

*Amy Sebulsky
10333 Stratton Rd.
Salem, PA 15446*

REVIEW COMMISSION
2002-11-01 PM 01:25

14-475 (695)

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November 1, 2002

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

Ms. Nevius;

As the Administrator of Pocono Lutheran Village, an assisted living facility in East Stroudsburg, I am concerned regarding proposed changes in the regulations and expectations in our industry. I have followed, with interest, the attempt to build increased accountability and responsibility into our care delivery by the DPW, and I applaud this effort. However, it is imperative that the expectations be both realistic and achievable, with the ultimate focus on how what we do will affect our residents.

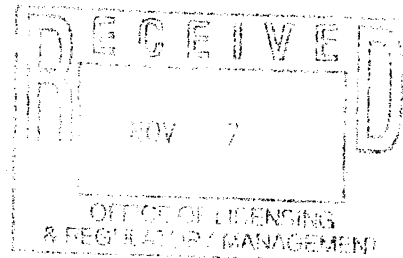
Please review the attached suggestions. If at any time, you are seeking committed and sincere membership on any committees regarding Personal Care regulations, please know I would happily and enthusiastically serve and work hard on this process.

Thank you for the opportunity to respond.

Sincerely yours,

Punki Rusiloski

Madeline "Punki" Rusiloski, RN, Administrator
Director of Residential Services



2600.60. INDIVIDUAL STAFF TRAINING PLAN

A written individual staff training plan for each employee, appropriate to that employee's skill level, shall be developed annually with input from both the employee and the employee's supervisor. The individual training plan shall identify the subject areas and potential resources for training which meet the requirements for the employee's position and which relate to the employee's skill level and interest.

COMMENT: All staff need to be trained to meet minimally the requirements of their job Description. All other training will be as required in 2600.58

RECOMMENDATION: All staff will attend required inservice training sessions as developed by the personal care home.

2600.105. LAUNDRY

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

COMMENT: Is the intent that lint shall be removed from all clothes or from the clothes dryer.

RECOMMENDATION: Lint shall be removed from all dryers after each use.

2600.161. NUTRITION ADEQUACEY.

(g) Drinking water shall be available to the residents at all times. Other beverages shall be available and offered to the resident at least every two hours.

COMMENT: Offering residents drinking water or other beverages every two hours is inappropriate in a personal care home setting.

RECOMMENDATION: Drinking water and other beverages are available for residents Twenty-four hours daily as requested.

2600.181. SELF-ADMINISTRATION.

A home shall provide residents with assistance, as needed, with medication prescribed for the resident's self-administration. The assistance includes helping the residents to remember the schedule for taking the medication; storing the medication in a secure place and offering the resident the medication at prescribed times.

COMMENT: The regulation does not reflect who can provide the assistance, as needed, for the residents self-administration nor type of training required. Competency based training module not noted in regulation.

RECOMMENDATION: A state approved competency based training program for all direct care staff who provide residents with assistance, as needed, with medication prescribed for the residents self-administration.

2600.54. STAFF TITLES AND QUALIFICATIONS FOR DIRECT CARE STAFF

- (1) Be 18 years or Older
- (2) Have a high school diploma or GED
- (3) Be of good moral character
- (4) Be free from medical condition, including drug or alcohol addiction that would limit the direct care staff from providing necessary personal care services with reasonable skill and safety.

COMMENT: Regarding point: (1) In the proposed regulations, volunteers are considered "direct care staff". We would not have the ability to have high-school age volunteers due to the 18 years or older criteria. Including younger volunteers enhances programming and encourages intergenerational interaction that would not exist with this regulation in effect.

RECOMMENDATION: Direct care staff shall be 16 years of age or older. Regarding point (2) recommend to drop GED or High School Diploma. This should be considered "preferred" but not required.

2600.56 STAFFING

- (b) If a resident's support plan indicates that the resident's personal care service needs exceed the minimum staffing levels in subsection (a), the personal care home shall provide a sufficient number of trained direct care staff to provide the necessary level of care required by the resident's support plan. If a home cannot meet a resident's needs, the resident shall be referred to a local assessment agency or agent under 2600.225 (e) relating to initial assessment and the annual assessment).

COMMENT: needs more clarity

RECOMMENDATION: More specific regulation needed in regards to clarity of assessment tool.

2600.58. STAFF TRAINING AND ORIENTATION

- (a) Prior to working with residents, all staff including temporary staff, part-time staff and volunteers shall have an orientation that includes the following....(extensive listing follows)

COMMENT: Although training for all staff is important, extensive training of volunteers in the same manner is not reasonable. We will have no volunteers if this regulation is in effect.

SUGGESTION: Depending on the "volunteer" job responsibility, training should be the responsibility of the facility director utilizing volunteer job descriptions.

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

COMMENT: According to this regulation, agency staff and volunteers would be considered direct care staff and fall under this training requirement. Agency staff could not be utilized. Volunteers would not volunteer for the required training.

RECOMMENDATION: A provision needs to be made for agency staff usage. Do not include volunteers under direct care staff.

- (e) Direct care home staff shall have at least 24 hours of annual training relating to their job duties. Staff orientation shall be included in the 24 hours of training for the first year of employment. On the job training for direct care staff may count for 12 out of the 24 training hours required annually.

COMMENTS: 24 hours is excessive and cost of training will be high.

RECOMMENDATION: A minimum of 12 hours of annual training is recommended for direct care staff.

2600.57 ADMINISTRATOR TRAINING AND ORIENTATION

- (a) Prior to initial employment at a personal care home, an administrator shall successfully complete an orientation program approved by the Department and administered by the Department or its approved designee.

COMMENTS: It would be difficult for most people to complete an orientation program prior to being employed.

RECOMMENDATION: "as an administrator" should be added after "Prior to initial employment as an administrator....."

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

COMMENT/SUGGESTION: Regulation needs clarification of "competency-based training".

- (e) An administrator shall have at least 24 hours of annual training relating to the job duties, which includes the following:....(a list follows)

COMMENTS: More clarity needed as to what exactly must be included in the total hours of annual training.

RECOMMENDATIONS: An administrator shall have at least 12 hours of annual training relating to the job duties, which includes the following:The recommendation would also include excess training time to be carried over to the following year.

2600.4 DEFINITIONS

Direct Care Staff

- (i) A person who assists residents with activities of daily living, provides services or is otherwise responsible for the health, safety and welfare of residents.

COMMENT: This definition is too broad and will encompass nearly every staff member of a personal care home. For example, the maintenance staff that shovels the sidewalks is responsible for the health and safety of the residents.

- (ii) "The term includes full and part time employees, temporary employees and volunteers"

COMMENT: The inclusion of volunteers in this definition is unreasonable due to the proposed training from direct care staff. The inclusion of volunteers in the direct care staff would cause facilities to lose volunteers who visit homes to do activities, etc.

SUGGESTION: Volunteers that act as direct care staff should to be addressed separately from volunteers who visit occasionally to assist with special events, etc.

2600.27 QUALITY MANAGEMENT

- (a) The personal care home shall establish and implement quality assessment and management plans.
- (b) At minimum, the following shall be addressed in the plan review:
- (1) Incident reports
 - (2) Complaint procedures
 - (3) Staff training
 - (4) Monitoring licensing data and plans of correction, if applicable
 - (5) Resident or family councils or both

COMMENT: Clarification is needed on (b-2) in regards to complaint procedure. If this is interpreted to mean documentation of every complaint of every magnitude it would create an enormous amount of paperwork and consume a substantial amount of time.

2600.42 SPECIFIC RIGHTS

- (i) A resident shall receive assistance in accessing medical, behavioral health, rehabilitation services and dental treatment.

COMMENT: Clarification is needed as to what measures are considered "assistance in accessing ... treatment". If this is interpreted to mean financial assistance this could have a substantial negative financial impact on the facility.

SUGGESTION: Keep current regulation (2630.33) which states "PCH shall provide residents with assistance with ... securing transportation... making and keeping appointments."

- (j) A resident shall receive assistance in attaining clean, seasonal clothing that is age and gender appropriate.

COMMENT: Clarification is needed as to what measures are considered "assistance in attaining". If this is interpreted to mean financial assistance this could have a substantial negative financial impact on the facility. In addition, this regulation impedes upon the residents right to wear what they want.

SUGGESTION: Remove this regulation

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

COMMENT: The PCH should not necessarily be responsible for repayment of moneys stolen by staff. This regulation does not take into account the judiciary system.

SUGGESTION: This regulation should be removed.

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

COMMENT: Clarification would be needed as what is what is considered excessive medication additionally, this issue that is more between a doctor and resident than the PCH and the resident. Clarification on who decides on "excessive" medication needs to be more clear. Such a regulation would also need to address the ramifications involved is removing a resident from medication would make them no longer appropriate for the PCH.

SUGGESTION: This regulation should be removed.

ROSE MANOR PERSONAL CARE HOME
9176 Route 119 Highway South
Blairsville, Pa. 15717
(724-248-1444)

14-475 (534)

Original: 2294

November 1, 2002

Dear Teleta Nevius:

Before I get into the content of my letter I would like you to note that this is not a "form" letter. It is addressed to you--not your aide--not some person designated by you to count letters by volume and reply with a "form" letter that doesn't address my issues. I expect you Ms. Nevius to read this letter and reply.

I have been fuming for over a year now over these new proposed regulations concerning personal care homes. Is it your absolute intention to put personal care homes out of business? Have you ever been in a personal care Home? If so, were your eyes and ears closed?

In personal care we "assist" people with their everyday living needs just like they did for themselves when they were able. Now we need to be an R.N., Doctor, Dentist, etc to assist residents with their medications. Have you lost your mind?

In my home I will not see volunteers anymore because they are simply volunteering their time entertaining my residents. They will object very strongly to being "trained" before being allowed to enter my home. How much of an "increase" in rates will my residents have to bear to offset the costs associated with training requirements now contained in the new regulations.

Another issue is SSI residents. I will have to give 30 day notices to those residents just prior to these new regulations going into effect since the new regulations would not allow me to do so afterwards. I can't afford to house SSI residents now for \$899.30 monthly. That will be a sad day for me.

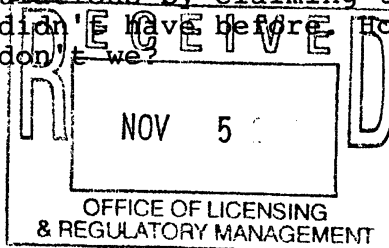
SSI is an income level and these people should never be judged or treated differently than those who can afford to pay my current rate of \$1425.00 monthly. You and your new regulations will force them out of my facility---NOT ME---. Most other facilities will not be able to house them either.

I could write many more pages in this letter addressing the new regulations and how they will negatively affect both the personal care homes and their residents but I really feel that dealing with your department is a total waste of time. When you deal with highly educated people who have very little knowledge in their area of responsibility it creates real problems for those of us who do.

The D.P.W. failed miserably by not enforcing the current regulations You now want to justify new regulations by claiming that you will have the enforcement power you didn't have before. However, you and I know where the fault lies----don't we?

Respectfully Submitted

James R. Kitzmiller
James R Kitzmiller
Owner/Operator



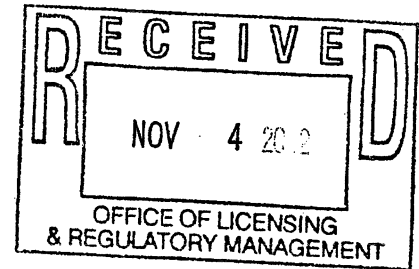
#14-475 (369)

Original: 2294

November 1, 2002

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

2002 NOV -7 AM 11:17
REGULATORY
REVIEW COMMISSION



Dear Department of Public Welfare,

I am a Personal Care Administrator in Pennsylvania and responding to the proposed regulations for Personal Care Homes (PCH) published in the Pennsylvania Bulletin on Saturday, October 5, 2002. After careful reading of the proposed regulations, my position is that these regulations should be withdrawn. The proposed regulations are based on a medical model and are more suitable in the Long Term Care environment or in a MH/MR facility. In many cases, the regulations proposed are much more stringent and inflexible than even the current Long Term Care or MH/MR regulations.

Developing support plans, completing assessments, providing staff training, implementing quality initiatives would most definitely drive up costs for services and make this level of care too expensive and out of reach for many potential residents. A PCH does not receive third party reimbursement and implementing these new regulations would drastically increase costs to the facility and ultimately these costs would have to be passed on to the resident.

There seems to be an increase of negative attention from the community and the media in regards to some poorly managed Personal Care homes. The pressure is on to make changes and to "fix" the regulations. This is not a result of sub-standard regulations. The current regulations are appropriate and applicable to the residents that we provide for. Any problems with current regulations lie in the enforcement of these regulations. The decent, high-quality providers agree that those providers that are providing unsatisfactory, poor quality care should be forced to improve their facility or risk penalties and closure.

COMMENTS ON THE PROPOSED CHAPTER 2600 PCH REGULATIONS

2600.4. Definitions.

Direct care staff – Please clarify this definition. The Direct Care Staff should provide the hands-on care and provide assistance in medication, hygiene and grooming, activities of daily living, etc. All staff in a Personal Care Home (PCH) are responsible for the health, safety and welfare of the residents.

2600.14. Fire safety approval.

(a) Please clarify. A "certificate of compliance" is issued annually. In order to obtain a written fire safety approval, this regulation would require an annual visit from either the Department of Labor and Industry or the Department of Health. Is this necessary and what code or standard would be used?

2600.16 Reportable incidents.

(4) A violation of a resident's rights – as reported by whom?

(9) This requirement is holding Personal Care homes to a stricter requirement than Long Term Care

regulations. Please remove.

(11) This requirement is not practical. A confused resident may call the emergency system on their own by mistake. Please remove.

2600.20. Resident funds.

(4) Not practical. A request for funds cannot be available immediately. The resident shall be given funds requested when funds are available.

2600.28. Quality management.

(a) The regulation should allow for a facility wide plan for CCRCs.

2600.29. Refunds.

(d) This regulation does not take into consideration the specific conditions that CCRCs are faced with, such as, entrance fees. Many entrance fees are refundable when the apartment is reoccupied and an entrance fee is paid.

(e) 7 days is not a reasonable amount of time. Consider, "within 15 days or soon if available."

2600.42. Specific rights.

(i) Requiring that a resident **shall** receive assistance in accessing these services is not realistic. There are many residents in Personal Care homes that cannot afford these services. This should not be the responsibility of the PCH. Regulation 2620.33. Tasks of daily living. of the current regulations is appropriate and sufficient.

(j) This regulation should be removed. Residents retain a personal needs allowance for personal items.

(x) Please remove this regulation. If a resident's money is stolen or mismanaged by any the home's staff, the resident has the right to file charges with local law enforcement.

(z) Please remove this regulation. The PCH does not have control over what medication is prescribed for a resident and cannot be responsible for this right.

2600.54. Staff titles and qualifications for direct care staff.

(1) & (2) Staff should be able to meet the qualifications in the job description regardless of age and/or education.

2600.56 Staffing.

(b) Delete this paragraph. If a resident's support plan indicates that the resident's personal care needs exceed the minimum staffing levels; the PCH should do a screening and move the resident to a higher level of care.

(k) Substitute coverage cannot always be provided by staff that have the required training as outlined in these regulations. Exceptions should be made for agency staff that have a minimum level of training such as certified nursing assistants or licensed nurses.

2600.57. Administrator training and orientation.

(e) 24 hours of annual training is too costly for a facility. Nursing Home Administrators are required to have 48 hours biannually. This training could cost upwards of \$100 per six-hour session. 12 hours annually is a reasonable amount of training for a Personal Care administrator. In addition, please clarify "which includes", does this mean that the training must include all of the areas 1 through 10 or can training include any of the areas of training listed.

(1) Remove the word **annual** in first aid and CPR training. Should maintain **current** CPR and first aid training. Most first aid training is current for 3 years and CPR can be current for 2 years.

2600.58. Staff training and orientation.

(a) Remove the word volunteer. A section should be developed specifically for the requirements of volunteers. If we impose the copious amounts of training on volunteers, it will most definitely reduce the already limited numbers of these generous persons.

(c) It is not realistic to expect that newly-hired direct care staff will be able to demonstrate job duties, receive guided practice and prove competency prior to providing any unsupervised care. No consideration is given to certified nursing assistants who have had formal training in many of the required areas. Our facility provides a minimum of a week orientation and many times the Personal Care aide may perform duties that are unsupervised. Hands-on training is probably the most effective training there is and it cannot always be

(14)(e) The requirement of a specific amount of hours for training is not an appropriate training program. Long Term Care regulations require training in specific areas and the facility determines how long the training should be. Many CCRCs are already providing at least one training program each month. These programs last approximately 30 minutes. 24 hours of annual training is excessive for the direct care staff person. Even 12 hours of training is excessive. Why not list 12 areas of training that are similar to the requirements for LTC.

(f)(1) Remove the term **annual** in regards to CPR and First Aid training. A more suitable term would be **current**.

2600.59. Staff training plan. 2600.60. Individual staff training plan.

A staff training plan and individual staff training plan is unnecessary if the facility is complying with the required annual training for all staff. Developing training plans, questionnaires, policies, collecting written feedback and completing documentation are all time consuming tasks that take away time from the care of our residents.

2600.82. Poisons.

(a)(b)(c) Replace the term poisonous with current up-to-date terminology such as hazardous.

2600.85. Sanitation.

(d) It is not reasonable to expect that a trash receptacle in resident's private bathroom or kitchen is kept covered. How can a large home, especially a CCRC control a resident's own trash receptacle?

2600.91. Emergency telephone numbers.

It is not practical or necessary to require that all outside telephone lines have the phone number of the nearest hospital, poison control or PCH hotline. Posting the PCH hotline in a common area and including this in the contract or resident rights should be sufficient. The PCH should have the nearest hospital and poison control numbers at a reception desk or a staff phone. In many of the PCHs today, residents reside with dementia for which this would be confusing and useless.

2600.96. First aid supplies.

(a) Please remove syrup of ipecac. It is not an appropriate item to keep on hand. Our PCH has been in operation for 11 years and never once have we had the need for syrup of ipecac or have been ask by a physician to obtain item.

2600.98. Indoor activity space.

(e) The PCH should determine what is the most suitable room in the home for the television.

2600.101. Resident bedrooms.

(k) Should read, "If the PCH provides the bedroom furniture, the following shall be provided:" Residents supply their own furniture.

(l) It would not be reasonable to inspect all residents' individual mattresses.

(t) Our residents provide their own window treatments. Some choose to have uncovered windows. What about resident preference?

2600.102. Bathrooms.

(f) Please delete. Residents have a personal needs allowance that should be for these items. Currently some homes provide these items but it is at the discretion of the PCH.

(g) What does made available mean? Again, the resident has a personal needs allowance that should cover these items. This requirement should be removed.

(h) It is not appropriate for the PCH to supply toilet paper for all toilets. In a CCRC arrangement, our residents reside in private apartments and have private bathrooms. Change to, "Toilet paper shall be provided for all public toilets in the home."

(i) A dispenser with soap shall be provided in all **public or shared** bathrooms.

2600.105. Laundry.

(g) Please delete this. This statement is downright silly.

2600.107. Internal and external disasters.

(4) Change to, "The home shall have **accessible** at least a 3-day supply of nonperishable food and drinking water for all residents and personnel." Many large PCHs have agreements with companies to provide for these necessities in a disaster situation.

(5) Change to, "The home shall have **accessible** at least a 3-day supply of all resident medication." Our PCH contracts with a pharmacy and we are on a 7-day slide pack. The day of or the day before a delivery we would be out of compliance. Though we have a contract with this pharmacy and can get resident medications within 2 hours if needed.

2600.130. Smoke detectors and fire alarms.

(f) Testing all smoke detectors monthly is not reasonable. The Department of Health follows the NFPA Life Safety Code for Long Term Care which requires smoke detectors to be checked every 6 months.

2600.141. Resident health exam and medical care.

(8) Delete this requirement. Body positioning and movement stimulation is not applicable for the residents we are serving.

(b) Please define access to medical care. A PCH should provide assistance in scheduling appointments or transportation only.

2600.143. Emergency medical plan.

(d)(1) Please remove the age requirement. The ages of our residents are continually changing and trying to keep the records up to date is time consuming. Requiring birth date only is more efficient.

(e) Should state, "shall provide assistance in making arrangements, for the resident's transfer to an appropriate facility." The statement, "shall provide **whatever assistance is necessary**," is too open a statement and may be burdensome for the facility.

2600.144. Use of tobacco and tobacco-related products.

(1) For facilities that permit smoking in a resident's own apartment and where the residents provide their own furniture, it is not practical to require fire retardant furniture.

(e) This will be difficult to monitor when a resident has a private apartment and smoking is permitted in ones own apartment.

2600.161 Nutritional adequacy.

(g) It is not appropriate in the PCH setting to offer beverages to a resident at least every 2 hours. Why not state, "Other beverages shall be on-hand and available for the resident at all times."

2600.171. Transportation.

(5) Staff should be trained in their job responsibilities and duties only. Transportation staff that only transports residents should not be required to complete the training for direct care staff.

(6) Please remove "syrup of ipecac." It is not appropriate for a vehicle first aid kit to contain this item.

2600.181. Self-administration.

(c) This regulation needs to be very specific when it refers to "medication not prescribed for the resident's self-administration." What kinds of medication are in this category?

2600.182. Storage and disposal of medications and medical supplies.

This section does not address what should happen with medications when a resident expires. Medication should be discarded or when applicable, returned to the pharmacy. It is not a safe practice to turn over medication to a family member.

(d) Why do these medications have to be stored separately if they are in individual packages? This should be the recommendation of the pharmacist when there is a contraindication for storage.

2600.183. Labeling of medications.

(e) Please clarify "shall be identified to the particular resident's use." Does this mean label with the resident's name?

2600.187. Medication errors.

(a) Documentation of medication errors should be kept in the resident record not the medication record. Having anything but the correct medication on the medication record is a dangerous practice.

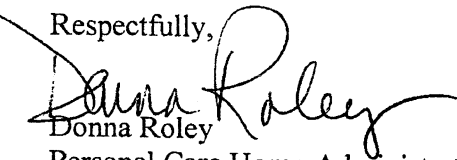
2600.225. Initial assessment and the annual assessment.

This section is promoting a medical type model for the PCH. Assessments such as those listed, are typically done by professional staff such as registered nurse, physical therapist, occupational therapist and social worker. PCHs do not traditionally have these professionals on staff. Consider an assessment that would include a functional and social assessment. Can the prospective resident manage appointments, laundry, getting to meals, checkbook, etc?

2600.228. Notification of termination.

(a) This regulation puts the burden of relocating a resident on the facility. If a resident chooses to relocate for whatever reason, the resident and/or family should be referred to the appropriate agency for assistance in relocating.

Respectfully,


Donna Roley

Personal Care Home Administrator

Heritage Towers

200 Veterans Lane

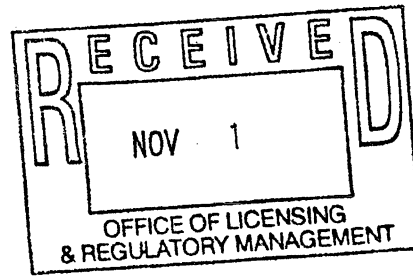
Doylestown, PA 18901

215-345-4300 x 3029

#14475

315

Department of Public Welfare
Office of Licensing and Regulatory Management
Teleta Nevius, Director,
Room 316 Health and Welfare Building
P. O. Box 2675 Harrisburg, PA 17120
(717) 705- 0383



I have spent the past few weeks reviewing the Proposed Personal Care Regulations. I feel that I need to take the time to express my opinions and concerns regarding the proposed regulations.

On the first page is a sentence that I feel best describes a personal care facility. **"Personal care homes are a vital and important component of the continuum of community-based residential long-term care services available to the residents of the Commonwealth".**

It is my firm belief that if the proposed regulations go into effect, as proposed, a multitude of this Commonwealth's smaller facilities will be forced to close their doors. The larger facilities will also feel the ramifications of these regulations, like less time to spend with your residents because you're too busy on your computer trying to complete the extensive new paperwork.

2600.58 Staff Training and orientation

Prior to working with residents, all staff including temporary staff, part-time staff, and volunteers shall have an orientation that includes the following.....

I, firmly believe that you learn by doing. The direct care staff, should have "on the job" training to start a new job, and having to learn fire safety, evacuation, drills, designated meeting place, smoking safety, smoking areas, location of fire extinguishers, smoke detectors, fire alarms, resident rights, emergency medical plan, personnel policies and procedures, and the general operation of the personal care home etc., (boy, is this job for this pitiful amount of pay, really worth it?), and then to turn around and have to learn about ADL's, medication procedures, medical terminology, and personal hygiene (by the way, what does personal hygiene have to do with medications?), personal care services, implementation of the initial assessment, annual assessment and the support plan, nutrition, food handling, sanitation, recreation, gerontology, staff supervision, resident needs, safety management and prevention, use of medications, purposes and side effects of medications, and use of universal precautions, policies and procedures of the home including reportable incidents, and implementation of the support plans.

WHEW, AFTER ALL THAT, I FINALLY, IF I PASSED THAT PART OF THE ORIENTATION, ACTUALLY, MAYBE, GET TO BE ON THE FLOOR TO LEARN THE RESIDENTS AND THEIR CARE NEEDS WHICH IS WHAT I WANTED TO DO IN THE FIRST PLACE.
(Like I said before is it really worth it?).

Yes, it's really worth it. Yes, staff need training, but, lets get them on the job, on the floor, with the residents to see if they even like the job. (no, we're not working on the floor by ourselves, we have an experienced employee teaching us).

Section e

I have worked in personal care for more years than I care to remember. I have heard numerous comments that a "Personal Care Facility" is not considered a "Medical Facility". I do not recall skilled care requirements for their direct care staff, but, twenty-four hours seems like a little too long to me. I would suggest cutting that in half.

Section f

(3) Understanding, locating and implementing preadmission screening tools, initial assessments,

annual assessments, and support plans.

(6) Personal care service needs of the resident

These two sections in my opinion, repeat themselves. Shouldn't personal care needs be a part of the resident support plan?????

(5) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition, and dehydration.

I feel that infection control should be separate.

Section 2600.59 Staff Training Plan

Section 2600.60 Individual Staff Training Plan

Wouldn't it be simpler to incorporate these two? Just by adding a section to staff training plan, something to the effect that this employee received special training in regards to _____.

Section 2600.181 Self Administration

Okay, here we go!

(e) A resident is capable of self administering medication if the resident can use the medication as prescribed in the manner prescribed. The resident shall be able to recognize and distinguish the medication and know the condition or illness for which the medication is prescribed, the correct dosage, and when the medication is to be taken. Examples include being capable of placing the medication in the residents own mouth and swallowing completely, applying topical medication and not disturbing the application site, properly placing drops in eyes, correctly inhaling inhalants and properly snorting nasal therapies.

WOW!

The Commonwealth should supply the residents of Personal Care Facilities with their own PDR.

I have passed more medication in my career than Bayer made aspirin. I still have to stop and think which medication I am giving is for what condition, then throw in a generic or two, and yes, I still go look them up to make sure it is the right medication before I give it.

While we're on the subject of medication administration.

I sincerely feel that personal care assistants, WHO HAVE BEEN TRAINED, are competent to assist residents with self administration of medications. Yes, medication errors happen. But, these errors occur whether a Physician, R. N., Dentist, L. P. N., or a Physicians Assistant has administered the medication.

2600.201 Safe Management Techniques

Here we go again.

In my experience, when you have a resident who has become so agitated and distressed that they become verbally or physically aggressive, the more you try a deescalation technique, the more agitated they become. First off, make sure your resident is safe and won't hurt himself / herself or anyone else. If any question call 911 and ask for assistance. What I have found to be the most successful, is to quietly and calmly ask them to leave the situation that has caused them to become so distressed, if possible and go to a quiet place. More often than not, they will get themselves calmed down, then come to you and want to

talk it over. Okay, you actually need to spend the time to get to know your residents to know if they would be harmful to self or others, and not be sitting at the computer all day doing paperwork!!!!!!

2600.226 Development of Support Plan

Talk about more paperwork! I enjoy spending time with my residents, not sitting at a computer all day. The facility I work at already does these things. It's called resident care. No, it's not all down on one piece of paper in one neat file, It's on several pieces of paper in one (hopefully) neat chart.

2600.253 Record Retention and Disposal

- (1) Maintain for minimum of 3 years following discharge from the home.
- (2)destroyed after 4 years after discharge from the home

Isn't this contradicting???????

**THANK-YOU
FOR YOUR TIME AND CONCERN**

**JUDY L. PULLING L. P. N.
QUALITY LIVING CENTER OF CRAWFORD COUNTY
16871 Craig Rd.
Saegertown, PA 16433**

Original: 2294

#14-475 (358)

SAME comment as #6, 8, 12, 23, 92, 93, 143 + 147"

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

NOVEMBER
October /, 2002

NOV-4 PM 3:36
REVIEW COMMISSION

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:

2600.16 Reportable incidents

The specified types of reportable incidents has expanded from 7 to 18. Our discussion involves (3) & (9).

(3) states: "A serious physical bodily injury, trauma, or medication error requiring treatment at a hospital or medical facility."

"physical bodily" are redundant adjectives.

Are you aware of how many residents are sent out to be checked?

OUR SUGGESTION: to use the verbage from 2620.63 (2) which clearly states "A serious injury which requires hospitalization."

(9) states: "Any physical assault by or against a resident"

How practical is this in a dementia unit???

Again are you aware of how often this happens on a daily basis?

The other issue with this section is with the numerous reports that are mandated. Refer to (c) (d) and (e), which specify 3 separate reports; immediate, preliminary, and final. Excessive paperwork!!

Also it states THE HOME...vs...the administrator

OUR SUGGESTION: to use exact verbage from 2620.63 (a) and (b). An immediate telephone call to notify the Dept. followed by a final report within 5 days from the administrator or designee is quite sufficient. The other two written reports simply take away from our residents' care.

The final issue with this is (f) which refers to 2600.243 (b). There is NO 2600.243 (b)!!

And further more incident reports are NEVER kept on a resident or a patients chart. A narrative is made but the incident report is NOT part of the individual's file. Check with a hospital or nursing home!!

To cross reference to 2600.242 Content of records (b) (6) This needs to be deleted. We advise that you seek legal counsel as to the fact that lawyers would advise against this practice...at least business lawyers would. Verify this point before you put the PCH in a delicate suit-situation.

Sincerely yours,
Elgin Panichelle - WCPCHAA

#14-475
310

Original: 2294

316 Oak Drive
Kittanning, PA 16201
October 30, 2002

2002 NOV -4 PM 3:34
OFFICE OF LICENSING & REGULATORY
MANAGEMENT REVIEW COMMISSION

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

Dear Mrs. Nevius:

I am writing to express my strong opposition to the proposed changes to Chapter 2600 regulating personal care homes.

In January, 2002, my mother began a new life in an assisted living facility. She has adjusted well to her surroundings and receives outstanding care from all the employees. However, with these proposed regulations, I fear she may not be able to continue her stay there due to increased costs.

I urge you to look carefully at these proposed changes and keep these facilities affordable for the residents and their families.

Sincerely,

Jane E. Miller

Jane E. Miller

RECEIVED
NOV 1
OFFICE OF LICENSING
& REGULATORY MANAGEMENT

14-475 (702)

November 1, 2002

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

RECEIVED
NOV 12 PM 3:02
LICENSING & REGULATORY
MANAGEMENT DIVISION
DEPARTMENT OF PUBLIC WELFARE
HARRISBURG, PA 17120

Dear Ms. Nevius,

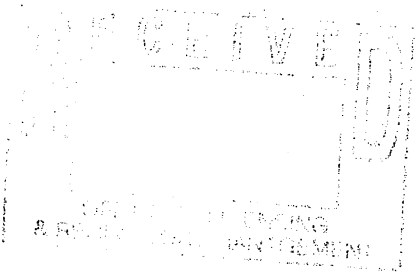
We are very concerned about the direction the Department of Public Welfare appears to be taking in "updating" the regulations of Personal Care Homes in Pennsylvania. These are the Chapter 2600 Personal Home Care regulations that were published in the October 4, 2002 edition of the Pennsylvania Bulletin. We understand that the Department of Public Welfare has been legitimately concerned about the poorly managed homes in the state, however, it appears that the DPW's solution is to take away the good along with the bad. Rather than finding ways to nurture and encourage the good Personal Care Homes to continue in their provision of caring smaller family-like atmospheres, the department seems to be headed in the direction of assigning overwhelming administrative and financial burdens to bear. The good and worthy Personal Care Homes, under such regulations, will necessarily have to become more institutionlike and less caring and personal. This would lead to grave results for the administrators and the residents alike.

What a sad thing that would be for our state, if these plans, with the good intent of closing down poorly run homes, would also shut down these good homes and make it almost impossible for new ones to start up. This could make these more family-like options a rarity or even nonexistent.

Please consider reevaluating and revising the plans before deciding on these regulations as the only solution. We encourage you to explore the possibilities of how to help the people who are in poorly run homes without harming the ones who are in good ones. Consider the sad and depriving effect the outcome of these regulations would likely have on these folks who are thriving in a Personal Care Home atmosphere that is in most cases the closest thing they have to a real family and a home where they are known personally and loved. Let us not let these dear people who have little or no voice in our society, the elderly or disabled with little financial resources, just fall through the cracks and lose what little homelike care they get in the good existing Personal Care Homes (or that they could get in good new-start PCHs).

More detailed explanations of the effects of these proposed regulations will likely be brought to the attention of the Department of Public Welfare by other concerned citizens. We add our voices to theirs and ask that the DPW seriously reconsider the approach taken to improve the situation, by realizing the devastating consequences these regulations would have on those who truly want to provide good Personal Care Homes to the people who so much need them and benefit from them.

For the McMahon Family,



Melinda M. McMahon
Melinda M. McMahon

Valerie E. McMahon
Valerie E. McMahon

2551 Hilltop Rd. Oakdale, Pennsylvania 15071-2104