

14-475 (679)

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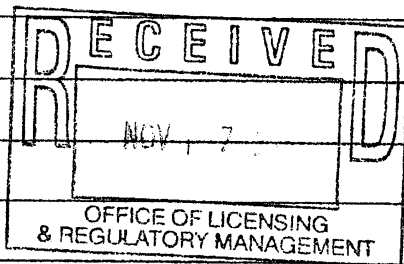
11-1-02

The Dept of Public Welfare
to whom it may concern:

I do not agree with the
new regulations proposed
for personal care homes

Sincerely,
Dana McKline

Dana McKline
100 Bryn Mawn Ct Apt 215
Pittsburgh PA 15221



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.

Original: 2294

14-475 (536)



November 1, 2002

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

Dear Ms. Nevius,

Enclosed please find comments on the proposed Personal Care Home regulations.

I am strongly in favor of a program that would require a certification for those administering medications.

Sincerely yours,

Katie Mahanna
Assistant Administrator
Buehrle Center for Assisted Living
The Lutheran Home at Topton

Buehrle Center
for Assisted Living

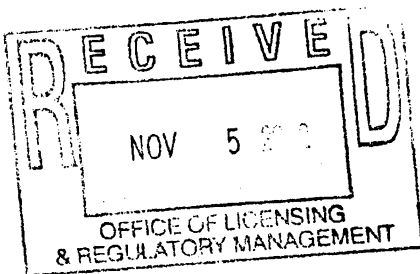
Breidegam Center
for Assisted Living
Dementia Care

One South Home Avenue
Topton, PA 19562

phone (610) 682-1364
fax (610) 682-1581

www.diakon.org

A Program of
Diakon Lutheran
Social Ministries



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COMMISSION

Phone 610-682-1360
Cell Phone 610-451-3165
Fax 610-682-1134

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

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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*....."

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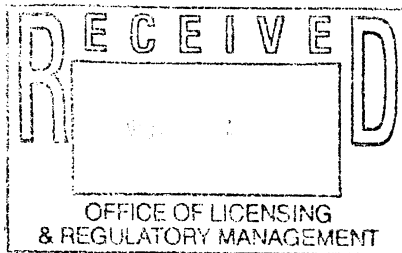
passed 80 hours of competency-based internship in a licensed home under the supervision of a Department-trained administrator.

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.



14-475 (446)

407 Laurelwood Drive
Douglassville PA 19518
1 November 2002

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

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

SUBJECT: New Regulations Pertaining to Personal Care Homes

To Whom It May Concern,

The proposed regulations in the new Chapter 2600 are ridiculous. Aside from increasing the number of regulations from 46 to 127 they contradict the intent of the Executive Order (February 1996) pertaining to General Requirements.

The regulations do not increase personal care for the residents, they only increase the rates personal care homes will be forced to charge to implement and maintain these regulations.

It appears these new regulations are parallel with health care institutions and nursing homes and are not written for personal care homes only. Personal care homes are still trying to accommodate SSI residents and in some homes SSI only covers half the cost for a resident. Many homes will have to discontinue the acceptance of SSI residents.

This whole proposed regulation for personal care homes is an administrative nightmare, it has no substance, will not increase the level of care and will only add a herculean administrative overload which will be costly to the homes and residents.

We need personal care homes now more then ever, let us not put them out of business. Think of the senior citizen and their families.

Sincerely,

Handwritten signatures in cursive script. The top signature reads "Lawrence G. Kline" and the bottom signature reads "Joan E. Kline".

LAWRENCE G. KLINE
JOAN E. KLINE

Copy to: Michael O'Pake, Senator
Dennis Leh, Legislature

Dear Teleta N. ~~Senior~~ Director

I'm writing to you on behalf of my entire family and many other residential-care consumers regarding the proposed changes to the regulations governing the operation of personal care and assisted living facilities.

These homes serve as an intermediate step between independent living and nursing homes for our loved ones, who aren't critically ill, but whose physical and mental health has begun to decline. The current regulations provide residents with a caring and controlled environment. Assistance and supervision is provided by trained and loving staff members.

Enforce current regulations for homes in violation; correct their deficiencies. Allow the many good homes to continue providing care and services to our maturing loved ones. Keep personal care/assisted living facilities an affordable option and don't limit the locations and choices available.

We desperately need this intermediate level of care for our seniors. The proposed changes are being pushed to approval quickly without adequate resident, family, and provider feedback.

The proposed regulations are excessive and ultimately costly in the following areas:

1. Administration of medication by licensed staff if resident incapable of self-administration.
2. Mandatory continuing education hours (24 hours per year) for staff and administrators.
3. Drastically expanded and medically-oriented paperwork.
4. Required (unsafe) facility evacuations in 2-1/2 minutes for fire drills and increasing sleeping hours fire drills to twice yearly.
5. Over-regulation but fewer home inspections.
6. Physical building accommodations and requirements.

Please streamline the proposed changes and the associated costs with compassion and sound reasoning. Keep these homes affordable, abundant, and residential. Assure a safe, comfortable, and supportive setting for our family members and loved ones.

11-1-02

The codes are a very important part in caring for the elderly & making the nursing home especially Assisted Living a comfortable & pleasant place for the residents. Also in assisting with ADLS.

Sincerely,
 Anita J. Kelsey
 Certified Nurse Aide
 1 Coen H Park
 Ruffsdale, PA 15679
 724-696-5439

Nov. 1, 2002

14-475 (469)

To Teleta Nevins, Director;

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

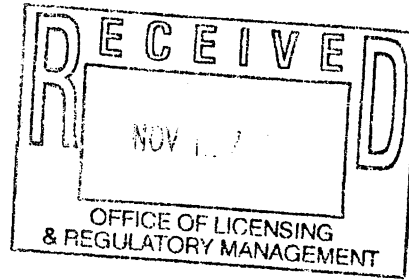
For the above reasons I implore you not to approve these extreme regulations as they will do more harm than good to many members of the senior community.

Sincerely

Ruth R. Himmelsteyer

14-475 (676)

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



November 1, 2002

Dear Teleta Nevius:

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,

A handwritten signature in cursive script that reads "Lorraine Finlan".

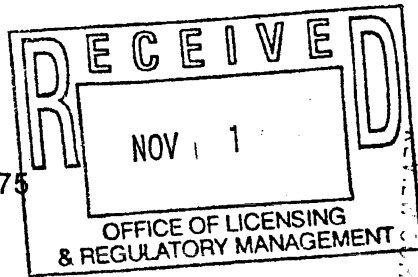
Lorraine Finlan

NOV 12 2 28 31
NEW LEW COMMISSION

#14-475 (309)

Original: 2294

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



Dear Mrs. Nevius,

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

2600.4 Definitions : Restraint

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

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

S.P. Support Plan

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

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

2600.26 Resident – Home Contract

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

(2) Senior Citizen Rebate

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

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

(3) Rescind Contract for up to 72 hours

Please return to current regulation.

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

2600.29 Refunds.

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

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

2600.42 Specific Rights

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

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

2600.54 Staff titles and qualifications

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

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

(x) Stolen funds

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

(z) Excessive Medication

Should not be in regulations.

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

2600.57 Administrator Training and Orientation

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

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

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

2600.58 Staff Training and Orientation

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

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

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

(e) Hours of Training.

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

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

24 hours ANNUALLY is excessive. Eight hours is plenty.

Reason: 24 hours is equal to that required for a nursing home administrator. 24 hours is ½ a week for each person, each year. There's no way a PCH can have enough staff to cover these absences for training, let alone the cost involved. All of this training can be done well, in house, with manuals that cover all the topics. I know, I have them.

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

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

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

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

Change word IDENTIFY to MANAGE.

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

2600.60 Individual Staff Training Plan.

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

2600.82 Poisons (c)

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

Very good

2600.85 Sanitation

(d) Trash in kitchens and bathrooms.

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

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

2600.91 Emergency Phone Numbers

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

2600.94 Landing and Stairs

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

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

2600.99 Recreational Space

The word GLIDERS. Remove.

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

2600.101 Resident Rooms

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

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

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

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

(k) (2) Plastic Covered Mattress.

Add: and needed or requested by the resident.

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

2600.103 Kitchen Areas

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

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

2600.105 Laundry

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

2600.130 Smoke Detectors and Fire Alarms

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

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

2600.132 Fire Drills

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

Add "except during inclement weather"

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

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

Remove: "Contraindicated medications and medication side effects".

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

(9)Health status with REQUIRED WRITTEN CONSENT.

What does this mean? Please clarify.

2600.143 Emergency Medical Plan

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

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

(a) Power of Attorney.

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

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

2600.161(g) Nutritional Adequacy.

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

2600.171 Transportation

(a) (4) Remove it.

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

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

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

2600.183 Labeling of Medications

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

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

2600.186 Medication Records

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

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

2600.225 Initial Assessment and the Annual Assessment

(b)(8) Psychological assessment.

Add "if the attending physician deems necessary"

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

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

2600.241 Mobility Standards

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

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

2600.252 Content of Records

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

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

Thank you for your consideration.

Sincerely,

A handwritten signature in cursive script that reads "Linda C. Harding".

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

Original: 2294



#14-475
359

ESTATES AND MANAGEMENT CORPORATION

PERSONAL CARE & ASSISTED LIVING

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

Date: 11/1/02

To: Teleta Newins Company: BPW / OLM

Fax # 717-705-6955

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

From: Margie Zelenak

Company: Easy Living Estates

Fax# Corporate 724-755-1072 Ligonier 724-593-7720
Somerset 814-445-2999 New Stanton 724-755-0615

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LAKESIDE
Lakefront Resort
Community
724-755-1070
Adjacent New Stanton

NOV 01 4 10 PM '02
FAX

Number of pages including Cover page 4



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Adjacent New Stanton

October 31, 2002

Teleta Nevius, Director of OLM
Department of Public Welfare
Room 316 Health and Welfare Building
PO Box 2675
Harrisburg, Pa 17120

Dear Teleta:

After working so many months on the subcommittees and with you personally on the new regulation 2600, I was shocked to see the results. The regulations that were published in the Pa Bulletin reflect little of our work and discussions.

Why? I ask myself that question. Why did I give of my time to help develop this regulation, when there was no intention of including any suggestions or comments?

You and Ellen repeated in many of our meetings: "It is not our intention to put any Personal Care Home out of business". This will not be the case if these regulations are implemented.

These regulations will infringe on the rights of the residents to choose a Personal Care Home. 2600 will change the concept of the profession from a Social model to a Medical model.

The advocates have been pushing their points for the resident rights. They will be taking away their right to choose. They will impose a cost increase on the residents to implement these regulations. Most will not be able to afford these increases. Where will the advocates be then, when they have no place to live? Who will accept a SSI resident? Where will these residents live?

Why these regulations won't work:

- Cost increase to residents
- Increase in Paperwork means less care for the residents
- More regulations with less inspection
- No grand fathering of the buildings for PCH

Cost Increase:**Self-Administration**

The revision did take out the requirement for an RN but instead added the requirement in 2600.181e. Most people would not be able to do this even with all of their mental faculties.

Staff Training

We had discussed the 16 hours of shadowing for the staff training. The regulations still include training before direct care staff can touch a resident. This will be costly to train for 40 hours before they can work with a resident. They need to have hands on to see if this job is for them.

Policy & Procedures

In the regulatory analysis, it is stated the cost would be \$14.00. This maybe the cost to print them but what about the time involved to develop them. How will these manuals insure better care for the residents? Is it reasonable to ask a small home to develop these for 8 residents.

Documentation requirements

Most homes would have to hire an employee just to keep up with the daily documentations. How does this improve the health, safety and welfare of the residents?

Less Inspections

With all of these new regulations were is the logic in having less inspections.

Buildings

There is no grandfathering of buildings in 2600. What will happen to the homes that can't meet these new standards?

In closing, let me re-emphasis, these regulations are not what the Personal Care Home profession needs to survive and provide for the health, welfare and safety of the residents. Send them back. Let us revisit the 2620 regulations and make changes as needed to them.

As you saw from your meeting throughout the state, there are many good homes. We care for our residents and welcome the opportunity to make some changes to 2620. I feel we have not been heard.

THE REGULATIONS AS PROPOSED MUST BE STOPPED.
Personal Care Homes want to remain a social model not become a medical model. Let the residents have a choice, 2600 will take away that choice.

Sincerely,

A handwritten signature in cursive script that reads "Margie Zelenak".

Margie Zelenak
Assistant Administrator

Telete News Director

Office of Licensing
Dept. of Public Welfare
Room 316
P.O. Box 2675
Harrisburg, Pa 17120

Original: 2294

Nov. 1, 2002

14475 (537)

NOV - 7 2002
REVIEW COMMISSION

Dear Director:

I am writing with great concern with regard to the Proposed changes to the regulations for Assisted Living & Personal Care Homes.

My 90 year old Mother is in an Assisted Living Home and I might add very contented. She is getting three meals and a snack every day. Before she was placed I would check to see what did you eat today, 1/2 can Kidney Beans for lunch, then what did you have for dinner the other half of the Kidney beans.

She definitely doesn't qualify for nursing home care. Why are you trying to move her out?

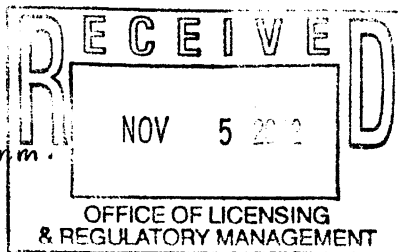
I work and so do my brother & sisters. We purchased the needed items for her. Please do not take what she has found to be a good home with loving staff she feels very comfortable with them.

I have been reviewing the proposed changes to the 2600 regulations. This one-size fits all approach will devastate the small Personal Care Homes. Please take more time and don't try to make a name for yourselves at the expense of the small (like home) Personal Care & Assisted Living Home

It will add increased cost that will have to be passed on to the resident who already stretched at this time

Thank you so much for the opportunity to communicate with your offices and the NAPCHAA. I feel you will put yourself on the line on behalf of my mother and all the other residents.

cc to:
Independent Reg. Rev. Comm.
George T. Kinney, Jr.
Harold F. Mowery, Jr.



Sincerely
Dale Brudger
Grace Brudger

Original: 2294



14-475 (464)
"Same commenter
as # 4,463
and 464"

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Adjacent New Stanton

November 1, 2002

Dear DPW Personal Care Home Advisory Committee:

A spontaneous meeting on of provider Organization's happened on October 23, 2002 at my facility in Somerset. I was asked to host this meeting and I obliged to happily.

For providers who are so diverse to get together and speak with a unified voice is unheard of. The common threat and dislike of 2600 is so genuine that East (Philadelphia) traveled to West (Somerset).

The common goal for what we signed under is: To Kill Regulation 2600 and Revise 2620 as is needed. We all elected Matt Harvey to speak for and to present our concerns at the October 24, 2002 Advisory Committee Meeting. Harvey Everett the Chairperson has denied this opportunity. In the interest of Democracy, I provide to you this information!

Sincerely,

Istvan Upor

CC: Teleta Nevius, DPW / OLM
Mary Lou Harris, IRRC
Harold F. Mowrey, Senate Chairman Health & Welfare Committee
George T. Kirfner, House Chairman Health & Human Services Committee

14-475 (598)



THE COUNTY OF CHESTER



COMMISSIONERS:
Karen L. Martynick, Chairman
Colin A. Hanrahan
Andrew E. Dinniman

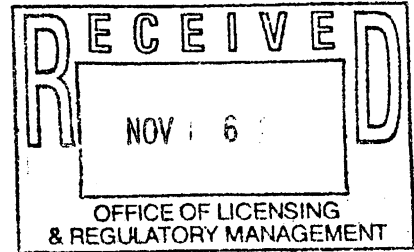
DEPARTMENT OF MENTAL HEALTH/
MENTAL RETARDATION
601 Westtown Road, Suite 340
P.O. Box 2747
West Chester, PA 19380-0990
610-344-6265
FAX: 610-344-5997

REGULATORY
REVIEW COMMISSION

THOMASINA H. BOUKNIGHT
Administrator

November 1, 2002

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



Dear Director Nevius:

The Chester County Department of MH/MR has assembled a small work group to look at the problem of complaints about Personal Care Boarding Homes (PCBH) in our county. Members of this work group have been very concerned with the vague nature of the regulations and with the poor oversight that seems to be evident. We are primarily concerned with the quality of life issues for individuals who are consumers of mental health services or individuals with a developmental delay.

The proposed regulations need to be further enhanced or changed. Our work group has made comments about the following proposed changes. We respectfully submit these changes during the allowed comment period:

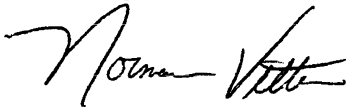
- 2600.11 **Licensure.** This section needs to include unannounced licensure visits and relicensing every nine to fifteen months.
- 2600.15 **Abuse.** Employees suspected of abuse should be removed immediately, and reinstated pending the outcome of an independent investigation.
- 2600.16 **Reportable incidents.** This regulation should include each home having a policy for investigating complaints and reporting complaints to the licensure entity on a regular basis.
- 2600.20 **Resident Funds.** If the home accepts responsibility for these funds they must be accountable to the consumer or his/her guardian with a quarterly financial report and receipts to support expenditures.

- 2600.27 **Quality Management.** Every PCBH operator must have a way to track incidents, complaints, all deaths, staff training and program enhancements as a method to show how the program is going to maintain safety and quality. All problem areas need to have a plan of correction and a documented method for improvement.
- 2600.41 & 42 **Resident Rights.** Every resident must sign the rights and a copy of the rights should be posted in the home. Any complaint or incident must be investigated within ten days (10 days) of receipt. There should be a review process for any resident who is served an eviction notice against their will. All notification of eviction must give at least 30 days written notice. There needs to be adequate notice of any policy or house rule changes. All changes must be notified in writing and posted at least 30 days prior to taking effect. All resident accounts are to be made whole if any funds are improperly mismanaged or stolen by staff or management of the facility. Once a complaint is filed, an eviction notice is not allowed or permitted until after the resolution of the complaint has been in effect for 30 days.
- 2600.226 **Development of a Support Plan.** This is vital to the quality of life for any individual residing in the community. This plan needs to be developed along with the resident's family or personal support system, including mental health or mental retardation professionals working with the resident. We suggest that a "circle of support" model be incorporated for every resident. This should also be updated at least annually.

Furthermore, The Chester County PCBH workgroup supports the recommended changes and comments that the Mental Health Association of Pa. has drafted. Overall, we want respect, dignity and good quality of life for individuals residing at PCBHs. The regulations and policies need to be in place for the protection of the residents, ensuring their health and safety. Currently, it seems that the regulations are vague enough to make the operation of the homes more convenient for unscrupulous operators and owners. It is difficult to legislate every aspect of a person's living environment, but we are concerned about promoting a positive quality of life for the resident. We hope that the proposed changes will make this happen.

Thank you.

Sincerely,



Norman Vetter
Mental Health Director

NV/lr

cc: PCBH Committee

#14-475

357

Original: 2294

<p>5120 Memorial Boulevard Tobyhanna, PA 18466 Phone (570) 894-5180 * Fax (570) 894-5183</p>	<p>Darlak Properties</p>
--	---------------------------------

DATE: November 1, 2002

TO: Beverly Doherty, Director of Bureau of Home and Community-Based Services
Office of Social Programs

Teleta Nevius, Director of Office of Licensing and Regulatory Management

FAX: (717) 705-6955

PAGES INCLUDING COVER: 2

FROM: Jeff Rosen, Executive Director of Development and Operations for Darlak Properties... Owners and Operators of Nanticoke Villa Personal Care Center

RE: Comments to the Proposed Personal care Homes Regulations of 10/05/02 -- 55 PA Code Chapter 2600

• Please Note: The following pages are confidential and intended for the addressee. If any part of this fax is not legible please call the above telephone number for a new transmittal.

Dear Ladies and Gentlemen

As per instructed via your circular I am providing comments to the proposed regulations on the attached sheet.

Thank you for your time and attention.

Jeff Rosen
Executive Director

RECEIVED BY
 COMMUNICATIONS SECTION
 NOV 01 2002 4:20:05 PM

WRITTEN COMMENTS REGARDING REGULATIONS

Regulation Number	Section Title	Relevant Part of Reg. Reads...	Comment / Suggestion
2600.54	Staff Titles	Direct Care staff shall have the qualifications of a High School Diploma or GED.	1. Current High School and GED curriculum do not provide the skill nor compassion training required to be a qualified quality Care Giver, 2. Currently a high percentage of quality Care Givers in Personal Care Homes do not have High School Diplomas or GEDs and should a regulation such as this be retroactive, staffing would be significantly and adversely effected for an extended period jeopardizing the viability of Home Care facilities, and 3. Further, a requirement of these degrees would reduce the available quality workforce willing and able to provide QUALITY CARE causing personal care facilities and cause the pricing structure of Personal Care facilities to be out of Residents' resource range.
2600.57	Admin. Training	An Administrator shall have at least 24 hours of Annual Training relating to Job Duties.	To expand the current training requirements will 1. Take the administrator away from oversight of daily duties, 2. Will be a significant expense due to: enrollment into a qualified Training Program, compensation for the administrator's time during the training as well as travel, meals, and potential overnight accommodations.
2600.58	Training & Orientation	... use of medication, purpose and side effects of medication.	1. Within a Personal Care facility residents' must be capable of self-administering medication. 2. Any and all medication must be prescribed by the residents' physician. 3. Staff assigned the responsibility of oversight of medication are trained to secure and to distribute residents' medication as prescribed by their respective Physician as well as monitor and immediately report any adverse reactions to the respective residents' Physicians for instruction. Should the Physician not be available Emergency Service are immediately contacted.
2600.58	Training	Direct Care staff shall have at least 24 hours of annual training related to their job.	The immediate implementation of additional quantity of training hours will cause an immediate financially adverse effect in regards to: 1. The additional staff required to provide resident care during training. 2. The compensation of staff being trained, and 3. Any cost related to the multiple number of training opportunities required to ensure all direct care staff receive the required quantity of training hours.

NANTICOKE VILLA PERSONAL CARE HOME

COMMENTS BY: Jeff Rosen, Exec. Director Darlak Properties (Owner and Operator) November 1, 2002

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
372

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,

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 an 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 valuables 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.

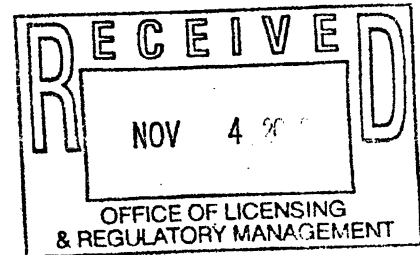
Thank you for your time and consideration.

Sincerely,

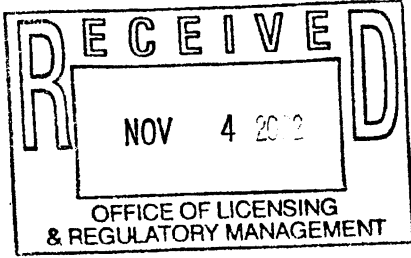
Melanie A. Trate

Melanie Trate, Co-Administrator
cc: Rep. George Kenney, Jr.
Rep. Frank Oliver

Sen. Hal Mowery
Sen. Timothy Murphy



Original: 2294



14-475
#370

November 1, 2002

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

NOV 1 11 17 AM '02
 DEPARTMENT OF PUBLIC WELFARE
 HARRISBURG, PA

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.

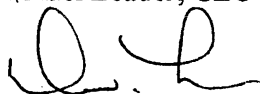
We are supportive of all recommendations set forth in the document submitted by CALM including the general observations and comments dealing with:

- 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.

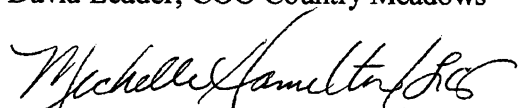
In closing we appreciate this opportunity to comment and look forward to continuing this collaborative effort.

Sincerely,

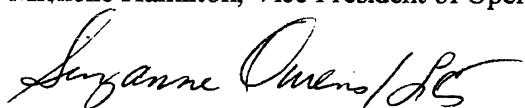

Michael Leader, CEO Country Meadows



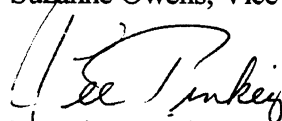
David Leader, COO Country Meadows



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

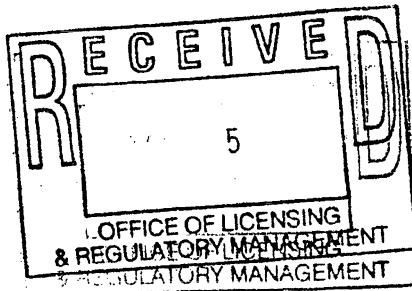
Section of regulation in question	Comments regarding concerns in regulation	Suggested change to regulation
2600.27 Quality Management	This is too prescriptive in its verbiage and could also be overwhelming to smaller providers	We recommend that the facility be able to determine what quality management 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 <u>available</u> 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 (i) building standards</p>	<p>There is no language regarding grand fathering of current facilities.</p>	<p>Indicate in 2600.231 (i) that such items will be grand fathered.</p>
<p>2600.239 Programming Standards for Secured Units (i) 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 (i) should be eliminated.</p>

Original: 2294

RECEIVED
NOV 1 2002
REGULATORY
REVIEW COMMISSION



14-475 (513)
SAME COMMENTER AS
#6, 8, 12, 23, 92, 93,
Carmella's House 1143, 1147, 294
P.O. Box 73
Crabtree, PA. And 466
15624

Friday, Nov. 1, 2002

Commonwealth of PA.
Dept. of Public Welfare
P.O.Box 2675
Harrisburg, PA.
17105-2675

Dear Teleta Nevius,

I am compelled at this time to write my thoughts, and opinions regarding the Proposed Chapter 2600 Regulations as published on Oct.5,2002 in the "PA.Bulletin".I am requesting that my letter be considered my public comment. I've been involved in the work submitted by the Westmoreland Personal Care Home Administrators Association. I have carefully read every comment made, line by line to every page of Chapter 2600. I am in complete and full agreement with all written comments. Please count those comments another time for me personally, as that would save submitting over 150 pages of the same to you.

I own and operate a very small, 8 bed home in Westmoreland County. Statistically speaking, our county is the third highest out of 67 counties in the Commonwealth. There are 84 homes which serve about 2063 residents & 364 SSI.Over the past 2 years, due to the imminent threat of the changing regulations, I have come to know many of my competitors throughout this county. I now consider my competitors to be my constituents. They are a wonderful group of very hard working and compassionate people. I can and do highly recommend their services. I am proud to be a part of the "Westmoreland group", as well as NAPCHAA.

I have been actively involved in every step of these proposed regulations, since the first day that I became aware of them. Precisely, since March 29,2001 when they were introduced in Harrisburg at the DPW Advisory Committee. At that early point in time, when they were called "the draft of the Adult Residential Regulations Project", DPW mailed a copy to every PCH in the State. Every home received the playtoy...the draft.

I am extremely alarmed and upset by the fact that the DPW has not sent this published version of the proposed Chapter 2600 Regulations to every PCH within the Commonwealth. You have not even so much as sent a letter, nor a postcard, to alert the homes of the movement forward. I find this to be deceitful, and this silence very negligent to the lives of over 2000 residents, their families, as well as the 84 remaining providers. Quite frankly, I am appalled. As my licensing Dept., I trusted you, and I expected more from you!!! The PCH providers throughout the Commonwealth deserve to know what is about to turn their lives and businesses upside down, They deserve to know and they deserve a chance to react!!!

There are 3 major theories of WHY'S for the reasons behind these drastic proposed regulations.

- (1) To line PA.up for Medicare/medicaid monies.
- (2) To eliminate the "bad" homes.
- (3) To destroy the small businesses.

Over the past 1½ years, I have always said that those 3 reasons were far-fetched ideas. That the purpose of change is to improve what we have, to raise the standards, and improve the quality of care for all of our residents. Now that I have reviewed these proposed regulations, I am coming to the conclusion that my benevolent thoughts were quite far-fetched!

I need to respond to each of the 3 theories.

(1) Whoever said that the providers-the home owners want federal funding?!! Whoever said that would be the direction that we would want to go? Whoever said that we wanted to mix with the federal government?

I went into private business because of 25 yrs. of experience with Medicare, and JAHCO. I went into private business to get away from the absurd amount of paperwork. I could have easily ventured into a home health care business, but what I really wanted to do was take care of people, not paperwork. I wanted to follow my calling to do hands-on, quality care...I wanted a personal care home.

(2) The "bad" homes that you are going after with such a vengeance are such a small %. Estimates are less than 10% of all PCH are "bad". Such a minute % does not warrant this major change that you're proposing.

The advocates and the Ombudsman represent hideous conditions which need to be changed immediately! Those conditions are an embarrassment to all of us, they hurt all of us. They're a slap in the face to the entire PCH profession, and to humanity, and to those of us who believe in a higher power. The "bad" homes need to be aggressively dealt with.

The "bad" homes need to be dealt with through enforcement, not through over-regulating.

Now, I'm in a crises situation--a delimma because you folks want to change the regulations, and to change them beyond what is prudent and reasonable. YOU ARE GOING TO UPSET THE APPLE CART, JUST TO GET RID OF A FEW BAD APPLES.

(3) Carmella's House was just established about 4¼ years ago. It took me 12 years to get what I wanted. 12 years of savings, 12 years of planning, and 12 years to talk my husband into "going for broke" to chase a dream. Everything that I am worth is in my 100+ yr.old building. Everything that I do is for my family, my extended family of residents, and my colt. We work 16-18 hrs. per day, without any days off since we began our business. I cannot complain, because I love what we are doing. It's an old-folks Bed & Breakfast, a geriatric kibbutz, a communal living, which offers many rewards...in the form of hugs and good laughs.

I do everything willingly. We've worked hard to create my vision-to build my small business.

OLRM seems to be on a mission to wipe out the industry. An analogy would be to treat the cancer by giving the chemotherapy

which kills all the cells-both the good and the bad cells. These proposed regulations are going to weaken and destroy the entire profession. That nauseates me!

For the record of public comment, I must also add some overall, general statements.

(1) COST-The proposed Chapter 2600 regs. will have a detrimental economic impact on our residents and their families. It will raise the cost of care to such an exorbitant amount that few will be able to afford. Residents who are on a fixed income will lose this option of lifestyle.

PCH's will not be able to accept an SSI resident for \$30/day when it will cost in excess of \$300/day to care for a resident after the proposed regulations are instituted.

(2) HOME CLOSURES THROUGHOUT THE COMMONWEALTH-Exorbitant increases in the cost to do business will force many homes to close their doors. The income from the resident's room and board will not begin to pay for these regulations.

Costs include: paperwork & wages to complete excessive paperwork alterations to the buildings
additional staff which may include licensed personnel
cost of training - orientation and 24hrs./annual training for all employees and volunteers. This cost is compounded by the expense of hourly wages while training, as well as hourly wages for a second employee to cover the floor.

(3) CHANGE FROM A SOCIAL MODEL TO A MEDICAL MODEL-This infringes on the residents' right to choose where he/she wants to live. It is forcing a philosophical change of lifestyle on a frail society of residents. It is stripping them of choices.

We feel that our residents thrive in the social settings that our PCH provide, and that many will perish in a medical setting.

Chapter 2600 is heavily laced with Medicare regulations that have been extracted from the nursing homes. It's disheartening to see that the nursing home administrators have had more of an impact on this chapter than the PCH administrators.

WE DO NOT WANT TO BE MINI NURSING HOME JR'S!!

(4) OVER-REGULATING-There are over 20 separate policies and procedures and 59 separate required documentations. This amount of paperwork will NOT ensure the health, safety, and welfare of our residents. It will actually have an adverse effect of less care and significantly higher cost. Staff will be buried in paperwork.

(5) OVER-REGULATION WITH LESS INSPECTIONS-75% of PCH will be inspected every 2 years, some every 3 years, and some every year. This does NOT add up to protecting our residents. Is Auditor General Robert P. Casey, Jr. or the advocates from the PA Health Law Project aware of this?

(6) ENFORCEMENT- Every complaint that has been brought to our attention by the Auditor General Casey, the advocates, and the Ombudsman fall into 2 categories for resolution: Either they

are so horrific that they become a criminal matter which is a POLICE issue, or they could be handled appropriately by current Chapter 2620 IF the DPW inspectors had support from the State to do their job completely BY ENFORCING REGULATIONS!

(7) THOSE WHO KNOW THIS PROFESSION WERE NOT CONSULTED about what good regulations should include. Those who know best are the residents and their families, providers, and inspectors.

Out of all this turmoil, a few positive things have developed. We had to step back and take a long, hard look at our profession. We have recognized several needs that might have an effect on the health, safety, and welfare of our residents. We need to raise our standards by offering more educational training sessions to the caregivers. But the training needs to be economically feasible.

We need to improve our medication delivery systems so that lay staff throughout the Commonwealth can safely give medications. WCPCHAA & NAPCHAA are developing and piloting a medication training program. We are proactive to find solutions.

We need enforcement of the regulation. We realize that our weakness is also your weakness.

We have more years in the developing of our small business than you do in the developing of Chapter 2600. Everything that I have done; everything that I own; and my future is at stake with Chapter 2600. IT IS UNACCEPTABLE.

MY SUGGESTION: To keep Chapter 2620, but add some addendums to enhance our profession, like some training and med.tech. program.

Please try to understand the implications that Chapter 2600 will have on residents, their families, providers, small businesses, as well as the DPW inspectors. The inspectors will also be buried in paperwork.

I'm also including some letters from families, and a petition of 93 names from interested persons in my community.

I will continue to participate at every given opportunity, until the end. I will plan to attend the Dec. 11 statewide stakeholder meeting.

Please keep me informed of any other developments.

PLEASE DO NOT DESTROY THE ENTIRE ORCHARD FOR A FEW BAD APPLES!!

Thank you,

Elgin Panichelle

Elgin Panichelle, R.N., Adm.
Carmella's House

14-471 (451)



Someone to Stand by You

ALZHEIMER'S ASSOCIATION
Pennsylvania Public Policy Coalition

Chapter Offices

November 1, 2002

**Alzheimer's Association
Greater PA Chapter
2001 N. Front Street
Building 2, Suite 321
Harrisburg, PA 17102
(717) 232-3580**

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

**Alzheimer's Association
Delaware Valley Chapter
100 N. 17th Street,
2nd Floor
Philadelphia, PA 19103
(215) 561-2919**

Dear Ms. Nevius:

Attached please find the comments of the Alzheimer's Association's Pennsylvania Public Policy Coalition on the draft personal care home regulations issued by the Department of Public Welfare.

Regional Offices

As advocates for the more than 270,000 Pennsylvanians with Alzheimer's disease, we know that most personal care homes in the Commonwealth are doing their utmost to provide residents with decent, safe, and sanitary shelter and a good quality of life. However, recent tragedies such as the Alterra situation in Bucks County serve to underscore the need for statewide standards, inspections, and enforcement.

**Northwestern Region
110 West 10th Street
Suite 212
Erie, PA 16501
(814) 456-9200**

Administrators and staff of the vast majority of personal care homes are as anxious as we are to identify and eliminate situations in which the health and safety of residents is threatened. We appreciate the Department moving forward with these regulations and look forward to working with you on their successful implementation.

**Greater Pittsburgh Region
Landmark Building
1 Station Square
Pittsburgh, PA 15219
(412) 261-5040**

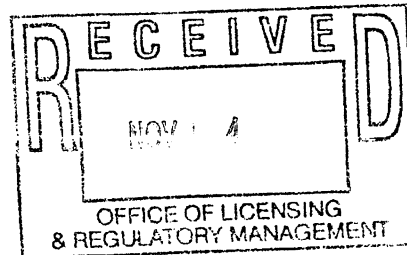
If we can be of service to you in areas such as dementia specific training, please feel free to contact us.

**Laurel Mountainis Region
1011 Old Salem Road
Suite 207
Greensburg, PA 15601
(724) 837-9570**

Sincerely,

**Northeastern Region
Kirby Health Center
71 N. Franklin Street
Wilkes-Barre, PA 18701
(570) 822-9915**

Diane M. Balcom, Chair



CHAPTER 2600 PERSONAL CARE HOME REGULATIONS

GENERAL REQUIREMENTS

§2600.15. Abuse reporting covered by statute.

§2600.16. Reportable incidents.

Comment: Reports generated under these two sections are important for the Department; however, we would recommend providing copies of the reports to residents and their designees.

RESIDENT RIGHTS

§2600.31. Notification of rights and complaint procedures.

Comment: Paragraph (a) of this section uses the term “advocate” for the first time, which is not defined in section 2600.4. Does this mean an attorney, an attorney-in-fact, or any designee with the resident’s best interests in mind?

§2600.32. Specific rights.

Comment: This section articulates a very thorough list of rights. We particularly appreciate the freedom from restraints and excessive medication. However, while it is notable that the regulations prohibit discrimination by personal care homes based on sexual orientation, the regulations themselves discriminate based both on sexual orientation and marital status. The word “family”, which is used throughout the regulations in terms of receiving notice and being involved with the resident’s support plan, is defined to exclude unmarried partners of either gender. Similarly, the regulations indicate in section 2600.229(c)(3) that a personal care home secured unit resident’s “spouse or relative” is entitled to move in with him or her without having to undergo a medical assessment. This could be addressed either by adding a definition of “spouse” to section 2600.4 that includes unmarried partners, or by adding the words “or designee” after each use of the word “family” and clarifying the language on spouses and relatives moving into a personal care home.

We also recommend additional language in or following subsection (c), which calls for treating residents with dignity and respect. An example of residents’ dignity should be the right to be clean and dry, and have incontinence needs addressed. Similarly, an example of residents’ respect should be the right to have any wounds received treated promptly by a trained medical provider, regardless of their cause.

§2600.33. Prohibition against deprivation of rights.

Comment: Paragraph (a) states that residents, “shall not be deprived of their civil rights”. “Civil rights” are generally interpreted as those stemming from the Civil Rights Act of 1964, the

Americans with Disabilities Act of 1990, and title IX of the Education Reform Act of 1972, namely race, national origin, gender, age, handicap, or religious preference. Since section 2600.32(a) confers additional specific "rights" above and beyond those generally required by law, perhaps this section would be clearer if it said "residents shall not be deprived of their rights as stated in section 2600.32(a)."

SUBCHAPTER B - STAFFING

§2600.55. Exceptions for staff qualifications.

Comment: Paragraph (a) may be worded a little too generally in its waiver of qualification requirements for staff hired prior to the effective date of the regulations. Some requirements, such as age or supervisory ability, can be made up with time and training, including on-the-job training. However, others, such as freedom from dependence on drugs or alcohol, should not be waived simply because the staff person was already working in a personal care home when he or she developed the dependency.

§2600.57. Administrator training and orientation, and §2600.58. Staff training.

Comments: The lists of training topics in these sections are thorough, particularly for administrators. However, with so many training areas, dementia care topics are unlikely to receive more than a few of the initial 40 hours required for administrators, and even less in annual refresher training. The Alzheimer's Association is uniquely qualified to provide this type of training and, generally, the minimum curriculum we offer is eight hours for direct care staff.

The key skills needed in the personal care home setting include, among others, the ability to: identify when a resident may be developing Alzheimer's or some related dementia; work with the resident's loved ones, attending physician, and other experts to reach a diagnosis and the resident's acceptance of it; revise the resident support plan appropriately to allow someone in the early stages of Alzheimer's to remain in the residence; provide assistance with activities of daily living when the resident doesn't understand basic instructions; work with appropriate experts to develop a secured unit for the resident, or assist the resident in identifying alternative living arrangements; and develop appropriate strategies for addressing wandering, access to portions of the home that may become a hazard to the resident, such as the kitchen, and interaction between the affected resident and other residents of the home. These are not topics that can be covered in an hour or two. We would welcome an opportunity to work with the Department in developing a standard curriculum for administrators and direct care staff.

PHYSICAL SITE

§2600.99. Recreation space.

Comments: While standards for secured units are covered in section 2600.229(a)(2), it is notable that wandering may be an indication to staff that an existing resident is developing Alzheimer's or a related dementia. Even personal care homes without secured units should have a plan in place for ensuring that regular access to outdoor recreation doesn't lead to lost residents.

FIRE SAFETY

§2600.121 – 133.

Comments: The definition of “immobile” in section 2600.4 includes persons who cannot understand instructions. Given this, it would seem that a fire safety plan should include specific provisions for ensuring that immobile residents have staff assigned to them on every shift who would be responsible for their safe egress, that local fire officials are notified of the presence of residents who might not understand what is happening, and that immobile residents’ access to flammable materials in the home is limited.

RESIDENT HEALTH

§ 2600.141. Resident health exam and medical care.

Comments: It would be preferable for a health examination to occur prior to admission, to avoid situations in which someone in the early stages of dementia moves in only to be asked to leave because the home is unable to accommodate his or her future needs for a secured unit. In addition, an evaluation of the resident’s cognitive abilities should take place more frequently than once per year. We would recommend at least every six months, or upon any significant change in the resident’s condition or other triggers similar to those used in section 2600.225 for resident assessments.

We also would recommend adding the word “timely” before the phrase “medical care” in paragraph (b). Residents with wounds or other need for medical attention should receive it promptly.

§2600.145. Supervised care.

Comments: This section states that, “A resident in need of services that are beyond services available in the home in which he resides shall be referred to the appropriate assessment agency.” As discussed previously, knowing when and to whom a referral should be made requires training both in making the referral and in getting the resident to accept it.

NUTRITION

Comments: This subchapter is very thorough in its direction of how many meals and snacks to offer, and the content of each. However, the proposed regulations do not fully address nutritional adequacy among a population where dementia may cause them to forget to eat or not want to eat. In fact, section 2600.164 prohibits force feeding. Some type of intervention, or at least notice to a resident’s loved ones or physician, should be required if a resident exhibits a significant unintended weight loss, such as 5% in a 30-day period or 10% in a 180-day period.

TRANSPORTATION

§2600.171. Transportation.

Comments: A resident in the early stages of Alzheimer's may need transportation to a doctor's appointment or may just wish to travel with other residents to a local shopping mall or movie theater. Additional staff would be needed in this event, to ensure that the resident with dementia got where he or she needed to go and back again, while still providing sufficient oversight of other residents on the trip.

In addition, this is another area where additional training should be provided for drivers or other staff so they can effectively assist the resident with getting in and out of the vehicle, getting to appointments, and the like.

MEDICATIONS

§2600.181. Self-administration.

Comments: While we recognize an overall shortage of health care professionals and skilled workers in long-term care, particularly in rural and inner-city areas, we are very concerned about ensuring the competence of staff assisting personal care home residents with self-administration of medications. Given the relatively high percentage of PCH residents who have undiagnosed dementias, it is critical that residents have the support they need to ensure their health and safety. We recommend a two-step process:

- personal care homes should be required to develop a written policy on administration of medications and assistance to residents with self-administration, which should be provided to all residents' physicians and dentists; and
- physicians and dentists with notice of a personal care home's lack of on-site qualified staff (meaning a licensed physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse, or licensed paramedic) should be required to review a minimum of two weeks' drug administration records prior to making any changes in a PCH resident's prescriptions.

In addition, we strongly support the regulations' requirement for training PCH staff in helping residents with self-administering medications.

SERVICES

§ 2600.229. Secured unit requirements.

Comments: This section is critically important, and its organization is much improved from the first draft circulated on the Department's web site. Still, some of the provisions of this section are duplicative of other provisions elsewhere in these draft regulations, making it sometimes unclear whether this section is intended to supplement or supplant the rest of the personal care home regulations. For example, paragraph (h) states that residents of secured units are considered to be mentally immobile. But, the definition of "immobile resident" in 2600.4

includes, "difficulty in understanding and carrying out instructions without the continual and full assistance of other persons". It would seem that the statement in section 2600.229(h) is duplicative, unless the real intent was to limit the mental aspects of the "immobile resident" definition only to the provisions of section 2600.229.

Training in the areas articulated in this section obviously is very important to a facility that holds itself out as offering a secure environment for people with cognitive impairment. However, all current personal care home residents should be viewed as having the potential to develop dementia. The incidence of Alzheimer's disease increases dramatically after the age of 70, and is nearly 50% in people over age 85. This training should be provided at least to all administrators, and preferably to all direct care staff, as well.

Paragraph (j) still needs some work, in form and substance. We note that 60 days notice prior to becoming operational is not the same as getting approval or obtaining additional licensure prior to becoming operational. There should be some acknowledgement from the State that the home meets the requirements of this section before it is permitted to hold itself out to the public as being able to accommodate the needs of persons with Alzheimer's disease.

In addition, subparagraph (1) talks about providing notice to the Department when a PCH initially begins operating a secured unit. Subparagraph (2) discusses providing notice of changes made to secured units already operating. Subparagraph (3) articulates a list of items to included "in the written notification" (emphasis added), without specifying whether that's the written notification of intent to open a secured unit, or the written notification of intent to make changes in a functioning secured unit, or both.

Finally, we would recommend that an additional certificate or special license be issued to homes with secured units that comply with this section. Such a certificate would assist the loved ones of persons with Alzheimer's disease in quickly identifying a suitable personal care home. It also would allow the Alzheimer's Association to quickly identify personal care homes that may be interested in enrolling residents in the "Safe Return" program, a program that helps wandering Alzheimer's sufferers get home safely.

ENFORCEMENT

§2600.253. Revocation or non-renewal of licenses.

Comments: Paragraph (c), relating to relocation, is unclear. It appears to offer the Department's assistance in relocating residents only if the PCH in which they're currently living failed to apply for a license in the first place. When a license has been revoked for cause, the paragraph says that residents shall be relocated, but it does not indicate at whose expense or whether Departmental assistance would be available. Certainly it would seem that the urgency associated with revocation for cause would argue for residents getting help from the Department.

Original: 2294

#14-475
355

2002 NOV -4 PM 8:36

REGULATORY
REVIEW COMMISSION

467 Mt. Tabor Road
Coal Center, PA 15423
November 1, 2002

Teleta Nevius
Fax 717-705-6955

It is my understanding that if the proposed new regulations regarding personal care homes in Pennsylvania pass, some serious financial damage will be done to many personal care homes. This financial burden will naturally be passed on to the residents of those homes and their families.

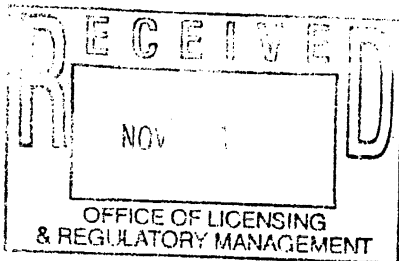
My aunt, Mary Matz, is a resident of Hallsworth House in Charleroi, PA. She receives excellent care, and professional medical help is on call, and available whenever needed. The proposed new regulations are unnecessary, and furthermore are damaging to families like us. If you make the cost of personal care prohibitive, you will force many residents into unsafe and unhealthy environments. What's your point?

Candace Bernier

Candace Bernier

W 724-229-0785

H 724-483-2883

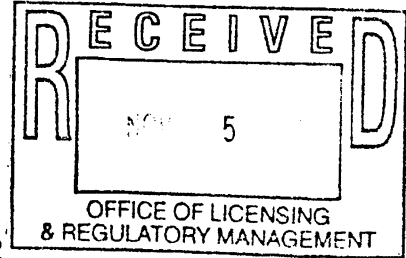


14-475 (531)

Original: 2294



NOV 7 AM 11:29
COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF AGING
555 Walnut Street - 5th Floor
Harrisburg, Pennsylvania 17101-1919



November 1, 2002

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

Dear Ms. Nevius:

Enclosed are comments from the Office of the State Ombudsman in the Department of Aging in response to the proposed personal care home regulations -- 55 PA Code Chapter 2600 -- published in the PA Bulletin, October 5, 2002.

Initially my office had the opportunity to participate in meetings to formulate the first draft. We are pleased that many comments offered during that process have been incorporated into the proposed regulations. We also recognize and appreciate the time and effort expended by many parties to improve the regulations and enhance protections for consumers who are residents of personal care homes.

We would like to comment and reinforce the positive additions to the regulations concerning initial and annual assessments, development of support plans, quality management, increased administrator and direct care worker qualifications and training requirements, provision of personal care services 365/24/7 and resident protection language added to transfer, discharge, refunds, and termination notification.

Overall, we support the finalization of these regulations with the noted revisions attached. I must, however, reiterate our concern and disagreement to allow for less than annual inspections and the omission of requiring unannounced visits. Our experience in all licensed long-term care facilities demonstrates that conditions can change rapidly for various reasons.

If the intent and mission of licensing and enforcement is to ensure the health and safety of residents, the Commonwealth must provide such assurance through annual inspection of all facilities. Our entire ombudsman network feels very strongly about this issue. I encourage you to reconsider.

I also request that the Department of Public Welfare give due consideration to the recommendations of the subcommittee of the Personal Care Home Advisory Committee on enforcement that were submitted on January 10, 2002.

On behalf of all ombudsmen, I thank you for the opportunity to comment on these proposed regulations as we all strive to protect the rights and ensure a high quality of care and life for residents of personal care homes.

Sincerely,

A handwritten signature in cursive script that reads "Cindy Boyne".

Cynthia Boyne
State Long-Term Care Ombudsman

CB/pas

Enclosure

2600.2 Scope

- (b) add “exclusively” after operated and before by

2600.3 Inspections and Licenses or Inspections of Compliance

- (a) add “annual” before on-site inspections
- (b) replace “the” with “all” requirements

2600.4 Definitions

Direct Care Staff – add provides “personal care” services

Financial Management – add to the end of the first sentence
”, or when a resident requests such assistance and the request
is documented in the resident’s records.”

IADL – add “(vi) securing health care”

Long-Term Care Ombudsman – in the first sentence replace
“An agent of” with “A representative of the Office of the State
Long-Term Care Ombudsman in”

2600.5 Access Requirements

- (a) add “at any time” after license and before and

2600.11 Procedural Requirements for Licensure or Approval of Homes

Anything less than annual on-site inspections for all licensed
facilities is not appropriate. Our experience has shown that
conditions can deteriorate rapidly for various reasons.
In addition, all inspections should be unannounced.

2600.15 Abuse Reporting Covered by Statute

- (a) need to include neglect and add penalties for failure to report
- (b) add immediately “investigate” and implement a plan
“for removal of alleged perpetrator from residents”

require submission of plan of “remediation” rather than
supervision

2600.16 Reportable Incidents

- (5) add "or elopement from a secured unit for any time."

Add "(19) Injury of unknown origin requiring medical treatment."

- (c) add to first sentence "and to the responsible party or legal representative of the resident."

2600.18 Applicable Health and Safety Laws

Replace "comply" with "be in compliance"

Add "to obtain and following issuance of a certificate of compliance."

2600.19 Waivers

- (a) add request for a waiver of a specific requirement only in exceptional circumstances. Waiver request must provide justification.
- (c) in the first sentence add "resident responsible parties, resident legal representatives, and the local Ombudsman"
- (e) in the first sentence add "resident responsible parties, resident legal representatives, and the local Ombudsman"
- (f) in the first sentence replace "a periodic" with "annual"

2600.20 Resident Funds

- (4) in first sentence delete "if available"
- (6) replace "personal needs allowance" with "funds"
- (9) in second sentence add "or designated representative"
- (10) in the first sentence add "contact."
"and surrender upon request all resident's estate"

- (11) in the first sentence replace "within 30 days of" with "before or upon departure due to" add "voluntary closure", resident decision to leave with appropriate advance notice.
 - (12) add emergency relocation, voluntary closure
- 2600.24 Tasks of Daily Living
- (9) add "and medications"
- 2600.26 Resident-Home Contract: Information on Resident Rights
- (6) add "voluntary departure from facility"
 - (11) add "based on needs identified in the assessment and addressed in the support plan"
- 2600.27 Quality Management
- Add abuse/neglect reporting protocols
- 2600.28 SSI Recipients
- (e) Does the word "clothing", in the second and third sentences, obligate the home to provide clothing to the SSI recipients?
- 2600.29 Refunds
- (a) Thirty days is an unreasonable amount of time to provide refunds
- in the second sentence replace "discharge" with "upon departure."
- in the last sentence replace "within one week" to "upon departure"
- (d) in second sentence replace "within 30 days of death" with "upon request by the estate" after and
 - (e) replace "discharge" with "departure"
- 2600.31 Notification of Rights and Complaint Procedures
- (a) add lodge complaints with "PCH, Department, and/or Ombudsman"

- (g) replace "14" with "7"
last sentence add phone numbers "of all the above"
 - (i) add "receive assistance as identified in assessment/support plan." Include accessing prescriptions.
 - (w) We do agree with providing the right to appeal the items in this section. We do question the ability of the home to establish appeal procedures that would be fair and objective. DPW should establish an appeal process that provides for third party impartiality but preferably not utilizing the formal process of DPW's Hearing and Appeals. Add, resident must be permitted to continue residence in the home pending outcome of appeal.
- (2) add "(aa) A resident has the right to reside and receive services with reasonable accommodation of individual needs and preferences, except where the health or safety of the individual or other residents would be endangered."

2600.53 Qualifications for Administrators

Add "(5) Administrator must have minimum of high school or GED."

- (k) Administrator must meet all requirements prior to serving as an Administrator.

2600.54 Direct Care Qualifications

- (2) or have comparable life experience and demonstrate ability to pass State designed literacy competency test
- (5) Direct Care Staff must meet all requirements of this section prior to serving as direct care staff

2600.57 Administrator Training

- (a) replace "and administered ..." with "provided by an appropriately trained person or agency. The Department needs to ensure standardization and that appropriate topics are addressed by individuals knowledgeable in subject areas. Current practice of some trainers using valuable

training time to essentially "rally against DPW, PDA or others" is not acceptable training.

- (c) add "recognizing signs/symptoms of abuse/neglect and reporting requirements"

2600.101 Resident Bedrooms

- (d) replace (4) with (2) bedrooms for more than 2 may occur only if by resident choice.

Existing facilities can be grandfathered in.

2600.102 Bathrooms

- (c) replace (15) with (6)
- (e) add "each"

2600.104 Dining Room

- (1) add "or as noted in the resident's support plan" after illness

2600.141 Resident Health Exam and Medical Care

- (1) Physician completing may not be in any way affiliated with the particular PCH. Resident must be given choice and right to use personal primary physician.
- (b) delete wording and add "The home shall ensure that all residents have access to medical care and provide assistance in obtaining such care when needed."

2600.161 Nutritional Adequacy

- (b) add and "alternative" drink

add "(h) A snack consisting of food and drink shall be offered to all residents no more than 4 hours past the evening meal."

2600.162 Meal Prep

- (c) replace 14-16 with 12-14

2600.164 Withholding Food

Add (d) residents with cognitive impairment will receive assistance/monitoring to ensure they receive adequate nutrition and hydration

2600.181 Self-Administration

This regulation is regularly violated by many homes on a daily basis. The requirements are adequate as a standard. The problem lies with the home that allows untrained, unauthorized staff to pass and administer medications. Enhanced enforcement with sanctions may help discourage the abuse of this section.

2600.226 Development of the Support Plan

- (a) replace "15" with "72 hours"
- (c) revise – "Documentation of family involvement with resident consent in the development of the support plan shall be kept."
- (d) add "All"

2600.227 Copies of Support Plan

Add "and all involved in development/provision of the support plan. Current plan must be maintained in the resident's record.

2600.228 Notification of Termination

- (a) add receive assistance "from the facility"
- (f) add "or if the Department has initiated legal action", the
delete "except in the case of an emergency"
add "Under no circumstances may the legal entity, administrator or staff interfere with relocation efforts."

2600.229 Secured Units

Criteria need to be developed re: type of admission, staffing requirements, DPW oversight, etc., with input from person with Alzheimers/dementia expertise.

Regular monitoring of facility's compliance with established criteria must be conducted by DPW.

2600.240 Notification to Department

Add "(4) No residents shall be moved into a secure unit until all required documents have been received and approved by the Department, the Department conducts an on-site inspection, and the Department issues a certificate of approval to operate a secure unit."

2600.241 Mobility Standards

(c) replace "30" with "7"

2600.251 Classification of Violations

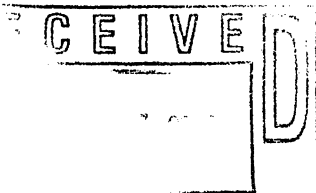
Must be enforced statewide

2600.252 Penalties

Must be enforced statewide

2600.253 Revocation or Non-Renewal

Must be enforced statewide



14-475 (L080)

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.

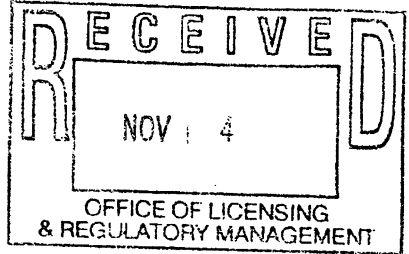
Thank you in advance in this cause.

NAME	ADDRESS	PHONE
Juanita Nelson	163 Spring Grove Rd, Pgh PA (unlisted)	
Jim Durken	180 Penn Leaf Dr, Monroeville, PA 15146	
Zanane Hoefeder RN	3044 Leechburg Rd, Lower Merion 15062	
Camille Adams	100 Carriageway, Pitta Pa. 15239	
Robert C. ...	2923 Amy Drive South Park, PA 15129 (unlisted)	
David P. ...	1112 Holmes St McKees Rocks PA 15136	
Paulina ...	401 Lawwood Ave, Pgh Pa 15227	
GITA MASOAL	502 Lenox Ave Pgh PA 15221	
Catasha ...	1449 Folkert St Pgh PA 15221	412-244-9901
Mary Ann ...	1808 Patricia Lane Versailles PA	823-2385
DIKET HASSIM	North Versailles PA	488-6065
Sherry Waring	Northside	412 238 9373
ERIC BROWN	GREENTREE	344-55452
Jana Kline	100 Blyn Mawn et	412 871-2488
Mae ...	544 Checon St.	412-823-6407
Christopher Krebs	27303 Evergreen Ln Imperial	724-695-8458
Kathleen Lewis	5 Edynburg Dr Pgh Pa	412 22-8474
C. Kerns	7439 McClure St Pgh Pa 15218	
Ralph ...	1715 Weiler St	412-829-2562
E. ...	731 Bradbrook Rd	412 247-2842
Jean ...	229 Thuringia Dr	
Barbara Edelman	224 Emerald St.	
Constance Puffer	213 Penn P. Pgh Pa 15221	

AARP Pennsylvania

#14-475 (401)

NOV -7 AM:20
OFFICE OF LICENSING & REGULATORY MANAGEMENT
REVIEW COMMISSION



November 1, 2002

Teleta Nevius
Director, Office of Licensing and Regulatory Management
Department of Public Welfare
Room 316, Health and Welfare Building
Harrisburg, PA 171201

Dear Ms. Nevius,

AARP is writing regarding the publication of proposed rulemaking for the Department of Public Welfare in the October 5, 2002 Pennsylvania Bulletin.

The proposed regulations for Personal Care Homes contain important changes that will help consumers. There are still shortcomings in these regulations, however. AARP shares the concerns of other advocacy and consumer organizations that have commented on these proposed regulations and hopes you will seriously consider these concerns.

AARP also has a serious concern with the overall scope of these proposed regulations. Today in Pennsylvania, countless facilities advertise themselves to consumers as "Assisted Living Facilities." The services offered by these facilities range from the simple to the extravagant, and the costs associated with these services can be modest or very high. At the same time, other facilities continue to identify themselves as "Personal Care Homes." These facilities also offer different services at different costs to consumers.

Consumers naturally think there is a difference between Personal Care Homes and Assisted Living facilities. But all facilities that are known as Assisted Living or Personal Care are covered under one set of rules in these proposed regulations. And nowhere in these proposed regulations is the term "assisted living" acknowledged.

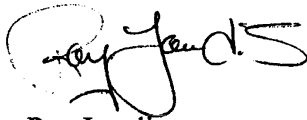
Many states have now defined the concept of assisted living. AARP feels that true assisted living facilities should offer a level of care beyond what is offered by personal care homes, and beyond what is required by these regulations. But there is a place for personal care homes in the growing field of long-term care in Pennsylvania. Some of the regulations proposed by the Department may cause difficulties for smaller personal care homes – difficulties that could be avoided if larger assisted living facilities were regulated separately.

AARP also considers these proposed regulations on this issue ill-timed. The General Assembly has had legislation under consideration that would define assisted living and

establish a framework for regulations. This legislation passed the House of Representatives and is pending in the Senate. It seems prudent for the Department to delay consideration of their proposed regulations until it is determined whether the General Assembly will address the assisted living question. In addition, the pending change of Administrations should factor into this issue.

AARP urges the Department of Public Welfare to revise these proposed regulations to include the concept of assisted living. Assisted living facilities are a reality in Pennsylvania, and a definition and regulatory framework for these facilities, which are different than personal care homes, should be established.

Sincerely,

A handwritten signature in black ink, appearing to read "Ray Landis". The signature is written in a cursive style with a large initial "R" and "L".

Ray Landis
AARP State Legislative Representative

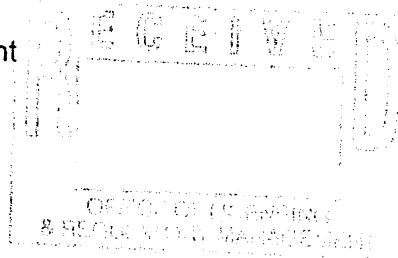
The Bell of Hope

**MENTAL
HEALTH
ASSOCIATION**
OF SOUTHEASTERN PENNSYLVANIA

14-475 (710)

"SAME COMMENTER
AS #484"

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



Dear Ms. Nevius:

I am writing on behalf of the Mental Health/Aging Advocacy Project of the Mental Health Association of Southeastern Pennsylvania with regard to the latest draft of the Department of Public Welfare's Personal Care Boarding Home (PCBH) Regulations, as published on September 30th. Our organization consists of older adult mental health consumers, and advocates in Southeastern Pennsylvania.

While some improvements have been made in this latest draft we are concerned about the following issues:

1) Don't eliminate the previous requirement that homes be inspected at least once per year could make more homes unsafe. We are well aware that homes that closed down this year were inspected under the current regulations and still had substandard and dangerous conditions. How would inspect less help improve standards? We strongly feel that by eliminating annual inspections many older adults Moreover we believe that annual inspections should be unannounced Regulation 2600.11 as well as 2600.3, relating to Inspections and licenses or certificate of compliance must reflect this.

2) Make sure training be done by appropriate personnel and include all necessary areas.

I applaud the improvements that have been made in the area of administrator and staff training. These should help improve resident care and staff retention for a population that is sicker and frailer than when the first regulations were made. What will be important is to make sure the training is done appropriately and is valuable. This is especially true in the areas of mental health and dementia. We support making sure that Training needs to be done by qualified persons. Thus, in regulation 2600.57, (a) and (b) should be revised to state that the Department-approved training be provided by an appropriately trained person or agency.

1211 Chestnut Street, 11th Floor • Philadelphia, PA 19107 • 215.751.1800 • Fax: 215. 636.6300
Website: www.mhasp.org • Email: mha@mhasp.org

A United Way Agency



We also believe that certain vital areas of training have been left out. While we recognize that the staff is not involved in treatment, they need to be aware of symptoms of mental illness and dementia. Therefore we believe (c) of 2600.57 should include the following areas of training: how to access healthcare services through Medical Assistance and other insurance companies, specific training on symptoms and behaviors of major mental illness (i.e. schizophrenia, schizo-affective disorder, major depression, bi-polar disorder and personality disorders), mental retardation, aging, and dementia/cognitive impairments.

We urge the department to develop a manual for training based on the best practices available in the commonwealth.

3) Don't take away the requirement to help residents get health and mental health services. Previous regulations required homes to obtain health services for a resident. As many residents are older and frailer this becomes even more crucial now. Regulation 2600.141 should require homes to assist residents in accessing health, dental and psychiatric care when needed.

4) Insure that secured units are safe and assessments made every six months. As advocates for older adults with mental illness and dementia we are concerned that the proposed regulations, because of some important omissions, may not provide necessary safeguards for residents who may be admitted to secured units. First of all the process for gaining permission (2600.229) for a secured unit leaves out any inspection by DPW. This must be changed. These residents are the most vulnerable to mistreatment and abuse.

Second, as you know that there are many forms of dementia and many of the symptoms could be caused by other physical or mental health problems. They may not be able to report symptoms or express pain etc. Additional training hours should be spelled out. Also assessments need to be every six months in order to insure that further deterioration or improvement is determined.

These issues are salient and need to be addressed. I thank you for your efforts to improve living situations for residents of personal care homes.

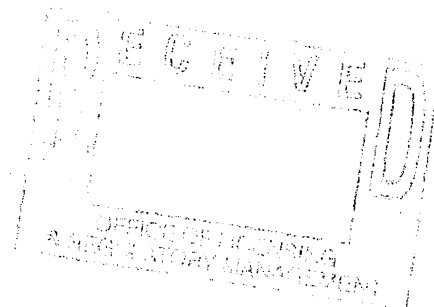
Sincerely,



Tom Volkert
Director of Mental Health/Aging Advocacy

Cc: Hon. George T. Kenney, Jr.
Hon. Frank L. Oliver
Hon. Harold Mowery, Jr. Chair
Hon. Timothy Murphy, Vice Chair
Hon. Vincent Hughes, Minority Chair

Dennis L. Raraigh
329 Sarver Road
Sarver, PA 16055
724-353-1529



Independent Regulatory Review Commission
333 Market Street
Harrisburg, PA 17101

Dear Sirs,

I am writing to you concerning the pending changes in the regulations on personal care homes. I am very familiar with personal care homes because my mother has lived in one for the last eight years. While living in a personal care home, my mother has received excellent care and has always been happy living there. I am greatly concerned that if these new regulations were to pass, living in a personal care home may no longer be possible for her. I certainly understand the need for personal care homes to be regulated. These new proposed regulations will increase the cost of living in a personal care home a considerable amount. This will force many small homes out of business. The minimum estimated increase in my mother's rent would be \$900 per month. That means it will no longer be affordable for my mother to live there. I am not sure were my mother would be forced to live it would be very difficult for my 65 year old father to care for her in his home. Likewise, it would be a struggle for my sister or I to care for her in our homes. My mother lives in a home that is close to her family. Would my mother be forced to move into a larger home away from her immediate and church families? Would she be forced into a nursing home setting? That would be ridiculous because my mother does not need this kind of care. Stop for a moment and think about that. How would you feel if a loved one of yours were faced with that?

Using plain common sense, these regulations make very little sense. Some of the proposed regulations are stricter than the regulations that nursing homes and hospitals must follow. Why? I do not understand this. The current regulations have not been strictly enforced in recent years. If the current regulations are not fully enforced now, then how do you expect to enforce three times the current regulations?

The new regulations will greatly affect the lives of the residents of this commonwealth. I urge you to give careful consideration to this. I am not only asking you to fight for Pennsylvania's best interests, but my family's as well.

Sincerely,

Dennis L. Raraigh
A concerned citizen and son

NOV 17 1994
940117-7 AM 6:16
COMMUNICATIONS SECTION

I'm writing to you because of the new 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 Colonel Hasden Personal Care Home located at Butler, Pa. It is certified by the V.A. I think that says alot.

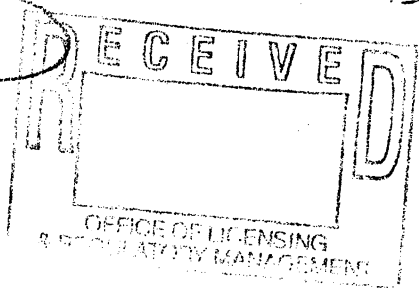
My husband has made his home there for five years. He is doing very well under the care of Linda Mueller the owner of the home and the wonderful help and care of her staff. The home is very clean, comfortable, very well managed. My husband is well taken care of, I'm very much satisfied as I want the best for him.

If the new regulations go through alot 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

#14-475 (586)



Original: 2294

14-475
492

PENNSYLVANIA CATHOLIC HEALTH ASSOCIATION

facsimile
TRANSMITTAL

to: Teleta Nevius, Director
 Department of Public Welfare
 Office of Licensing and Regulatory Management

fax #: 717-705-6955

re: Proposed Rulemaking
 55 Pa Code Chapters 2600 and 2620
 Personal Care Homes
 32 Pa. B. 4939 et seq. (10/5/02)

date: November 4, 2002

pages: 3, including this cover sheet.

NOV 04 2002
 11:57 AM
 TELETYPE UNIT
 FEDERAL BUREAU OF INVESTIGATION
 U.S. DEPARTMENT OF JUSTICE
 WASHINGTON, D.C. 20535

From the desk of...

Sister Clare Christi Schiefer, OSF
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 Pennsylvania Catholic Health Association
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Sister Clare Christi Schiefer, OSF
President

November 4, 2002

VIA FAX AND US MAIL

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

Re: Proposed Rulemaking
55 Pa Code Chapters 2600 and 2620
Personal Care Homes
32 Pa. B. 4939 et seq. (10/5/02)

Dear Ms. Nevius:

On behalf of the Pennsylvania Catholic Health Association (PCHA) and the Pennsylvania Catholic Conference (PCC), I submit the following comments in response to the proposed rulemaking published on October 5, 2002.

The Pennsylvania Catholic Health Association, an associate of the Pennsylvania Catholic Conference, is a statewide organization that represents the Catholic health ministry in public policy matters. The Pennsylvania Catholic Conference is the public affairs arm of the Pennsylvania Catholic bishops and their ten dioceses that speaks for the Church in public policy matters affecting the common good and its ministry interest concerning morality, health, welfare, education, and human and civil rights.

Concerns have been raised about the training requirements for the position of personal care home administrator. It is suggested that a licensed nursing home administrator (NHA) should not need to complete training required under §2600.53(c) and §2600.236 if the NHA license is maintained and continuing education requirements for that license are met. Neither should an NHA be required to complete training under §2600.57 (b). The exemption provided under §2600.57 (g) is inadequate to resolve this issue as it requires actual (and it seems current) employment as a personal care home administrator as of a date certain. That seems to preclude exemption for someone between jobs on that date or one who has broad experience and education.

The exceptions for staff qualifications described in §2600.55(a) appear to ignore well-qualified people who, by happenstance, are neither hired nor promoted prior to the still to be established date.

The requirement under §2600.56(c) that a designee meet qualifications as described

An Associate of the Pennsylvania Catholic Conference

Ms. Teleta Nevius
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seems unnecessary so long as an administrator is "on call" or reachable during any 24 hour period.

Concern has been expressed about the cost of mandated training much of which would not be reimbursable and which could impose an excessive and perhaps financially crippling burden on operators of personal care homes. (See, e.g., §2600.57(e) and (l); §2600.58(c))

The requirement for individual staff training plans (§2600.60) seems an unnecessary paperwork exercise (due to the staff-training plan under §2600.59) which will simply increase costs.

There may be an inconsistency between the provisions of §2600.121 and §2600.231 which should be resolved to address the approach used in secured units and compliance with §2600.121

The requirement for annual fire safety expert designation of a fire-safe area (§2600.132(d)) seems unnecessary on a practical level and from a cost standpoint. Once designated by a qualified person, why should that be re-designated every year?

Merely as an observation, the requirement in §2600.144(b)(1) for smoke detectors seems to require those in smoking areas. Is that the intent or should the detectors be close by, though not necessarily in, the room?

Section 2600.231(5) provides enclosed area access 'year round' except for "inclement weather". Is that broad enough to cover winter temperatures or is it more limited to stormy weather?

Finally, the entire section on "Medications" (§2600.181 through §2600.188) could, if submitted, be made more readable and coordinated.

PCC and PCHA appreciate the opportunity to comment and look forward to the Department's responses and clarifications.

Very truly yours,



Sister Clare Christi Schiefer, OSF
President

SCC/mjs

cc: PCHA Board of Directors
Richard E. Connell, Esq.
Dr. Robert J. O'Hara, Jr.

The Pennsylvania Catholic Health Association (PCHA) is a statewide organization whose membership is comprised of twenty-six Catholic hospitals, thirty-eight long-term care facilities, numerous multi-facility health systems and other related health care entities, sponsoring religious congregations and dioceses. PCHA provides support for the Catholic health ministry through Gospel witness in advocacy, communication, education and united action.

Original: 2294

14-475 (461)

Pennsylvania Community Providers Association

2400 Park Drive
Harrisburg, PA 17110
717-657-7078
717-657-3552 FAX



To: Teleta Nevius

Fax Number: 705-6955

From: Lynn Keltz

Date: 11/4/02

Re:

The original will be mailed today.

PCPA

Pennsylvania
Community
Providers
Association

PCPA promotes a community-based, responsive and viable system of agencies providing quality services for individuals receiving mental health, mental retardation, addictive disease and other related human services.

November 4, 2002

Teleta Nevius
Director
Office of Licensing & Regulatory Management
Department of Public Welfare
PO Box 2675
Harrisburg, PA 17105-2675

Dear Ms. Nevius:

On behalf of the Pennsylvania Community Providers Association, a trade association representing nearly 200 providers of mental health, mental retardation and substance abuse services, I am taking this opportunity to provide comments on the draft Personal Care Boarding Home regulations, published in the Pennsylvania Bulletin on October 5, 2002.

The definition of Personal Care Home in statute describes individuals who are able to live more independently than those persons in a licensed long-term care facility but who do need some personal assistance in their daily lives. Many residents are persons with mental retardation or mental illness. These persons, also, are obviously able to live fairly independent lives since they are living outside of state funded systems of care established through the MH/MR Act of 1966. People who have this degree of independence do not require the depth of regulation of their daily lives that is required for more vulnerable populations. The proposed regulations are needed in order to address the less professional personal care homes but it is important to note that too much regulation may reduce the number of homes available to consumers.

Consistent enforcement of the current PCH regulations would largely have prevented the need for this wholesale change of regulations. It was known in many communities that the Office of Social Programs (OSP) did not visit personal care homes and would announce visits when complaints were made. Owners and managers of personal care homes who lacked management experience and expertise in related human services fields and operated in less than a fully professional manner were able to quickly and temporarily "fix" the conditions described in complaints. The Department of Public Welfare must provide funds to hire a sufficient number of quality OSP licensing and program staff. If that were done now, the current regulations could be

enhanced, thus avoiding the upheaval to smaller PCH providers who have been providing quality, family-like services to consumers.

The comments that follow are primarily directed to training and staffing requirements and the need to adjust the training curriculums to better address consumer needs.

2600.56 Staffing

(c) The requirement that the Administrator be present in the home for 20 hours per week is more stringent than is necessary. Other persons with a lesser degree of training can manage the home in the absence of the Administrator. If the designee must meet all of the qualifications and training for an administrator, their salary and benefits should be equal or very close to that of the administrator. This cost will be prohibitive for many personal care homes and was not factored into the Department of Public Welfare's mandatory cost factors.

2600.57 Administrator training and orientation

(a) The requirement that a PCH Administrator's competency based training must be a department-approved training is micro management of administrator training. The PCPA members who are personal care home providers also provide services and supports licensed by the Department of Public Welfare and/or the Department of Health. They adhere to the regulations of those departments and are well aware of the education and training required by personal care home administrators and similar managers. We suggest that the regulations be changed to allow personal care home providers who are multi-service providers licensed by entities of the Departments of Public Welfare and/or Health to use other training programs that incorporate the requirements of 2600.57.

(c) (6) Mental illness and gerontology should not be combined as a training topic; they are two very specific and different areas of training. In addition, item (ii) should also be separated, as dementia and cognitive impairments are not necessarily similar and therefore should be identified separately. Mental illness and mental retardation are not the same, and should also be listed separately. The number of individuals with substance abuse problems is high in the general population; therefore education on substance abuse – basic recognition and referral information – should be listed as well.

.142 Physical and behavioral health

(a) Add substance abuse problems to the items included in the support plan.
(b) Attempts should also be made to train residents about the need for mental health and drug & alcohol services in the same way that medical or dental services training is required.

(c) If a resident has a serious mental health or substance abuse problem, efforts should also be made to obtain consent for treatment.

.143 Emergency medical plan

An emergency plan should also include mental health care. Additionally, It is important that staff of personal care homes are aware of mental health commitment laws and the local contact persons for such mental health emergencies.

.225 Initial assessment and the annual assessment

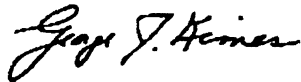
The initial and annual assessments need to include a mental health and substance abuse assessment.

.236 Administrator training

The administrator training should also include training on basic identification of substance abuse disorders and referral sources for these services.

PCPA appreciates the opportunity to provide comments on these draft regulations. We look forward to providing additional input throughout the remaining regulatory process. Please feel free to contact me if you have any questions or concerns about these comments.

Sincerely,



George J. Kimes
Executive Director

Ms Tebeta Nevius
PO Box 2675
Harrisburg PA 17120

14-475 (408) 10-31-02

RECEIVED
NOV -7 10:20
LABORATORY
REVIEW COMMISSION

Dear Ms. Nevius -

I am writing in regard to the proposed personal care home regulations. In the past, I had two grandmothers residing in personal care homes. Both received excellent assistance with all their needs. From what I read, many of the proposals are "overkill". One small example is that of the continuing education requirement. As a professional registered nurse, I am required by the state of PA to have 0 hours of documented continuing education per year, yet as an administrator of a personal care home would be required to have 24 hours annually. A care provider would have at least 24 hours annually. Yet they say these proposals would have no direct affect on the cost of staying in a personal care home! Who are they kidding.

I believe the proposed regulations would negatively affect the personal care homes that I personally know and have appreciated.

Sincerely,
Tina Moore

