#14-475
(315)

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

RECEIVED
NOV 1
OFFICE OF LICENSING
& REGULATORY MANAGEMENT

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

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

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

2600.58 Staff Training and orientation

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

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

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

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

Section e

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

Section f

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

annual assessments, and support plans.

(6) Personal care service needs of the resident

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

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

I feel that infection control should be seperate.

Section 2600.59 Staff Training Plan
Section 2600.60 Individual Staff Training Plan

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

Section 2600.181 Self Administration

Okay, here we go!

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

WOW!

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

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

While we're on the subject of medication adninistration.

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

2600.201 Safe Management Techniques

Here we go again.

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

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

2600.226 Development of Support Plan

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

2600.253 Record Retention and Disposal

(1) Maintain for minimun of 3 years following discharge from the home.

(2) .....destroyed after 4 years after discharge from the home

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

THANK-YOU
FOR YOUR TIME AND CONCERN

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

#14-475 (369)

Original: 2294
November 1, 2002

2002 NOV -7 AM 11:17
REVIEW COMMISSION

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

RECEIVED
NOV 4 2002
OFFICE OF LICENSING
& REGULATORY MANAGEMENT

Dear Department of Public Welfare,

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

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

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

COMMENTS ON THE PROPOSED CHAPTER 2600 PCH REGULATIONS

2600.4. Definitions.

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

2600.14. Fire safety approval.

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

2600.16 Reportable incidents.

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

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

regulations. Please remove.

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

2600.20. Resident funds.

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

2600.28. Quality management.

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

2600.29. Refunds.

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

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

2600.42. Specific rights.

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

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

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

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

2600.54. Staff titles and qualifications for direct care staff.

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

2600.56 Staffing.

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

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

2600.57. Administrator training and orientation.

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

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

2600.58. Staff training and orientation.

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

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

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

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

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

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

2600.82. Poisons.

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

2600.85. Sanitation.

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

2600.91. Emergency telephone numbers.

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

2600.96. First aid supplies.

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

2600.98. Indoor activity space.

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

2600.101. Resident bedrooms.

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

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

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

2600.102. Bathrooms.

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

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

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

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

2600.105. Laundry.

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

2600.107. Internal and external disasters.

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

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

2600.130. Smoke detectors and fire alarms.
(f) Testing all smoke detectors monthly is not reasonable. The Department of Health follows the NFPA Life Safety Code for Long Term Care which requires smoke detectors to be checked every 6 months.

2600.141. Resident health exam and medical care.
(8) Delete this requirement. Body positioning and movement stimulation is not applicable for the residents we are serving.

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

2600.143. Emergency medical plan.
(d)(1) Please remove the age requirement. The ages of our residents are continually changing and trying to keep the records up to date is time consuming. Requiring birth date only is more efficient.

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

2600.144. Use of tobacco and tobacco-related products.
(1) For facilities that permit smoking in a resident's own apartment and where the residents provide their own furniture, it is not practical to require fire retardant furniture.

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

2600.161 Nutritional adequacy.
(g) It is not appropriate in the PCH setting to offer beverages to a resident at least every 2 hours. Why not state, "Other beverages shall be on-hand and available for the resident at all times."

2600.171. Transportation.
(5) Staff should be trained in their job responsibilities and duties only. Transportation staff that only transports residents should not be required to complete the training for direct care staff.

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

2600.181. Self-administration.
(c) This regulation needs to be very specific when it refers to "medication not prescribed for the resident's self-administration." What kinds of medication are in this category?

2600.182. Storage and disposal of medications and medical supplies.

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

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

2600.183. Labeling of medications.

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

2600.187. Medication errors.

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

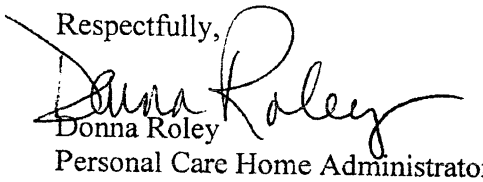
2600.225. Initial assessment and the annual assessment.

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

2600.228. Notification of termination.

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

Respectfully,



Donna Roley
Personal Care Home Administrator
Heritage Towers
200 Veterans Lane
Doylestown, PA 18901
215-345-4300 x 3029

14-475
716

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BY THE NATIONAL ELDER LAW FOUNDATION

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

JOSEPH E. PAPPANO
1933-1978

November 1, 2002

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

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

Dear Sir:

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

Respectfully submitted,

Dana M. Breslin

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

Office of Income Maintenance
Bureau of Policy

NOV 05 2002

REFER TO:

RECEIVED
NOV 7 2002
OFFICE OF LICENSING
& REGULATORY MANAGEMENT

Original: 2294

#14-475 (358)
SAME commenter as
6, 8, 12, 23, 92, 93, 163
+167"

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

~~October~~ November /, 2002

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

Dear Teleta Nevius,

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

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

2600.16 Reportable incidents

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

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

"physical bodily" are redundant adjectives.

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

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

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

How practical is this in a dementia unit???

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

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

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

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

The final issue with this is (f) which refers to 2600.243 (b). There is NO 2600.243 <u>(b)</u>!!
And further more incident reports are NEVER kept on a resident or a patients chart. A narrative is made but the incident report is NOT part of the individual's file. Check with a hospital or nursing home!!

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

Sincerely yours,

Elgin Panichelle - WCPCHAA

#14-475
(310)

Original: 2294

2002 NOV -4 P.M. 3:39
REVIEW COMMISSION

316 Oak Drive
Kittanning, PA 16201
October 30, 2002

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

Dear Mrs. Nevius:

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

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

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

Sincerely,

Jane E. Miller

Jane E. Miller

RECEIVED
NOV 1
OFFICE OF LICENSING
& REGULATORY MANAGEMENT

14-475 (702)

November 1, 2002

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

Dear Ms. Nevius,

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

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

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

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

For the McMahon Family,

Melinda M. McMahon

Melinda M. McMahon

Valerie E. McMahon

Valerie E. McMahon

2551 Hilltop Rd. Oakdale, Pennsylvania 15071-2104

14-475 (679)

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 M Kline

Dana M Kline
100 Bryn Mawr Ct Apt 215
Pittsburgh PA 15221

RECEIVED
NOV 7
OFFICE OF LICENSING
& REGULATORY MANAGEMENT

14-475 (675)

MANATAWNY MANOR
Diakon Lutheran Social Ministries

November 1, 2002

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NOV . 7
OFFICE OF LICENSING
& REGULATORY MANAGEMENT

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

Dear Ms. Nevius,

On behalf of Diakon Lutheran Social Ministries, please find enclosed comments for the Personal Care Home Proposed Regulations.

A task force from Diakon was established to review the proposed regulations and provide in-put into this important document.

Sincerely,

Deborah Dollar-Reid, CNHA

Deborah Dollar-Reid, R.N., CNHA
Executive Director

Enclosure

P.O. Box 799
Route 724 @ Old Schuylkill Road
Pottstown, PA 19465

www.diakon.org

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 an 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)

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

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

RECEIVED
NOV 5
OFFICE OF LICENSING
& REGULATORY MANAGEMENT

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

2600.4 DEFINITIONS

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RECOMMENDATION: This regulation should be removed.

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

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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.

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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.

Original: 2294

RECEIVED
OFFICE OF LICENSING
& REGULATORY MANAGEMENT

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,

Lawrence G. Kline
Joan E. Kline

LAWRENCE G. KLINE
JOAN E. KLINE

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

Original: 2294

14-475
472

Dear Teleta N. Nursing 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 aides 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 Coven Pl # Park
Ruffsdale, PA 15679
724-696-5439

Original: 2294

Nov 1, 2002

14-475 (469)

To Teleta Nevins, Director;

I am writing to you as a concerned daughter of a 96 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 S.S.I. will be priced completely out of the system.

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

Sincerely

Ruth R Hummelbaugh

#14-475 (309)

Original: 2294

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

RECEIVED
NOV 1
OFFICE OF LICENSING
& REGULATORY MANAGEMENT

Dear Mrs. Nevius,

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

2600.4 Definitions : Restraint
(ii)Last line "As long as the device can easily be removed by the resident" should be removed.
Reason: The person may need to be in the PCH because they are unable to remove a brace or similar device by themselves.

S.P. Support Plan
Last line " and when the care, service or treatment will be provided, and by whom". Remove or change.
Reason: These can be interpreted very precisely. There is no way to tell how soon the visiting nurse can get in to assess the person, decide what treatments are needed and who specifically will meet which need. This timing is beyond our control.

2600.26 Resident – Home Contract
(a) (I) (viii) designated as a smoking or non-smoking home. Very good. Thank You.

(2) Senior Citizen Rebate
Last Line "there may be no charge for filling out this paperwork" – remove or change.
Reason: This paperwork can be very time consuming, If a family member is unable to do this, a reasonable fee should be allowed. i.e., $10.00 an hour or a percentage of the money involved.

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

2600.29 Refunds.
(d) Next to last line "When the room is vacated and within 30 days of death. Changes to "within 30 days of when the room is vacated."
Reason: Some families drag their heels about cleaning out the room. They own the belongings. The room can't be occupied until the belongings are claimed. There's not enough storage room to keep unclaimed items.

2600.42 Specific Rights
(u) add (4) Non Compliance with home rules and regulations
Reason: A person should be allowed to be discharged if they do not comply with home rules such as non-smoking or mutual respect or regulations such as participation in monthly fire drills or at least weekly bathing.

2600.54 Staff titles and qualifications
(2) A High School Diploma or GED: Should be removed.
Reason: Personally, I prefer this, but there are some instances when, because of the individual's life experiences, I have found some persons who have been excellent even without formal High School education.

(x) Stolen funds
Needs clarification. "...by the personal care home to REIMBURSE resident's money stolen or mismanaged....."

(z) Excessive Medication
Should not be in regulations.
Reason: Only a doctor can determine the number of medications or the dosage of the medication that is appropriate for a person.

2600.57 Administrator Training and Orientation
(e) 24 hours of annual training. Reduce this to 12 hours.
Reason: A certified registered nurse needs only 15 hours yearly to maintain her certification. A nursing home administrator needs only 24 hours yearly following the initial education. A person knows which area they are proficient in and which area they are lacking in. Two 6-hour days should be plenty to keep them up to date.

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

2600.58 Staff Training and Orientation
(c) (12) Safety Management and Prevention. What does this mean? Not defined under definitions. This is very ambiguous. Does it mean safety management and safety prevention? What is safety management? What is to be prevented?

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

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

(e) Hours of Training.
24 hours of training for direct are 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 locked .....unless residents can use or avoid them safely.....
Very good

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

2600.91 Emergency Phone Numbers
"Phone numbers of hospitals, police, fire department, ambulance, poison control and PCH hot line "posted" on or by each telephone with an outside line." This one is over kill. Reason: Each of our resident rooms has an outside line plus the office facility lines and a line in the dining room and in the activity room for resident use. Every staff person knows that these numbers are easily accessible as listed in the front of the Emergency Preparedness Manual. See section 2600.107. The personal care home lot line number is posted on a large poster "in a conspicuous place" for residents, see regulation 2600.31 (1). 911 or it's equivalent is all that is needed on each phone. If other assistance is needed, the County Communications Center can connect this person's call to all emergency related numbers. If a person is alert enough to have their our personal phone they would be able to access the hot line or 911 without posting it in their room.

2600.94 Landing and Stairs
(b) non-skid surfaces. Remove the word "walkways:
Reason: Many homes have exterior walkways in gardens or to parking areas. These are paved or cement or gravel. " Interior stairs, exterior steps and ramps: are sufficient.

2600.99 Recreational Space
The word GLIDERS. Remove.
Reason: Gliders are very unstable pieces of exterior furniture. We had one and residents never used it. The words BENCHES OR CHAIRS would be more appropriately be placed between the words "including" and "books"

2600.101 Resident Rooms
(k) (l)."Solid foundation". Insert the words "or box spring"
Reason: Beds requiring solid foundations and fire retardant mattresses equate hospital metal frame beds.
Fire Retardant Mattresses. Add "in homes when smoking is allowed".
Reason: These are not needed in a smoke free environment. Most bedroom fires begin with smoking in bed. If you don't allow smoking, you don't need fire retardant mattresses.

(k) (2) Plastic Covered Mattress.
Add: and needed or requested by the resident.
Reason: Plastic covers are usually only needed when a person may be incontinent. They may be too hot for some people who don't absolutely need them. It should be a resident's need or choice.

2600.103 Kitchen Areas
(a) Please insert "metal or wire shelves after "cabinets"
Reason: Coated heavy duty wire shelving is a lot easier to keep clean than cabinets.

2600.105 Laundry
(h) last word "cloths". Surely this is a TYPO., The word should be "dryers"

2600.130 Smoke Detectors and Fire Alarms
(e) ALL smoke detectors and fire alarms – change the words "all" to "a portion of".
Reason: It will be very costly to retrofit all of the fire alarm systems with strobe lights and could put many small homes out of business. The new win of our building is already so equipped. All hearing impaired persons can be placed in the portion of a building so equipped. This is not needed, especially in a single story home.

2600.132 Fire Drills
(h) evacuate to meeting place outside building..... during EACH fire drill."
Add "except during inclement weather"
Reason: In homes not having fire safe areas, residents must go outside. This is a serious threat to their health and safety especially in winter months and or during a nighttime drill. Gathering at the exit is sufficient during the winter months.

2600.141 (a) (7) Resident health exam and medical care.
Remove: "Contraindicated medications and medication side effects".
Reason: Doctors don't even know all the contraindications or side effects of all medications. The pharmacist who fills the resident prescriptions automatically takes care of this precaution. His computer flags any medications with interactions.

(9)Health status with REQUIRED WRITTEN CONSENT.
What does this mean? Please clarify.

2600.143 Emergency Medical Plan
(C) (3) an emergency staffing plan. Remove.
Reason: It has no correlation to what you do when a person becomes ill or injured. It belongs in the "Emergency Preparedness Manual" that all PCH's are supposed to have from a different regulatory agency.

(a) Power of Attorney.
Good. This forces reluctant individuals to name someone, which will eventually be needed in any event.

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

2600.161(g) Nutritional Adequacy.
An excellent provision. However, at the end of the last sentence, please add, "during waking hours" because you don't want to wake people every two hours during the night.

2600.171 Transportation
(a) (4) Remove it.
Reason: Not allowing a resident to drive a vehicle with another resident inside is taking away another choice of a resident. There are many residents who have cars and are perfectly capable of driving their spouse or friend who is also a resident. Residents who are perfectly capable of making choices of driving or riding with another resident should have that choice.

(5) Staff member transporting residents. Complete.....new hire direct care staff training. This is excessive training for someone JUST transporting people.
Reason: They do not need the following staff training and orientation (a) (1) (c) (8) (10) (13) (e) (f) (3) (5) (7) (VIII) as it stands (g) (1) (2).

2600.183 Labeling of Medications
(b) Sample Medications –THANK YOU SO MUCH for including "Sample Medication"
Reason: Trying out a few pills before filling a costly prescription that may not agree with a resident is very helpful to all of us.

2600.186 Medication Records
(b) (2) and (3) will increase the cost of medications to the residents.

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

2600.225 Initial Assessment and the Annual Assessment
(b)(8) Psychological assessment.
Add "if the attending physician deems necessary"

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

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

2600.241 Mobility Standards
(b) last word "immediately". Return to previous regulation wording or at least "within 7 days"
Reason: A week gives family and PCH time to make proper arrangements. If the wording is left "as is". It will lead to residents being "dumped" in hospital emergency rooms.

2600.252 Content of Records
(a) (2) description of resident is very helpful
(b) (a) (3) current photo is very helpful

Thank you for your consideration.

Sincerely,

Linda C Harding

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

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

RECEIVED
NOV
OFFICE OF LICENSING
& REGULATORY MANAGEMENT

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,

Lorraine Finlan

Lorraine Finlan

NOV 12 2002
INDEPENDENT REGULATORY REVIEW COMMISSION

Original: 2294

#14-475
359

ESTATES AND MANAGEMENT CORPORATION

PERSONAL CARE & ASSISTED LIVING

CORPORATE OFFICE
One Corporate Drive
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Fax 814-445-2999

LIGONIER
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Fax 724-593-7720

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

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

Date: 11/1/02

To: Teleta Nevins Company: DPW / OLM

Fax # 717-705-6955

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

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,

Margie Zelenak
Assistant Administrator

Original: 2294

14-475 (464)
"SAME Commenter as #4,463 and 464"

PERSONAL CARE & ASSISTED LIVING

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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. Kinner, House Chairman Health & Human Services Committee

14475 (537)

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

Original: 2294

NOV. 1, 2002

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 definately 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 devaste 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.

Sincerely
Dale Trudgen
Grace Trudgen

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

RECEIVED
NOV 5 2002
OFFICE OF LICENSING
& REGULATORY MANAGEMENT

#14-475 (357)

Original: 2294

5120 Memorial Boulevard
Tobyhanna, PA 18466
Phone (570) 894-5180 * Fax (570) 894-5183

Darlak Properties

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

INDEPENDENT REGULATORY REVIEW COMMISSION
02 NOV -4 AM 8:55

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

14-475 (598)

THE COUNTY OF CHESTER

COMMISSIONERS:
Karen L. Martynick, Chairman
Colin A. Hanna
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
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THOMASINA H. BOUKNIGHT
Administrator

2002 NOV -6 PM 3:25
INDEPENDENT REGULATORY
REVIEW COMMISSION

November 1, 2002

RECEIVED
NOV 6
OFFICE OF LICENSING
& REGULATORY MANAGEMENT

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.

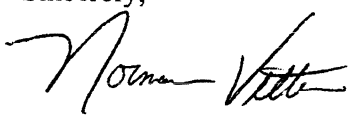
2600.41 & 42 **Resident Rights**. Every resident must sign the rights and a copy of the rights should be posted in the home. Any complaint or incident must be investigated within ten days (10 days) of receipt. There should be a review process for any resident who is served an eviction notice against 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

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 employee 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 any unnecessary risk for money to be stolen. The residents can receive their funds during office hours or choose to take care of their own funds.

2. 2600.33 U

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

3.2600.33 X

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

4. 2600.53 A

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

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

5. 2600.57 B

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

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

6. 2600.57 E

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

Solution: Reduce annual training to 10 hours.

7. 2600.58 E

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

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

8. 2600.85 D

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

Solution: Covered trash reseptacles in kitchen only.

9. 2600.102 A .

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

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

10. 2600.107 4

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

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

11. 2600.107 5

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

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

12. 2600.130 E

Equip smoke detectors and fire alarms for hairing 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 reportale incidents
    b. job descriptions
    c. management plans
    d. staff-traning 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

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OFFICE OF LICENSING
& REGULATORY MANAGEMENT

Original: 2294

14-475
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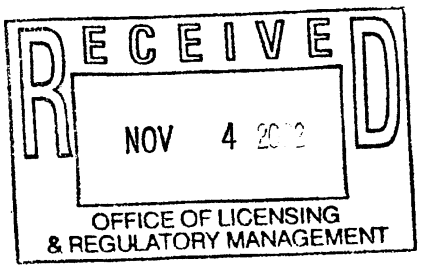

COUNTRY MEADOWS®
Retirement Communities

November 1, 2002

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

RE: Proposed Personal Care Home Regulation Comments

Dear Ms. Nevius:

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

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

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

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

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

Country Meadows Home Office • 880 Cherry Drive • Hershey, PA 17033
Phone: (717) 533-2474 • Fax: (717) 533-6202 • www.countrymeadows.com

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 <u>assure</u> 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
2600.201 Safe Management Techniques (a) use of positive interventions (b) specific quality improvement for this item	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.	We suggest that 2600.201 (a) be reconsidered as an actual regulation and 2600.201 (B) be totally eliminated.
2600.225 Initial Assessment and the Annual Assessment (a) 72 hour required time period for assessment	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.	We recommend that 5-7 days be the appropriate time frame to complete the information requested in the proposed regulation for the initial assessment.
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	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.	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.
2600.231 Door locks and alarms (l) building standards	There is no language regarding grand fathering of current facilities.	Indicate in 2600.231 (i) that such items will be grand fathered.
2600.239 Programming Standards for Secured Units (l) activity programming expectations	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.	Subparagraph (l) should be eliminated .

#14-475
(355)

Original: 2294

2002 NOV -4 PM 3:36

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

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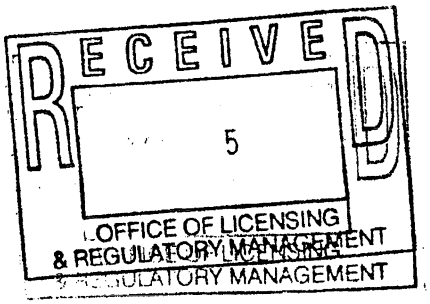
& REGULATORY MANAGEMENT

14-475 (513)
SAME Commenter as #4, 8, 12, 23, 92, 93, 163, 167, 294 and 466

Original: 2294



Carmella's House
P.O.Box 73
Crabtree, PA.
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, Theydeserve 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 1½years, 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 <u>private business</u> because of 25 yrs. of experience with Medicare, and JAHCO. I went into <u>private</u> 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 vengence 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 embarassment 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 <u>enforcement</u>, 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 APPLECART, 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 loose 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 seperate policies and procedures and 59 seperate 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

Original: 2294

14-471 (451)

ALZHEIMER'S ASSOCIATION

Someone to Stand by You

ALZHEIMER'S ASSOCIATION

Pennsylvania Public Policy Coalition

Chapter Offices

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

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

Regional Offices

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

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

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

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

November 1, 2002

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

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.

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.

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.

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

Sincerely,

Diane M. Balcom, Chair

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& REGULATORY MANAGEMENT

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 than 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.

14-475 (631)

Original: 2294

2002 NOV -7 AM 11:29
REVIEW COMMISSION

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF AGING
555 Walnut Street - 5th Floor
Harrisburg, Pennsylvania 17101-1919

RECEIVED
NOV 5
OFFICE OF LICENSING
& REGULATORY MANAGEMENT

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,

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 <u>unannounced</u>.

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

Original: 2294

#14-475 (401)

AARP Pennsylvania

RECEIVED
NOV 4
OFFICE OF LICENSING
& REGULATORY MANAGEMENT

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

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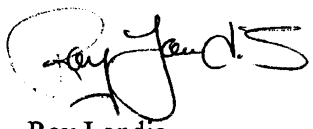
James G. Parkel, President | William D. Novelli, Executive Director and CEO | www.aarp.org

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,



Ray Landis
AARP State Legislative Representative

14-475 (1080)

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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
Susan Nelson	163 Spring Grove Rd, Pgh PA	(Unlisted)
Jim Durkin	180 Penn Leav Dr, Monroeville PA 15146	
Lanaine Holfeder RN	3044 Leechburg Rd. Lower Burrell 15068	
Camille Dinkins	100 Carriage Dr Pitts Pa. 15239	
Robert Cobb, Jr.	2923 Amy Drive South Park, PA 15129	(Unlisted)
David P Crowley PA	1112 HOLMES ST McKEES ROCKS PA 15136	
Melissa Kondracki	401 Lawnwood ave, Pgh Pa 15227	
GITA MASOM	502 Lenox Ave Pgh PA 15221	
Natasha Washington	1449 Foltz st Pgh PA 15221	412-244-9901
Mary Ann Cella	1808 Patricia Lane N. VERSAILLES PA	823-2385
DEREK HASSIM	North Versailles PA	488-6065
Sherry Waring	Northside	412 231 9373
ERIC BROWN	GREENLEE	344-95452
Jana Kline	100 Blyn Manor ct	412 271-2488
Mara Mantz	5411 Chicora St.	412-823-6407
Christopher Krebs	27309 Evergreen Ln Imperial	724-695-8455
Kristina Lewis	5 Edinburgh Dr Pgh Pa	412 221-8474
Okerna	7439 McClure St Pgh Pa 15218	
Rayshawn Watkins	1715 Weiler st	412-829-2562
E. Jones	731 Braddock Rd	412 247-2542
Jean D. Lee	229 Thornburg Dr.	
Dorothy Edelman	224 Emeline St.	
Constance Ruffing	213 Beam Av. Pgh Pa. 15221	

Original: 2294

14-475 (726)

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

RECEIVED

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

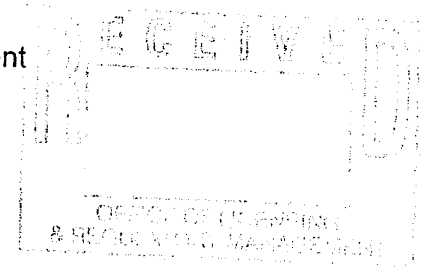
Dennis L. Raraigh
A concerned citizen and son

REVIEW COMMISSION
2004 JUN -7 AM 9:45

14-475 (710)
"SAME Commenter
as #484"

The Bell of Hope
MENTAL HEALTH ASSOCIATION
OF SOUTHEASTERN PENNSYLVANIA

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.

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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

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

to the provider will not result in a reduction of the federal SSI benefit, unless the payment is for food, clothing, or shelter. (DHHS, February 1, 1989 letter.) Additionally, The Social Security Administration (SSA) has stated that most federal housing assistance, including Section 8 payments, will not result in a reduction of the federal SSI benefit. (SSA, p. 16. and letter from Kay L. Arnold, Acting Deputy Secretary for Social Programs, Department of Public Welfare, July 5, 1989.)

While the federal SSI provides cost of living increases annually, the Pennsylvania state supplements both have remained at the same level since they were increased in 1993. Persons eligible for SSI are automatically eligible for Medical Assistance, so these people receive financial assistance with their medical bills through the Medicaid program.

According to a Pennsylvania Department of Public Welfare Monthly Report for Optional State Supplements G and H, for June 1998, 15,643 people received the state personal care supplement. In addition, 1,162 people received the state supplement for domiciliary care.

Pennsylvania-Specific Costs

Historically, there has not been a great deal of literature available pertaining to Pennsylvania-specific costs to operate a personal care home; however, several studies have been conducted over the years. During discussions leading to Act 105 of 1980 and subsequent regulations, policymakers noted the lack of information and data on personal care homes and residents. The basic information such as number of residents, number of homes, and functional levels of residents was unknown at the time. (*Pennsylvania Bulletin*, August 28, 1981.)

An early analysis of the costs in personal care homes was required by Act 105. The analysis, published as part of the Notice of the Personal Care Boarding Homes Final Plan, provides cost ranges for various items required by the regulations proposed pursuant to the Plan. (*Pennsylvania Bulletin*, August 28, 1981.)

The 1981 analysis focused on the costs of providing three well-balanced meals per day, required staffing levels, and laundry. This analysis, accordingly, was far from comprehensive.

Although residents may prepare their own meals, the personal care home (PCH) has the responsibility to ensure that all residents are provided with three well-balanced meals. Food costs calculated by the United States Department of Agriculture (USDA) were used to estimate the costs of providing three meals per day in the 1981 cost analysis. Total cost per day for food was estimated at $11 for 4 residents to $248 for 100 – or within a range of $2.48 to $2.75 per resident per day. (*Pennsylvania Bulletin*, 1981.) Adjusted for inflation, the range would be between $4.44 and $4.92 per day in 1998 dollars.

Laundry must be provided unless the otherwise indicated in the written agreement. In 1981, laundry was estimated as consisting of two sheets, one towel, one washcloth and ten items of clothing (3.1 lbs.) per week. At the time, commercial laundries charged .70

per lb., at a cost of $2.17 per resident per week, or $ .31 daily (*Pennsylvania Bulletin*, 1981.) Converted into 1998 dollars, this cost is $0.55 per resident per day.

In Pennsylvania, the staffing requirement for personal care homes allows for different staffing levels depending on the numbers of residents. Projected minimum staffing costs were based on minimum wage ($3.35 per hour at the time of the study; currently $5.75 per hour) and the employer's share of Social Security and unemployment compensation for a total of $3.70 per hour for staff. A comparable rate, inflated using CPI-U to 1998 dollars, would be $6.62 per hour for staff in 1998. The cost of the staffing requirements were estimated to range from a high of $22.20 per resident per day in a home with four residents and staff that do not live in the home to a low of $3.40 per resident per day for a home with 100 residents with three live-in staff members. (This range would compare to a range of $6.09 per resident per day to $39.74 per resident per day, using CPI-U to convert the 1981 range to 1998 dollars.)

Under the 1981 regulations, homes with eight or fewer residents needed to have one provider physically present when personal care residents are present. (These requirements currently apply to homes with 4 through 15 residents.) Homes with nine or more residents need to have one hour per day of personal care service available to each resident who needs personal care. Seventy-five percent of these hours need to fall between 7 a.m. and 11 p.m. (*Pennsylvania Bulletin*, 1981.) Current regulations add the possibility of providing services for immobile residents, with a minimum direct care staffing level of at least 2 hours per immobile resident per day.

Following the 1981 effort to estimate the costs of regulation, and the recognition that little was known about the residents of personal care homes, a study was conducted in 1988 by The Conservation Company which offered demographic data such as age, gender, ethnicity, level of assistance required, previous living arrangements, and resident financial status. It did not, however, address the specific costs for providing services in personal care homes.

Act 185 of 1988 mandated DPW to complete an evaluation of the costs of providing personal care and the adequacy of the personal needs allowance for personal care home residents. In response, DPW commissioned the Center for Health Policy Studies which, in 1990, provided information about the costs of personal care homes. Through the use of mail surveys and interviews with providers, the Center for Health Policy Studies surveyed all 1400 personal care homes in the Commonwealth and 17 percent responded to this voluntary study. The Center stated that adequate sample sizes were obtained for all the analyses presented in its report. The report found that the average personal home care cost per resident was $11,796.00 annually, or $983.00 per month (which translates into $32.32 per resident per day.) Of that total, $3,360.00 annually ($280 per month) applied to facility costs including, but not limited to, debt service, utility expenses, depreciation, etc. (Center for Health Policy Studies 1990.) (To assist in comparing these costs to current dollars, the CPI-U would convert this amount to $42.48 per resident per day in 1998 dollars.)

The Philadelphia Mental Health Care Corporation conducted a study in 1992 with the goals of defining the Philadelphia personal care home client population, increasing understanding of the proprietor and the homes, establishing a database to assist in assessing whether personal care homes are a viable component of long-term care, and publishing a directory of licensed personal care homes in Philadelphia. The study collected information on resident fees as part of these larger goals. Residents and providers were surveyed; cooperation among proprietors was excellent, with a response rate of approximately 60%. This study placed the *resident fees* (not operator costs) in a range of $0 to $2,800 per resident with a median price in 1991 of $559.00 per month in Philadelphia licensed personal care homes participating in the study. (Philadelphia Mental Health Care Corporation, 1992.) In 1991, the gross SSI income for residents of personal care homes was $559.30 per month. (Pennsylvania Health Care Association, 1991.)

In September 1994, The Southwestern Pennsylvania Partnership for Aging Task Force on Personal Care and Domiciliary Care Homes published a report entitled, *Personal Care...Today and Tomorrow.* The report provided extensive survey data on personal care homes and domiciliary care homes, among other care and service providers. According to the report, the average monthly *charge to the resident* (not cost to the operator) for a semi-private room was $912 per month in the 10 county region studied, while a private room average monthly charge was $1,089. (SWPPA, 1994. p. 25, 74.) SWPPA also wrote an article, published in PANPHA's *Special Series on Assisted Living Issues*, reviewing various models of regulating and providing public funding for assisted living residences. In this article, SWPPA recommended that a classification system based on residents' functional needs be used to determine payment to providers for services. The four-level classification system was developed based upon the assessment tool being used by the Pennsylvania Department of Aging in 1996 and the definitions used to describe levels of functional ability. SWPPA recommended that the rates for providing care under the three classifications in a personal care home or domiciliary care home should be increased to range between $30 to $65 per day, based upon 1996 costs. (PANPHA *Special Series*, Issue '97-10.)

In Spring 1996, the Pennsylvania Association of Non-Profit Homes for the Aging (PANPHA) conducted a study of PANPHA personal care homes and found the cost of providing the personal care home housing and service package to average $60.49 per resident per day, which translates into $1839.90 per resident per month. (Adjusted for inflation, this estimate would be $62.85 per resident per day - or $1911.66 per month -- in 1998 dollars.) This estimate was based on data from 111 of the 177 personal care homes that were PANPHA members at the time. The PANPHA estimate excluded depreciation costs. (PANPHA *Special Series*, Issue '97-01.)

In 1997, the Assisted Living Work Group (ALWG) of the IntraGovernmental Council on Long-Term Care created a work group to explore costs of providing housing and services for persons who need assisted living. The information used by the cost work group included the 1996 PANPHA data, 1990 Center for Health Policy Studies data, information from the Department of Public Welfare, several national studies, information from other states, information on adult day services rates, as well as

information on housing operations and development costs from the Pennsylvania Housing Finance Agency (PHFA).

Based on some of the information gathered by its cost work group, the ALWG December 1, 1998 draft report found that the cost of Home and Community Based Services (HCBS) averages $1065 per month, or $35.01 per day. (ALWG, December 1998, p. 4.) HCBS provides services but does not cover housing costs. In addition, the group estimates that the present cost for adult day care varies from $35 to $50 per day. (ALWG, December, 1998, p. 5.) Additionally, the report recommends that " ...the average cost for food, preparation and service for three meals a day in an Assisted Living Residence should be $400/month ($4.33/meal)." (ALWG, December 1998, p. 9.)

The PHFA has developed the following estimates of *operating* costs, not including development costs or assisted living service costs, for low income housing units by region, based on 1996 data. (These costs would not include, for example, the costs of providing one hour of personal care service per resident per day as is currently required in Pennsylvania's personal care homes.)

Region #1	Average annual cost	$4468	Average monthly cost	$ 372
City of Phila.	Average annual cost	$4510	Average monthly cost	$ 376
Region #2	Average annual cost	$4224	Average monthly cost	$ 352
Region #3	Average annual cost	$3754	Average monthly cost	$ 313
Region #4	Average annual cost	$3562	Average monthly cost	$ 297
Region #5	Average annual cost	$3370	Average monthly cost	$ 280
Region #6	Average annual cost	$3261	Average monthly cost	$ 272

As is shown above, the average monthly *housing operating costs* range from $272 to $376, excluding development costs and assisted living service and staffing costs.

The ALWG cost group also modeled development costs and found that they could range from approximately $600 to $750/month depending on several factors such as interest rate, income mix of residents, number of units, location of the property, amount of development cost that can be subsidized, etc., and still provide assisted living housing that is affordable. The group estimated that it would cost between $90,000 and $95,000 to develop 100-unit "Assisted Living Residence" property.

Building on the information provided by these prior studies, the Department of Public Welfare's (DPW's) Personal Care Home Advisory Committee Cost Study seeks to provide updated, Pennsylvania-specific information for a variety of homes in locations across the Commonwealth. The following chapter provides information about how the Personal Care Home Advisory Committee Cost Study was conducted.

Methodology

METHODOLOGY

In 1997, the Department of Public Welfare Personal Care Home Advisory Committee concluded there was a need to conduct a cost study of personal care homes and authorized a work group to provide assistance on the study. The work group was convened twice during the summer of 1997. The Pennsylvania Association of Non-Profit Homes for the Aging (PANPHA) provided staff support for this project. In addition, the personal care committees of PANPHA and the Center for Assisted Living Management (CALM) provided additional guidance on the questionnaire. Several PANPHA sites pilot tested the draft questionnaire.

The initial draft of the questionnaire was based on the form used by the Center for Health Policy Studies, and modified according to comments from PANPHA to the Department of Public Welfare. The questionnaire also used categories from the survey conducted by the Association of Personal Care Administrators (APCA). The application form for the Pennsylvania Housing Finance Agency's Supportive Housing for the Elderly Program also was used in designing the original questionnaire. Based on comments from the DPW Personal Care Home Advisory Committee's Cost Study Work Group and participants who pilot tested the questionnaire, the questionnaire was simplified and streamlined.

Graduate students from Shippensburg University's Public Administration program and the University's Center for Applied Research and Policy Analysis prepared a bibliography, literature review, and slide presentation as background for the study in addition to entering and analyzing 1997-1998 DPW Personal Care Home pre-licensing survey information.

Since voluntary cost studies have historically had tremendous difficulty in recruiting participants, the current cost study attempted a unique research design, using a small, recruited sample of homes. This study provides preliminary Pennsylvania-specific information about personal care homes, the residents they serve, and the costs to provide services, but caution should be used in extrapolating the results. The sample represents a broad cross-section of Pennsylvania personal care homes, including homes from 22 different counties; proprietary businesses and non-profits; small, medium, and large homes; as well as urban, rural, and suburban homes.

The goal was to collect five sites in each of several categories, so that a range of different types of homes would be represented and that the results would be based on more than anecdotal, site-by-site data.

To do this, members of the DPW Personal Care Home Advisory Committee Cost Study Work Group, and the professional associations representing assisted living/personal care home providers, recruited participants for the study. The Pennsylvania Association of Non-Profit Homes for the Aging, the Center for Assisted Living Management, the Personal Care Resource Center, the Association of Personal Care Administrators, and the Pennsylvania Assisted Living Association were instrumental in recruiting volunteers to complete the study.

A total of 86 survey questionnaires were mailed on August 5, 1998. A postcard was sent to remind volunteers to complete the questionnaire. Following the initial mailing, ten additional volunteers were recruited. A reminder memo and an additional copy of the survey were sent the week of November 2 to those volunteers who had not yet responded. They were given a deadline of Dec. 31, 1998.

The data presented below is from the 43 completed, returned and verified questionnaires. PANPHA staff called most of the respondents to verify certain answers. Each participating home also was checked to ascertain that it had a regular license as reported in The Department of Public Welfare's listing of providers dated June 8, 1998. The Cost Study Work Group had agreed that only homes with a regular license could be included in the study.

The goal was to receive completed survey questionnaires from 5 homes from each of the following 11 categories. The number of cases finally included in the study is indicated following the category name. Homes were included in each of the categories that described them. For example, a large rural home is included in both the large home category and the rural home category.

Rural (15 cases)
Urban (9 cases)
Suburban (18 cases)
Small (4-8 beds) (2 cases)
Medium (9-20 beds) (3 cases)
Medium to large (21-50 beds) (14 cases)
Large (over 50 beds) (23 cases)
Philadelphia (5 cases)
Pittsburgh (2 cases)
Serving residents primarily with mental illness (7 cases)
Special program serving residents with dementia (5 cases)

Initially, the Cost Study Work Group wanted to include personal care homes that primarily serve persons with AIDS, however, only four such operational homes were identified in Pennsylvania at the time homes were recruited to participate in the survey.

With the exception of homes serving residents with AIDS, smaller homes, and Pittsburgh-area homes, there are enough homes in the sample to provide five homes for each of the categories. Collapsing the small (4-8 beds) and medium (9-20 beds) categories provides five cases for a new "small to medium" (4-20 beds) category for which data is provided in the report.

At times, respondents were not able to provide answers to every question on the questionnaire. In these situations, the data that was supplied is reported. (Often researchers exclude the entire case if one or more questions are incomplete.) Because partial cases were included, there are instances where the sum of the homes included does not add to 43.

A copy of the survey instrument is included in Appendix A. Some of the survey questions allowed open-ended responses from participants. A listing of the responses received is provided in Appendix B. Appendix C provides a listing of the members of the DPW Personal Care Home Advisory Committee, and Cost Study Work Group participants are listed in Appendix D. A listing of the Shippensburg University students, who assisted with the literature review, bibliography and PowerPoint presentation of the report is found in Appendix E.

Survey Results

SURVEY RESULTS

The following pages provide descriptions of the results of the study. Results are provided for all homes participating in the study as well as selected analysis of costs in homes in the following categories:

- Rural
- Urban
- Suburban
- Small to Medium (4 to 20 licensed beds)
- Medium (21 to 50 licensed beds)
- Large (over 50 licensed beds)
- Philadelphia
- Homes serving residents with mental illness
- Homes serving residents with dementia.

Since fewer than five responses were received from homes within Pittsburgh, the homes from Pittsburgh are included in the information for all homes, but cannot be analyzed separately.

ABOUT SURVEY PARTICIPANTS

Age of Home

The participants' homes ranged in age from 1 year to 131 years. On average, they have been in operation for 28 years.

Licensed Beds

The number of licensed beds in the participating homes ranged from 8 to 272 beds. The average number of licensed beds among participants is 74.

Set Up and Staffed Beds

In Pennsylvania's licensed personal care homes, there is no penalty for licensing more beds than are intended to be used in the personal care home's program. Many homes license each room for double occupancy, even though they intend to use most of the rooms as private rooms. This is done for the following reasons, among others: in case they have two residents who prefer to share a room; or if they would need to use the rooms for semi-private occupancy for financial feasibility; or to allow licensed personal care to be provided for any resident without the resident having to move to a separate building. The questionnaire asked participants to provide the number of set up and staffed beds to help in understanding the difference between the number of licensed beds and the number of beds the provider intends to use in a personal care program. The average number of set-up and staffed beds reported was 60, as compared to the average number of licensed beds, which was 74.

Occupancy Levels

Although the survey identified the issue of set-up and staffed beds vs. licensed beds, it failed to account for the difference between the number of residents reported to the

Department of Public Welfare (DPW) Licensing Office (census) vs. the total number of occupants. The average *census* among respondents to the survey is 54 people per home; however; the census numbers providers report to DPW include only those residents who receive personal care services. Providers do not count in the census any residents who live on the premises but do not receive personal care services. Because respondents included a copy of their most recent pre-licensing survey, it is clear that most respondents used DPW's definition of census in completing the cost study questionnaire. Even with the clarification between set-up and staffed beds vs. licensed beds, there is still an important component missing before one can make authoritative statements about the occupancy levels in the sample homes. Further study needs to be done to know more about the occupancy levels of personal care homes.

Organizational Structure

Participants were asked whether they were independent/freestanding entities; part of a continuum of residential services; or other. Slightly more than half of the respondents (51%) indicated that they were independent/freestanding entities, while 37% said they were part of a continuum of residential services. Several respondents (12%) indicated that they were neither freestanding nor part of a continuum by selecting "other." Some examples of other organizational structures include an independent site owned by a large corporation and an assisted living next door to a nursing facility.

Location

Fifteen of the homes are located in rural areas of the state, while 18 of the participants were from suburban areas and 9 of the participating homes are in urban areas. The homes in the sample do not accurately reflect the geographic distribution of personal care homes in Pennsylvania, but they do provide a diverse group of homes from a variety of locations within the Commonwealth, including 22 different counties.

Home Size

The sample includes 5 homes with 4-20 beds, 14 medium to large homes (21-50 beds) and 23 large homes (50 or more beds). The sample under-represents the smaller homes and over-represents large homes, since, according to DPW's 12/30/98 Quarterly Report, 24% of homes in Pennsylvania have 4 to 8 licensed beds; 22% have 9 - 20 licensed beds; 29% have 21 to 50 licensed beds and 24% have more than 50 licensed beds. It was not surprising that the sample would under-represent the smaller homes, since many of the smaller homes may not be able to commit the kinds of resources necessary to maintain the records required by this study.

Special Programs

The questionnaire went on to ask about the availability of a defined program or service package for special needs populations. More than one-quarter (28%) of respondents stated that they offer such a program. Some of the programs identified include:

- Cognitive impairment programs
- Restorative physical therapy programs
- Mental health/mental retardation programs
- Home health services
- Health screening

- Free over-the-counter medications/equipment
- Alzheimer's day care
- Enhanced care II (increased physical frailty)
- Unit for people with dementia

Many of these descriptions were either about a special unit or a second level of care for people with dementia or increased physical frailty.

RESIDENT NEEDS

To help in assessing whether there are differences in costs related to resident needs, respondents were asked the number of residents who need assistance with various activities of daily living (ADLs).

Assistance with Bathing

On average, for all of the homes participating in the survey, 63% of residents required assistance with bathing. The highest percentage of residents needing assistance with bathing were found in the Philadelphia homes, with this group reporting an average of 75% of residents needing assistance with bathing. The lowest percentage of residents needing assistance with bathing was in the urban homes, with a reported average of 42% of residents needing such assistance. (See Table 1 for a listing of the percentages of residents needing assistance with ADLs by type of home.)

Assistance with Dressing

On average, 33% of residents need assistance with dressing. The highest percentage is 53% of residents in Philadelphia homes and the lowest percentage is in homes providing services to persons with mental illness, with 8%of residents in these homes receiving assistance with dressing.

Assistance with Medications

A high percentage of residents of the homes participating in the survey need assistance with medications. For all homes participating in the survey, the average percentage of residents needing assistance with medications was 83%. Even the lowest percentage of residents needing assistance with medications, in urban homes, was 74%.

Assistance with Toileting

Toileting, transferring and eating were not activities of daily living that a large percentage of residents needed, but significant numbers of residents need these services. On average, 18% of residents in all participating homes needed assistance with toileting. In the Philadelphia homes, 37% of the residents need assistance with toileting, while the lowest percentage of residents needing assistance with toileting (4%) resided in the homes with services for persons with mental illness.

Assistance with Transferring

Many people need assistance with transferring from one location to another, for example, from a bed to a chair. The average percentage of residents of all participating homes who needed assistance with transferring was 8%, however 12% of the residents of the suburban homes and 12% of the residents of large homes needed this assistance.

None of the residents of the participating homes that provide services for persons with mental illness needed this service.

Assistance with Eating

On average, 6% of residents need assistance with eating. The highest percentage of residents needing assistance with eating - 28% -- was in the Philadelphia homes. None of the residents of the sample homes serving persons with mental illness needed such assistance.

As is evident from the data reported above, the Philadelphia homes participating in the survey appear to serve a more physically frail population than is the case with Philadelphia homes overall, since many Philadelphia homes serve predominantly younger people with mental illness.

OUTSIDE SUPPORT

The questionnaire requested information about the type and level of outside support residents receive, whether it is from friends, family, or other interested persons. The types of support identified in the questionnaire were Activities of Daily Living; financial matters; socialization/recreation; and other. The number of residents receiving outside support varied considerably by type of home and by type of support.

Assistance with ADLs

Overall, 5% of residents received assistance with ADLs from an outside support person, but the percentages ranged from a high of 16% of residents in homes serving persons with mental illness to 0 in the Philadelphia homes in the sample. It is interesting to note that, later on in the study, we will find that the costs are higher in the Philadelphia homes and lower in the homes providing services to persons with mental illness.

Assistance with Financial Matters

Many residents of the homes in the sample receive assistance with financial matters, with an average of 49% of residents in all participating homes receiving such assistance from an outside support person. The highest percentage of residents receiving support from an outside support person for financial matters was in homes with services for persons with dementia, while the lowest average was in the Philadelphia homes.

Assistance with Socialization/Recreation

Residents of personal care homes also may receive support from an outside person for socialization or recreation. On average, only 13% of residents received assistance from an outside support person for these services. In the sample of homes with services for persons with mental illness, however 20% received assistance from an outside support person for socialization or recreation. The lowest percentage was in urban homes and Philadelphia homes, with just 6% receiving such assistance.

Other Assistance

Under the listing of "other," some of the services mentioned include:

- Intensive case manager
- Transportation
- Home health, physical therapy, occupational therapy, social worker, family, home health aide
- Hospice
- Partial [hospitalization] program [for people with mental or emotional disturbances]
- Adult day care

Just three percent of residents in all homes participating in the survey received other outside support. The lowest percentage was 1% of residents in Philadelphia homes and the homes with services for persons with dementia, while the highest average was 9% of residents in the homes with services for persons with mental illness and in the small to medium homes.

Table 1: Comparison of Personal Care Homes by Residents' Need for Assistance with ADLs

	All Homes	Rural	Suburban	Urban	Small-Medium	Medium-Large	Large	Philadelphia	Services for Persons with Dementia	Services for Persons with Mental Illness
Does the home have a defined program/service package for special need populations? % answering "yes"	28%	20%	39%	22%	0	29%	35%	20%	80%	29%
Average percentage of residents receiving assistance with:										
Bathing	63%	67%	68%	42%	59%	64%	62%	75%	69%	45%
Dressing	33%	30%	39%	29%	24%	28%	39%	53%	49%	8%
Medications	83%	87%	85%	74%	80%	88%	82%	96%	90%	75%
Toileting	18%	18%	19%	18%	19%	15%	20%	37%	21%	4%
Transferring	8%	5%	12%	4%	3%	3%	12%	7%	11%	0
Eating	6%	2%	5%	14%	3%	2%	9%	28%	5%	0
Average percentage of residents who have an outside support person to help with:										
Activities of Daily Living	5%	7%	4%	3%	3%	10%	2%	0	8%	16%
Financial matters	49%	55%	49%	33%	38%	36%	58%	25%	59%	29%
Socialization/Recreation	13%	12%	14%	6%	13%	11%	11%	6%	14%	20%
Other	3%	2%	3%	5%	9%	3%	2%	1%	1%	9%
Selected Costs										
Total cost	$59.65	$48.01	$64.68	$67.96	$40.29	$50.94	$68.89	$87.42	$70.10	$32.84
PC staff salaries	$14.09	$12.05	$15.79	$13.81	$13.17	$12.84	$14.94	$17.44	$17.71	$9.81
Other Resident Care Costs	$4.22	$5.00	$4.09	$3.23	$4.09	$3.80	$4.49	$2.94	$6.84	$1.30
Number of Homes	43	15	18	9	5	14	23	5	5	7

Source: DPW Personal Care Home Advisory Committee Personal Care Home/Assisted Living Cost Study Survey, 1998 data.

COSTS OF PROVIDING CARE AND SERVICES

The categories for costs could have been defined in many ways. A complete worksheet that attempts to assign each possible cost to a category was included with each survey questionnaire to assist operators in assigning their costs. A copy of this worksheet is included in Appendix A of this report. The homes in the study varied significantly in their costs, with the Philadelphia homes typically having the highest costs and homes with services for persons with mental illness having typically the lowest costs.

While this study identifies significant variations in some of the characteristics and the costs reported by the homes, it does not *explain* these variations. Some possible explanations and issues for further research are identified in the Recommendations Including Future Research section. A brief review of the costs is provided in the following section. All of the costs are reported in costs per resident per day.

Total Cost of Housing and Services Package

In order to ascertain the total cost of providing housing and services to residents, respondents were asked to share the total cost of their housing and services package. This item was meant to include all costs, including both capital and operating costs. All of the costs listed on the questionnaire's cost study worksheet should have been included in this item. Some of the items to be included under this item are housekeeping, laundry, utilities, depreciation, insurance, taxes, and administration, among others. Some of the respondents did not initially include depreciation or rental costs in the total housing and services package costs, or had other issues with this question. PANPHA staff provided clarification on this question to most of the respondents, but it is possible that the item under-reports the costs for some of the facilities in the sample.

The average total cost reported by all of the homes in the sample was $59.65 per resident per day.

The highest total costs were identified in the Philadelphia homes, with an average of $87.42 per resident per day. Homes with services for persons with dementia had the next highest costs, with an average of $70.10 per day. Several of the participating homes providing services for persons with dementia had additional programs and were not able to separately identify the costs of their dementia program, therefore some of the costs for these programs are diluted by the costs of care for residents without dementia. The effect of this would be to under-estimate the costs of providing specialized services for residents with dementia. The costs are included here to provide preliminary information on the costs of providing a specialized program and activities for residents with dementia. The lowest costs were found in homes providing services to persons with mental illness, with the total cost averaging $32.84 per resident per day.

The total costs per resident per day are presented below, ranked in order by highest total cost to lowest total cost.

Philadelphia	$87.42
Homes with services for persons with dementia	$70.10
Large homes	$68.89
Urban homes	$67.96
Suburban homes	$64.68
All homes	$59.65
Medium to large homes	$50.94
Rural homes	$48.01
Small to medium homes	$40.29
Homes with services for residents with mental illness	$32.84

Total Costs by Location

When total costs are considered by location, Philadelphia homes have the highest costs at $87.42 per resident per day, while rural homes have the lowest costs at $48.01 per resident per day. Urban homes have total costs per resident per day of $67.96 while suburban homes have total costs of $64.68.

Total Costs by Size of Home

Contrary to economic theories regarding economies of scale, larger homes in this sample have higher costs than do the smaller homes. In this sample, the small to medium homes averaged total costs of $40.29 per resident per day while the medium to large homes had total costs per resident per day of $50.94. The largest homes (50 or more licensed beds) had the highest total costs at $68.89 per resident per day.

FOOD SERVICE COSTS

The costs of providing food service average $4.71 per resident per day in raw food costs, $6.00 per resident per day in gross salaries of dietary staff and $2.27 for dietary supplies or other food service components. The "food" category was to include food only, not supplies or staff. Respondents were instructed that the "gross salaries of dietary staff" category should include gross salaries for dietary staff including the dietary director. The gross salaries were not to include the costs of providing benefits. The "dietary supplies and other food service components" item was actually asked as two separate items ("dietary supplies" and "other food service components") but the significant variation in these two items combined with advice from providers who completed the survey led to these two items being collapsed into one category. The category includes all non-food items and supplies.

Food

The average cost of food per resident per day was $4.71, but the highest costs for food were found in the Philadelphia homes in the sample, with costs of $6.56 per resident per day. The lowest food costs were found in the homes with services for persons with mental illness, at $3.29 per resident per day.

Gross Salaries for Dietary Staff

Gross salaries for dietary staff averaged $6.00 per resident per day. The highest average cost for dietary staff gross salaries was in the Philadelphia sample homes, at $10.08 per resident per day. The lowest average cost for dietary staff was in homes serving persons with mental illness, at $0.93 per resident per day. (A majority of respondents in this category listed $0 as the cost for dietary staff.)

Dietary Supplies and Other Food Service Components

The costs for all dietary supplies and other food service components averaged $2.27 for all homes in the sample. The highest costs -- $4.40 per resident per day -- were found in Philadelphia homes. The lowest costs -- $0.92 per resident per day -- were in homes with services for persons with dementia.

COSTS FOR DIRECT RESIDENT CARE

Costs for personal care services were divided into two portions: "Direct Personal Care Staff Salaries" and "Other Components of Direct Resident Care." The Direct Personal Care Staff Salaries should include direct personal care staff gross salaries, not including benefits. The Other Components of Direct Resident Care include the following items:

- Direct care staff training
- Related clerical staff gross salaries
- Activities staff gross salaries
- Activities supplies, fees
- Medication (over-the-counter and non-covered pharmaceuticals)
- Residents' annual medical exam, screening
- Medical supplies
- All other resident care costs not listed above

Other Components of Direct Resident Care should not include housekeeping or laundry costs. These costs should only be reflected in the total costs of the housing and services package.

Direct Personal Care Staff Salaries

The average cost for personal care costs for all participating homes was $14.09 per resident per day for personal care staff salaries. The highest costs for personal care staff salaries per resident per day were in homes with services for people with dementia at $17.71 per resident per day and the lowest were in homes with services for people with mental illness at $9.81 per resident per day.

Other Components of Direct Resident Care

The average cost reported for other components of direct resident care was $4.22 per resident per day. The highest costs in this category were found in homes with services for people with dementia at $6.84. The lowest costs -- $1.30 per resident per day -- were reported by homes with services for persons with mental illness.

Table 2: Comparison of Personal Care Home Costs by Selected Characteristics

	All Homes	Rural	Suburban	Urban	Small-Medium	Medium-Large	Large	Philadelphia	Services for Persons with Dementia	Services for Persons with Mental Illness
Years in Operation	28	14	25	60	8	25	35	80	6	10
Org structure(%indep)	51%	40%	56%	67%	80%	43%	52%	40%	40%	86%
# of licensed beds	74	54	90	80	14	44	108	92	93	35
# of set-up beds	60	43	76	55	13	36	85	52	79	34
census	54	42	70	45	12	31	78	37	75	31
defined prog. (%yes)	28%	20%	39%	22%	0	29%	35%	20%	80%	29%
need bathing assist	63%	67%	68%	42%	59%	64%	62%	75%	69%	45%
need dressing assist	33%	30%	39%	29%	24%	28%	39%	53%	49%	8%
need meds assist	83%	87%	85%	74%	80%	88%	82%	96%	90%	75%
need toileting assist	18%	18%	19%	18%	19%	15%	20%	37%	21%	4%
need transferring asst	8%	5%	12%	4%	3%	3%	12%	7%	11%	0
need assist w eating	6%	2%	5%	14%	3%	2%	9%	28%	5%	0
receive ADL support	5%	7%	4%	3%	3%	10%	2%	0	8%	16%
financl matters supp	49%	55%	49%	33%	38%	36%	58%	25%	59%	29%
receive social support	13%	12%	14%	6%	13%	11%	11%	6%	14%	20%
receive other support	3%	2%	3%	5%	9%	3%	2%	1%	1%	9%
total cost	$59.65	$48.01	$64.68	$67.96	$40.29	$50.94	$68.89	$87.42	$70.10	$32.84
raw food cost	$4.71	$4.56	$5.00	$4.53	$3.85	$4.92	$4.82	$6.56	$4.27	$3.29
salary-dietary	$6.00	$5.52	$5.51	$7.23	$3.60	$5.98	$6.36	$10.08	$5.08	$0.93
dietary supply & other	$2.27	$2.94	$1.39	$2.95	$3.02	$2.10	$2.27	$4.40	$0.92	$1.06
personal care salaries	$14.09	$12.05	$15.79	$13.81	$13.17	$12.84	$14.94	$17.44	$17.71	$9.81
other res. care costs	$4.22	$5.00	$4.09	$3.23	$4.09	$3.80	$4.49	$2.94	$6.84	$1.30
Capital costs (%yes)	66%	80%	59%	56%	40%	71%	68%	40%	60%	71%
Number of Homes	43	15	18	9	5	14	23	5	5	7

Source: DPW Personal Care Home Advisory Committee Personal Care Home/Assisted Living Cost Study Survey, 1998 data.

CAPITAL COSTS

The survey also asked whether the respondent has or anticipates any unusual capital costs (for example, security needs, facility upgrade, etc.). Sixty-six percent of the homes responding to the survey anticipate unusual capital costs. Eighty percent (80%) of rural homes and 71% of medium to large and 71% of homes serving people with mental illness report that they anticipate unusual capital costs. Some of the listed costs are illustrative:

- Air conditioning, replace 13-year old van and work vehicles; put in new carpeting (27 years old) and [replace] worn furniture
- Sprinkler system
- Facility upgrade -- flooring, parking lot
- Need to expand facility. Do not have enough income to operate if only have these few residents
- Roof-major renovations; possible redesign
- Addition of power assist door at main entrance
- Call bell system, air conditioning, boiler replacement
- Currently converting semi-private rooms to private rooms.

A full listing of needed renovations is included in Appendix B.

Respondents were asked how they would pay for these expenses. Some of their answers are as follows.

- We will not get them.
- Don't know. Try to increase census.
- Tax exempt bond issue
- Donations from supporters, foundations, corporations
- Payment by owner
- Second mortgage on business
- Existing cash reserves
- Line of credit from bank

A complete listing is provided in Appendix B.

COMMENTS

Respondents were asked to provide any other comments. The following five comments were offered.

- There is no such thing as profit in this business.
- To operate at SSI rates for homes with 8 and under residents, it's taking advantage of those operators. The state wants more recreation and activities and time for paperwork which includes payroll. The only survivors will be mom and pop who are willing to take care of eight people for $2.00 per hour. It's abuse. When we looked into this area as a business venture, the average stay for a resident was 2.5 years. We have received 13-14 new residents in two years and nine left for higher levels of care or

died. Not one lasted one year. Also those being referred need more care at our homes. They are recuperating from hospital stays or enter our homes needing multiple services which we have to provide because we need the residents to pay the help. In our areas, the hospitals are entering the business and referrals are drying up.

- SSI needs to be raised to at least $1200 monthly. Can not cover costs to house these [SSI] residents at present rate.
- I am a low-income provider and profit margins are being squeezed due to small income increases (2.3%) and expense increases of 7%.
- This assisted living facility is part of a CCRC. Two floors of an independent living building were converted to assisted living. Rooms are very large (400-650 square feet) hence overhead is high. Operating cost also high due to layout of physical plant.

The following pages present profiles of each of the personal care home categories.

All Homes

Average Number of Years in Operation	28
Organizational Structure	
% Independent/Free-Standing	51%
% Part of Continuum of Residential Services	37%
% Other	12%
Number of Licensed Beds	74
Number of Set-up/Staffed Beds	60
Census	54
% with a Defined Program/Service Package for Special Need Population	28%
Average percentage of residents receiving assistance with:	
Bathing	63%
Dressing	33%
Medications	83%
Toileting	18%
Transferring	8%
Eating	6%
Average percentage of residents who have an outside support person to help with:	
Activities of Daily Living	5%
Financial matters	49%
Socialization/Recreation	13%
Other	3%
Costs	
Total Housing and Services Package	$ 59.65
Food	$ 4.71
Gross Salaries for Dietary Staff	$ 6.00
Dietary Supplies & Other Food Service Components	$ 2.27
Direct personal Care Staff Salaries	$ 14.09
Other Components of Direct Resident Care	$ 4.22
% Anticipating Unusual Capital Costs	66%
Total Respondents	43

Source: DPW Personal Care Home Advisory Committee Personal Care Home/Assisted Living Cost Study Survey, 1998 data.

Rural Homes

Average Number of Years in Operation	14
Organizational Structure	
% Independent/Free-Standing	40%
% Part of Continuum of Residential Services	60%
% Other	NA
Number of Licensed Beds	54
Number of Set-up/Staffed Beds	43
Census	42
% with a Defined Program/Service Package for Special Need Population	20%
Average percentage of residents receiving assistance with:	
Bathing	67%
Dressing	30%
Medications	87%
Toileting	18%
Transferring	5%
Eating	2%
Average percentage of residents who have an outside support person to help with:	
Activities of Daily Living	7%
Financial matters	55%
Socialization/Recreation	12%
Other	2%
Costs	
Total Housing and Services Package	$ 48.01
Food	$ 4.56
Gross Salaries for Dietary Staff	$ 5.52
Dietary Supplies & Other Food Service Components	$ 2.94
Direct personal Care Staff Salaries	$ 12.05
Other Components of Direct Resident Care	$ 5.00
% Anticipating Unusual Capital Costs	80%
Total Respondents	15

Source: DPW Personal Care Home Advisory Committee Personal Care Home/Assisted Living Cost Study Survey, 1998 data.

Suburban Homes

Average Number of Years in Operation	25
Organizational Structure	
% Independent/Free-Standing	56%
% Part of Continuum of Residential Services	22%
% Other	22%
Number of Licensed Beds	90
Number of Set-up/Staffed Beds	76
Census	70
% with a Defined Program/Service Package for Special Need Population	39%
Average percentage of residents receiving assistance with:	
Bathing	68%
Dressing	39%
Medications	85%
Toileting	19%
Transferring	12%
Eating	5%
Average percentage of residents who have an outside support person to help with:	
Activities of Daily Living	4%
Financial matters	49%
Socialization/Recreation	14%
Other	3%
Costs	
Total Housing and Services Package	$ 64.68
Food	$ 5.00
Gross Salaries for Dietary Staff	$ 5.51
Dietary Supplies & Other Food Service Components	$ 1.39
Direct personal Care Staff Salaries	$ 15.79
Other Components of Direct Resident Care	$ 4.09
% Anticipating Unusual Capital Costs	59%
Total Respondents	18

Source: DPW Personal Care Home Advisory Committee Personal Care Home/Assisted Living Cost Study Survey, 1998 data.

Urban Homes

Average Number of Years in Operation	60
Organizational Structure	
% Independent/Free-Standing	67%
% Part of Continuum of Residential Services	33%
% Other	NA
Number of Licensed Beds	80
Number of Set-up/Staffed Beds	55
Census	45
% with a Defined Program/Service Package for Special Need Population	22%
Average percentage of residents receiving assistance with:	
Bathing	42%
Dressing	29%
Medications	74%
Toileting	18%
Transferring	4%
Eating	14%
Average percentage of residents who have an outside support person to help with:	
Activities of Daily Living	3%
Financial matters	33%
Socialization/Recreation	6%
Other	5%
Costs	
Total Housing and Services Package	$ 67.96
Food	$ 4.53
Gross Salaries for Dietary Staff	$ 7.23
Dietary Supplies & Other Food Service Components	$ 2.95
Direct personal Care Staff Salaries	$ 13.81
Other Components of Direct Resident Care	$ 3.23
% Anticipating Unusual Capital Costs	56%
Total Respondents	9

Source: DPW Personal Care Home Advisory Committee Personal Care Home/Assisted Living Cost Study Survey, 1998 data.

Small to Medium Homes

Average Number of Years in Operation	8
Organizational Structure	
% Independent/Free-Standing	80%
% Part of Continuum of Residential Services	20%
% Other	NA
Number of Licensed Beds	14
Number of Set-up/Staffed Beds	13
Census	12
% with a Defined Program/Service Package for Special Need Population	0
Average percentage of residents receiving assistance with:	
Bathing	59%
Dressing	24%
Medications	80%
Toileting	19%
Transferring	3%
Eating	3%
Average percentage of residents who have an outside support person to help with:	
Activities of Daily Living	3%
Financial matters	38%
Socialization/Recreation	13%
Other	9%
Costs	
Total Housing and Services Package	$ 40.29
Food	$ 3.85
Gross Salaries for Dietary Staff	$ 3.60
Dietary Supplies & Other Food Service Components	$ 3.02
Direct personal Care Staff Salaries	$ 13.17
Other Components of Direct Resident Care	$ 4.09
% Anticipating Unusual Capital Costs	40%
Total Respondents	5

Source: DPW Personal Care Home Advisory Committee Personal Care Home/Assisted Living Cost Study Survey, 1998 data.

Medium to Large Homes

Average Number of Years in Operation	25
Organizational Structure	
% Independent/Free-Standing	43%
% Part of Continuum of Residential Services	50%
% Other	7%
Number of Licensed Beds	44
Number of Set-up/Staffed Beds	36
Census	31
% with a Defined Program/Service Package for Special Need Population	29%
Average percentage of residents receiving assistance with:	
Bathing	64%
Dressing	28%
Medications	88%
Toileting	15%
Transferring	3%
Eating	2%
Average percentage of residents who have an outside support person to help with:	
Activities of Daily Living	10%
Financial matters	36%
Socialization/Recreation	11%
Other	3%
Costs	
Total Housing and Services Package	$ 50.94
Food	$ 4.92
Gross Salaries for Dietary Staff	$ 5.98
Dietary Supplies & Other Food Service Components	$ 2.10
Direct personal Care Staff Salaries	$ 12.84
Other Components of Direct Resident Care	$ 3.80
% Anticipating Unusual Capital Costs	71%
Total Respondents	14

Source: DPW Personal Care Home Advisory Committee Personal Care Home/Assisted Living Cost Study Survey, 1998 data.

Large Homes

Average Number of Years in Operation	35
Organizational Structure	
% Independent/Free-Standing	52%
% Part of Continuum of Residential Services	35%
% Other	13%
Number of Licensed Beds	108
Number of Set-up/Staffed Beds	85
Census	78
% with a Defined Program/Service Package for Special Need Population	35%
Average percentage of residents receiving assistance with:	
Bathing	62%
Dressing	39%
Medications	82%
Toileting	20%
Transferring	12%
Eating	9%
Average percentage of residents who have an outside support person to help with:	
Activities of Daily Living	2%
Financial matters	58%
Socialization/Recreation	11%
Other	2%
Costs	
Total Housing and Services Package	$ 68.89
Food	$ 4.82
Gross Salaries for Dietary Staff	$ 6.36
Dietary Supplies & Other Food Service Components	$ 2.27
Direct personal Care Staff Salaries	$ 14.94
Other Components of Direct Resident Care	$ 4.49
% Anticipating Unusual Capital Costs	68%
Total Respondents	23

Source: DPW Personal Care Home Advisory Committee Personal Care Home/Assisted Living Cost Study Survey, 1998 data.

Philadelphia Homes

Average Number of Years in Operation	80
Organizational Structure	
% Independent/Free-Standing	40%
% Part of Continuum of Residential Services	60%
% Other	NA
Number of Licensed Beds	92
Number of Set-up/Staffed Beds	52
Census	37
% with a Defined Program/Service Package for Special Need Population	20%
Average percentage of residents receiving assistance with:	
Bathing	75%
Dressing	53%
Medications	96%
Toileting	37%
Transferring	7%
Eating	28%
Average percentage of residents who have an outside support person to help with:	
Activities of Daily Living	0
Financial matters	25%
Socialization/Recreation	6%
Other	1%
Costs	
Total Housing and Services Package	$ 87.42
Food	$ 6.56
Gross Salaries for Dietary Staff	$ 10.08
Dietary Supplies & Other Food Service Components	$ 4.40
Direct personal Care Staff Salaries	$ 17.44
Other Components of Direct Resident Care	$ 2.94
% Anticipating Unusual Capital Costs	40%
Total Respondents	5

Source: DPW Personal Care Home Advisory Committee Personal Care Home/Assisted Living Cost Study Survey, 1998 data.

Homes with Services for Persons with Dementia

Average Number of Years in Operation	6
Organizational Structure	
% Independent/Free-Standing	40%
% Part of Continuum of Residential Services	40%
% Other	20%
Number of Licensed Beds	93
Number of Set-up/Staffed Beds	79
Census	75
% with a Defined Program/Service Package for Special Need Population	80%
Average percentage of residents receiving assistance with:	
Bathing	69%
Dressing	49%
Medications	90%
Toileting	21%
Transferring	11%
Eating	5%
Average percentage of residents who have an outside support person to help with:	
Activities of Daily Living	8%
Financial matters	59%
Socialization/Recreation	14%
Other	1%
Costs	
Total Housing and Services Package	$ 70.10
Food	$ 4.27
Gross Salaries for Dietary Staff	$ 5.08
Dietary Supplies & Other Food Service Components	$ 0.92
Direct personal Care Staff Salaries	$ 17.71
Other Components of Direct Resident Care	$ 6.84
% Anticipating Unusual Capital Costs	60%
Total Respondents	5

Source: DPW Personal Care Home Advisory Committee Personal Care Home/Assisted Living Cost Study Survey, 1998 data.

Homes with Services for Persons with Mental Illness

Average Number of Years in Operation	10
Organizational Structure	
% Independent/Free-Standing	86%
% Part of Continuum of Residential Services	NA
% Other	14%
Number of Licensed Beds	35
Number of Set-up/Staffed Beds	34
Census	31
% with a Defined Program/Service Package for Special Need Population	29%
Average percentage of residents receiving assistance with:	
Bathing	45%
Dressing	8%
Medications	75%
Toileting	4%
Transferring	0
Eating	0
Average percentage of residents who have an outside support person to help with:	
Activities of Daily Living	16%
Financial matters	29%
Socialization/Recreation	20%
Other	9%
Costs	
Total Housing and Services Package	$ 32.84
Food	$ 3.29
Gross Salaries for Dietary Staff	$ 0.93
Dietary Supplies & Other Food Service Components	$ 1.06
Direct personal Care Staff Salaries	$ 9.81
Other Components of Direct Resident Care	$ 1.30
% Anticipating Unusual Capital Costs	71%
Total Respondents	7

Source: DPW Personal Care Home Advisory Committee Personal Care Home/Assisted Living Cost Study Survey, 1998 data.

Recommendations, Including Future Research

RECOMMENDATIONS

The Cost Study Work Group of the DPW Personal Care Home Advisory Committee recommends that:

- The 1999 Cost Study be accepted by the Personal Care Home Advisory Committee and forwarded to Department of Public Welfare Secretary Feather Houstoun. This report supports the Advisory Committee's November 12, 1998 recommendation requesting an increase in the State Personal Care Home Supplement to SSI to reflect the average cost of care.

- The Personal Care Home Advisory Committee request an official response to the Cost Study report from the Department.

- The Personal Care Home Advisory Committee request that the IntraGovernmental Council on Long-Term Care consider the results of this study in their deliberations on assisted living and long-term care.

- DPW amend its information collection for licensure to include information on the costs of providing care and the number of all residents in personal care homes.

- The 1990 cost study conducted by the Center for Health Policy Studies be revised and replicated. The Advisory Committee should recommend that the Department of Public Welfare (DPW) put in a Program Revision Request (PRR) to engage a consultant to conduct a thorough, scientifically valid study of the costs of providing care in Pennsylvania's personal care homes.

- Additional research be conducted on issues described below.

The Cost Study Work Group also identified a number of important informational items that were not within the scope of the cost study. These include:

- A recommendation that time-motion studies should be conducted to determine the amount of time required to provide personal care services. These studies may be similar to the studies used to develop the RUGS III categories used in the case mix reimbursement system in long-term care nursing facilities. For example, a time-motion study of adult care homes has been conducted by the Myers Research Institute for the state of North Carolina to quantify the amount of care that each resident received. The state provides payment for one hour of personal care per day for each benefit recipient, regardless of disability. In the Myers study, staff members recorded the amount of time they spent providing care and services to residents over a 3-day period. One goal of the study was to identify differences in personal care times associated with characteristics of residents. The study provided information about the amount of care received but did not identify the amount of care needed by residents. Looking specifically at homes for the aged, the average amount of time providing personal care services was 61 minutes. (Myers Research Institute, 1997.)

There are several expenses besides individual personal care. Two areas of consideration are meal preparation and laundry. Indirect care time was not allocated out to each resident because these tasks are only marginally driven by individual care needs. Also, these are sometimes considered part of "room and board" which are not reimbursed by Medicaid in North Carolina's adult care homes. (Myers Research Institute, 1997.)

- A recommendation that cost comparisons should be made between personal care homes and other settings such as hospitals, long-term care nursing facilities and other adult residential facilities to determine cost savings of diversion.

- A recommendation that a study of personal care homes providing care and services to persons with HIV/AIDS should be conducted. At the time this cost study was conducted, the number of these homes was too small to be included in the study, however four such homes volunteered to participate and appeared to have very good information on their costs.

- The Cost Study Work Group also was very interested in conducting case studies of different personal care homes to get a sense of what "a day in the life" of various personal care home residents and operators might be like and to identify practices that enhance the quality of life of the residents.

- There also was interest in exploring whether certain people have difficulty getting into a personal care home and identifying where people reside if they are unable to find a personal care home to meet their needs.

FUTURE RESEARCH

In addition to the research recommended by the Cost Study Work Group, the need for additional research on the following questions is identified by information reported in the cost study.

- Additional models of affordable assisted living should be explored, utilizing the housing options in which persons currently reside. The American Association of Homes and Services for the Aging (AAHSA) has begun this process with their publication of *Affordable Assisted Living: Options for Converting or Expanding Housing to Assisted Living: Four Case Studies.* HUD is also leading in this effort with its Notice 98-12 on using Section 202 housing projects to support assisted living activities for frail elderly and people with disabilities. Additionally, HUD has financed and encouraged the service coordinator program (SCP) which provides a service coordinator (typically a social worker) as part of the management team for a housing project. The service coordinator, at the tenant's request, assesses and assists the tenant in coordinating the services he or she needs to remain in his or her apartment. The Pennsylvania Housing Finance Agency has offered a Supportive Services Program (SSP) for more than 10 years, having been included initially as a Robert

Program (SSP) for more than 10 years, having been included initially as a Robert Wood Johnson project. The PHFA program provides incentives to management of PHFA-financed properties to provide a service coordinator and supportive services on-site. PHFA is also piloting an affordable assisted living program. The first site, Wind Gap, sponsored by Phoebe Ministries, began construction in March 1999. PANPHA's *Mosaic of Funding*, published in 1998 also seeks to address the issue of affordability in assisted living, personal care and housing with services.

- Further research is needed on the characteristics of residents in personal care homes. To assist in recruiting participants, this cost study asked very little about the needs and characteristics of the residents, yet it would have been very helpful to have this information. One of the resources to be considered for this research would be the data collected by the Department of Public Welfare annually on the homes it licenses and the residents who live there. Additional analysis of this data would assist policymakers and providers in determining the care and services needed by residents and in evaluating policy and service provision options.

- Since the number of residents needing assistance with medications appears to be high in this sample of homes, further study is warranted regarding how many medications residents receive, what types of medications are most typical, what oversight is provided, and how residents are assisted with their medications.

- Another important area of future research is into the income and asset levels of current residents. This is important information to know in estimating the costs for subsidizing personal care home residents because, for example, raising the level of the State Supplement to SSI would also increase the income eligibility level for the State Supplement to SSI, under the current system.

- This cost study provides information about average costs for different types of homes, but offers little information about what causes the variations in costs. Some potential causes include variations in the needs of residents, variations in the number and quality of outside supports available, variations in the ability of residents to pay for services, labor market differences, variations in local building requirements, and different consumer preferences. Additional study is needed on these potential causes of cost variations.

- Additional study should be conducted on homes that offer special programs for persons with dementia. The higher costs of these homes in the current study are not unexpected, but a larger sample of such homes is necessary to estimate the true costs of providing care for persons with dementia.

- Case studies of personal care homes providing services to persons with mental illness should be conducted to get a better understanding of these homes and the reasons their costs appear to be different from those in the larger sample. Some suggested areas to explore include whether some residents are attending programs such as vocational rehabilitation programs during the day and may therefore require less staffing and fewer meals than residents who are in the personal care home all

day. In addition, is the physical environment significantly different in the homes with services for persons with mental health needs in ways that make it less costly? Are there differences between food service and housekeeping requirements between different populations that may explain differences in costs? Are some of the residents receiving food stamps?

- The income resources of residents would also be expected to have an effect on the costs of providing housing and services in personal care homes. If SSI and the Personal Care Home Supplement are the only resources available, the provider must keep costs at $25.47 per day. If, however, residents or providers have more resources to pay for services and physical plant, additional care and amenities can be provided. Additional research should be conducted to see if the homes with lower costs are those relying on public funding. In addition, it would be helpful to estimate the costs of various service plans and physical environments. It also may be useful to interview providers who serve low-income persons and identify the strategies they use for maximizing resources for their residents.

- The Philadelphia homes represented in the sample had very high costs. Further research should be conducted to assess whether these high costs are attributable to higher costs of providing services in Philadelphia or are simply due to sampling error. Unlike the population of Philadelphia personal care homes, the sample does not include any homes that focus on providing services for persons with mental health needs, nor does it include any small homes. In this study, homes providing services for persons with mental illness and small homes have reported lower costs. Additionally, some of the high costs in the Philadelphia homes could be related to the shortage of nursing home beds in the area. A comparison of resident assessments and costs of care in areas of the state that have a shortage of nursing home beds vs. areas of the state that do not have a shortage might be useful in explaining some of the differences in costs.

- Capital costs and the costs of converting other facilities to assisted living should be explored to gain a greater understanding of the costs and barriers to providing personal care/assisted living services.

Much research remains to be done on the topic of costs in Pennsylvania's personal care homes, however, the current study provides additional assurance that the costs of a personal care home in Pennsylvania are approximately $60 per resident per day, as has been found in several other studies. In contrast, the public (state and federal) funding available to those who rely on SSI and the State Personal Care Home Supplement to purchase housing, care and services in Pennsylvania's personal care homes was $25.47 per resident per day ($834.30 minus $60.00 personal needs allowance) in 1999.

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Appendix A
Cost Study Questionnaire

Department of Public Welfare
Personal Care Home Advisory Committee

MEMORANDUM

TO: Personal Care Home Administrators

FROM: Bill Keane, Chair, DPW Personal Care Home Advisory Committee

DATE: August 5, 1998

SUBJECT: **Personal Care Home Cost Study Survey**

The Department of Public Welfare's (DPW's) Personal Care Home Advisory Committee authorized a work group to conduct a cost study survey of personal care homes / assisted living in Pennsylvania. The work group includes representatives of personal care home associations and consumer groups. Your home has been suggested by one of the work group members to be included in the sample of homes to complete a survey regarding costs of providing personal care services. Some of the issues we hope to address with this cost study are:

- What are the financial issues involved in operating successful personal care homes/assisted living residences in Pennsylvania?
- Are the current public reimbursement streams adequate to support personal care homes / assisted living?
- What does it cost to provide the services needed by residents?

Please fill out the enclosed questionnaire and return it by **September 11, 1998.** *Your response is extremely important since we are working with a small sample of residences in the Commonwealth.* If you have any questions about how to complete the questionnaire, please call Beth Greenberg, Pennsylvania Association of Non-Profit Homes for the Aging (PANPHA), at (717) 763-5724 since she will be providing staff support for this project. Thank you for your time and input on this important study!

All responses will remain confidential and only aggregate financial information will be reported.

Personal Care Home / Assisted Living Cost Study Questionnaire

Resident and Provider Characteristics

If you have multiple sites, please complete one questionnaire, using one site. Please attach a copy of your most recent Pre-Licensing Survey or complete the one enclosed with this questionnaire. This will provide essential information about your residence and your residents. Please answer the questions as of the date of the pre-licensing survey so that we have a one-day "snapshot" of your home and your residents.

1. **Location of Facility** (*Check One*)

_____ Rural
_____ Suburban
_____ Urban
_____ Other: _____

2. _____ # of Years in Operation:

3. **Organizational Structure** (*Check One*)

_____ Independent / Free-Standing
_____ Part of Continuum of Residential Services
_____ Other: _____

Residents / Beds

4. _____ Licensed Beds
5. _____ Set-up / Staffed Beds (*As of "Pre-Licensing Survey" Date*)
6. _____ Actual Census (*As of "Pre-Licensing Survey" Date*)

7. **Do you have a defined program / service package for special need populations?**

_____ No
_____ Yes

8. **If "Yes", please list:**

Program / Service	# of Residents Utilizing It
_____	_____
_____	_____
_____	_____

9. Resident Needs Profile
# of Residents (*from actual Census*) who require assistance with the following:

_____ Bathing
_____ Dressing
_____ Medications
_____ Toileting
_____ Transferring
_____ Eating

10. Outside Support
# of Residents who have an outside support person helping with:

_____ Activities of Daily Living *(See #9 above)*
_____ Financial matters
_____ Socialization / Recreation
_____ Other: _____

11. _____ # Immobile Residents

(An immobile person is defined in the personal care regulations as "An individual who is unable to move from one location to another or has difficulty in understanding and carrying out instructions without the continual and full assistance of other persons, or is incapable of independently operating a device, such as a wheelchair, prosthesis, walker or cane to exit a building.")

Cost Information

~ Please attach a listing of the charges for your personal care home. ~

The following questions ask for information about your costs of doing business. When filling out the form, please use the enclosed two-page Cost Study Worksheet to calculate your costs. Please provide COST, rather than price information in the following questions.

12. **Total Housing and Services Package**

$ _____ Cost per resident per day

Food Related Costs *(Average Cost Per Resident Per Day)*

13. $ _____ Food
14. $ _____ Gross salaries for dietary staff
15. $ _____ Dietary supplies
16. $ _____ Other food service components

Direct Personal Care Costs *(Average Cost Per Resident Per Day)*

17. $ _____ Direct personal care staff salaries
18. $ _____ Other components of direct resident care

(Do not include housekeeping or laundry.) (See Expenses category # 1, Resident Care Costs, from the Cost Study Worksheet.)

Staffing

(Please base your calculations on the following formula: Total number of annual staff hours divided by 2080 = full-time equivalent (FTE) number. "Staff hours" is defined as actual hours worked minus paid time off (including vacation, holidays, sick days, personal days, funeral leave.)

19. _____ Total full-time equivalent (FTE) staff
20. _____ Full-time equivalent (FTE) staff that provide direct personal care
21. _____ Full-time equivalent (FTE) staff that provide food service
22. _____ Hours of volunteer work provided per day
(Includes volunteers or owners and families in volunteer capacity)

Capital Costs

23. Do you have or anticipate any unusual capital costs (*for example security needs, facility upgrade, etc.*)?

_____ Yes
_____ No

24. If yes, please explain:

_____
_____

25. If yes, how will you pay for these expenses?

_____
_____

26. Comments:

_____
_____
_____

IMPORTANT: Please fill out the following:

27. Contact Name: _____ Telephone _____

(Please provide a contact name and telephone number in case there are questions about the information contained in your completed questionnaire. As stated in Mr. Keane's letter, all information will be confidential and only aggregate data will be reported.)

Please return this questionnaire by September 11, 1998 to: Beth Greenberg, Pennsylvania Association of Non-Profit Homes for the Aging, 4720 Old Gettysburg Road, Suite 409, Mechanicsburg, PA 17055-8419, FAX: 717-763-1057. If you have any questions, please call Beth Greenberg at (717) 763-5724.

Thank you for your cooperation in this important study!

(p/sr/pf/m/Cost Study Survey – cmt798.3)

PRE-LICENSING SURVEY FOR PERSONAL CARE HOMES

Date: _____

Current Census: _____

Licensed Capacity: _____

Region				Type of Operation		Type of Ownership	
	Central		Southeast		For Profit		Corporation
	Northeast		Western		Non-Profit		Individual
							Partnership

LIST THE NUMBER OF RESIDENTS IN THE FOLLOWING AGE, RACE AND SEX CATEGORIES:

Sex	18-59 Years	60-74 Years	75-84 Years	85 Plus Years	Alaskan National	American Indian	Asian	Black	Hispanic	White
Male										
Female										

List the Number of Residents in Each of These Categories Who, Since the Last Inspection, Were:

Admitted from:	Discharged to:	Referred by:	Agency/Source
			Area Aging Agency
			BSU-Mental Health
			BSU-Mental Retardation
			Church/Minister
			Community Hospital
			Dom Care Home
			MH/MR Group Home
			Personal Care Home
			Personal Residence/Family
			Physician/Therapist
			Private Referral Agency
			Nursing Home
			State Hospital
			Veterans Administration

List the Number of Residents with Services Provided by the Following Agencies/Sources:

	Adult Day Care
	Area Aging Agency
	Association/Blind
	Association/Deaf
	Cerebral Palsy Assn.
	Community Programs
	Drug & Alcohol
	Hospice Agency
	Physical Therapist
	Senior Center
	Social Rehabilitation
	VA. Administration
	Visiting Nurses
	Vocational Rehab.

List the Number of Residents Using the Following Equipmen

	Canes
	Catheter
	Colostomy
	Feeding Tube
	IM Injections
	Insulin Injections
	Oxygen
	Oxygen Concentrator
	Prosthetic Device
	Sterile Dressings
	Walker
	Wheelchair

List the Number of Residents With the Following Income Resources:

	Personal Care Home Supplement
	Private Resources
	Public Welfare Cash Assistance
	Supplemental Security Income (SSI)
	Unknown

List the Number of Non-English Speaking Residents: _____

List the Number of Residents Who Were Pronounced Dead in the Facility Since Last Inspection: _____

List the Number of Residents with the Following Disabilities:

	Alcohol Addiction/Abuse
	Drug Addiction/Abuse
	Hearing Impaired
	Mental Illness
	Mental Retardation
	Physical Handicap
	Dementia
	Speech Impairment
	Visual Impairment

Cost Study Worksheet

(For Use in Completing Questionnaire - Do Not Return with Questionnaire)

Income (*Optional; for your reference only*)	Income & Expenses	Volunteer hours
Resident service fees		
Commercial income		
Entrance fees (if applicable)		
Laundry/vending income		
Other income, please specify:		
(*include adult day care fees, pharmacy, medical supplies, telephone, grants, donations*)		

Expenses (*Please use these categories to determine the costs you report in the questionnaire.*)

1. Resident Care Costs		
Direct care staff gross salaries		
Direct care staff training		
Related clerical staff gross salaries		
Activities staff gross salaries		
Activities supplies, fees		
Medication (over-the-counter & non-covered Rx)		
Residents' annual medical exam., screening instr.		
Medical supplies		
All other resident care costs not listed above		
Please specify: _____		
2. Food:		
Gross salaries for dietary staff (including dietary director)		
Food purchased		
Dietary supplies (non-food items)		
Outside professional services		
Other, please specify:		
3. Building		
Depreciation on building, grounds		
Interest on building, grounds		
Real estate taxes or payments in lieu of taxes		
Misc. taxes, permits		
Property and liability insurance		
Maintenance/repairs		
(*include maintenance for elevator, HVAC, security equipment*)		
Grounds maintenance (include parking lot)		
Supplies		
(*include janitor supplies, routine repairs materials, painting and decorating supplies*)		
Utilities		
(*include heat, fuel oil, electric, natural gas, water, sewer*)		
Extermination		
Rubbish removal		
Housekeeping gross salaries (including director)		
Housekeeping supplies		
Housekeeping, outside services		
Maintenance/repairs gross salaries (including director)		
Maintenance/repair contract amount		
Other, please specify:		

Cost Study Worksheet

(For Use in Completing Questionnaire - Do Not Return with Questionnaire)

4. Administration
   - Gross salaries for administrative staff
   - Training for administrative staff
   - Office supplies
   - Office equipment (including computers)
   - Office equipment maintenance costs
   - Postage
   - Memberships/subscriptions
   - Telephone (include answering service, beeper costs)
   - Audit/accounting
   - Legal
   - Advertising/marketing (include yellow page listing)
   - Officers and directors insurance
   - Misc. office expense
     (include costs of home visits, credit reports and other overhead expenses)
   - Management company expense
   - Other, please specify:
5. Payroll expense excluding salaries
   - Employer's Payroll Tax
   - Workers Compensation Insurance
   - Fringe benefits
     (include employee health insurance, life insurance, pension, etc.)
6. Other Costs
   - Resident transportation costs (other than driver salary)
   - Gross salaries for resident transportation staff
   - Laundry gross salaries
   - Laundry supplies
   - Depreciation on equipment purchases
   - Interest on equipment purchases
   - Other, please specify:

Liabilities and Equity *(Optional; For your reference only)*

- Replacement reserve
- Other reserves
- Notes payable (mortgage, equipment, vehicles)
- Accounts Payable
- Other, Please specify:
- Other, Please specify:

Assets *(Optional; For your reference only)*

- Cash in bank
- Investments
- Accounts Receivable
- Plant and Equipment (list original cost)
- Accumulated depreciation

Appendix B
Responses to Open Ended Questions

RESPONSES TO OPEN ENDED QUESTIONS

Question 3, Other Organizational Structure, Please specify:

- Site independent/owned by large organization
- CCRC
- Nursing facility alongside assisted living facility building
- Facilities both freestanding

Question 8, If you have a defined program/service package for special needs populations, please list:

- Level II Care
- Alzheimer's
- Free over-the-counter medications/equipment
- Mental Health/Mental Retardation
- Assistance in Living Support
- Cognitive Impairment Program "Compass"
- Restorative PT Program
- Mental Health
- Health screening
- Housing waivers
- Alzheimer's In-Patient
- Enhanced care I (increased physical frailty)
- Enhanced care I
- Atrium Unit (for people with dementia)
- Special Care Center - Alzheimer's Unit
- On individual basis
- Special care unit - Alzheimer's/dementia
- Renaissance Center
- Alzheimer's Day Care
- Enhanced care II (increased physical frailty)
- Enhanced care II
- Cove unit (for people with dementia)
- Alzheimer's Respite
- Enhanced care plus

Question 10, Other Types of Outside Support

- Intensive case manager
- Transportation
- Home health, physical therapy, occupational therapy, social worker, family, home health aide, as needed
- Home health services
- Physical therapy
- Wrap-around services
- Hospice, correspondence, shopping
- Hospice
- Home health, wound care, hospice
- Occupational therapy, counseling program
- Partial program
- Adult day care

Question 24, Do you have or anticipate any unusual capital costs, please explain:

- Air conditioning, replace 13-year old van & work vehicles, put in new carpeting (27 years old) & worn furniture
- Possible Sprinkler System; add/change rooms
- Facility upgrade - flooring, parking lot
- Sprinkler system & replacement of main water lines
- Need to be larger in order to survive; need 8 hours or "shift" help. Live-ins not reliable employment
- Need to expand facility. Do not have enough income to operate if only have these few residents
- Plan to expand Personal Care in 1999. 15 unit special care section; 20 unit addition to regular PCH
- Roof - Major Renovations; possible redesign
- Developing 30-bed secure unit - renovating/re-licensing a health care unit
- Sprinkler system throughout facility
- Transportation (vehicle); Large Screen TV
- We plan to replace the elevator within 2 years, carpet in 3 halls, sidewalk.
- Addition of Power Assist door at main entrance
- Computer upgrades, planning major expansion and renovation
- A new security system is needed
- Washer, dryer, snow blower, carpet extractor, security camera, two rooms of resident furniture, additional heat for portico
- Renovations
- Room renovations, main bathroom renovation
- Furniture and TV replacement, need to add a restroom on ground floor
- Install a commercial septic system including sand mounds
- Refurbishing 10 rooms, carpet
- Call bell system, air conditioning, boiler replacement
- Currently converting semi-private rooms to private rooms. Very small market for rooms that share a bathroom. Prospects want private room with private bath.

Question 25, If yes, how will you pay for these expenses?

- We will not get them.
- Don't know. Try to increase census
- Grant writing, fundraising campaign
- Adjustments to investment portfolios and fund raising campaigns
- Good Question
- Bank loan or other loan availability. Hope to have residents to cover the increase.
- Tax exempt bond issue
- Loans, fund raising, endowment reserves
- Funded depreciation - for renovation costs
- Payment by owner
- Portion of entry fees received and special gifts
- Donations from supporters, foundations, corporations.
- Add to budget as capital expense item in 1999
- Expansion - Bond Issue; Some renovation will hopefully be paid for by small grants from foundations
- Savings
- Line of credit from bank
- Loan
- From capital budget
- Second mortgage on business
- Line of credit or out of operations
- Through reserves for capital
- Existing cash reserves

Question 26, Comments:

- There is no such thing as profit in this business.
- To operate at SSI rates for homes with 8 and under residents, it's taking advantage of those operators. The state wants more recreation and activities and time for paperwork which includes payroll. The only survivors will be mom & pop who are willing to take care of eight people for $2.00 per hour. It's abuse. When we looked into this area as a business venture, the average stay for a resident was 2.5 years. We have received 13-14 new residents in two years and nine left for higher levels of care or died. Not one lasted one year. Also those being referred need more care at our homes. They are recuperating from hospital stays or enter our homes needing multiple services which we have to provide because we need the residents to pay the help. In our areas, the hospitals are entering the business and referrals are drying up.
- SSI needs to be raised to at least $1200 monthly. Can not cover costs to house these residents at present rate.
- I am a low-income provider and profit margins are being squeezed due to small income increases (2.3%) and expense increases of 7%.
- This assisted living facility is part of a CCRC. Two floors of an independent living building were converted to assisted living. Rooms are very large (400-650 square feet) hence overhead is high. Operating cost also high due to layout of physical plant.

Appendix C

Members of the Personal Care Home Advisory Committee

March 1999

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March 1999

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