14-475
(3lo2)

Original: 2294

2002 NOV -4 PM 3:35
INDEPENDENT REGULATORY
REVIEW COMMISSION

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

October ,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:

2600.11 Procedural requirements for Licensure or Approval of homes.
(b)PCH shall be inspected as often as required by 62 P.S. 211(1), and more often as necessary. After initial approval, homes need not be visited or inspected annually except that the Dept. will schedule inspections in accordance with a plan that provides for the coverage of at least seventy-five percent of the licensed homes every two years and all homes shall be inspected at least once every three years.

We find this to be outrageous. Especially, when you take into consideration that the Chapter 2600 requires 59 seperate documentation requirements of which some will be rather lenghty, coupled with over 30 seperate policies and procedures.

HOW DOES OVER-REGULATION WITH LESS INSPECTIONS ADD UP TO IMPROVED QUALITY OF CARE??

Less inspections would NOT ensure the health, safety, and welfare of our residents.

Our recommendations; to keep Chapter 2620 but make inspections every 6 months!!

I'm sure that the advocates that you are so influenced by would agree with more inspections.

Sincerely yours,

WCPCHAA

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724-925-1159
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LAKESIDE
Lakefront Resort
Community
724-755-1070
Adjacent New Stanton

October 2, 2002

333 Market Street
14th Floor
Harrisburg, PA 17101

Dear IRRC

Comment to Regulation of the Department of Public Welfare (55 PA.CODE CHS, 2600, 2620) Personal Care Homes.

I am convinced that it will be retaliation to my letter.
I am also convinced that just as my previous letters will carry no results.
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I can only blame myself for the consequences.

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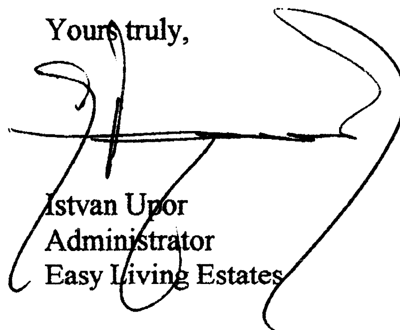
Please kill it!

Yours truly,



Istvan Upor
Administrator
Easy Living Estates

P.S. I would be willing to appear before your committee to testify if you would find it useful.

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Fair SSI Rate

The purpose of this study is to prove how unfair the current SSI reimbursement, to give data that is credible and provable, to correct the discrepancies. The current rate of $29.48 is unfair when the cost to provide for a resident is $45.20 with overhead and profit of 15%, $51.98. The study was done by Istvan Upor of Easy Living Estates, who is an engineer, architect and Personal Care Home Administrator for 15 years.

The study shows how to provide the solution without cost, probably with additional saving just by utilizing the existing system in place.

All the data is substantiated with 2001 financial statement of Easy Living Estates of Somerset.

Easy Living will have minimal benefit from fair SSI rate since:
- Somerset has only 1 SSI resident
- Ligonier has only 2 SSI residents
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Pennsylvania's PCH/AL SSI Population is about 13%

Assumptions:

1.) That a SSI resident is in an average deteriorated state and is not immobile.
2.) If a SSI resident would be immobile labor cost needs would be doubled from $16.82 to $33.64 per day or an additional $590.00 per month.
3.) The size of the living space is as regulation requires, not as is at Easy Living, since that would elevate the cost.
4.) All costs were figured for a 30 resident facility. The facility would be filled to capacity, which never occurs. The actual cost would be higher, if the facility would not be filled to capacity, since all of the costs in this study were based on the 30 resident number.
5.) Depreciation is to be calculated, since the elderly population is very destructive. The depreciation was calculated on 27 year basis. It would be more appropriate on a 7-10 year basis.

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9.) It is necessary to know that the current (July 2002) average rate at:

Somerset	$55.53 per day
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New Stanton	$63.34

LABOR COSTS

Labor Direct Care	1 ¼ hour = 1 ¼ hour x $6.00	=	$7.50
Cook	8 hours / 30 residents = 0.2666 0.2666 x $6.50	=	$1.78
Manager	8 hours / 30 residents = 0.2666 0.2666 x $10.00	=	$2.66
Housekeeping	8 hours / 30 residents = 0.2666 0.2666 x $6.00	=	$1.60
	DAYTIME HOUR TOTAL	=	$13.49
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	TOTAL HOURS	=	**$16.82**
Unemployment Compensation	0.28594 x $16.82	=	$0.4809
Worker's Compensation	$4.46 / 100 x $16.82	=	$0.75
Social Security	7.65% x $16.82	=	$1.28673
FUTA	0.008 x $16.82	=	$0.13456
TOTAL LABOR COST PER DAY		**=**	**$19.68323**

ROOM RENT

As long as regulation require 90 square foot for a bedroom, the minimum total square foot to accommodate a resident poorly, meaning only one common room which also is used as a dining room.

	227.8 sq. ft / person		
Construction Cost	$70/sq. ft. = $70 x 227.8	=	$15,946.00
Land Cost	$33,330/ 30 residents	=	$ 1,111.00
Finance Cost	Construction Mortgage 12 months x 1.5%	=	$ 281.35
Connection Cost			
	Sewer	=	$ 1,200.00
	Water	=	$ 500.00
Legal Fees	$0.006598 / $1.00 x $19038	=	$ 125.00
TOTAL CONSTRUCTION COST FOR ONE SPACE		=	$ 19,163.00

Current Mortgage:

Interest 7.63% X $19,163 = $1462.13 / 365 = $4.00
Principal (180 month) $19163.00 / 180 = $106.46/30.5 = $3.49

TOTAL ROOM RENT PER DAY = $7.49

GENERAL OPERATING EXPENSES

Food	$30,374 / 365 / 27.41	=	$3.03
Electric	$10,264 / 365 / 30	=	$0.93735
Heat	$7,264 / 365 / 30	=	$0.66338
Refuse	$1,095 / 365 / 30	=	$0.10
Telephone	$1,987 / 365 / 30	=	$0.18146
Water & Sewer	$3,364 / 365 / 30	=	$0.3072
Janitorial Supplies	$4,023 / 365 / 30	=	$0.3674
Kitchen Supplies	$626 / 365 / 30	=	$0.05716
Laundry	$3,510 / 365 / 30	=	$0.3205
Criminal Background	$655 / 365 / 30	=	$0.0598
Office Supplies	$1,429 / 365 / 30	=	$0.1305
Alarm Service	$4,141 / 365 / 30	=	$0.3781
Fire Extinguishers	$180 / 365 / 30	=	$0.0164
Pa Capital Stock Tax	$2,327 / 365 / 30	=	$0.2125
Pa Corporate Income Tax	$493 / 365 / 30	=	$0.0452
Advertising / Sales	$10,742 / 365 / 30	=	$0.981
Bank Service Charges	$84.50 / 365 / 30	=	$0.0077168
Donation/Dues/Subscriptions	$234 / 365 / 30	=	$0.0213698
Employee Benefits	$475 / 365 / 30	=	$0.0433789
Liability Insurance	$3,297 / 365 / 30	=	$0.296255
Property Insurance	$2,777 / 365 / 30	=	$0.2536
Workman's Compensation	$7,515 / 365 / 30	=	$0.6863
Lawn Maintenance	$1,185 / 365 / 30	=	$0.1082
Snow Removal	$714 / 365 / 30	=	$0.06529
Window Cleaning	$200 / 365 / 30	=	$0.01826
Accounting	$735 / 365 / 30	=	$0.06712
Training	$230 / 365 / 30	=	$0.021
Maintenance	$10,042 / 365 / 30	=	$0.917
Activities	$1,312 / 365 / 30	=	$0.1198
Health Care Supplies	$408 / 365 / 30	=	$0.03726
Mercantile Tax	$564 / 365 / 30	=	$0.0515
Property Tax	$17,053 / 365 / 30	=	$1.55726
Cable	$958 / 365 / 30	=	$0.08748
Management	$29,767 / 365 / 30	=	$2.71

TOTAL GENERAL OPERATING EXPENSES = $14.59

CONCLUSION

Total Labor Cost	$19.68323
Construction Cost	$ 7.49
Furnishing (Soft Cost) (20% of Construction cost)	$ 1.498
General Operating Expenses	$14.59
TOTAL DAILY EXPENSES	$43.26123
Depreciation Expenses 27 years $19,163.27 / 365 / 27	$ 1.9445
	$45.20
Overhead & Profit 15%	$ 6.78
FAIR SSI RATE	**$51.9865**

Current average rate at Easy Living is $58.10

The fair SSI rate $52.00 per day

The current SSI Population: 10,529 (May 2002)

Current SSI rate:	$29.00
Fair SSI rate :	$52.00
Rate Difference :	$23.00

SSI population x rate difference = additional cost
10,529 x $23.00 = $242,167.00 per day
Yearly cost $242,167.00 x 365 days = $88,390,955.00

The 1994 long term care bed capacity was 99,120. I do not have current data. The cost of Long term care varies from $126 - $329 per day or an average of $227 per day.

Current SSI Rate	$29.00
Fair SSI Rate	$52.00

If the Area Agency on Aging would option out from the nursing home those residents who where only sent to a nursing home because it was not feasible to be kept at a personal care home. These are residents who required too much care for the SSI rate of $29.00. Those residents would be returned to personal care homes. In reality the current option program is a one way road to a nursing home.

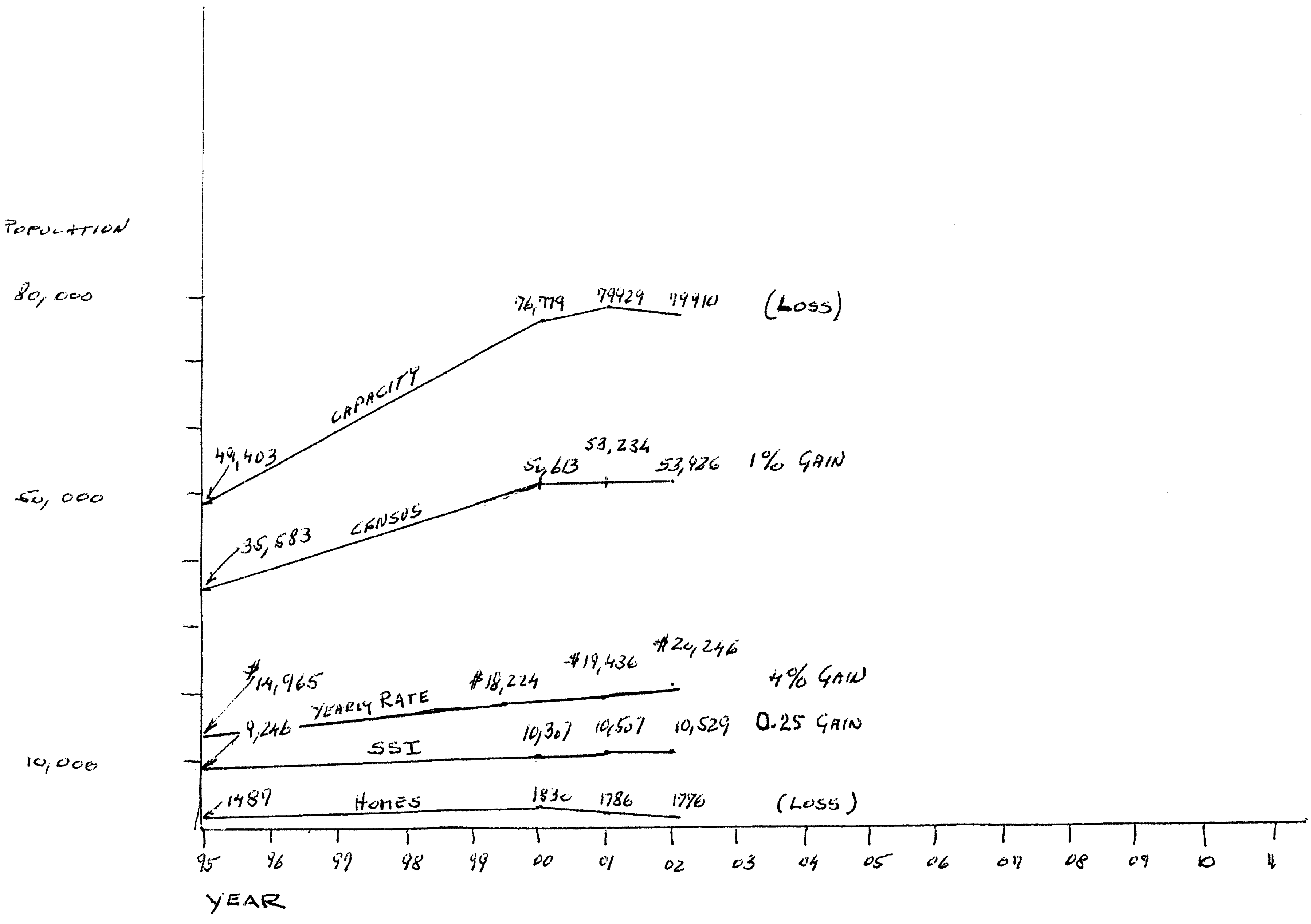
Average Nursing Home Rate	$227
Less Fair SSI Rate	$52
Daily savings	$175
Rate difference	$23

$175 / $23 = 7.6

By moving one resident from a nursing home, it would pay for 7.6 residents at the fair rate at a personal care home.

Total SSI residents: 10,529 / 7.6 = 1,385
Total Nursing home residents to be moved is 1,385 which is less than 1.397% of all current nursing home residents.

The 1.397% alteration of nursing home residents from a nursing home to a personal care/assisted living facility will cause almost undetectable change in the nursing home industry. It will change 10,529 SSI resident's future for the better and will provide 1800 personal care/assisted living facilities a chance to survive.


POPULATION
80,000
50,000
10,000
CAPACITY
49,403
76,719
79429
79410
(LOSS)
CENSUS
35,683
52,613
53,234
53,926
1% GAIN
YEARLY RATE
$14,965
$18,224
$19,436
$20,246
4% GAIN
SSI
9,246
10,307
10,507
10,529
0.25 GAIN
HOMES
1487
1830
1786
1776
(LOSS)
95
96
97
98
99
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01
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06
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11
YEAR

#14-475 (138)
"SAME commenter as #4"

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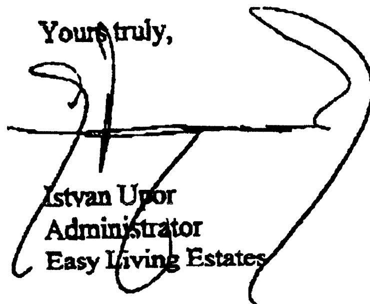

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	Water	=	$ 500.00
Legal Fees	$0.006598 / $1.00 x $19038	=	$ 125.00
TOTAL CONSTRUCTION COST FOR ONE SPACE		=	$ 19,163.00

Current Mortgage:

Interest 7.63% X $19,163 = $1462.13 / 365 = $4.00
Principal (180 month) $19163.00 / 180 = $106.46/30.5 = $3.49

TOTAL ROOM RENT PER DAY = $7.49

GENERAL OPERATING EXPENSES

Food	$30,374 / 365 / 27.41	=	$3.03
Electric	$10,264 / 365 / 30	=	$0.93735
Heat	$7,264 / 365 / 30	=	$0.66338
Refuse	$1,095 / 365 / 30	=	$0.10
Telephone	$1,987 / 365 / 30	=	$0.18146
Water & Sewer	$3,364 / 365 / 30	=	$0.3072
Janitorial Supplies	$4,023 / 365 / 30	=	$0.3674
Kitchen Supplies	$626 / 365 / 30	=	$0.05716
Laundry	$3,510 / 365 / 30	=	$0.3205
Criminal Background	$655 / 365 / 30	=	$0.0598
Office Supplies	$1,429 / 365 / 30	=	$0.1305
Alarm Service	$4,141 / 365 / 30	=	$0.3781
Fire Extinguishers	$180 / 365 / 30	=	$0.0164
Pa Capital Stock Tax	$2,327 / 365 / 30	=	$0.2125
Pa Corporate Income Tax	$493 / 365 / 30	=	$0.0452
Advertising / Sales	$10,742 / 365 / 30	=	$0.981
Bank Service Charges	$84.50 / 365 / 30	=	$0.0077168
Donation/Dues/Subscriptions	$234 / 365 / 30	=	$0.0213698
Employee Benefits	$475 / 365 / 30	=	$0.0433789
Liability Insurance	$3,297 / 365 / 30	=	$0.296255
Property Insurance	$2,777 / 365 / 30	=	$0.2536
Workman's Compensation	$7,515 / 365 / 30	=	$0.6863
Lawn Maintenance	$1,185 / 365 / 30	=	$0.1082
Snow Removal	$714 / 365 / 30	=	$0.06529
Window Cleaning	$200 / 365 / 30	=	$0.01826
Accounting	$735 / 365 / 30	=	$0.06712
Training	$230 / 365 / 30	=	$0.021
Maintenance	$10,042 / 365 / 30	=	$0.917
Activities	$1,312 / 365 / 30	=	$0.1198
Health Care Supplies	$408 / 365 / 30	=	$0.03726
Mercantile Tax	$564 / 365 / 30	=	$0.0515
Property Tax	$17,053 / 365 / 30	=	$1.55726
Cable	$958 / 365 / 30	=	$0.08748
Management	$29,767 / 365 / 30	=	$2.71

TOTAL GENERAL OPERATING EXPENSES = $14.59

CONCLUSION

Total Labor Cost	$19.68323
Construction Cost	$ 7.49
Furnishing (Soft Cost) (20% of Construction cost)	$ 1.498
General Operating Expenses	$14.59
TOTAL DAILY EXPENSES	$43.26123
Depreciation Expenses 27 years $19,163.27 / 365 / 27	$ 1.9445
	$45.20
Overhead & Profit 15%	$ 6.78
FAIR SSI RATE	**$51.9865**

Current average rate at Easy Living is $58.10

The fair SSI rate $52.00 per day

The current SSI Population: 10,529 (May 2002)

Current SSI rate:	$29.00
Fair SSI rate :	$52.00
Rate Difference :	$23.00

SSI population x rate difference = additional cost
10,529 x $23.00 = $242,167.00 per day
Yearly cost $242,167.00 x 365 days = $88,390,955.00

The 1994 long term care bed capacity was 99,120. I do not have current data. The cost of Long term care varies from $126 - $329 per day or an average of $227 per day.

Current SSI Rate	$29.00
Fair SSI Rate	$52.00

If the Area Agency on Aging would option out from the nursing home those residents who where only sent to a nursing home because it was not feasible to be kept at a personal care home. These are residents who required too much care for the SSI rate of $29.00. Those residents would be returned to personal care homes. In reality the current option program is a one way road to a nursing home.

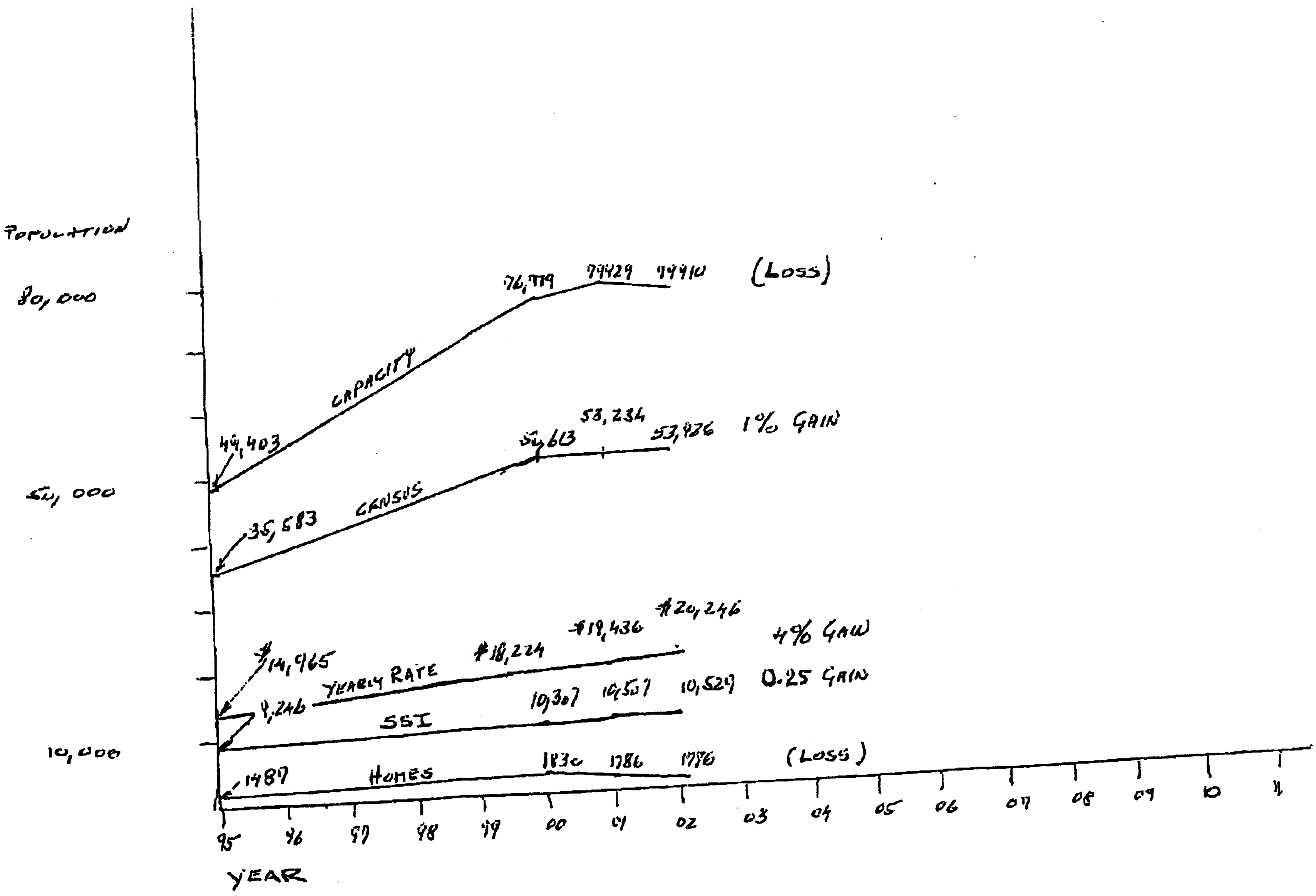
Average Nursing Home Rate	$227
Less Fair SSI Rate	$52
Daily savings	$175
Rate difference	$23

$175 / $23 = 7.6

By moving one resident from a nursing home, it would pay for 7.6 residents at the fair rate at a personal care home.

Total SSI residents: 10,529 / 7.6 = 1,385
Total Nursing home residents to be moved is 1,385 which is less than 1.397% of all current nursing home residents.

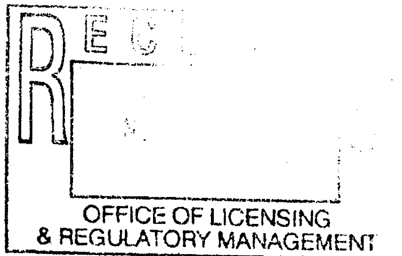
The 1.397% alteration of nursing home residents from a nursing home to a personal care/assisted living facility will cause almost undetectable change in the nursing home industry. It will change 10,529 SSI resident's future for the better and will provide 1800 personal care/assisted living facilities a chance to survive.


POPULATION
80,000
50,000
10,000
YEAR
95
96
97
98
99
00
01
02
03
04
05
06
07
08
09
10
11
CAPACITY
49,403
76,779
79,429
79,410
(LOSS)
CENSUS
35,583
53,234
53,426
1% GAIN
YEARLY RATE
$14,965
$18,224
$19,436
$20,246
4% GAIN
SSI
9,246
10,307
10,507
10,529
0.25 GAIN
HOMES
1487
1830
1786
1776
(LOSS)

14-475 (L085)

Dear Legislator,

I fully agree that there need to be some changes in health care. I don't agree that the changes need to be the meds being passed by Registered nurses. If you get Registered nurses or LPNs' to pass meds that's just a waste of money when all you have to hire is more caregivers get the caregivers the training they need and hire them. If there are changes that help the elderly it's a good thing not to go and hinder them. Some people don't seem to understand that the elderly need help so why don't you give them good things to look forward to and if raising the cost of living and changing the way of living to best suit you well I think that the changes need to start right at the top.



Ketisha Lewis

Ketisha Lewis

3 Edinburg Drive
PennHills Pa
15235

Original: 2294

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
STATE BOARD OF NURSING
P.O. BOX 2649
HARRISBURG, PA 17105-2649

Phone: (717) 783-7142
Website: www.dos.state.pa.us

Fax: (717) 783-0822
Email: nursing@pados.dos.state.pa.us

September 30, 2004

VIA HAND DELIVERY

Ellen M. Whitesell
Department of Public Welfare
Office of Social Programs
P.O. Box 2675
Harrisburg, PA 17105-2675

Re: Department of Public Welfare Personal Care Home Regulations and Medication Administration

Dear Ms. Whitesell:

Thank you for the opportunity to review and comment on the revisions to regulations governing personal care homes (PCHs) being promulgated by the Department of Public Welfare (Department). The State Board of Nursing (Board) reviewed §§ 2600.181-2600.190 of the Department's final draft regulations (revised September 10, 2004) and the medication workgroup curriculum outline (revised January 7, 2004). You also appeared before the Board on September 10, 2004, together with Diane Kutzer, RN, and Matthew Jones of the Department's Personal Care Home Licensing Division and Lee Tinkey, RN, of Country Meadows, to answer questions or concerns of the Board.

The Board understands that the Department proposes to permit direct care staff of personal care homes to administer medications not prescribed for self-administration, where the staff person has completed medication administration training as specified in §2600.190 (relating to medication administration training). The personal care home regulations published as proposed (32 Pa.B. 4939, October 5, 2002) did not contain this provision. The Board reviewed and discussed the regulations published as proposed at its October 15, 2002, meeting, but did not comment during the public comment period because the proposed rulemaking did not change the existing provisions for self-administration of medications or the provisions requiring that only certain enumerated licensed health care practitioners administer all medications not prescribed for self-administration. See 55 Pa. Code § 2600.181(b) as published at Pa.B. 4939.

The Department's revised final rulemaking, however, departs significantly from the scope and intent of the proposed rulemaking in that the revised final rulemaking permits the administration of medications by unlicensed personal care home workers with much less education and training than any of the types of practitioners previously authorized to administer medications under the Department's current regulations (including licensed practical nurses and registered nurses). The Department's rulemaking would permit direct care staff[1] of personal care homes to administer oral, topical, rectal, vaginal, eye, ear or nasal medications, as well as administer medications using nebulizers and sublingual inhalers. The rulemaking would also permit subcutaneous epinephrine and insulin injections. §§ 2600.182(c) and 2600.190(b). The Department's rulemaking would permit direct care staff to administer controlled substances. § 2600.182 and § 2600.185. The Department's rulemaking would permit direct care staff to administer medications as needed or "PRN" if ordered by the physicians. § 2600.182. The Board notes that the definition of "personal care home" has not been altered to contemplate that residents will receive assistance with more than medication prescribed for self-administration. § 2600.4.

The administration of medications is a nursing function.[2] The Board is concerned that the model of medication administration utilized by the Department in the rulemaking is formulaic, overly simplified and is limited to the technical aspects of medication administration, such as the time, place and method of administration. The rulemaking refers to, but does not address, the evaluation and clinical nursing judgment needed for the safest medication administration.[3] The administration of medications is a procedure requiring knowledge of anatomy, physiology, pathophysiology and pharmacology. Therefore, the Board struggles with the concept of unlicensed persons administering medications to society's older and more vulnerable individuals. The Board understands the reality that this is already happening in personal care homes, despite the Department's current regulations. Additionally, the Board understands the issues of reimbursement and the cost of hiring licensed professionals to administer medications. The Board's primary concern, however, remains patient safety. The Board is unwilling to concede that permitting unregistered, uncertified caregivers who have completed a 16-hour one-time course in medication administration taught by an unlicensed person, as conceived in §§ 2600.181-2600.190 of the Department's final rulemaking, is in the best interests of personal care home residents, where the acuity level of personal care home residents continues to increase.

---

[1] Direct care staff must be 18 years or older, with the exception that a 16 or 17 year-old may be a staff person, but may not perform tasks related to medication administration, but may perform tasks related to incontinence care, bathing or dressing of residents with supervision. Direct care staff must also be of good moral character and free from a 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. A high school diploma or GED is not required.

[2]Statutory provisions require nursing licensure for individuals who provide care supportive to and restorative of life and well-being and who execute medical regimens as prescribed by a licensed physician or dentist (see the Professional Nursing Law at 63 P.S. §212(1)) and for individuals who perform selected nursing acts in the care of the ill, injured or infirm (see the Practical Nurse Law at 63 P.S. §652(1)). Board regulations at 49 Pa. Code §§ 21.12, 21.14 and 21.145 address the administration of drugs and medications by both registered nurses and licensed practical nurses.

[3] See §2600.182(c)(3), which includes measuring vital signs and administering medications accordingly, when indicated by the prescriber's orders.

If the Department does proceed with the rulemaking as written, the Board suggests the following changes:

A licensed nurse, physician or pharmacist should teach the medication administration course. The Board does not endorse the "train-the-trainer" concept permitting a personal care home administrator who has completed the medications course to instruct personal care home staff on medication administration.

There must be an annual or semi-annual review of medication administration competence, so that the personal care home worker who is administering medications is periodically assessed with regard to skills and proficiency. The Board's interpretation of §2600.189 is that the medication administration training must be repeated every two years, which did not match the Department's statements on September 10, 2004, that the course was a one-time requirement.

State the parameters of medication administration more clearly, so that personal care home direct care staff may only administer subcutaneous epinephrine and insulin. It should be made clear that personal care home direct care staff may not undertake intravenous therapy, intramuscular or any other subcutaneous injections.

Retain the list of enumerated practitioners who are permitted to administer medications found in §2600.181(b) of the proposed regulations, rather than using the language "licensed, certified or registered medical professional" in §2600.182(b)(1). The Board is concerned that this language could be interpreted to include a nurse aide registered with the Department of Health.

The Department must clarify how medication errors will be reported under § 2600.188. The Board recommends that there be periodic auditing by registered or practical nurses of medication records.

The Department should establish a registry of personal care workers and be able to remove them for cause, to ensure that incompetent and/or abusive workers are not permitted to continue working with personal care home residents. There is currently nothing to prevent an incompetent and/or abusive worker from leaving one personal care home and gaining employment at another.

Again, thank you for the opportunity to comment on a rulemaking that has broad implications for health care policy and practice. Please contact Laurette D. Keiser, Executive Secretary of the Board, at (717) 783-7143, with any further questions or concerns.

Sincerely,

Janet Hunter Shields, MSN, CRNP, CS
Chairperson
State Board of Nursing

JHS/MHB/kmh

cc: Donna Cooper, Director
Governor's Policy Office
Nora Winkelman, Executive Deputy General Counsel
Office of General Counsel
Robert E. Nyce, Executive Director
Independent Regulatory Review Commission
George Kenney, Chairman
House Health and Human Services Committee
Harold F. Mowrey, Jr., Chairman
Senate Public Health and Welfare Committee
William P. Boehm, Director
Department of State Policy Office
Jack Kane, Chief Counsel
Department of Public Welfare
Linda C. Barrett, Chief Counsel
Department of State
Ruth D. Dunnewold, Senior Deputy Chief Counsel
Department of State
Herbert Abramson, Senior Counsel in Charge
Department of State
Laurette Keiser, Executive Secretary
State Board of Nursing

forthcoming

Original: 2294

DRAFT

Agenda

Personal Care Homes Advisory Committee
September 5th, 2002
10am-2PM
Forum Place, 555 Market Street, 5th Floor

Welcome/Introductions (Harvey Everett)

Overview of the Day's Work (Harvey Everett)

Review and Action on Minutes (March 14th and June 13th)

Committee Operations (Marilyn Eckley, DPW Policy Office)

OAPSA Regulations (Dennis DeSantis, Dept. of Aging)

Break

Task Group Reports (Mike Barley, Lynn Fosnight, Pat McNamara)

Legislative Update (Pam Waltz and Pat McNamara)

PCH Division Report (Bev Doherty, Office of Social Programs)

The Insurance Crisis (Harvey Everett)

Adjournment

<u>Next Meetings:</u>
November 14, 2002
March 13, 2003
June 12, 2003
September 11, 2003
November 13, 2003

2002 JUL 31 AM 9:24
REVIEW COMMISSION

PERSONAL CARE ADVISORY COMMITTEE MINUTES
June 13, 2002 Meeting

The June meeting was called to order at 10 a.m. June 13th by Harvey Everett, Chair. It was held thru the courtesy of the Department of Aging in its fifth floor conference room of The Forum in Harrisburg, PA. Eleven members of the thirty member advisory committee were present, plus three were excused.

The interested and supportive non members numbered 49. Each person introduced themselves and indicated the group or home they represented or were from.

1. **Action on March 14, 2002 Minutes.** Inasmuch as a number of the Advisory Committee Members indicated they had not received these by mail, the chair indicated action would be delayed until our November meeting.

2. **Comments of the Chair** were delayed until the end of the meeting.

3. **The Personal Care Division Report.** This was given by Ms. Beverly Doherty. Copies of the Personal Care Home Statistics report were distributed. This report indicates by size, ie number of beds, the homes by: a) licensed capacity; b) # of PCH residents; c) # of SSI residents; d) # of homes for profit; e) # of non profit; f) organized by the six regions; and the net gain or loss since Jan. 1, 2002.

   A second statistical report for the quarter indicates the previous data presented by the six PCH regions. The licensed capacity of the 1,776 homes decreased by ten to 79,910. 67.5% or 53,926 PCH residents are in those homes and 13.2% or 10,529 SSI residents. The number of PCH residents increased by 702; and there were 22 more SSI residents, since January 1, 2002.

   The PCH homes by bed size are as follows:
   352 or 19.8% are 4 to 8 beds
   370 or 20.8% are 9 to 20 beds
   535 or 30.1% are 21 to 50 beds
   323 or 18.2% are 51 to 100 beds
   196 or 11.0% are over 100 beds.

   Ms. Doherty indicated that the Department and Staff have been very busy relocating 287 residents of three personal care homes in the South East Region. These home are a part of the Robert Wood Johnson Foundation Model. This is a voluntary closure. The Department has developed a protocol involving the assessment, relocation and monitoring the residents and families involved. Both Secretary Gannon and Ms. Doherty commended the South East Region Administrator Bea Perkins and her staff for the fine work during this challenge. Other region staffs assisted as well as Department of Aging.

   There were a number of questions by the Committee and guests relating to reasons and methodology which were addressed particularly by Secretary Gannon.

Request of Department was for an update on the Robert Wood Johnson Foundation Model project in the state. Secretary Gannon felt that could be done at a future meeting. **It is tentatively scheduled for November, 2002.**

4. **Reports of Advisory Committee Task Forces to provide alternative methods/ways in four key areas of the proposed new regulations.** These were created by the Chair at the suggestion of Ms. Teleta Nevius, Director of Office of Licensing and Regulatory Management, as a part of the Committee's discussion with her and Ellen Gentry Whitesell at our last meeting. The membership of these task forces were members of the Advisory Committee or participants in its meetings, staff of the Licensing and Regulatory Management Office and of the Division of Personal Care.

   a. **Staffing and Medications, chair Mike Barley, in his excused** absence Pat McNamara indicated this group had finished its work on staffing hours and training requirements for direct care and administrative staff. Their agreed upon changes are:

<u>Staff Qualifications and Training</u>

Administrators:

. Delete 2600.53(a)(2) regarding "with major emphasis" (retains requirement for 2 year degree but does not specify the actual course/major emphasis.

. Enhance administrator training to include 60 clock hours competency based course (with test to demonstrate competency) and 80 clock hours of on the job training at licensed home.

. 80 clock hours of on the job training at a licensed home to cover; financial management, resident rights, outside services, housekeeping, dietary, laundry, maintenance, resident care, safety, record keeping, dementia/special populations, staff management, related regulations, assessment/support plan/contracts, and medications.

. NHA must pass competency-based test to become PCH administrator. If they fail test, must take 40-hour administrator course and retake test.

. Permit administrator to have break in service of <u>no more than one year</u>, as long as they maintain training requirements (CEU's).

. Agreed to delete the competency training requirement for annual continuing education.

Direct Care Staff:

. Permit 16 & 17 year olds to work as direct care staff, but require demonstrated competency after training, and prohibit bathing, medications administration and incontinence care.

. Require new staff to get training that shall include demonstration of job duties, followed by guided practice, then proven competency before direct care staff provide unsupervised direct care in a particular area.

. Training areas should included but not be limited to: all the categories from the current regs at 2620.74(e). resident rights working with people with cognitive impairments (if appropriate) personal care. fire safety and evacuation. service planning and assessment procedures and OAPSA and safe management. Include training from sections 2620.73(e)(1-6). and also include sections 2620.31-33 from the current regulations.

. The Task Group did not reach agreement on the number of hours of training or the time period after beginning work within which training must take place.

. Require annual training for those who do direct care. including volunteers.
. 12 hours of continuing education annually for direct care staff and administrators.
. The training for direct care staff can be in-house and need not be in a classroom setting. There was. however. a sense that training needs to be of better quality. Continuing education should be approved by DPW. and DPW needs to assume and use the authority to monitor courses and disapprove inadequate ones.
. There was discussion about training and orientation of agency staff. It was felt that agency staff need at least a pared-down orientation on fire safety. etc. It was agreed that the regs need a section on temporary agency workers. and that annual training should be required.

<u>Grandfathering/Waivers Task Group chaired by Beth Greenberg.</u>
. Grandfather existing staff
. Revise 2600.19(a)(1): Waiver does not jeopardize health and safety of residents.
. Revise 2600.19(a)(3): Resident will benefit from waiving the regulation.
. Require interviewing of residents affected by the waiver.
. Add means of appealing waivers.

<u>Assessment Task Group chaired by Lynn Fosnight.</u>
. Require use of standardized assessment form. Home may use its own assessment form if contains all of the required information from the Department's standardized form.
. In 2600.225(a). delete "intake" and require within 72 hours of admission.
. In 2600.225(c)(1) to include "annually within 30 days before or after the anniversary date of the resident's admission."
. Redefine support plan and define designee
. Permit resident or guardian the right to be involved in development of support plan.
. Work together to develop assessment tool.

This group is continuing to meet to develop "the state's standardized assessment form."

There were questions by the committee. The chair thanked the task groups for their efforts.

5. **Update and Status of Personal Care Regulations and Next Steps.**
   - Ellen Gentry Whitesell.

   Ellen commended the task groups for their work and indicated that this effort is a positive one for the process. A number of the items agreed to by the groups have been included in the draft of the regulations currently being circulated to the policy people and groups. Those that were not, will be included in the draft that is a result of the comment period following the publication of the regulations.

   While it is not certain it is anticipated that the regulations will be published by the end of the summer.

   Ellen agreed that she or Teleta Nevius would seek to be with us at our next meeting now September 5th.

6. **Status of Personal Care (Assisted Living) Legislation. - Pat McNamara.**

   a. House Bill 49 has passed the House and is currently in the Senate's Aging & Youth Committee.

   b. Senate Bill 888 is in the Senate Aging and Youth Committee.

   There is some feeling that the House and Senate will seek to pass a bill as a "gift" to the retiring house member who authored house bill 49. Of course there is no certainty of that.

7. **Update on SSI Core Group by Beth Greenberg.**

   Beth indicated this group meets monthly. This year it did not make a strong effort on getting SSI increase in the budget. as there was a small increase and the coming year would be more favorable.

   The chair reminded the Committee that the support of SSI Core Group efforts are vital for both information as well as progress in securing a reasonable state SSI supplement.

8. **Change in Next Meeting Date to September 5. 2002 10 a.m. to 2 p.m.** at the same place. the Forum. This was done at the request of Ms. Doherty as it conflicted with the week of staff training for this year.

9. **Tentative items for September Meeting Agenda:**

   a. The Insurance Crisis Personal Care Homes have. A number have had policies cancelled. and cannot get insurance at even double present rates.

   b. Implications of OAPSA Regulations published in May 12 PA Bulletin for Personal Care Homes.

   c. Update on Personal Care Regulations

10. Chair's Comments.

The Chair indicated the Committee has had one of our most successful years. Through the fine leadership of Pam Walz our vice chair, we discussed and approved without dissent recommendations for improved enforcement polices and practices at our March meeting. A special January meeting was held to discuss the sub committee's efforts. The Committee has developed an excellent working relationship with the Office of Licensing and Regulatory Management, which has been furthered by the working with them in the three task groups referred to earlier in this meeting. Never in the chair's memory has the Committee worked as closely in developing new regulations.

Despite these two excellent achievements, the chair indicated the following areas which have been before us, but have not been brought to a conclusion.

a. **Having our agenda's and minutes mailed a month in advance of our meetings.**

b. **Developing a Protocol for the functioning of the Advisory Committee.** This was presented almost a year ago, with action to be taken at the next meeting. The staff have asked that it be delayed, so a review could be made to see that all groups are represented. Stakeholder meetings were to be conducted in April or May, 2002 to address this subject. For various reasons including other demands on staff time they were not held, nor have they been scheduled. The chair feels the Committee could act upon a protocol for the functioning of the committee since we have no by-laws, and this could be amended when the staff has a recommendation for a change in committee membership or other items. The chair with the concurrence of the Committee will bring this to the September 5th meeting for consideration.

c. **Filling of the vacancies on our thirty five member committee. The following positions are vacant:**
   Two consumer seats.
   Two advocate positions: one held by CARIE and other by NAMI.
   One Dept. of Insurance, never filled
   One representative from House, never filled
   One representative from the Senate, never filled
   Four Provider seats.
   Of course these are actions that the Secretary of DPW has final decision. The Chair and/or Department has received nominees for: the CARIE and NAMI seats; House has nominated Rev. Steven Cappelli. Six persons have been nominated for the PCH Provider positions. The Chair indicated with the concurrence of the Committee he would request a meeting with the Secretary and will present names of persons for her consideration, hopefully in time to invite them to the September 5th meeting.

d. **The Committee's leadership for 2002 has served without an election being held, which normally would have been held November, 2001.** Due to the lack of a quorum this has not been done. Partly this is due to the fact we have had so many vacancies and no replacements approved.

Both Pam Walz and Harvey Everett are most willing to serve this committee this year and probably the following. but this should be with the Committee's affirmation. The Committee's volunteer secretary Georgie Bly resigned as she has taken an administrator position in West Virginia.

The Chair asked that a motion be presented and acted upon that the Committee feels action should be taken on the preceding four points at the earliest possible meeting.

Motion: That the chair bring to the Committee and or Secretary of DPW for consideration:

a) protocol for the functioning of the committee;
b) nominees for filling the Committee's vacancies
c) hold election for officers for 2002 and 2003 when a majority of the committee vacancies are filled.
d) Mailing of meeting notice and minutes 30 days prior to scheduled meeting date.

Motion by Walter Young, second by Lynn Fosnight and passed.

11. Other Business

Several members and visitors spoke about the concern homes are having securing and/or renewing their insurance coverage due to companies either cancelling their insurance or doubling the current premium and in some instances reducing what is covered and adding other demands and changes.

One of our active visitors. Mr. Wayne Watkins, Box 191 Danielsville, PA 18038 phone 610-760-1970, indicated he was able to not only get a new carrier but a favorable rate. The company is Church Mutual. It is an approved carrier in PA. Mr. Watkins indicated he would be happy to provide the number to call to any interested home.

The chair indicated that an effort would be to secure a representative of the Commonwealth's Department of Insurance to be present at a future meeting to discuss this challenge with the Committee.

12. Adjournment: The Committee adjourned at 1:25 p.m.

13. Next Meetings: September 5th and November 14th both at the Department of Aging the Forum 5th floor conference room.

Respectfully submitted.

Harvey A. Everett, Chair

Encls: Proposed Protocol Please bring to the Sept 5th meeting

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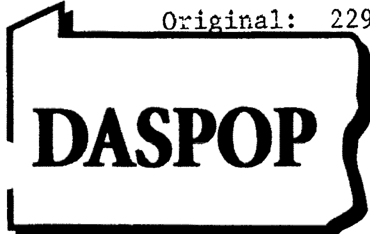


Drug & Alcohol Service Providers Organization of Pennsylvania

Policy & Legislative Office: 3820 Club Drive Harrisburg, PA 17110 717-652-9128 Fax 717-652-3857
Administrative & Business Office: P.O. Box 20 Torrance, PA 15779 724-459-9700 Fax 724-459-9701

Organized For Advocacy

copy

2001 JUL -2 AM 9:10
REVIEW COMMISSION

Andrea Algatt, Licensing, Regulation & Enforcement Specialist
Office of Licensing & Regulatory Management
Department of Public Welfare
Room 623, Health & Welfare Building
Harrisburg, PA 17105

Dear Andrea Algatt,

On behalf of the Drug and Alcohol Service Providers Organization of Pennsylvania, I am writing to advise you of our opposition to the cross-licensing and regulation project currently underway between the Department of Health, the Department of Public Welfare and the Department of Aging. ("Adolescent and Adult Part Day Regulations Project" and "Adult Residential Regulations")

Although the stated goal of this project – simplification and streamlining of the various licensure and site reviews is certainly laudable, we believe that the draft product under review will have the exact opposite effect.

In fact, the drafts under review are more complex and intrusive than existing licensure standards and are a regulatory overreach. This complex package of burdensome regulations will drive up the costs of addictions treatment programs while lowering quality.

The differing specialty licensure standards evolved over time in each of these separate areas for good reason. By minimizing and watering down differences in the populations served and the service provided, the cross-licensure project runs the risk of doing damage to patient care.

Let me re-state our position: simplification, streamlining and updating of regulations and standards for addiction treatment facilities are always welcome. However, this project will not accomplish its own stated goals.

What are some of our concerns?

1) Simplification of the licensure process:

Simplification was the reason given for engaging in the project in the first place. Nonetheless, the draft before us fails to eliminate a single licensure or site visit and in fact, may complicate the existing procedures. For example, under this proposal a treatment facility with multiple programs would have to follow one set of rules to license adolescent and detoxification components and a different set of rules for adults. If the program has a hospital program, still another set of rules apply. In addition, nothing here would replace accreditation by the Joint Commission on Accreditation of Hospitals or the ongoing monitoring visits by multiple, single county authorities.

2) Substitution of cross-trained staff in the Departments:

One of the goals of the project appears to be cross training of licensure staff from all three departments on the health and safety standards to allow for substitution when the departments are short of licensure personnel. We are concerned about this from a program management perspective and foresee many hours of our program staff time caught up in explaining the differences in the needs of our population to the substitute licensure staff. Our concerns here are reinforced by the inclusion of standards in these very proposed regulations that are already irrelevant to addiction treatment.

3) Health and Safety Standards:

These regulations attempt to combine facility health and safety standards for people in need of custodial types of care and services (adult day care for the aging, vocational centers for those with mental retardation) with facilities for people with alcohol and drug addictions who are attending outpatient or residential treatment services – i.e. – the regulation attempts to combine custodial care with treatment services. This is a mismatch.

On the face of it, combining custodial services with treatment services seems inappropriate and the differences in needs of these populations – even for issues of health and safety, are apparent. For instance, requirements that are overly burdensome for drug and alcohol may be quite appropriate for the protection of a person with memory deficits who is attending an adult day care center and has a tendency to wander off. Again, why would our staff working in voluntary outpatient settings need training in the use of passive restraints?

4) Staff Qualifications:

The staff qualifications section has eliminated all entry level positions and will make it impossible for anyone to enter the field and begin supervised training to become a drug and alcohol addiction treatment counselor while going to school. The facilities are already having difficulty finding staff. Elimination of entry level positions combined with already low salaries will make this problem grow even worse than it is.

5) Training Requirements and Staff/Client Ratios:

Under these proposals, training requirements will increase – raising issues of staff coverage during training and cost of replacement staff during the training. In addition, we are concerned about and opposed to proposed changes in the staff/client ratios and the severe limits on the caseloads of clinical supervisors.

The existing licensure standards promulgated by the Department of Health are much more appropriate for both of these areas and we affirm them.

6) Bedroom/Square Footage:

The square footage recommended for bedrooms will reduce facility capacity and thus access to addiction treatment.

7) FBI Checks:

Although we certainly concur with efforts to bar people with child abuse criminal histories from employment in counseling, the FBI checks are an overreach and should be left to the discretion of the facility director. Much of the addiction treatment field was founded by people and families in recovery and we continue to hire people in good recovery to work in the facilities – some have past criminal histories involving the use of alcohol and other drugs. Facility directors are presently charged with recruitment, reference checks and ensuring the safety of the patient population.

8) Exceptions and Waivers:

This section is unclear and may be proposing that a combined committee of the departments review any request for exception or waiver. Why wouldn't the licensure staff from the Department with the specific skill be given governing authority on exceptions and waivers? We believe that exceptions and waivers should be heard and deliberated on and finally decided by the unit that provides licensing for the specific health or human service under review.

9) <u>Changes to Licensure Standards:</u>

Presumably, any proposed changes and alterations to the addiction licensure standards would now have to go through three departmental processes. Where is the streamlining?

10) <u>Fiscal Impact:</u>

The cost of these changes to treatment facilities is also a serious concern. What estimates have been prepared of the fiscal impact on each of these discrete areas? Will dollars be provided to assist programs in meeting new standards?

There are many other examples of the lack of goodness of fit of these proposed regulations to alcohol and drug addiction facilities: requirements to inventory personal belongings in outpatient settings, regulations prohibiting forcing people to eat, policies regarding swimming pools, policies regarding the use of manual restraints and seclusion. None of these policy matters are relevant to alcohol and drug addiction treatment facilities.

During the meetings on the regulations, our representatives objected to a myriad of other issues as well. A sampling:

- Many outpatient clinics do not own the buildings they occupy and thus have no ultimate authority or control over the appearance and the layout of the external part of the facility. Increases in frequency of testing of fire safety equipment including alarms will disrupt other occupants of the buildings.

- Notification of fire officials of a wheelchair bound attendee at an outpatient session raises issues of confidentiality as do requirements to assemble at a designated meeting place during the proposed, more frequent fire drills.

- In the interest of safety, access to first aid kits that include scissors and ipecac should be handled with some discretion.

A final demonstration of regulatory excess is displayed in the section requiring policies regarding toilet paper.

In summary, in the name of streamlining, this seems an odd project indeed. Presently, addiction treatment facilities have a package of regulations and standards from the Department of Health to follow. These rules can of course, always be updated and improved. However, under this new approach, addiction treatment facilities will receive this larger regulation which includes adult day care (Aging), vocational services (MR), etc. to sort out and determine applicability.

Where is the streamlining so often discussed?

In this era of elimination of many bureaucratic rules constraining the operation of profit and non-profit enterprises, we are surprised to see such a complex, burdensome proposal.

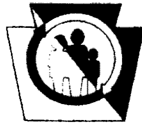
We are concerned and opposed to the proposed cross-licensing project.

Sincerely,

Deborah Beck, MSW
President

May 8, 2001

cc: DASPOP Board



PCPA

Pennsylvania Community Providers Association

Original: 2294

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

2400 Park Drive • Harrisburg, PA 17110-9303 • Tel: 717-657-3552 • Fax: 717-657-7078 • mail@paproviders.org • www.paproviders.org

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Executive Director
George J. Kimes

June 18, 2001

Feather O. Houstoun, Secretary
Pennsylvania Department of Public Welfare
P.O. Box 2675
Harrisburg, Pennsylvania 17105-2675

Dear Secretary Houstoun:

The MH/MR Coalition respectfully requests that the Department of Public Welfare stop the current Adult Residential and Adult and Adolescent Part Day regulations consolidation process in order to:

- re-assess needs of the current service delivery systems,
- evaluate the effect of the draft regulations on the crisis of recruitment and retention of quality MH/MR workers,
- study the potential impact on efforts such as those of the Office of Mental Retardation and the Transformation Project, and
- develop clear fiscal impact analyses.

On April 13, 2001 the MH/MR Coalition wrote to Teleta Nevius, Director of the Office of Licensing and Regulatory Management, to express our views of the Cross Systems Licensing Process. We asked that the Department re-examine the current approach to the reformulation of regulations. Enclosed is a copy of the letter to Ms. Nevius and her response.

The draft Adult and Adolescent Part Day Regulations and Adult Residential Regulations would harm both consumers with mental illness and mental retardation who rely on community based services and the MH and MR industry that provides them with these essential services. Additionally, we believe that you will find a conflict between the draft's content and the spirit of The Governor's Executive Order 1996-1. Listed below are a number of examples of the problems that these regulations raise:

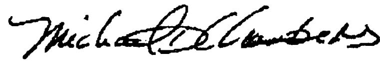
- Although meaningful input has been collected from members of the regulated community, including providers and consumers, there is no evidence to date that the input has been given careful consideration.

- The proposed regulations place undue restrictions on both the regulated community and on the consumers who use their services. Institutional language and provisions create an environment unsuited to maintenance of current, or development of future community based services.
- There is no evidence that the benefits of these regulations outweigh their costs. In fact, service providers find that the costs would be greater than in the present regulatory environment, further contributing to the recruitment and retention crisis and financial strains in the MH and MR systems.
- The elimination of a provider's ability to include 18-20 year olds in the staffing ratio virtually eliminates them from the labor pool. This goes beyond federal waiver requirements, is not justified by a compelling and articulable, evidence-based Pennsylvania interest, and is not required by state law. This change would exacerbate our current and long- term recruitment and retention problems.
- Many of these regulations do not address definable public health, safety, or environmental risks.
- Some regulations are duplicative of areas already regulated by the Department of Labor and Industry.
- Certain sections of the regulations go above and beyond health and safety to areas such as quality that are best addressed in other ways.
- Viable nonregulatory alternatives do not appear to have been considered in the development of the discussion tools.
- These regulations are likely to hamper Pennsylvania's ability to compete effectively with other states. They also discourage new providers from initiating services, and current providers from developing new services, thus limiting consumer choice and access, resulting in a negative health impact.

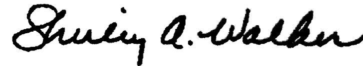
Again, on behalf of the MH/MR Coalition and the hundreds of thousands of persons served by our members, we strongly urge you to rescind the draft regulations for Adult and Adolescent Part Day and Adult Residential services.

We are ready and available to continue working with you and your designees to create a meaningful regulatory reform process that will meet the needs of consumers receiving community-based services and supports, while preserving the values of choice, flexibility, access and self-determination.

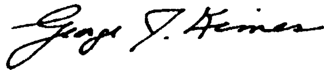
Sincerely,



Michael D. Chambers, Executive Director
MH/MR Program Administrators



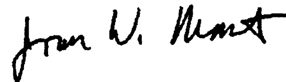
Shirley A. Walker, President and CEO
Pennsylvania Association of Resources
for People with Mental Retardation



George J. Kimes, Executive Director
PA Community Providers Association

Gene Bianco, President and CEO
Pennsylvania Association of Rehabilitation
Facilities

Linda Drummond
The Arc of Pennsylvania



Joan Martin, Executive Director
United Cerebral Palsy of Pennsylvani

CC: Robert A. Bittenbender
Secretary of the Budget

Nancy Thaler, Deputy Secretary
Office of Regulatory Management

Charles Curie, Deputy Secretary
Office of Mental Health and Substance Abuse Services

Teleta Nevius, Director
DPW Office of Licensing and Regulatory Management

Lee Ann LaBecki, Director
Governor's Policy Office

John R. McGinley, Chairman
Independent Regulatory Review Commission

MH/MR COALITION

PO BOX 1085
HARRISBURG, PA 17108-1085

April 13, 2001

Ms. Teleta Nevius, Director
Office of Licensing and Regulatory Management
Room 316
P.O. Box 2675
Department of Public Welfare
Harrisburg, Pennsylvania 17105

Dear Ms. Nevius,

The MH/MR Coalition has worked to heighten awareness of the need for additional resources for the recruitment and retention of quality direct care staff. While this continues to be our focus, we also are concerned about the impact of the draft Adolescent and Adult Part Day Regulations that have been prepared for the April meeting of stakeholders. We encourage you to consider how the promulgation of the regulations may affect the systems that are already struggling with the daily need to provide consumers with quality staff and services.

The cross systems licensing process was intended to review regulations through a process inclusive of the regulated community. This would result in simplified regulations that address health and safety needs. The provider associations and their members welcomed this since it seemed that the process of licensing would become simpler and less time consuming for providers of vital services, while still meeting consumers' needs. The unfolding process and its anticipated results, however, do not meet these expectations. Additionally, the timing of the process in terms of other systems change leads us to question whether now is the appropriate time to rewrite the regulations.

The timing of this licensing process is important to all of the systems, but there are some issues of particular concern to the system of mental retardation services. Much has changed in the years since this regulation project began. The development of person centered services and self-determination obviate the need for traditional regulations, even those for health and safety. The philosophy of self-determination allows people to define their own needs and to find someone who can provide that service within the person's allocated budget. That service may or may not come from a licensed provider. The traditional regulations do not address this system change at all, nor does the draft of the Adolescent and Adult Part Day Regulations that has been circulated. It does not make sense to pursue these two conflicting policy changes at the same time.

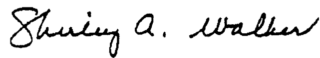
The Adolescent Part Day Regulations clearly conflict with the intent of the Governor's Executive Order. One of the general requirements for new regulations is: Costs of regulations shall not outweigh their benefits. Providers of Part Day programs usually serve children from the ages of 10 or 12 through 18. The proposed changes apply to adolescents 14 and older. Their programming will now require a different regulatory standard than that of younger children in the same setting. Provider staff will have to spend time on two sets of paperwork and licensing requirements, taking them away from their young consumers. It is difficult to see a benefit that offsets either this cost of doing business or this conflict between therapeutic and regulatory processes.

MH/MR COALITION

The MH/MR Coalition is working to enhance the quality of services for persons with mental health needs and with mental retardation. In this context, we urge you to closely re-examine the department's approach to the reformulation of regulations that was begun four years ago. The systems changes that have either been implemented or proposed since that time give us reasons to rethink the timing and purpose of the proposed regulatory changes.

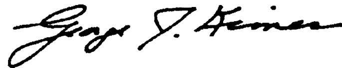
Thank you for considering our views on this important issue. Our individual associations will provide you with other comments on the process that will be presented as part of the Office of Licensing and Regulatory Management process. The MH/MR Coalition would like to arrange a meeting with you to discuss our concerns and will contact you in the near future.

Sincerely,



Shirley Walker, Executive Director
PA Association of Resources of Persons with MR

Gene Bianco, Executive Director
PA Association of Rehabilitation Facilities



George J. Kimes, Executive Director
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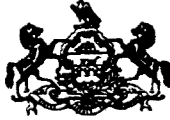
Leon Treist, President
United Cerebral Palsy of Pennsylvania

Michael Chambers, Executive Director
MH/MR Program Administrators Association of PA



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
P.O. BOX 2675
HARRISBURG, PENNSYLVANIA 17105-2675

OFFICE OF
LICENSING & REGULATORY MANAGEMENT

TEL: (717) 705-0383
FAX: (717) 705-6955

May 21, 2001

PA Community Providers Association
Ms. Lynn Cooper
2400 Park Drive
Harrisburg, PA 17110

Dear Ms. Cooper:

Thank you for the comments that you submitted about the Adolescent and Adult Part Day Discussion Tool.

The Departments of Public Welfare, Health, and Aging are working jointly with external stakeholders to improve, strengthen and streamline the licensing of human services in the Commonwealth. We understand that these programs under Adult Residential licensing are different in some ways, but, increasingly, the needs of the persons served are similar. This regulatory reform initiative aims at establishing common health and safety standards while retaining unique program standards to assure the health, safety and well-being of the populations served.

The Departments are going to extraordinary lengths to solicit the views of the providers regulated under current rules. The Discussion Tool was drafted to obtain extra and early input from the regulated community. Indeed, your opportunity to be heard has only begun. We will consider your comments and those of other stakeholders as we continue to research and develop revisions to the current regulations. We will continue to have ongoing and active consultation with many external advocacy, consumer and provider organizations. External stakeholders will continue to be involved throughout the regulatory formulation process both in formal and informal meetings, and through the submission of written comments.

Thank you for your interest in the drafting of these regulations.

Sincerely,

Teleta Nevius

Teleta Nevius, Director

Original: 2294

Treatment Trends, Inc.

18-22 S. SIXTH STREET P.O. BOX 685 ALLENTOWN, PA 18105

* *Confront* * *Keenan House* * *Lehigh & Northampton County TASC*
* *Forensic Treatment Services* * *Richard S. Csandl Recovery House*

RECEIVED
2001 MAY 22 AM 8:54
REVIEW COMMISSION

May 11, 2001

Feather Houston
Secretary, Department of Public Welfare
P.O. Box 2675
Harrisburg, PA 17105

Dear Feather Houston:

On December 28,1999 I wrote several letters in response to the proposed physical plant standards for the licensure of Drug and Alcohol facilities promulgated by the Department of Health {28 PA Code Chs. 701, 705, 709, 711 and 713}. Because of the swift action by many legislators in office at the time and the overwhelming response by drug and alcohol providers, these regulations were placed on hold, but obviously not abolished.

Now, as joint licensure of mental health and drug and alcohol programs is looming as a possibility, these same regulations, along with some additional and equally harmful ones, are being proposed again. The proposed regulations are listed jointly as Chapter 2600. Adult Residential Regulations. They are then broken down into various Subchapter Requirements, first as General Requirements, and then more specifically according to the types of programs.

The most damaging of these regulations is located in § 2600.100. Consumer bedrooms (b), (d) and (i).

> (b) "Each shared bedroom shall have at least 60 square feet of floor space per consumer measured wall to wall, including space occupied by furniture."
>
> (d) "No more than two consumers may share a bedroom."
>
> (i) "Bunk beds are prohibited."

These requirements will place a severe hardship on many existing residential treatment facilities and halfway houses. Most non-profit residential treatment programs operate under strict budgetary constraints, directly related to their capacity (beds). When existent programs must comply with arbitrary standards such as these, they are forced to either severely reduce bed capacity, or undergo extensive renovations, both very costly options. The loss of only a few residential beds, when annualized, will undoubtedly force agencies to eliminate staff positions, reducing treatment capacity and taxing an already stressed system. Small agencies may even be forced to close because of the loss of revenue. Additionally, in a time when recruitment and retention of staff is already a major concern, losing even one good counselor is not an acceptable option.

Treatment Trends, Inc. has renovated most of its Keenan House facility to provide modern, clean, light treatment and living spaces. Clients are provided with comfortable lounge areas, a beautiful dining area, computer and educational classrooms, as well as recreational space outside of their bedrooms. Keenan House, by providing a very comprehensive schedule of treatment and recreational activities, assures that client bedrooms are predominately for sleeping. There is no reason to eliminate bunk beds or limit bedrooms to two individuals. In addition, the requirement of 60 square feet per client is unnecessary. The American Correctional Association, ACA, Standards for Adult Community Residential Services requires only 25 square feet of unencumbered space per client. The ACA space requirement is much more realistic (even when furnishings are included) and does not force most agencies to eliminate beds.

§2600.1032. Staffing ratios presents another dilemma, which will arbitrarily cause financial hardship.

> (d) "There will be 24 hour per day awake coverage with at least one staff person on site for up to every 15 consumers."

This regulation would force many residential treatment providers to increase staffing patterns (and hire more full time employees) during a time when clients are sleeping. This will inevitably force agencies to increase their per diems to meet another arbitrary demand. At Keenan House, staff to client ratios are well above this 15:1 standard during active periods (7:00 a.m. to 12 midnight). In addition, clinical staff are assigned to work during evenings and weekends to provide services above and beyond the regular treatment day.

§2600.187. Administration of medication.

This area presents some confusing information. Section (a) states that prescription medication may only be administered by:

1. A licensed physician, dentist, physician's assistant, registered nurse, certified registered nurse practitioner, LPN or licensed paramedic;
2. A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the facility;
3. A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the facility.

However, **§2600. 185. Medication records section (d)** states that

> "The information in subsection (c) shall be recorded at the same time each dosage of medication is administered or **self-administered.**"

The latter indicates that medication may be self-administered, which is done at many facilities. If appropriate procedures for storage, administration, disposal and error reporting are in place and practiced, I see no reason for more restrictive standards. Once again, implementation of these proposed standards (hiring additional nursing staff) would place a heavy financial burden on non-profit treatment providers.

§2600. 1033. Exceptions for staff qualifications.

This section was not explained. However, **2600.1031 (h),** is very explicit in stating the requirements for a counselor. As written, these standards make no allowance for any non-degreed individual to work as a counselor assistant, in an effort to gain the credentials required to become a counselor.

Oftentimes, individuals are hired, and are closely supervised, while pursuing degrees towards meeting the licensing standards. This should not be described as an exception, but should be written as the norm.

In closing, I would ask minimally that the proposed standards for consumer bedrooms be rewritten to allow for existing agencies to be grandfathered, permitting them to maintain their capacities. Actually, the standards, if changed, should be written to accommodate existing facilities that are offering quality services and safe, clean facilities. Additionally, more restrictive staffing regulations, higher staff to client ratios and increased restrictions on self-administration of medications all place unnecessary financial burdens on treatment providers. Non-profit organizations can ill afford to absorb financial losses caused by senseless over regulation by the State.

I thank you for your past support and hard work in fighting these unnecessary standards. I also appreciate your continuing efforts in protecting the existing services as well as the clients we are trying to help.

Sincerely,

Theodore Alex, MPA
Associate Director
Treatment Trends, Inc.

Cc: Bruce Groner, Chairperson, Treatment Trends, Inc. Board
Dorothy Roth, Chairperson, TTI Legislative Committee
Charles Dent, Senator, Commonwealth of Pennsylvania
Pat Browne, Representative, Commonwealth of Pennsylvania
James Gerlach, Senator, Commonwealth of Pennsylvania
Jennifer Mann, Representative, Commonwealth of Pennsylvania
Lisa Boscola, Senator, Commonwealth of Pennsylvania
David Brightbill, Senator, Commonwealth of Pennsylvania
Julie Harhart, Representative, Commonwealth of Pennsylvania
T.J. Rooney, Representative, Commonwealth of Pennsylvania
Steve Samuelson, Representative, Commonwealth of Pennsylvania
Paul Semmel, Representative, Commonwealth of Pennsylvania
Craig Dally, Representative, Commonwealth of Pennsylvania
Robert Freeman, Representative, Commonwealth of Pennsylvania
Richard Grucela, Representative, Commonwealth of Pennsylvania
John Stoffa, Director of Human Services, County of Lehigh
Sue Miosi, Director of MH/MR/D&A, County of Lehigh
Kathleen Kelly, Director of MH/MR/D&A, County of Northampton
Margaret Mary Hartnett, D&A Administrator, County of Lehigh
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Bruce Caldwell, PA Halfway Home Association
Cheryl Williams, Director, Division of Drug and Alcohol Program Licensure
Robert E. Nyce, Executive Director, IRRC

Tel 610-439-8479 • Fax 610-439-0315 • E-mail txtrends@fast.net

Original: 2294

2002 APR 30 AM 8:44
REVIEW COMMISSION

April 25, 2002

Regulatory Review Commission
333 Market Street
Harrisburg, PA 17101

Dear Sir,

I sure you are well aware of the controversy surrounding the **Proposed DPW Regulations 2600 of Title V** that were published in the Pennsylvania Bulletin in April 2002.

It appears the biggest source of contention concerning the new proposed regulations are the following:

- Hiring nurses for dispensing all medications when there is a current nursing shortage. Paying an MD, Physician Assistant, etc. is ludicrous. The cost of such a salary would be prohibitive.
- The increase of staffing ratios for our more independent population. We should not have to match Skilled Nursing Home staffing when we do not have residents with chest tubes, feeding tubes, and non-ambulatory residents.
- Staff training is necessary, however, most homes could never hire or afford additional staff to cover all the hours proposed. The turn over in this field is constant, therefore, we would need two staffs just to get all the proposed training.
- Retrofitting (changing the physical attributes of the facility) bathrooms and room sizes is too costly. I can see future facilities following the proposed sizes but current homes could never afford this remodeling.
- Homesless elderly will be evident if this is not taken under careful consideration. PCH's will close leaving some of the elderly who have no families with nowhere to go.
- I expect an increase in elderly abuse because no one can be a caretaker 24 hours a day seven days a week without a break. Families would not be able to afford caretakers on an SSI income thus no ability to get a break.
- If larger PCH's cannot afford some of these proposed changes, how would a small PCH afford the changes. Grandfather some homes in and begin some of the changes from that point. Rethink and revise those that will cause homes to close and rewrite the regulations. It makes sense to set up a win win situation.
- Lastly, it appears all this has been done so quickly that the powers to be have not even had a chance to do their homework. If you are going to change the Bible one needs to take time to read the Bible first.

It is my hope that you will rethink these regulations so 55% of the Personal Care Homes will not close. We need a Personal Care industry in Southwestern Pennsylvania due to our high elderly population. Our SSI recipients cannot live in the street because they have been regulated out of their residence.

I will be monitoring the status of the 2600 regulations and hope we can all reach a happy median.

Sincerely,

Maryjane Lesnick-Mertz
LCSW, ACSW, DCSW
Administrator

It's more than assisted living... It's home.

1460 Renton Road, Plum Borough, PA 15239 | 412-798-1855, fax: 412-798-1865 | www.integracare.com

Original: 2294

McCrea Homes
P.O. Box 82
Fenelton, Pa. 16034

RECEIVED
2002 APR -8 AM 8:00
INDEPENDENT REGULATORY
REVIEW COMMISSION

Dear Members and Staff,

I am a personal care home owner .I have been in business serving and caring for the elderly, mild mentally retarded, mentally ill and veterans for over 22 years.About 99% of the people I have cared for have been the very poor people that no one else would care for because of their income. If the draft of the proposed new regulations become law I along with hundreds of other personal care homeowners will be closing our doors forever. The state of Pennsylvania may be known as the state of homeless people soon. Something needs done within a few days before this ridiculous set of draft becomes law. Is there government funding that will be available to help the personal care homes exist and be able to continue to care for our residents? Why should these even be implemented? I can see some changes for the betterment of the people being cared for ,but not all of them. They are trying to implement the existing rules and regulations of other types of state facilities that have funding from the government to pay for the costs.

Here is just a few of the regulations I disagree with

1. 2600.53 existing administrators should be grand fathered in
2. 2600.54 staff titles. Most of the existing caregivers are displaced homemakers that need their job to survive
3.2600.56 is one of the worst ones...the staffing is higher than a nursing home...this one regulation alone would put us out of business there would be so many staff workers that they would trip over each other in my home. The costs would be for this alone would be more than I have in monthly income if I was at full

capacity.
4.2600.56 I have three separate buildings. That means 3 staff persons compared to one that I now have for good ambulatory residents
5.medications...trained professionals to pass medication...
Who could afford that or even find staff to do it when nursing homes and hospitals paying high wages are having a difficult time finding staff.
6.2600.58 extra training, individual staff plans every quarter at our expense...while group homes and other facilities the government funds the expense
7.2600.59 resident care plans.... Extra costs and time
I employ one person now for the office to assist residents in paying bills and finances along with all the other required paper work
I would need at least one more person in the office just for the paperwork alone.
8.2600.61 now 3 meals and one snack is not enough...they want 2 snacks ...costs would be around $ 30.00 a day for the staff time preparing, serving and the actual costs of the snack
9. 2600.144 outside smoking away from the building ...I already have a smoke room that is heated and vented for smokers...some of these people are very elderly and could not stand the cold weather to go from one heated building to another... I do agree something needs to be implemented but within reason.
2600. 163 wearing rubber gloves when serving meals.... The restaurants do not do that. Only kitchen workers
Please does not let this happen to such a valuable industry, I, as a voter will make sure the people that help us and those that do not be remembered at election time.

Sincerely,

Judith R. McCrea

Original: 2294

RECEIVED

2002 APR 10 AM 8:41

INDEPENDENT REGULATORY REVIEW COMMISSION

Weitz Personal Care Home
3500 Meadow Run Rd.
Wilkes-Barre Pa.
Ida Weitz Admin.

Teleta Nevis
Office of Lic. & Reg. Management
Room 235
Health & Welfare Bldg.
Harrisburg Penna. 17120

Dear Ms. Nevis

I am writing to you to voice my goncerns about the new eegulations that are comming out for personal care homes. I will address the sections that concern me most.

Section 2600-19 concerning waivers does not mention anything about grandfathering. Will anything previously grandfathered under the old rules and regulations be honored? This could cause problems for many of our homes.

2600-20 b8 Social security will not pay many of our residents directly. They require a representive payee. Many times these residents do not have a relative or friend who is will;ing to assume this responsibility.This could hinder the admission to a pch for a needy resident.

2600-32 Spec rights. The home should be allowed to give a 30 day notice to a disruptive residentor a resident that becomes distructive. Also for a resident who is disruoting the normal operations of the home or the harmony of others.

2800-53 The present requirements for an administrator are sufficient to run the home What they need is to be better inforced.

2600-56 Change this no. 15 to 16 resident and time sheets willlbe much easier to configure,

2600-58 Staff training. The present staff training should be sufficient as long as the rules are followed and each subject is at least three hours long. The inspector should ask to see what materials are used in the training of the direct care staff.

2600-89 It is not necessary to test for coliform every 3 months Once or twice a year ought to be sufficient.

2600-107 Alternate means of supply of utitities could mean a large some of money in some cases and might the closure of some of the smaller homes where families live together.

2600-122 Labor and industry has already located our exits. I should think this would be under their jurisdiction.

2600-144 The use of tobacco in the home ought to be the decision of the owner. Residents will be denied admission to the homes because they use tobacco.

2600-161 Adequate nutririon The choice of food or beverage should be limited to one choice This becomes to time consuming for yhe staff. Also to offer a drind every two hours will put a strain on an already strained staff.

2600-187 Medication errors are sometime very dangerous and even fatal A resident should not have to wait until the end ofthe shift to have the doctor called.Drug allergies or medications that work opposite to a residents condition could be very dangerous. The doctor should be notified of an error immediately.

In additoon I might add that a high school diploma is not going to add any more common sense or any more caring to ones person. Many aids already imployed in the homes do not have diplomas and are doing very well.

Recommendations made by License and Legislative subcommittees.

1. Licensing
   2. In regards to D. P. W. making unnanounced inspection visits. I feel it should be a planned visit with the inspector and the admimistrATOR BOTH PRESENT. It is the time for one on one contact between the admimistrator and the inspector. The administrator needs to be present to get a full understanding of the violationsand it is his or hers only chance to discuss these with thw inspector. This is supposed to be the time that the admimistrator has to develope a plan of correction in colaboration withinspector.to submit them for approval during the inspection. (Overview of recommended licensing process, step 3, No. 13) This si something which should be done by the admin.
   Also No. 4 (Plans of correction) No3 states that the dept. shall promptly determine and notify the provider as to whether this is acceptable. The dept shall facilitate the joint plan of correction by providers and the inspector as well as approval at the time of inspection. This can only be done by the administrator who may not be present at an unnanounced inspection.

I thank you for your acceptance of my concerns and for reading my letter.

C.C. to DPW
to IRRC

Respectfully submitted
Ida Weitz RN. Administrator
Weitz Personal Care Home
3500 Meadow Run Rd.
Wilkes-Barre Pa. 18702
Ph 570-472-3197
Ida Weitz R.N.

Original: 2294

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

February 28, 2002

IRRC
333 Market St.
Harrisburg, PA 17101

Dear Sir or Madam::

It was a tragic experience to attend the January 10th meeting of the Personal Care Home Advisory Panel. It was recommended by the Westmoreland County Personal Care Administrators Association that I attend. The essence of the meeting was about the Department of Public Welfare's presentation of the personal care industry's new proposed regulations.

I would like to register with you the following comments and proposals.

I am in the personal care field for 15 years. I am an engineer and an architect. I am a professor of the University of Budapest and the Technical Institute of Budapest and Rome Italy for whom I authored textbooks. My book the "Issues of Aging – Up Close and Personal" was recently published. I have owned or / and managed in the excess of twenty companies in the United States. I have never known that an entire industries (more that 1,000 facilities and 70,000 residents) life can be turned upside down by people who have none or almost none of the factual knowledge – they never where at the helm, never operated, never lived or owned or are qualified to live (since thy are not elderly) at an assisted living / personal care home.

The reason I have the courage to criticize or advise is because I built and operate 3 large homes all in the rural area which is an inexpensive market. I constantly rank perfect at inspections and I pay taxes when others in this industry do not. Also at the Personal Care Home Advisory Panel meeting, I was the oldest person there, which should lend me some authority on aging.

My first impression of the regulators was:

A. Their total lack of knowledge about the industry

My first impression of the regulators was:

A. Their total lack of knowledge about the industry
B. Their misguided notion of the consumer interest
C. The total disregard of the right and will of the elderly

Let me clarify who the consumer is:

1. His and her's, sons and daughters
   They see their father and mother's interest from their youthful standpoint. They wish all the best for father and mother as long as there is enough money left over to send their own children to college.

2. He and She
   They are the ultimate consumer, but he and she no longer pay taxes and almost never vote. Therefore, no one listens or cares. Even if they would pay tax or vote, do those with dementia make any sense to you.

Therefore, let me advocate for them and for me.

The consumer is not:

The Area Agency on Aging
The Ombudsmen
The Consumer Advocate, Etc.

Their knowledge comes from faulty sources, from the resident's children, disgruntled employees, anonymous complainers, unions, and others with their own personal agenda and political interests.

Through the years the consumer has spoken absolutely clearly and what they said is: "Do no put me in a nursing home." "Please!" " Promise Me." Personal Care and Assisted Living was created by the consumer in the last fifteen years. This is what the consumer wants:

To Be Cheap (Affordable)
To Be Close (To home, family and friends)
To Be Able To Stay even if our health deteriorates.

Their combined interest is to be as home like as possible.

The above points should be the beacon when you evaluate regulations. The question always is - Is it a more stringent regulation, financially feasible, or it only serves to cover the regulators ass.

I found it ridiculous and offensive that the Personal Care Home Advisory Panel has maybe 30 members but only 2 are from the industry whom it affects. I found it manipulative that the proposed regulations were not published in writing in advance . How can you expect intelligent opinion without time for thought. But what was the real deciding factor that from a room full of interested parties, there was not one single voice for the new regulations, the extent that Secretary Gannon could not listen any longer and left in panic.

You are attempting to fix what is functioning very well. You are driving the cost up to the private payer and forcing the SSI out on the street. You are raising the tax payers future burden. If I can be perfect under the current regulation, so can be all others. Let the regulators be as diligent about their enforcing function as I am in the operator's function.

The Assisted Living / Personal Care industry serves 70,000 people. The consumer voted with its feet. It is an excellent service otherwise it would not exist since it is 80% private pay. The consumer knows best.

You should respect the DPW regulation 2620 as is, since it has served the elderly well and created the industry. Put forth your effort to raise the SSI payment, so all citizens can exist in a decent place not only the rich. The SSI currently is a shameful $27.00 per day which is about $1.12 per hour. If I would be you or the governor or a legislator, I would be ashamed of myself, if I would not back the elderly. The SSI had not been raised for seven years until 2001 and then only $2.00 a day which is less than 1% per year, think of what the inflation rate has been. Seven years ago, it was above 10%. Currently, it is about 2.8%. The Governor's Commission found that the fair rate for SSI would be $1600.00 per month and that was years ago. You Gentleman and Ladies of the Legislature have abandoned your fathers and mothers. Shame on you!

Without respect towards the new regulations,

Istvan Upor
President

Original: 2294

COMMONWEALTH OF PENNSYLVANIA
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HARRISBURG, PENNSYLVANIA 17105-2675

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LICENSING & REGULATORY MANAGEMENT

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MAR 12 2002

Dear Stakeholders:

I want to thank all of you for your patience during the past year as we evolved from consolidated Adult Residential Regulations into the decision to change our approach and begin with Personal Care Homes. As promised, attached is a preview of the Chapter 2600 Personal Care Regulations.

I think you will be pleased with the attached draft. Since last May we have made an effort to meet with individuals, advocates, providers and provider associations in order to better understand your needs. Thanks to your invaluable consultation this preview encompasses many varied points of view and hopefully works for everyone. Our goal has been to find a compromise that enhances the continued operation of all Personal Care Homes.

We will continue to solicit your input as we move through the regulatory process. These will be introduced in the Pennsylvania Bulletin in April 2002.

For your convenience we will also be posting this preview on the DPW website and receiving your comments either thru the Web or by mail or fax at 717-705-6955. If you would like to speak to someone from this office, please call 717-705-0383. While Andrea Algatt has been the lead on this project, we are all available to address your concerns.

Sincerely,

Teleta Nevius
Director

CHAPTER 2600 PERSONAL CARE HOME REGULATIONS

3/26/01-Revised March 7, 2002

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SUBCHAPTER A

GENERAL

§2600.1. Purpose.

The purpose of this chapter is to assure that personal care homes provide safe, humane, comfortable, and supportive residential settings for dependent adults who require assistance beyond basic necessities of food and shelter but who do not need hospitalization or skilled or intermediate nursing care. Residents who live in homes meeting the standards found in this chapter will receive the encouragement and assistance they need to develop and maintain maximum independence and self-determination.

§2600.2. Scope.

(a) This chapter applies to personal care homes as defined in this chapter, and contains the minimum requirements that shall be met to obtain a license to operate a personal care home.

(b) This chapter does not apply to commercial boarding homes or to facilities operated by a religious organization for the care of clergy or other persons in a religious profession.

§2600.3. Inspections and licenses or certificates of compliance.

(a) An authorized agent of the Department shall conduct an on-site inspection of a personal care home at least annually.

(b) A certificate of compliance shall be issued to the legal entity by the Department if, after an inspection by an authorized agent of the Department, it is determined that requirements for a certificate of compliance are met.

(c) The personal care home shall post the current certificate of compliance in a public place in the personal care home.

§2600.4. Definitions.

The following words and terms, when used in this chapter, have the following meanings, unless the context clearly indicates otherwise:

Abuse - The occurrence of one or more of the following acts: The infliction of injury, unreasonable confinement, intimidation or punishment with resulting physical harm, pain, or mental anguish, the willful deprivation by a caretaker of goods or services which are necessary to maintain physical or mental health, or sexual harassment, rape or abuse, as defined in 35 P.S. §§10225.101-5102 (Older Adult Protective Services Law) and 6 Pa Code Chapter 15 Regulations (Protective Services for Older Adults)

Adult - A person who is 18 years of age or older.

Commercial boarding home - A type of residential living facility providing only food and shelter, or other services normally provided by a hotel, for payment, to adults who are unrelated to the owner and who require no services beyond food, shelter and other services usually found in hotel or apartment rental.

Complementary and alternative medications - Includes all such practices and ideas self-identified by their users as preventing or treating illness or promoting health and well-being.

Complaint - A written or verbal issue, dispute, or objection presented by or on behalf of a resident regarding the care, operations, or management policies of a personal care home.

Department - The Department of Public Welfare of the Commonwealth.

Direct care staff - A person who directly assists residents with activities of daily living; provides services; or is otherwise responsible for the health, safety, and welfare of the residents.

Emergency medical plan - A plan that ensures immediate and direct access to emergency medical care and treatment.

Financial management - A personal care service provided whenever the administrator serves as representative payee (or as a guardian or power of attorney assigned prior to December 21, 1988) for a resident, or when a resident receives assistance in budgeting and spending of the personal needs allowance. The term does not include storing funds in a safe place as a convenience for a resident, although written receipts must still be obtained from the resident for cash disbursements.

Fire safety expert - A member of a local fire department, fire protection engineer, Commonwealth certified fire protection instructor, college instructor in fire science, county or Commonwealth fire school, volunteer person trained and certified by a county or Commonwealth fire school or an insurance company loss control representative.

Immobile resident - 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.

Legal entity - A person, society, corporation, governing authority, or partnership legally responsible for the administration and operation of a personal care home.

License - A certificate of compliance document issued by the Department permitting the operation of a personal care home, at a given location, for a specific period of time, for a specified capacity, according to appropriate Departmental program licensure or approval regulations.

Life care contract/guarantee - An agreement between the licensee and the resident that the licensee will provide care to the resident for the duration of the resident's life.

Manual restraint - Any physical means that restricts, immobilizes, or reduces a resident's ability to move their arms, legs, head, or other body parts freely. Prompting, escorting, or guiding a resident to assist in the activities of daily living shall not be construed as a manual restraint.

Mobile person **-** A resident who is physically and mentally capable of vacating the home on the resident's own power or with limited assistance in the case of an emergency, including the capability to ascend or descend stairs if present on the exit path. Limited physical assistance means assistance in getting to one's feet, into a wheelchair, walker, or prosthetic device. Verbal assistance means giving instructions to assist the resident in vacating the home. The term includes a person who is able to effectively operate a device required for moving from one place to another, and able to understand and carry out instructions for vacating the home.

Neglect **-** The failure to provide for oneself or the failure of a caretaker to provide goods or services essential to avoid a clear and serious threat to physical or mental health. No adult who does not consent to the provision of protective services shall be found to be neglected solely on the grounds of environmental factors which are beyond the control of the adult or the caretaker, such as inadequate housing, furnishings, income, clothing, or medical care.

Personal Care Home (home) **-** A premise in which food, shelter, and personal assistance or supervision are provided for a period exceeding twenty-four hours, for four or more adults who are not relatives of the operator, who do not require the services in or of a licensed long-term care facility but who do require assistance or supervision in such matters as dressing, bathing, diet, financial management, evacuation of a home in the event of an emergency, or medication prescribed for self administration.

Personal care home administrator **-** An individual who is charged with the general administration of a personal care home, whether or not the individual has an ownership interest in the home, and whether or not functions and duties are shared with other individuals.

Personal care resident - A person, unrelated to the licensee who resides in a PCH and who may require and receive personal care services but does not require the level of care provided by a hospital or long-term care facility.

Personal care services **-** Assistance or supervision in matters, such as dressing, bathing, diet, financial management, evacuation of a resident in the event of an emergency, or medication prescribed for self-administration.

Premises **-** The grounds and buildings on the same grounds, in proximity, used for providing personal care services.

Referral agent **-** An agency or individual who arranges for or assists, or both, with placement of a resident into a personal care home.

Relative **-** A spouse, parent, child, stepparent, stepchild, grandparent, grandchild, brother, sister, half-brother, half-sister, aunt, uncle, niece, or nephew.

Restraint **-** A chemical or mechanical device used to restrict the movement or normal function of an individual or a portion of the individual's body. Mechanical devices used to restrain include geriatric chairs; posey; chest; waist; wrist or ankle restraints; locked restraints; and locked doors to prevent egress. The term does not include devices used to provide support for the achievement of functional body position or proper balance as long as the device can easily be removed by the resident.

(i) Chemical restraint is the use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior.

(ii) Drugs administered on a regular basis, as prescribed by a physician for the purposes of treating the symptoms of mental, emotional or behavioral disorders and for assisting the resident in gaining self-control over impulses, are not to be considered chemical restraints.

State agency **-** A Department of the Commonwealth such as: Department of Public Welfare, Department of Aging, Labor and Industry.

SP–Support plan **-** A written document for each resident describing the resident's care, service, or treatment needs.

Volunteer **-** A person(s) who, of their own free will, and without monetary compensation provide services for residents in the home. Residents receiving personal care services who voluntarily perform tasks in the home are not to be considered volunteers for the purpose of determining compliance with the staffing requirements of this chapter.

§2600.5. Applicability to specific home types.

All sections of this chapter apply to homes within the scope of this chapter.

§2600.6. State agency responsibility.

The Department of Public Welfare shall ensure the health and safety of residents of personal care homes through the administration, application, and enforcement of this chapter.

§2600.7. Access requirements.

(a) The department shall have the right to enter, visit, and inspect any home licensed or requiring a license and shall have full and free access to the records of the home and to the residents there in and full opportunity to interview, inspect, or examine such residents.

(b) The administrator and staff shall provide immediate access to the home, the residents, and the residents' records to agents of the Department, representatives of the Department of Aging's Older Adults Protective Services Program, and the Long-Term Ombudsman Program, upon request.

(c) The administrator shall permit members of a resident's family, community service organizations and representatives of community legal programs to have access to the home during the home's visitation hours or by appointment for the purpose of visiting, or assisting or informing, or both, the residents of the availability of services and assistance.

(d) The personal effects of residents shall not be searched without the resident's consent.

GENERAL REQUIREMENTS

§2600.11. Procedural requirements for Licensure or Approval of personal care homes.

(a) Subject to the exceptions in (b) the requirements of Chapter 20 (Relating to Licensure or Approval of facilities) shall be met for personal care homes.

(b) §20.31 and §20.32 shall not be applicable to personal care homes.

(c) Personal care homes shall be inspected as often as required by 62 P.S. §211 (l), and more often as necessary. After initial approval, personal care homes need not be visited or inspected annually; provided that the department shall schedule inspections in accordance with a plan that provides for the coverage of at least seventy-five percent of the licensed personal care homes every two years and all homes shall be inspected at least once every three years.

§2600.12. Appeals.

(a) Appeals related to the licensure or approval shall be made in accordance with 1 Pa. Code Part II (relating to General Rules of Administrative Practice and Procedure).

(b) Chapter 20 (relating to licensure or approval of facilities and agencies) and related procedures, including appeals and fair hearings, apply to personal care homes with the exception of 2600.11 (b).

§2600.13. Maximum capacity.

(a) The licensed capacity is the total number of residents who may reside in the personal care section of the facility at any time. A request to increase the capacity shall be submitted to the Department and other applicable authorities and approved prior to the admission of additional residents. The licensed capacity is limited by physical plant space, zoning, and other applicable statutes and regulations.

(b) The maximum capacity specified on the license or certificate of compliance shall not be exceeded.

§2600.14. Fire safety approval.

(a) If a fire safety approval is not required in accordance with State law or regulations, a valid fire safety approval from a fire safety expert is required prior to receiving a license or certificate of compliance under this chapter.

(b) If the fire safety approval is withdrawn or restricted, the home shall notify the Department orally within 24 hours and in writing within 48 hours of the withdrawal or restriction.

(c) If a building is structurally renovated or altered after the initial fire safety approval is issued, the home shall submit the new fire safety approval, or written certification that a new fire safety approval is not required, from the appropriate fire safety authority. This documentation needs to be submitted to the Department.

(d) A home shall have written fire safety approval from either the Department of Labor and Industry or the Department of Health of the Commonwealth. In the cities of Scranton, Pittsburgh, and Philadelphia a facility shall have written fire safety approval from the appropriate department of public safety.

(e) A home shall have written fire safety approval prior to issuance of a certificate of compliance.

(f) Authorized agents of the Department will request additional fire safety inspections by the appropriate agency if, during an inspection, an authorized agent observes possible fire safety violations.

(g) A personal care home shall be in compliance with applicable Federal, State, and local statutes, ordinances, and regulations, especially those statutes or regulations pertaining to fire and panic.

§2600.15. Abuse reporting covered by statute.

(a) The home shall immediately report suspected abuse of a resident served in the home in accordance with 35 P.S. §§10225.701-707 (relating to Older Adult Protective Services Law) and 6 Pa. Code §15.141-149 (relating to reporting suspected abuse).

(b) If there is an allegation of abuse of a resident served in a home, involving the home's staff persons, the home shall immediately implement a plan of supervision or suspension of the employee and submit a plan of supervision to the personal care home licensing office.

§2600.16. Reportable incidents.

(a) A reportable incident is an event that occurs to include the following:

(1) A death of a resident due to accident, abuse, neglect, homicide, suicide, malnutrition, dehydration, or other unusual circumstances.

(2) Attempted suicide by a resident.

(3) A serious physical bodily injury, trauma, or medication error requiring treatment at a hospital or medical facility, not to include minor injuries such as sprains or cuts.

(4) A violation of a resident's rights in sections §2600.31-2600.33.

(5) Any unexplained absence of a resident for 24 hours or as described in their support plan.

(6) Misuse of a resident's funds by the personal care home staff or legal entity.

(7) An outbreak of a serious communicable disease as defined in 28 Pa. Code §27.2 (relating to reportable diseases).

(8) Food poisoning among residents.

(9) Any physical assault by or against a resident.

(10) Fire or structural damage to the home.

(11) An incident requiring the services of an emergency management agency, fire department, or law enforcement agency.

(12) A condition that results in an unscheduled closure of the home and the relocation of the residents for more than one day of operation.

(13) A complaint of resident abuse, suspected abuse, referral of a complaint of resident abuse to a local authority for an investigation or the results of any investigation conducted by the personal care home of possible resident abuse.

(14) Any other internal or external disasters as referenced in §2600.107.

(15) A situation in which there are no staff to supervise the home.

(16) Bankruptcy filed by the home or their legal entity.

(b) The home shall develop written policies and procedures on the prevention, reporting, notification, investigation, and management of reportable incidents.

(c) The home shall immediately report the incident to the licensing office or their designee in a manner designated by the Department.

(d) A preliminary written notification of incidents, on a form prescribed by the Department, shall be sent to the regional field licensing office within 5 days of the occurrence.

(e) The home shall submit a final report, on a form prescribed by the Department, to the regional field licensing office immediately following the conclusion of the investigation.

(f) A copy of the incident report shall be kept as referenced in §2600.243 (b) (Record Retention and Disposal).

§2600.17. Confidentiality of records.

Resident records are confidential, and, except in emergencies, may not be opened to anyone other than the resident, the designated person, if any, agents of the Department and the long-term care ombudsman without the express written consent of the resident, their designated person, or without court order.

§2600.18. Applicable health and safety laws.

A personal care home shall be in compliance with applicable Federal, State, and local statutes, ordinances, and regulations, especially those statutes or regulations pertaining to fire and panic, public health, civil rights, and protective services.

§2600.19. Waivers.

(a) The home may submit a written request for a waiver on a form prescribed by the Department, and the Department may grant a waiver of a specific section of this chapter if the following conditions exist:

(1) There is no significant jeopardy to the residents.

(2) There is an alternative for providing an equivalent level of health, safety, and well-being protection of the residents.

(3) The benefit of waiving the regulation outweighs any risk to the health, safety, and well-being of the residents.

(b) The licensee shall submit a written request for a waiver to the appropriate personal care home licensing field office. A waiver granted by the Department shall be in writing and be part of the licensee's permanent record. Written approval of the waiver shall be maintained on file in the home's records.

(c) Waivers are subject to a periodic review by the Department to determine whether acceptable conditions exist for renewal of the waiver. The Department reserves the right to revoke the waiver if the conditions are not met.

(d) A structural waiver will not be granted to a new facility, new construction, or renovations begun after the effective date of this chapter. Upon request, the Department will review building plans to assure compliance.

(e) The scope, definitions, applicability, or residents' rights of this chapter shall not be waived.

§2600.20. Resident funds.

(a) If the home assumes the responsibility of maintaining a resident's financial resources, the following shall be maintained for each resident:

(1) A separate record of financial resources, including the dates, amounts of deposits, amounts of withdrawals, and the current balance.

(2) Deposits and expenditures shall be documented with written receipts. Disbursement of funds to the resident shall be documented and the resident shall acknowledge the receipt of funds in writing. Accounts shall clearly reflect deposits, receipt of funds, disbursal of funds, and the current balance.

(3) A record of gifts or any other funds received by or deposited with the home on behalf of the resident.

(b) If the home assumes the responsibility of maintaining a resident's financial resources, the following shall be met:

(1) There shall be documentation of counseling sessions, concerning the use of funds and property, if requested by the resident.

(2) The home shall not prohibit the residents' right to manage their own finances.

(3) Resident funds and property shall only be used for the resident's benefit.

(4) The resident shall be given their funds which they request within 24 hours, and immediately if the request is for $10 or less.

(5) There may be no commingling of the resident's personal needs allowance with the home's or staff person's funds or the home's operating accounts.

(6) If a home is holding funds in excess of $200 for more than 2 consecutive months, the administrator shall notify the resident and offer assistance in establishing an interest-bearing account in the resident's name at a local financial institution protected by the Federal Deposit Insurance Corporation of the Federal Savings and Loan Insurance Corporation. This does not include security deposits.

(7) The resident/home contract shall specify that each resident shall retain, at a minimum, the current personal needs allowance as the resident's own funds for personal expenditure and that an agreement to the contrary is not valid.

(8) Personal care homeowners, administrators, and employees are prohibited from being assigned power of attorney, representative payee, or guardianship for a resident.

(9) The home shall give the resident an annual written account of financial transactions made on the resident's behalf. The home shall provide the resident the opportunity to review his own financial record upon request during normal working hours. A copy shall be placed in the resident's record.

(10) Upon the death of a resident, the administrator shall surrender to the resident's estate funds and valuables of that resident which were entrusted to the administrator or left in the home. In addition, an itemized written account of the resident's funds and valuables, which were entrusted to the administrator, shall be surrendered, and a signed receipt shall be obtained and retained by the administrator. This shall be done within 30 working days after the resident's death.

(11) Upon termination of service by the home or if the resident chooses to leave the home, each resident shall receive an itemized written account of funds, including notification of funds still owed the home by the resident or a refund owed the resident by the home. This shall occur within 30 days.

(12) Upon discharge or transfer of the resident, the administrator shall immediately return the resident's funds being managed or being stored by the home to the resident.

§2600.21. Off-site services.

If services or activities are provided by the home at a location other than the home or the home's grounds the home shall ensure that the residents' support plans are followed and that the health and safety needs are met for all of the residents

§2600.22. Legal entity.

(a) All legal entities shall:

(1) Comply with the Department's program licensure or approval regulations for the particular type of home or agency, which the legal entity operates.

(2) Operate the home in accordance with the requirements of this chapter.

§2600.23. Personnel Management.

(a) All homes shall:

(1) Establish a work schedule and maintain copies for a year or until all litigation or audits are resolved.

(2) Establish and maintain written job descriptions for all positions that include:

i. Job title.

ii. Tasks, responsibilities, and essential functions of the job of the job.

iii. Qualifications.

(3) Provide each staff member with a copy of their job description at the time of hire and whenever the job description is changed. This shall be documented.

§2600.24. Tasks of daily living.

A personal care home shall provide residents with assistance with tasks of daily living as indicated in their support plan and assessment, such as one or more of the following:

(1) Securing transportation

(2) Shopping.

(3) Making and keeping appointments.

(4) Care of personal possessions

(5) Use of the telephone.

(6) Correspondence.

(7) Personal laundry.

(8) Social and leisure activities

(9) Securing health care

(10) Ambulation.

(11) Use of prosthetic devices.

(12) Eating.

§2600.25. Personal hygiene.

A personal care home shall provide residents with assistance with personal hygiene as indicated in their support plan and assessment, such as one or more of the following:

(1) Bathing.

(2) Oral hygiene.

(3) Hair grooming and shampooing.

(4) Dressing and care of clothes.

(5) Shaving.

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

(a) Prior to, or within 24 hours after admission, a written admission agreement between the resident and the licensee shall be in place. The administrator is responsible for completing this written agreement with the resident and shall review and explain its contents to the resident and the resident's designee, if one exists, prior to signature. It shall be signed by the administrator or a designee, and the resident and the payer, if different from the resident, and cosigned by the resident's designee, if any, if the resident agrees. At a minimum, the written agreement shall specify the following:

(1) Each resident shall retain the current personal needs allowance. The resident's own funds shall be for personal expenditures and an agreement to the contrary is not valid.

(2) The actual amount of allowable resident charges for each service or item. The actual amount of the periodic – for example, monthly – charge for food, shelter, services and additional charges, and how, when and by whom payment is to be made.

(3) An explanation of the annual screening, medical evaluation, and support plan requirements and procedures, which shall be followed if either the screening or the medical evaluation indicates the need of another and more appropriate level of care.

(4) The party responsible for payment.

(5) The method for payment of charges for long distance telephone calls.

(6) The conditions under which refunds will be made, including the refund of admission fees and refunds upon a resident's death.

(7) The financial arrangements if assistance with financial management is to be provided.

(8) The home's rules and requirements related to home services.

(9) The conditions under which the agreement may be terminated including home closure as specified in section 2600.228 (Notification of Termination).

(10) A statement that the resident is entitled to at least 30 days' advance notice, in writing, of the home's intent to change the agreement. It shall be signed by the administrator or a designee, and the resident and the payer, if different from the resident, and cosigned by the resident's designated person, if any, if the resident agrees.

(11) A list of personal care services and the costs to be provided to the resident based on the outcome of the resident's support plan.

(12) Any additional services and the costs that shall be billed to the resident for the cost of services or items not included in the cost of care.

(13) Written information on the resident's rights and grievance procedures as specified in §2600.31 (notification of rights and complaint procedures).

(14) Charges to the resident for holding a bed during hospitalization or other extended absence from the home shall be specified.

(15) A personal care home shall not seek or accept payments from a resident in excess of one-half of any funds received by the resident under the Senior Citizens Rebate and Assistance Act (72 P.S. §§ 4751-1-4751-12). If the PCH will be assisting the resident to manage a portion of the rent rebate, the requirements of §2600.21(Resident funds) remain applicable.

(b) The licensee may not require or permit a resident to assign assets to the home in return for a life care contract/guarantee. Continuing care communities that have obtained a Certificate of Authority from the Insurance Department are required to provide a copy of the Certificate to the Department and will then be exempt from this requirement.

(c) A copy of the signed admission agreement shall be given to the resident and a copy shall be file in the resident's record.

(d) All services addressed in this contract shall be available to the resident 365 days a year.

§2600.27. Quality management.

(a) All homes shall establish quality assessment and management plans.

(b) The following shall be the minimum areas for review:

(i). Incident reports.

(ii). Complaint procedures.

(iii). Staff training.

(iv). Monitoring licensing data/plans of correction, if applicable.

(v). Resident and/or family councils.

(c) If the home fails to establish quality assessment and management plans the Department reserves the right to create the criteria that the home will utilize in establishing these procedures.

§2600.28. SSI recipients.

(a) For a resident eligible for Supplemental Security Income (SSI) benefits, the personal care home charges for actual rent and other services may not exceed the SSI resident's actual current monthly income reduced by the current personal needs allowance.

(b) The personal care home administrator shall not include funds received as lump sum awards, gifts or inheritances, gains from the sale of property, or retroactive government benefits when calculating payment of rent for a SSI recipient or for a resident eligible for SSI benefits.

(c) An administrator may seek and accept payments from funds received as retroactive awards of SSI benefits, but only to the extent that the retroactive awards cover periods of time during which the resident actually resided in the PCH and full payment has not been received.

(d) An administrator shall provide each resident who is a recipient of SSI, at no charge beyond the amount determined in subsection (a), the following items or services as needed:

(1) Necessary personal hygiene items, such as a comb, toothbrush, toothpaste, soap and shampoo. Cosmetic items are not included.

(2) Laundry services, including personal laundry, but not including dry cleaning or other specialized services.

(3) Personal care services.

(e) Third-party payments made on behalf of an SSI recipient and paid directly to the personal care home are permitted. These payments may not be used for food, clothing or shelter because to do so would reduce SSI payments. See 20 CFR 416.1100 and 416.1102 (relating to income and SSI eligibility; and what is income). These payments may be used to purchase items or services which are not food, clothing or shelter.

§2600.29. Refunds.

(a) If, after the home gives notice of discharge or transfer in accordance with §2600.25 (relating to requirements for Resident/home contract; information on resident rights), and the resident moves out of the home before the 30 days are over, the home shall give the resident a refund equal to the previously paid charges for rent and personal care services for the remainder of the 30-day time period and within 30 days of discharge. The resident's personal needs allowance shall be refunded within one week of discharge or transfer.

(b) After a resident gives notice of the intent to leave in accordance with §2600.25, and if the resident moves out of the home before expiration of the required 30 days, the resident owes the home the charges for rent and personal care services for the entire length of the 30-day time period for which payment has not been made.

(c) If no notice is required, as set forth in subsection (d), the resident is required to pay only for the nights spent in the home.

(d) If the home does not require a written notice prior to a resident's leaving, the administrator shall refund the remainder of previously paid charges to the resident within 7 days of the date the resident moved from the home. In the event of a death of a resident, the administrator shall refund the remainder of previously paid charges to the estate of the resident when the room is vacated and within 30 days of their death.

(e) If a resident is identified as needing a higher level of care and is discharged to another facility, the home must provide a refund from the date of discharge when the room is vacated or notification from the hospital.

§2600.30. Fees.

In addition to required documentation, issuance or renewal of a license to a home is contingent upon receipt by the Department of an application fee based on the number of beds in the home, as follows:

(a) 0-21 beds-$15.

(b) 21-50 beds-$20.

(c) 51-100 beds-$30

(d) 101 beds and over-$50.

RESIDENT RIGHTS

§2600.31. Notification of rights and complaint procedures.

(a) Upon admission each resident and, if applicable, the resident's family and/or advocate shall be informed of the resident rights and the right to lodge complaints without retaliation of the home against the reporter to include discharge or transfer from the home.

(b) Each resident and, if applicable, the resident's family and/or advocate shall be informed of the resident's rights, the right to lodge complaints as specified in subsection (a), in an easily understood manner, and in the primary language or mode of communication of the resident and, if applicable, the resident's family and/or advocate.

(c) A copy of the resident's rights and the complaint procedures, shall be posted in a conspicuous place and given to the resident and, if applicable, the resident's family and/or advocate upon admission.

(d) A statement signed by the resident and, if applicable, the resident's family and/or advocate acknowledging receipt of a copy of the information specified in subsection (a), or documentation of efforts made to obtain the signature, shall be kept in the resident's record.

(e) A resident and, if applicable, the resident's family and/or advocate have the right to lodge a complaint with the home for an alleged violation of specific or civil rights without fear of retaliation.

(f) The home shall ensure investigation and resolution of complaints regarding an alleged violation of a resident's rights. The procedures shall include the timeframes, steps, and the person or persons responsible for determining the outcome of the complaint and appeal procedures.

(g) The home shall render a decision within 14 business days upon receipt of the complaint and inform the resident and, if applicable, the resident's family and/or advocate of the outcome in writing.

(h) The home must inform the resident and, if applicable, the resident's family and/or advocate about the right to file complaints and appeals beyond the home's internal system. Any resident and, if applicable, the resident's family and/or advocate may file a complaint with the Area Agency on Aging or their licensing office. These phone numbers shall be posted in large print in a conspicuous place in the home.

(i) In addition, the resident and, if applicable, the resident's family and/or advocate shall be made aware of the telephone number of the Governor's Action Center Toll Free Line, 1-800-932-0784, the personal care home complaint hotline, 1-800-254-5164, and other advocacy agencies including the local long term care ombudsman to which the resident and, if applicable, the resident's family/advocate may address complaints when the resident and, if applicable, the resident's family/advocate feels the complaints have not been properly resolved through the home's complaint procedure. The telephone numbers for the Governor's Action Center Toll Free Line and the telephone number for the local long term care ombudsman shall be posted in large print in a conspicuous place in the home.

(j) The resident has the right to access all public inspection records of the home.

§2600.32. Specific rights.

(a) A resident shall not be discriminated against because of race, color, religious creed, disability, handicap, ancestry, sexual orientation, national origin, age or sex.

(b) A resident shall not be neglected, abused, mistreated, or subjected to corporal punishment.

(c) A resident shall be treated with dignity and respect.

(d) A resident shall be informed of the rules of the home.

(e) A resident shall have private access to a telephone in the home. Local calls shall be without charge.

(f) A resident shall have the right to receive visitors for a minimum of 8 hours daily, 7 days per week.

(g) A resident shall have the right to receive and send mail.

(1) Outgoing mail shall not be opened or read by staff persons.

(2) Incoming mail shall not be opened or read by staff persons unless upon resident request.

(h) A resident shall be protected from unreasonable search and seizure.

(i) Residents shall have the assurance that personal care homes shall be open 365 days a year.

(j) Residents shall have the right to practice the religion or faith of their choice, or not to practice any religion or faith.

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

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

(m) A resident and, upon their request, their family and/or advocate shall have the right to access, review, and request modifications to his or her resident record.

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

(o) A resident shall have the right to leave and return to the home at reasonable times consistent with the home rules.

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

(q) A resident shall be free to associate and communicate with others privately.

(r) A resident shall be free from restraints.

(s) A resident shall be compensated in accordance with State and Federal labor statutes for labor performed on behalf of the home. Residents shall perform personal housekeeping tasks related directly to the resident's personal space but shall not perform tasks in lieu of a staff person who is otherwise required to perform these tasks.

(t) The resident, the resident's family and/or advocates, community service organizations, and legal representatives shall have access to the home during visitation hours or by appointment.

(u) The resident shall have the right to privacy of self and possessions.

(v) A resident shall have the right to voice complaints and recommend changes in policies and services of the home without fear of reprisal or intimidation.

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

(x) A resident shall have the right to receive services they contracted for in their agreement.

(y) A resident shall have the right to appeal termination, reductions, changes, or denials of services originally contracted.

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

(aa) A resident shall have the right to manage personal financial affairs.

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

§2600.33. Prohibition against deprivation of rights.

(a) Residents shall not be deprived of their civil rights.

(b) A resident's rights shall not be used as a reward or sanction.

DRAFT

SUBCHAPTER B

STAFFING

§2600.51. Resident abuse and criminal history checks.

Criminal history checks and hiring policies shall be in accordance with 35 P.S. §§10225.101-5102 (Older Adult Protective Services Law) and 6 Pa Code Chapter 15 Regulations (Protective Services for Older Adults).

§2600.52. Staff hiring, retention and utilization.

Staff hiring retention and utilization shall be in accordance with 35 P.S. §§10225.101-5102 (Older Adult Protective Services Law) and 6 Pa Code Chapter 15 Regulations (Protective Services for Older Adults) and other applicable regulations.

§2600.53. Staff titles and qualifications for administrators.

(a) The home administrator shall meet one of the following requirements:

(1) A valid license as a registered nurse, from this Commonwealth.

(2) An associate's degree or 60 credit hours from an accredited college or university with major emphasis in human services, administration, or nursing.

(3) A valid license as a licensed practical nurse, from this Commonwealth and one year of work experience in a related field.

(4) A valid license as a Nursing Home Administrator, from this Commonwealth.

(b) The home administrator shall be 21 years of age or older.

(c) The home administrator shall complete any training that is required by the Department.

(d) The home administrator shall be responsible for the administration and management of the home, including the safety and protection of the residents, implementation of policies and procedures, and compliance with this chapter.

(e) The home administrator shall have the ability to provide personal care services, or to supervise or direct the work of others to provide personal care services.

(f) The home administrator shall have knowledge of this chapter.

(g) The home administrator shall have the ability to conform to applicable statutes, rules and regulations, including this chapter.

(h) The home administrator shall have the ability to maintain or supervise the maintenance of financial and other records.

(i) The home administrator shall have the ability to direct the work of others, when applicable.

(j) The home administrator shall have good moral character.

(k) The home administrator shall be free from a medical condition, including drug or alcohol addiction that would limit the administrator from performing duties with reasonable skill and safety.

§2600.54. Staff titles and qualifications for direct care staff.

(a) Direct care staff shall meet the following:

(1) 18 years of age or older.

(2) A high school diploma or GED.

(3) Be of good moral character.

(4) Be free from a 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.

§2600.55. Exceptions for staff qualifications.

(a) The staff qualification requirements for administrator and direct care staff do not apply to staff persons hired or promoted to the specified positions prior to the effective date of this chapter as long as they maintain a current license.

(b) If the staff person transfers to another licensed home, without a break in service, they may work in the same capacity as long as they meet the qualifications outlined in (a).

§2600.56. Staffing ratios.

(a) An Administrator, or a designee who is 21 years of age or older appointed by the administrator, shall be on the licensed home's premises on a 24-hour basis. The administrator is required to be present in the home at least 20 hours a week of an average workweek or their designee must meet all of the qualifications and training of the administrator.

(b) When the residents are in the building the home shall maintain a sufficient number of trained direct care staff to provide the necessary level of care required by the residents, shall be physically present to accommodate each resident's mobility or immobility or special needs, as well as to ensure a safe and efficient evacuation of the home in case of an emergency.

(c) Facilities with multiple buildings within 300 feet of one another with 3 or fewer residents shall have one staff person that circulates between buildings every hour. Multiple buildings with 4 or more residents shall provide at least one direct care staff person per building who is awake.

(d) Facilities housing residents who are all mobile, shall maintain the following direct care staff ratio:

(1) One awake direct care staff per 15 or fewer mobile residents on each shift.

(2) Two awake direct care staff per 16 to 30 mobile residents on each shift.

(3) For homes housing more than 30 mobile residents, the home shall maintain one additional awake direct care staff for every additional 15 mobile residents on each shift.

(e) Facilities housing one or more residents who are immobile, shall maintain the following:

(1) Two awake direct care staff per 15 or fewer immobile residents on each shift.

(2) Four awake direct care staff per 16 to 30 immobile residents on each shift.

(3) For homes housing more than 30 immobile residents, the home shall maintain two additional awake direct care staff for every 15 immobile residents for each shift.

(f) Additional staffing may be required by the State agency, and will be based on safety, the State agency's assessment of the amount of care needed by the residents as reflected in their support plan, the design, construction, staffing or operation of the home.

(g) Additional staff hours, or contractual services, shall be provided as necessary to meet the laundry, food service, housekeeping and maintenance needs of the home.

(h) When regularly scheduled direct care staff persons are absent, the administrator shall arrange for coverage by substitute personnel who meet the direct care staff qualifications and training requirements.

(i) The administrator shall maintain a current list of the names, addresses and telephone numbers of all employees, including substitute personnel.

(j) Administrators may be counted in the staffing ratios if they are scheduled to provide direct care services.

§2600.57. Staff orientation.

(a) Prior to working with residents all staff including temporary staff, part-time staff, and volunteers shall have an orientation to the following:

(1) General fire safety including:

(i) Evacuation procedures.

(ii) Responsibilities during fire drills.

(iii) The designated meeting place outside the building or within the fire safe area in the event of an actual fire.

(iv) Smoking safety procedures and location of smoking areas.

(v) The placement and use of fire extinguishers.

(vi) Smoke detectors and fire alarms.

(vii) Phone use and notification of the local fire/police department.

(2) Resident rights.

(3) Emergency medical plan.

(4) Personnel policies and procedures.

(5) General operation of the home.

(b) Additionally, all direct care staff shall have the following orientation, prior to direct contact with residents:

(1) Direct care staff person's specific duties and responsibilities.

(2) Policies and procedures of the home including:

(i) Incident reporting and management.

(ii) Needs of residents with special emphasis on the population being served in the home.

(iii) Medication administration and purposes/side effects of medication use

(iv) Universal precautions.

(v) Safety management techniques.

(c) Additionally, all ancillary staff shall have a general orientation to their specific job functions as it relates to their position prior to working in this capacity.

(d) When a personal care home is licensed for the first time the administrator shall successfully complete an orientation program approved by the Department.

§2600.58. Staff training.

(a) Prior to a facility being licensed, the legal entity shall appoint an administrator who already has completed at least 40 clock hours of Department approved competency based training to include the following:

(1) Fire prevention and emergency planning.

(2) First aid training, medication procedures, medical terminology, personal hygiene, cardio-pulmonary resuscitation (CPR) certification and the obstructed airway techniques certification.

(3) Local, State and Federal laws and regulations pertaining to the operation of a PCH.

(4) Nutrition, food handling and sanitation.

(5) Recreation.

(6) Care for persons with dementia and cognitive impairments.

(7) Mental illness and mental retardation.

(8) Gerontology.

(9) Community resources and social services.

(10) Staff supervision.

(11) Development of orientation and training guidelines for the staff.

(12) Financial record keeping and budgeting.

(13) Writing and completing pre-admission screening tools, initial intake assessments, annual assessments, and support plans.

(b) An administrator who has completed the above training shall provide written verification of completion of the appropriate PCH licensing field office designated by the Department. Licensed nursing home administrators are exempt from the training and educational requirements of this chapter if they continue to meet the requirements of the State Board of Nursing Home Administrators.

(c) All full-time, part-time and temporary staff persons and volunteers shall be trained annually on:

(1) Fire safety. Training in fire safety shall be completed by a fire safety expert or, in homes serving 20 or fewer residents, by a staff person trained by a fire safety expert. Videotapes prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.

(2) Disaster plans and recognition and response to crises and emergency situations.

(3) Resident rights.

(4) Older Adult Protective Services Act as amended.

(5) Falls and accident prevention.

(6) Updated personnel policies and procedures.

(7) All new population groups that are being served at the home that were not previously served.

(d) The administrator and each direct care home staff person shall have at least 24 hours of competency based training annually relating to their job duties. Staff orientation, with the exception of the Department approved initial orientation program for administrator, shall be

included in the 24 hours of training for the first year of employment. On the job training for direct care staff can count for 12 out of the total 24 hours needed annually.

(e) Ancillary staff shall receive training specific to their job function.

(f) The following additional training topics are also required annually for administrators and direct care staff:

(1) Current training in first aid, certification in obstructed airway techniques, and certification in cardio-pulmonary resuscitation that is appropriate for the population served. Training in first aid, obstructed airway techniques and cardiopulmonary resuscitation shall be completed by an individual certified as a trainer by a hospital or other recognized health care organization. The following do not require annual first aid training; registered nurse, licensed practical nurse, certified registered nurse practitioner, emergency medical technician, paramedic, physician's assistant, or licensed physician.

(2) Medication self-administration training.

(3) Understanding, locating, and implementing preadmission screening tools, initial intake assessments, annual assessments, and support plans.

(4) Care for persons with dementia and cognitive impairments.

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

(6) Personal care service needs of the resident.

(7) Safe management technique training such as: positive interventions include improving communications, reinforcing appropriate behavior, redirection, conflict resolution, violence prevention, verbal praise, de-escalation techniques, and alternatives, techniques, identifying depression, methods to identify and defuse potential emergency safety situations, and managing medical emergencies.

(8) Mental illness and mental retardation if the population is served in the home.

(g) If a staff person has completed the required training as identified in this section prior to the staff person's date of hire, the requirement for training in this section does not apply. Written verification of completion shall be required.

(h) If volunteers are used in the home as staff persons to provide personal care services, they shall meet the same requirements as staff as provided for in this chapter.

(i) A record of training including the person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

(j) A staff person shall not retake a class in section (f) just to accommodate the needed training hours. There has to be a justification for the retraining of a topic such as a risk identified if not retrained, the class is an advanced course, the staff person would benefit from the refresher course when working with the residents, many years have lapsed since the last course, or the residents fall into a high risk category where the training is essential every year.

§2600.59. Staff training plan.

The administrator shall ensure that a comprehensive staff development plan is developed annually for the home's direct care staff including policies and procedures for the home indicating who is responsible and the time frames for completion of the following components.

(1) An annual assessment of staff training needs should include questionnaires completed by all staff with data compiled, or a narrative summarizing group discussion of needs.

(2) An overall plan for addressing the needs identified in (1). This plan shall be based on the assessment of staff training needs, which shall address training subjects, trainers, and proposed dates of training.

(3) A mechanism to collect written feedback on completed training.

(4) An annual evaluation of the overall training plan. This evaluation shall determine the extent to which the plan addressed the identified needs, including a determination of the extent to which implementing the plan eliminated or satisfied the identified needs.

§2600.60. Individual staff training plan

An annual 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.

(1) This plan shall be based upon an employee's previous education, experience, current job functions and job performance.

(2) Each employee shall complete the minimum training hours as listed in §2600.58 (c) with the subject selections being based upon the needs identified in the training plan. The staff development program will count towards the initial and annual training program.

(3) Annual documentation of the required training in the individual staff-training plan shall be maintained for all staff.

PHYSICAL SITE

§2600.81. Physical accommodations and equipment.

The home shall provide or arrange for physical site accommodations and equipment necessary to meet the health and safety needs of a resident with a disability and allow safe movement within and exiting the home.

§2600.82. Poisons.

(a) Poisonous materials shall be stored in their original, labeled containers.

(b) Poisonous materials shall be stored separately from food, food preparation surfaces, and dining surfaces.

(c) Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

§2600.83. Temperature.

(a) The indoor temperature must be a minimum of 70°Fahrenheit when residents are present in the home.

(b) If a home does not provide air conditioning, fans shall be made available to residents when the indoor temperature exceeds 80°Fahrenheit.

(c) Steam and hot water heating pipes, water pipes, and radiators, which are accessible to residents, shall have a protective covering so that residents cannot be burned or otherwise harmed.

§2600.84. Heat sources.

Heat sources, such as hot water pipes, fixed space heaters, hot water heaters, and radiators, exceeding 120ºF that are accessible to the resident, shall be equipped with protective guards or insulation to prevent the resident from coming in contact with the heat source.

§2600.85. Sanitation.

(a) The home shall be clean and sanitary.

(b) There shall be no evidence of infestation of insects, rodents, or other animals in the home.

(c) Trash shall be removed from the premises at least once a week.

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(d) Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

(e) Trash outside the home shall be kept in closed receptacles that prevent the penetration of insects and rodents.

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

§2600.86. Ventilation.

All areas of the home that are used by the resident shall be ventilated. Ventilation shall include an operable window, air conditioner, fan, or mechanical ventilation that ensures airflow.

§2600.87. Lighting.

The home's rooms, hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways, and fire escapes shall have operable lighting.

§2600.88. Surfaces.

(a) Floors, walls, ceilings, windows, doors, and other surfaces shall be clean, in good repair, and free of hazards.

(b) If the home was constructed before 1978 and serves one or more residents with a disability who are likely to ingest inedible substances, the home shall test all layers of interior paint in the home and exterior paint and soil accessible in the recreation areas, for lead content. If lead content exceeds .06% in wet paint, .5% in a paint chip sample or 400 ppm in the soil, lead remediation activity is required based on recommendations of the Department of Health. Documentation of lead testing, results and corrections made shall be kept.

(c) The home shall not use asbestos products for any renovations or new construction.

§2600.89. Water.

(a) The home shall have hot and cold water under pressure in all bathrooms, kitchen, and laundry areas to accommodate all of the residents in the home.

(b) Hot water temperature in areas accessible to the resident shall not exceed 120ºF.

(c) A home that is not connected to a public water system shall have a coliform water test at least every 3 months, by a Department of Environmental Protection-certified laboratory, stating that the water is safe for drinking. If the water is deemed unsafe for drinking, the home shall conduct remediation activity in accordance with the recommendations of the Department of Environmental Protection. The home shall keep documentation of the certification, in addition to the results and corrections made to ensure safe water for drinking.

§2600.90. Communication system.

(a) The home shall have a working, non-coin operated, telephone with an outside line that is accessible in emergencies.

(b) The home shall have a system or method of communication that enables staff persons to contact other staff persons in the home for assistance in an emergency.

§2600.91. Emergency telephone numbers.

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

§2600.92. Screens.

Windows, including windows in doors, shall be in good repair and securely screened when doors or windows are open.

2600.93. Handrails and railings.

(a) Each ramp, interior stairway, and outside steps exceeding two steps shall have a well-secured handrail.

(b) Each porch that has over a 30-inch drop shall have a well-secured railing.

§2600.94. Landings and stairs.

(a) Interior and exterior doors that open directly into a stairway and are used for exit doors, resident areas, and fire exits shall have a landing, which is a minimum of three feet by three feet.

(b) Interior stairs shall have nonskid surfaces.

§2600.95. Furniture and equipment.

Furniture and equipment shall be in good repair, clean, and free of hazards.

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§2600.96. First aid supplies.

(a) The home shall have at a minimum, in each building, a first aid manual, nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, tape, scissors, breathing shield, eye coverings, and syrup of ipecac that are stored together.

(b) The staff shall be made aware of the location of the first aid kit.

(c) The first aid kit shall be in a location that is easily accessible to the staff.

§2600.97. Elevators and stair glides.

(a) Each elevator shall have a valid certificate of operation from the Department of Labor and Industry.

(b) Each stair glide shall pass an inspection, by an installation company, every two years.

§2600.98. Indoor activity space.

(a) The home shall have separate indoor activity space for activities such as reading, recreation, and group activities.

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

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

(d) The program shall provide social, physical, intellectual and recreational activities in a planned, coordinated and structured manner.

(e) A current weekly activity calendar shall be posted in a conspicuous place in the home that residents can access easily.

(f) The home shall have a working television and radio made available to residents in a sitting area. If more than one sitting room is available in the home, the largest of these shall have a working television. Large homes are encouraged to provide more than one television to allow residents an option to watch different programs. The Department shall grant a waiver to this subsection regarding a working television and radio if enforcement of this requirement would interfere with religious beliefs or doctrines. To obtain a waiver, the home's resident/home contract shall contain a statement that a radio or television will not be provided by the home.

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§2600.99. Recreation space.

The home shall provide regular access to outdoor and indoor recreation space and recreational equipment such as but not limited to: books, magazines, puzzles, gliders, paper, markers, etc.

§ 2600.100. Exterior conditions.

(a) The exterior of the building and the building grounds or yard shall be in good repair and free of hazards.

(b) Ice, snow, and obstructions shall be removed from outside walkways, ramps, and exterior fire escapes.

§ 2600.101. Resident bedrooms.

(a) Each single bedroom shall have at least 80 square feet of floor space per resident measured wall to wall, including space occupied by furniture.

(b) Each shared bedroom shall have at least 60 square feet of floor space per resident measured wall to wall, including space occupied by furniture.

(c) Each bedroom shall have 100 square feet for immobile residents or to accommodate the special needs of a resident such as wheelchairs, special furniture, or special equipment unless there is a medical order from the attending physician that states they can maneuver without the necessity of the additional space.

(d) No more than four residents shall share a bedroom.

(e) Ceiling height in each bedroom shall be at least 7 feet.

(f) Each bedroom shall have an operable window with a source of natural light. This window shall be able to be opened by the resident without the use of any tools and shall be screened.

(g) A resident's bedroom shall be only for the occupying resident's individual use and not for activities common to all of the residents.

(h) A resident shall be able to access toilet, hand washing, and bathing facilities without having to pass through another resident's bedroom.

(i) Bedrooms shall be equipped to ensure the resident's privacy.

(j) A resident shall have access to the resident's bedroom at all times.

(k) Each resident shall have the following in the bedroom:

(1) A bed with a solid foundation and fire retardant mattress that is plastic covered that is in good repair, clean, and supports the resident

(2) Pillows and bedding shall be clean and in good repair.

(3) A storage area for clothing including a chest of drawers and a closet or wardrobe space with clothing racks or shelves accessible to the resident.

(l) Cots and portable beds are not permitted.

(m) Bunk beds are prohibited.

(n) A bedroom shall not be used as a means of egress from or used as a passageway to another part of the home unless in an emergency situation.

(o) A resident shall not be required to share a bedroom with a person of the opposite sex.

(p) The bedrooms shall have walls, floors, and ceilings, which are finished, clean, and in good repair.

(q) There shall be doors on the bedrooms.

(r) There shall be a minimum of one chair per resident per bedroom.

(s) There shall be a minimum of one operable ceiling light per bedroom or a minimum of one lamp that is operated by the light switch.

(t) There shall be drapes, shades, curtains, blinds, or shutters on the bedroom windows, which are clean and in good repair.

§2600.102. Bathrooms.

(a) There shall be at least one functioning flush toilet for every six residents.

(b) There shall be at least one sink and wall mirror for every six residents.

(c) There shall be at least one bathtub or shower for every eight residents.

(d) There shall be slip-resistant surfaces in all bathtubs and showers.

(e) Privacy shall be provided for toilets, showers and bathtubs by partitions or doors.

(f) An individual towel, washcloth, and soap shall be provided for each resident.

(g) Individual toiletry items including toothpaste, toothbrush, shampoo, deodorant, comb, and hairbrush shall be made available.

(h) Toilet paper shall be provided for every toilet.

(i) A dispenser with soap shall be provided in all of the bathrooms. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident.

(j) Toiletries and linens shall be in the possession of the resident in the resident's living space.

§ 2600.103. Kitchen areas.

(a) A home shall have an operable kitchen area with a refrigerator, sink, stove, oven, cooking equipment, and cabinets for storage.

(b) Kitchen surfaces shall be of a non-porous material and cleaned and sanitized after each meal.

(c) Food shall be protected from contamination while being stored, prepared, transported, and served.

(d) Food shall be stored off the floor or the lowest shelf shall be sealed to the floor.

(e) The food shall be rotated, labeled, inventoried, and dated.

(f) Food requiring refrigeration shall be stored at or below 40ºF. Frozen food shall be kept at or below 0ºF. Thermometers shall be required in refrigerators and freezers.

(g) Food shall be stored in closed or sealed containers.

(h) Food shall be thawed either in the refrigerator, microwave, under cool water, or as part of the cooking process.

(i) Food shall be served with the holding temperature of 140ºF for hot items; cold items shall have a holding temperature of 40ºF or less.

(j) Eating, drinking and cooking utensils shall be washed, rinsed, and sanitized after each use by a mechanical dishwasher or by a method approved by the Department of Agriculture.

(k) Garbage shall be stored in covered containers.

(l) Animals are not permitted in the kitchen or other food service areas when meals are being prepared, served, or consumed.

§2600.104. Dining room.

(a) A dining room area shall be equipped with tables and chairs and able to accommodate the maximum number of residents scheduled for meals at any one time.

(b) Dishes, glassware, and utensils shall be provided for eating, drinking, preparing, and serving food. These utensils shall be clean, and free of chips or cracks. There shall be no regular use of plastic/paper plates, utensils, and cups for meals.

(c) Condiments shall be available at the dining table.

(d) Special provisions shall be made and adaptive equipment shall be provided, when necessary, to assist residents in eating at the table.

(e) Animals are not permitted in the dining room when meals are being prepared, served, or consumed.

(f) Midday and evening meals shall be served to residents in a dining room or dining area, except that service in the resident's room shall be available when the resident is unable to come to the dining room due to temporary illness.

(g) Breakfast shall be served to residents in a dining room or dining area except in the following situations:

(1) Service in the resident's room shall be available at no additional charge when the resident is unable to come to the dining room due to temporary illness.

(2) When room service is available in a personal care home, a resident shall make an individual choice to have breakfast served in the resident's room. This service shall be provided at the resident's request and shall not replace daily meals in a dining area.

§ 2600.105. Laundry.

(a) Laundry service for bed linens, towels, and personal clothing shall be provided by the home, at no additional charge, to residents who are recipients of or eligible applicants for Supplemental Security Income (SSI) benefits. This service shall also be made available to all residents that are unable to perform these tasks independently. Laundry service does not include dry cleaning.

(b) Laundry service for bed linens, towels, and personal clothing for the residents who are not recipients of SSI shall be provided by the home unless otherwise indicated in the written agreement.

(c) The supply of linen shall be sufficient to ensure a complete change of bed linen at least once per week.

(d) Bed linens shall be changed at least once every week

(e) Clean linens shall be stored in an area separate from soiled linen and clothing.

(f) The administrator shall take reasonable measures to ensure that residents' clothing are not lost or misplaced in the process of laundering or cleaning.

§ 2600.106. Swimming areas.

If a home operates a swimming area it shall abide by the following requirements:

(a) The home shall operate swimming areas in conformity with applicable laws and regulations.

(b) The home shall develop, utilize, and implement policy and procedures that protect the health and safety of all of the residents in the home.

§ 2600.107. Internal and external disasters.

(a) The home shall have written emergency procedures in cases of an internal or external disaster.

(b) Disaster plans must include at a minimum:

(1) Contact names.

(2) Contact phone numbers of emergency management agencies and local resources for the housing and emergency care of residents affected.

(3) Alternate means of supply of utilities must be identified and secured.

§ 2600.108. General health and safety.

Conditions at the home shall not pose a threat to the health or safety of the residents.

§2600.109. Firearms and weapons.

Firearms, ammunition, and weapons shall be prohibited at the home, on the home's premises, and during transportation of residents and staff except for those carried by law enforcement personnel.

FIRE SAFETY

§ 2600.121. Unobstructed egress.

(a) Stairways, hallways, doorways, passageways and egress routes from rooms and from the building shall be unlocked and unobstructed, unless the fire safety approval specified in § 2600.14 (relating to fire safety approval) permits locking of certain means of egress as specified in writing. If a fire safety approval is not required in accordance with § 2600.14, means of egress shall not be locked.

(b) Doors used for egress routes from rooms and from the building shall not be equipped with key-locking devices, electronic card operated systems, or other devices which prevent immediate egress of residents from the building.

§2600.122. Exits.

All buildings shall have at least two independent and accessible exits from every floor, each arranged in such a way as to reduce the possibility that both will be blocked in an emergency situation.

§2600.123. Emergency evacuation.

(a) In homes housing ten or more immobile residents, the fire alarm system shall be directly connected to the local fire department or 24-hour monitoring service if this service is available in the community.

(b) Evacuation routes shall be well lighted and clear of obstructions at all times.

(c) Exit doors shall be equipped so that they can be easily opened by residents from the inside without the use of a key.

(d) Copies of an emergency evacuation plan as specified in §2600.107 (Internal and external disasters) shall be prepared by the administrator, in conjunction with a local or State fire authority. It shall be posted throughout the home and a copy shall be kept in the administrator's records.

§ 2600.124. Notification of local fire officials.

The home shall notify local fire officials in writing of the address of the home, location of the bedroom, and the assistance needed to evacuate in an emergency.

§ 2600.125. Flammable and combustible materials.

(a) Combustible materials shall not be located near heat sources and hot water heaters.

(b) Flammable materials shall be used safely and stored away from heat sources and hot water heaters.

(c) The materials shall be inaccessible to residents.

§ 2600.126. Furnaces.

(a) Furnaces shall be inspected at least annually by a professional furnace cleaning company or trained maintenance staff persons. Documentation of the inspection shall be kept.

(b) Furnaces shall be cleaned according to the manufacturer's instructions. Documentation of the cleaning shall be kept.

§2600.127. Space heaters.

Portable space heaters shall not be used. Non-portable space heaters shall be adequately vented and installed with permanent connections and protectors.

2300.128. Supplemental heating sources.

(a) The use of kerosene burning heaters is not permitted.

(b) Wood and coal burning stoves shall be used only if they are inspected annually by a local fire department or other municipal fire safety authority. Wood and coal burning stoves shall be cleaned every year. Documentation of these inspections shall be maintained.

§2300.129. Fireplaces.

(a) A fireplace shall be securely screened or equipped with protective guards while in use.

(b) A fireplace chimney and flue shall be inspected at least once a year. Written documentation of the inspection shall be kept on file.

(c) Only under staff supervision shall a resident be permitted to tend to the fire.

§ 2600.130. Smoke detectors and fire alarms.

(a) A home shall have a minimum of one operable automatic smoke detector on each floor, including the basement and attic.

(b) There shall be an operable automatic smoke detector located within 15 feet of each bedroom door.

(c) The smoke detectors specified in subsections (a) and (b) shall be located in common areas or hallways.

(d) Smoke detectors and fire alarms shall be of a type approved by the Department of Labor and Industry or local fire authority, or listed by Underwriters Laboratories.

(e) If the home serves four or more residents or if the home has three or more stories including the basement and attic, there shall be at least one smoke detector on each floor interconnected and audible throughout the home or an automatic fire alarm system that is audible throughout the home.

(f) If one or more residents or staff persons are not able to hear the smoke detector or fire alarm system, all smoke detectors and fire alarms shall be equipped so that each person with a hearing impairment will be alerted in the event of a fire.

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

(h) If a smoke detector or fire alarm becomes inoperative, repair shall be completed within 48 hours of the time the detector or alarm was found to be inoperative.

(i) The home's fire safety procedures must indicate the emergency procedures that will be immediately implemented until the smoke detector or fire alarms are operable.

(j) In homes housing 5 or more immobile residents, the fire alarm system shall be directly connected to the local fire department or 24-hour monitoring service.

§2600.131. Fire extinguishers.

(a) There shall be at least one operable fire extinguisher with a minimum 2-A rating for each floor, including the basement and attic.

(b) If the indoor floor area on a floor including the basement or attic is more than 3,000 square feet, there shall be an additional fire extinguisher with a minimum 2-A rating for each additional 3,000 square feet of indoor floor space.

(c) A fire extinguisher with a minimum 2A-10BC rating shall be located in each kitchen. The kitchen extinguisher meets the requirements for one floor as required in subsection (a).

(d) Fire extinguishers shall be listed by Underwriters Laboratories or approved by Factory Mutual Systems.

(e) Fire extinguishers shall be accessible to staff persons. Fire extinguishers shall be kept locked if access to the extinguisher by a resident shall cause a safety risk to the resident. If fire extinguishers are kept locked, each staff person shall be able to immediately unlock the fire extinguisher in the event of a fire emergency.

(f) Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

§ 2600.132. Fire drills.

(a) An unannounced fire drill shall be held at least once a month.

(b) There shall be a documented annual fire safety inspection and fire drill conducted by a fire safety expert. The administrator shall keep documentation of this drill and inspection.

(c) A written fire drill record shall be kept of the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff evacuated, problems encountered, and whether the fire alarm or smoke detector was operative.

(d) Residents shall be able to evacuate the entire building into a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert, within 2 1/2 minutes or within the period of time specified in writing within the past year by a fire safety expert. The fire safety expert shall not be an employee of the home.

(e) A fire drill shall be held during sleeping hours at least every 6 months.

(f) Alternate exit routes shall be used during fire drills.

(g) Fire drills shall be held on different days of the week, at different times of the day and night, on different and normal staffing shifts, not routinely held when additional staff persons are present, and not routinely held at times when resident attendance is low.

(h) Resident shall evacuate to a designated meeting place outside the building or within the fire-safe area during each fire drill.

(i) A fire alarm or smoke detector shall be set off during each fire drill.

(j) Elevators shall not be used during a fire drill or a fire.

§2600.133. Exit signs.

Signs bearing the word "EXIT" in plain legible letters shall be placed at all exits.
If the exit or way to reach the exit is not immediately visible, access to exits shall be marked with readily visible signs indicating the direction to travel. Exit sign letters shall be at least 6 inches in height with the principal strokes of letters at least ¾ inch wide.

RESIDENT HEALTH

§ 2600.141. Resident health exam and medical care.

(a) A resident shall have a health examination that is documented on standardized forms provided by the Commonwealth within 60 days prior to admission or within 30 days after admission. The resident health examination shall be completed annually thereafter. The exam shall include the following:

(1) A general physical examination by a licensed physician, physician's assistant or Nurse Practitioner.

(2) Medical diagnosis including physical or mental disabilities of the resident, if any.

(3) Medical information pertinent to diagnosis and treatment in case of an emergency.

(4) Special health or dietary needs of the resident.

(5) Allergies.

(6) Immunization history.

(7) Medication regimen, contraindicated medications, and medication side effects.

(8) Body positioning and movement stimulation for residents, if appropriate.

(9) Health status with required written consent in accordance with applicable laws.

(10) Specific precautions to be taken if the resident has a communicable disease, to prevent spread of the disease to other residents.

(11) Annually updated mobility assessment or at the Department's request.

(b) Residents shall have access to medical care. If they need assistance obtaining this care the home shall arrange or find arrangements for the resident.

§2600.142. Physical and behavioral health.

(a) Each home shall address in the resident's support plan the dental, vision, hearing, mental health, or other behavioral care services that will be made available or referred to outside services if deemed necessary for the resident.

(b) If a resident refuses routine medical or dental examination or treatment, the refusal and the continued attempts to train the resident about the need for health care shall be documented in the resident's record.

(c) If a resident has a serious medical or dental condition, reasonable efforts shall be made to obtain consent for treatment, from the resident or their designee, in accordance with applicable laws.

§ 2600.143. Emergency medical plan.

(a) The home shall have a written emergency medical plan that ensures immediate and direct access to emergency medical care and treatment. If a resident becomes ill or injured and is unable to secure necessary care, the administrator or designee shall secure necessary assistance or care. Arrangements shall be made in advance between the administrator or a designee and the resident regarding the physician or dentist and designated person or community agency to be contacted, in case of illness or injury, and those persons shall be contacted.

(b) If admission to a hospital is necessary, the resident shall be transported to the hospital of the resident's choice, if possible.

(c) The emergency medical plan shall include the following:

(1) The hospital or source of health care that will be used in an emergency.

(2) The method of transportation to be used.

(3) An emergency-staffing plan.

(d) Current emergency medical/health information shall be made available at all times on each resident in case the resident requires emergency medical attention. The following information shall accompany the resident in the event of a resident needing emergency medical attention:

(1) Resident's name, age, and birth date.

(2) The resident's social security number.

(3) Resident's medical diagnosis.

(4) Their physician's name and telephone number.

(5) Current medication, including the dosage and frequency.

(6) A list of allergies.

(7) Other relevant conditions to make available in case of a medical emergency.

(8) Insurance or third party payer and identification number.

(9) A designated contact person with a current address and telephone numbers.

(10) Any personal information and related instructions from the resident regarding advanced directives, do not resuscitate orders, or organ donation if the resident has executed such documents.

(11) The home shall develop an individualized plan to contact the resident's family or designated emergency contact person, if applicable. The support plan shall be part of the resident record and staff shall be able to access the support plan in an emergency.

(e) If the resident's medical condition, as determined by a physician, indicates the need for a transfer to a hospital or long term care facility, the administrator shall notify the resident's designated person or family member, or both, as appropriate, and shall provider whatever assistance is necessary in making arrangements for the resident's transfer to an appropriate facility.

§ 2600.144. Use of tobacco and tobacco related products.

(a) Smoking tobacco and using tobacco related products in the home, is prohibited.

(b) Smoking tobacco and using tobacco related products during the transportation of a resident, which is provided by the home, is prohibited.

(c) If residents, staff or visitors smoke or use tobacco related products outside but on the premises of the home, the following apply:

(1) The home shall have written fire safety procedures. Procedures shall include extinguishing procedures and requirements that smoking and the use of tobacco related products shall occur only a safe distance from the home and from flammable or combustible materials or structures.

(2) Written safety procedures shall be followed.

§2600.145. Supervised care.

Personal care services shall be provided by trained, qualified staff persons and with ongoing oversight and general supervision of the resident's care by the administrator. 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.

NUTRITION

§ 2600.161. Nutritional adequacy

(a) Meals shall be offered which meet the nutritional needs of the resident in accordance with the Recommended Daily Allowance (RDA) of the Food and Nutrition Board of the National Research Council of the National Academy of Science.

(b) At least three nutritionally well-balanced meals with beverages and a minimum of two snacks, one of which shall be at bedtime, shall be provided daily to the resident. Each meal shall include an alternative food and drink item from which the resident shall choose. Additionally, beverages shall be made available and offered to the resident at least every two hours.

(c) Foods, intended to be served with the meals, shall not be withheld and used as a snack. Additional portions of meals and beverages at mealtimes shall be available for the resident.

(d) Each meal shall contain at least one item from the dairy, protein, fruits and vegetables, and grain food groups, unless otherwise prescribed in writing by a licensed physician or certified nurse practitioner for a specific resident.

(e) Dietary alternatives shall be available for a resident who has special health needs, religious beliefs regarding dietary restrictions, or vegetarian preferences.

(f) Therapeutic diets are prescribed by a physician or certified nurse practitioner, shall be followed. Documentation shall be retained in the resident's record.

§ 2600.162. Meal preparation.

(a) Foods shall be prepared in a consistency designed to meet the needs of the resident.

(b) Uneaten food from a person's dish shall not be served again or used in the preparation of other dishes.

(c) There shall be no more than 14-16 hours between the evening meal and the first meal of the next day, unless a resident's physician has prescribed otherwise, and there shall be no more than 4-6 hours between breakfast and lunch, and between lunch and supper.

(d) Food shall be procured from sources approved or considered satisfactory by Federal, State or local authorities. Outdated or spoiled food or severely dented cans shall not be used.

(e) When a resident misses a meal, food adequate to meet daily nutritional requirements shall be available and offered to the resident.

(f) Meals shall include a variety of hot and cold food.

(g) All milk shall be pasteurized.

(h) Adaptive eating equipment or utensils shall be made available and meet the needs of the residents.

(i) If a home contracts for food services, the contractor shall provide meals and snacks that meet the nutritional and dietary recommendations of the Recommended Daily Allowance (RDA) of the Food and Nutrition Board of the National Research Council of the National Academy of Science.

(j) Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance. Menus shall be posted for the current week and one week in advance, and shall be posted in a conspicuous place where the resident can review them.

(k) Past menus of meals that were served, including any changes, shall be retained for at least one month.

(l) A change to a menu shall be posted and accessible to a resident in advance of the meal.

(m) Food stored, prepared or served shall be clean and safe for human consumption.

§2600.163. Personal hygiene for food service workers.

(a) Staff, volunteers or residents involved in the storage, preparation, serving and distributing of food shall wash their hands with hot water and soap prior to working in the kitchen areas or after using the toilet room.

(b) Staff, volunteers, or residents shall follow hygienic practices while working in the kitchen areas.

(c) Staff, volunteers or residents involved with the storage, preparation, serving, and distributing of food shall be in good health.

(d) Staff, volunteers, or residents who have a discharging or infected wound, sore, lesion on hands, arms or any exposed portion of their body shall not work in the kitchen areas in any capacity.

(e) Hair shall be covered with a net, cap, or other effective hair covering.

(f) Gloves shall be worn during the preparation and serving of food.

§2600.164. Withholding or forcing of food prohibited.

(a) A home shall not withhold meals, beverages, snacks, or desserts as punishment.

(b) A resident shall not be forced to eat food.

TRANSPORTATION

§2600.171. Transportation.

(a) The following requirements apply whenever staff persons, or volunteers of the home provide transportation for the resident. These requirements do not apply if transportation is provided by a source other than the home.

(1) Staff to resident ratios specified in §2600.55 (staffing ratios) apply.

(2) All vehicle occupants shall be in appropriate safety restraints at all times the vehicle is in motion.

(3) The driver of a vehicle shall be 18 years of age or older and possess a valid driver's license.

(4) The driver of the vehicle cannot be a resident receiving services in the home.

(5) The vehicle shall have nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, tape, scissors, and syrup of ipecac that are stored together.

(6) During vehicle operation the driver shall only use a hands free cellular telephone.

(b) The home shall maintain current copies of documentation for the following:

(1) Vehicle registration

(2) Valid driver's license

(3) Vehicle insurance

(4) Current inspection

(5) Include CDL where applicable

MEDICATIONS

§2600.181. Self Administration

(a) A personal care home shall provide residents with assistance, as needed, with medication prescribed for self-administration. This assistance includes helping the resident to remember the schedule for taking the medication, storing the medication in a secure place, and offering the resident the medication at the prescribed times.

(b) Medication not prescribed for self-administration shall be administered by a licensed physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse, or licensed paramedic.

(c) The resident's support plan shall identify if the resident is able to self-administer medications.

(d) If the resident does not need assistance with medication, medication may be stored in a resident's room for self-administration. The administrator shall take precautions to assure that medications which are stored in the resident's room are maintained in a safe and secure manner to protect against contamination, spillage, and pilferage.

§2600.182. Storage and disposal of medications and medical supplies.

(a) Prescription, over-the-counter (OTC), and complementary and alternative medications (CAM) shall be kept in their original labeled containers and shall not be removed more than 2 hours in advance of the scheduled administration. Assistance with injections and sterile liquids shall be provided immediately upon removal of the medication from its container.

(b) Prescription, OTC, CAM, and syringes shall be kept in an area or container that is locked.

(c) Prescription, OTC, and CAM stored in a refrigerator shall be kept in a separate locked container.

(d) Prescription, OTC, and CAM shall be stored separately.

(e) Prescription, OTC, and CAM shall be stored under proper conditions of sanitation, temperature, moisture, and light per the manufacturer's instructions.

(f) Prescription, OTC, and CAM, discontinued and expired medications, and prescription medications for residents who are no longer served at home shall be administered, dispensed, and destroyed of in a safe manner according to the Department of Environmental Protection and all federal and state regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement.

(g) Antiseptics and medicines for external use shall be stored separately from oral and inject able medicines.

(h) Prescription, OTC, CAM, and syringes shall be stored in accordance with federal and state regulations.

§ 2600.183. Labeling of medications.

(a) The original container for prescription medications shall be labeled with a pharmacy label.

(b) OTC, CAM, and sample medications shall be labeled with the original label.

(c) If the OTC and CAM belong to the resident it shall be identified with their name.

(d) Sample medications shall be identified to the particular resident's use and accompanied by a physician's order

§2600.184. Accountability of controlled substances.

(a) The home shall develop and implement policy and procedures addressing the methods to ensure the safe keeping of medications.

(b) At a minimum the policy and procedures shall have:

(1) Documentation of the receipt and administration of controlled substances and prescription medications.

(2) A process that will be followed to investigate and account for missing medications and medications omissions.

(3) Limited access to medication storage areas.

§2600.185. Use of medications.

(a) Prescription, OTC, CAM, and sample medications shall be for whom the medication was prescribed or approved.

(b) If the home helps with self-administration then the only prescription, OTC, and CAM medications that are allowed to be given are those prescribed, approved, or ordered by a licensed physician, certified registered nurse practitioner, licensed dentist, or physician's assistant within their scope of practice.

(c) Verbal changes in medication can be made only by the prescriber and shall be documented in writing in the resident's record and the medication record as soon as the home is notified of the change.

§2600.186. Medication records.

(a) If a resident stores medication for self-administration in their room, a current list of prescribed medications taken by a resident as reported to the home shall be maintained in that resident's record.

(b) If the home helps the resident with self-administration then a medication record shall be kept to include the following for each resident's prescription, OTC, and CAM:

(1) The prescribed dosage.

(2) Possible side effects.

(3) Contraindicated medications.

(4) Specific administration instructions.

(5) The name of the prescribing physician.

(6) Drug allergies.

(7) Dosage, date, time, and the name of the person who helped with the self-administration of the medication.

(c) The information in subsection (b7) shall be recorded at the same time each dosage of medication is self-administered.

(d) If a resident refuses to take a medication, the refusal shall be documented in the resident's record and reported to the physician by the end of the shift. Subsequent refusals to take a prescribed medication shall be reported as required by the physician.

§2600.187. Medication errors.

(a) Documentation of medication errors shall be kept in the medication record. Medication errors include the failure to self administer medication, self administering the incorrect medication, self administering the correct medication in an incorrect dosage, failure to document the self administration of the medication, self administering the correct medication at the incorrect time, or medication taken by the wrong resident. A medication error shall be reported to the physician by the end of the shift.

(b) The home shall evaluate medication errors to include the following:

(1) System in place to identify and document medication errors and the home's pattern of error.

(2) Documentation of the follow-up action that was taken to prevent future medication errors.

§2600.188. Adverse reaction.

If a resident has a suspected adverse reaction to a medication, the home shall immediately consult a physician. The resident's family shall be notified, if applicable. The home shall document adverse reactions, the physician's response, and any action taken in the resident's record.

SAFE MANAGEMENT TECHNIQUES

§ 2600.201. Safe management techniques.

(a) The home shall use positive interventions to modify or eliminate a behavior that endangers residents, staff and/or others. Positive interventions include improving communications, reinforcing appropriate behavior, redirection, conflict resolution, violence prevention, verbal praise, de-escalation techniques, and alternatives, techniques, or methods to identify and defuse potential emergency situations.

(b) A home shall incorporate a quality improvement program designed to continuously review, assess, and analyze the home's ongoing steps to positively intervene when a resident demonstrates a behavior that endangers residents, staff and/or others.

(c) Chemical restraints, mechanical restraints, seclusion, adverse conditioning, pressure point techniques, and manual restraints are prohibited.

§ 2600.202. Prohibition on the use of seclusion and restraints.

(a) The following procedures are prohibited in the homes:

(1) Seclusion, defined as involuntary confinement of a resident in a room from which the resident is physically prevented from leaving.

(2) The use of aversive conditioning, defined as the application of startling, painful, or noxious stimuli.

(3) Pressure point techniques, defined as the application of pain for the purpose of achieving compliance.

(4) A chemical restraint, defined as use of any medication or biological for the purpose of immobilizing the resident, inducing a state of sleep or unconsciousness, or reducing the ability to move freely.

(i). When a physician orders a drug that is part of the ongoing Comprehensive Plan, and has documented as such for treating the symptoms of mental, emotional, or behavioral condition, the drug should not be construed as a chemical restraint. A drug ordered by a licensed physician dentist as part of ongoing medical treatment, or as pretreatment prior to a medical or dental examination or treatment, is not a chemical restraint.

(5) A mechanical restraint, defined as a device that restricts the movement or function of a resident or portion of a resident's body, are prohibited. Examples of mechanical restraints include handcuffs, anklets, wristlets, camisoles, helmet with fasteners, muffs and mitts with fasteners, poseys, waist straps, head straps, papoose boards, restraining sheets, and similar devices.

(i) A mechanical restraint does not include devices, such as orthopedically prescribed appliances, surgical dressings and bandages, protective helmets, supportive body bands, and supports utilized for the achievement of functional body position or proper balance.

(6) A manual restraint, defined as any physical means that restricts, immobilizes, or reduces a resident's ability to move their arms, legs, head, or other body parts freely. Prompting, escorting, or guiding a resident to assist in the activities of daily living shall not be construed as a manual restraint.

SERVICES

§2600.221. Activities program.

The administrator shall develop a program of activities designed to promote each resident's active involvement with other residents, the resident's family, and the community. The program shall provide social, physical, intellectual, and recreational activities in a planned, coordinated and structured manner. A current weekly activity calendar shall be posted in a conspicuous place in the home.

§2600.222. Community social services.

The administrator shall encourage and assist residents to use social services in the community which may benefit the resident, including a county mental health/ mental retardation program, a drug and alcohol program, a senior citizens center, an area agency on aging or a home health care agency.

§ 2600.223. Description of services.

(a) The home shall have a written description of services and activities that the home provides to include the following:

(b) The scope and general description of the services provided by the home.

(c) The criteria for admission and discharge.

(d) Specific services provided by the home.

(e) The home shall develop written procedures for the delivery and management of services from admission to discharge.

§2600.224. Pre-admission screening tool.

(a) A determination shall be made, prior to admission, and documented on the standardized preadmission screening tool in conjunction with the resident/home contract that the needs of the resident can be met by the services provided by the home.

(b) An applicant whose personal care service needs cannot be met by the home shall be referred to a local appropriate assessment agency or agent.

§2600.225. Initial intake assessment and the annual assessment.

(a) A resident shall have a written initial intake assessment that is documented on standardized forms provided by the Commonwealth, within 30 days of admission or within 30 days prior to admission. If the initial intake assessment was completed prior to admission it shall be reviewed and updated within 48 hours.

(b) The resident 's initial intake assessment and their annual assessment shall include the following areas: Background Information, Medical Assessment, Social Assessment, Mobility Assessment, ADL Assessment, Medication Assessment, and the Psychological Assessment.

(c) In addition to the initial intake assessment at admission, the resident shall have additional assessments as follows:

   (1) Annually by the resident's anniversary date of their admission.

   (2) If the condition of the resident materially changes prior to the annual assessment the review shall be completed and updated on the current version.

   (3) At the request of the State Agency upon cause to believe that an update is required.

(4) At the time of a hospital discharge.

(d) A resident who is referred by a State mental hospital, a State mental retardation center, a county mental health/mental retardation program, a drug and alcohol program or an area agency on aging shall not be admitted to a home without first obtaining a written assessment of the resident's need from the referral agent. The assessment shall include an identification of the personal care services required by the resident and shall be used to complete the preadmission screening tool and if admitted the initial intake assessment.

(e) A resident whose personal care service needs cannot be met by the home shall be referred to a local appropriate assessment agency or agent.

(f) If the resident's physician or local assessment agency determines that the resident requires a higher level of care, a plan for placement shall be made as soon as possible by the administrator in conjunction with the resident or designated person, or both.

(g) If a resident is determined to be immobile as part of the initial intake or annual assessment, specific requirements relating to the care, health and safety of an immobile resident shall be met immediately. The resident shall be continually assessed for mobility as part of their support plan.

§ 2600.226. Development of the support plan.

(a) A support plan shall be developed and implemented for each resident within 30 days upon completion of the initial intake assessment (no more than 60 days after admission). This plan shall also be revised within 30 days upon completion of the annual assessment or upon any changes in the level of functioning of the resident as indicated on the assessment. It shall address all of the needs of the resident's current assessment including their personal care needs.

(b) The resident or the resident's family and/or advocate shall be informed of the right to have the following people assist in the development of the resident's support plan: case manager from the social service agency when the resident has a case manager, other social service entities, the home staff, family/advocates, doctors, and other interested persons designated by the resident.

(c) Documentation of reasonable efforts made to involve the resident's family, with the consent of the resident, shall be kept. If the resident's family declines this shall be documented in the record.

(d) Persons who participated in the development of the support plan shall sign and date the support plan.

(e) If a resident or family member chooses not to sign the support plan, proper documentation of the effort to obtain their signature must be shown.

§ 2600.227. Copies of the support plan.

The home shall make a copy of the support plan available to the resident.

§ 2600.228. Notification of termination.

(a) A resident shall have the right to request and receive assistance in relocating from the home that meets the needs of the resident.

(b) If the home initiates a discharge or transfer of a resident, or if the legal entity chooses to close the home, the home shall provide a 30 day written notice to the resident, the resident's legal representative, and the referral agent citing the reasons for the discharge or transfer. This shall be stipulated in the resident/home contract signed prior to admission to the home. A 30 day written notice may not be given if a delay in discharge or transfer would jeopardize the health or safety of the resident or others in the home, as certified by a physician. This shall occur when the resident needs psychiatric or long-term care, is abused in the home, or a closure of the home is initiated by the State agency.

(c) The date and reason for the discharge or transfer, and the destination of the resident, if known, shall be recorded in the resident record.

(d) If the legal entity chooses to voluntarily close the home the State agency in conjunction with appropriate local authorities, shall offer relocation assistance to the residents. Each resident shall participate in planning the transfer, except in the case of an emergency and shall have the right to choose among the available alternatives after an opportunity to visit the alternative homes except in the case of an emergency. These procedures shall apply even if the resident is placed in a temporary living situation.

(e) The only grounds for discharge or transfer from a home are for the following conditions:

(1) Resident is a danger to self or others.

(2) If the legal entity chooses to voluntarily close the home.

(3) If a resident's functional level has advanced or declined such that the resident's needs cannot be met in the facility even with supplemental services provided by outside providers. In this situation, a plan for other placement shall be made as soon as possible by the administrator in conjunction with the resident or designated person, if any, or both. If assistance with relocation is needed, the administrator shall contact appropriate local agencies, such as the area agency on aging, county mental health/mental retardation program or drug and alcohol program, for assistance. The administrator shall also contact the appropriate PCH licensing field office.

(4) If the resident's needs would require a fundamental alteration in facility program or building site.

(5) If the resident has failed to pay or cooperate with efforts to obtain public funding.

(6) Closure of the home is initiated by the State agency.

§ 2600.229. Secured unit requirements.

(a) Doors locked by using an electronic or magnetic system to prevent egress are considered mechanical device restraints and are permitted in licensed homes for specialized Secured Units provided the following conditions are met:

(1) Safety standards shall include the following:

(i) If the building meets current Labor and Industry occupancy certification for a small or large PCH, the secured unit shall be located at grade level of home with an outside enclosed area(s) such as a porch or patio located on same grade level adjacent to the secured unit.

(ii) If the building exceeds current Labor and Industry occupancy certification for a small or large PCH, and meets C-1 or better Life Safety or BOCA/IBC Code for Institutional or higher rating, an above-grade unit can be approved if all of the other stipulations of this Section are met.

(iii) A mechanical device, such as a key, deadbolt or sliding bolt lock shall not lock exit doors.

(iv) Doors that open into the enclosed areas shall not be operated by an electronic or magnetic locking system, or similar device.

(v) Residents shall have free and easy access to the enclosed areas year round, except after dusk and during inclement weather.

(vi) Doors that open onto areas such as parking lots, or other open, potentially unsafe areas, shall be permitted to be locked by an electronic or magnetic system.

(vii) Facilities shall provide a statement from the manufacturer, specific to that home, verifying that the electronic or magnetic system will shut down when the fire alarm system is activated, and that all doors will open easily and immediately.

(viii) Written approval or a variance shall be obtained from the Department of Labor and Industry, or from the Department of Health for C-1 or Better Life Safety or BOCA/IBC or the appropriate fire safety authority in the cities of Scranton, Pittsburgh, and Philadelphia.

(ix) Fire alarm systems shall be interconnected to the local fire department, where available, or a 24-hour monitoring/security service.

(x) The home shall provide for even illumination and appropriate levels of light to maximize vision.

(xi) The home shall minimize hazards and risk of falls through the provision of sturdy furniture, ramps, and removal of clutter.

(xii) The home shall meet all applicable local, state, and federal laws pertaining to fire safety and building code requirements.

(2) Environmental standards shall include the following:

(i) The home shall provide adequate wandering space, both indoor and outdoor.

(ii) In order to help the resident live as comfortably as possible in a secured unit, the home shall ensure that no more than two residents are housed in a bedroom regardless of its size.

(iii) Space shall be provided for privacy and for common activities.

(iv) The home shall provide a full description of the environmental cues and way-finding assistance to be utilized for the resident population.

(3) Admission standards shall include the following:

(i) A complete medical and cognitive assessment, which documents the need for the resident to be placed into a secured unit, shall be completed for each resident prior to admission to the home, which provides a secured unit.

(a) A current licensed physician, or a geriatric assessment team shall complete such assessments for the resident requiring the secured unit.

(b) A complete medical and cognitive assessment shall not be required for the spouse or relative of the resident requiring the secured unit, if the spouse or relative does not have a diagnosis requiring the secured unit but expresses a desire to live with the resident.

(ii) Each resident record shall have documentation that the resident or the resident's legal representative has consented to the resident's admission or transfer to the secured unit.

(iii) The home shall maintain a written agreement containing a full disclosure of services, admission/discharge criteria, change in condition policies, services, special programming, and cost/fees pertaining to the resident.

(4) Care standards shall include the following:

(i) The home shall maintain the current assessment of the resident to confirm the diagnosis of the dementia and the assessment of other co-mobilities.

(ii) A support plan shall be developed, implemented and documented in the resident record and shall identify the resident's physical, medical, social, cognitive, and safety needs, who will address such needs, and the responsible person. Such plans shall be reviewed at least annually or as the resident's condition changes.

(iii) The resident and/or their legal representative shall be involved in the development and review of the support plan.

(iv) Evaluations shall be ongoing.

(5) Discharge standards shall include the following:

(i). If the home initiates a discharge or transfer of a resident, or the legal entity chooses to close the home, the administrator shall give a 60 day written notice to the resident, the resident's legal representative, and the referral agent citing the reasons for the discharge or transfer. This shall be stipulated in the resident/home contract signed prior to admission to the secured unit.

(6) Administrator training shall include the following:

(i) In addition to the training requirements found at §2600.58, the administrator of the home with a secured unit shall complete orientation related to dementia, secured unit management, and staff training.

(ii) Ongoing education shall include the following content areas specific to the stage of dementia and address issues particular to the resident:

(a) Psychosocial issues.

(b) Specific cultural issues.

(c) Psychological changes.

(d) Functional consequences of other age-related diseases.

(e) Interpersonal skills in communications and team building.

(f) Care-giving strategies.

(g) Sexuality issues.

(h) Nutrition issues.

(i) Communication issues with residents and family/therapeutic activities, techniques, and strategies.

(j) Medication use, effects, and side effects.

(k) Abuse prevention and resident rights consistent with the Older Adult Protective Services Act as amended.

(7) Staff training shall include the following:

(i) In addition to the training requirements found at §2600.58, all staff of a secured unit shall receive training related to dementia, to include the following:

(a) Normal aging-cognitive, psychological, and functional abilities of older persons.

(b) Definition and diagnosis of dementia, description of reversible and irreversible causes, and explanation of differences between dementia, delirium, and depression.

(c) Explanation of dementia and related disorders, progression, stages, and individual variability.

(d) Communication techniques.

(e) Description of behavioral symptoms of dementia and how to approach a resident who displays challenging behaviors.

(f) The role of personality, culture, and environmental factors in behavioral symptoms and dementia care.

(g) The home's philosophy of dementia care, including mission statement, goals, policies and procedures.

(h) Working with family members.

(i) Resources for residents with dementia and their families.

(j) Team building and stress reduction for the staff.

(k) Older Adult Protective Services Act as amended.

(8) Staffing levels: Residents of secured units are considered to be mentally immobile. In addition to the requirements of §2600.56 Staffing ratios, the State Agency will exercise its option to require additional staffing when necessary.

(9) Programming standards shall include the following:

(i) Activity programming in the secured unit shall maximize independence while focusing on strengths and abilities.

(ii) General activity programming shall be offered with a frequency that meets the individual needs of the resident.

(iii) Resident participation in general activity programming shall:

(a) Have a purpose that the resident can appreciate and endorses.

(b) Be done voluntarily.

(c) Respect the resident's age and social status.

(d) Take advantage of the resident's retained abilities.

(10) Notification to the State Agency:

(i) 60 days prior to the secured unit becoming operational for the first time, the legal entity of the home shall notify the appropriate State Agency Regional Office in writing of the home's need or desire to implement a secured unit within the home.

(ii) If the home makes any changes to the current secured unit with respect to increase/decrease of resident capacity, change in locking system, additional doors to be locked, or floor plan changes, the legal entity of the home shall notify the appropriate State Agency Regional Office in writing, 60 days prior to completion of such changes.

(iii) The following documents shall be included in the written notification:

(a) Name, address, and legal entity of the home.

(b) Name of Administrator of the home.

(c) Total resident population of the home.

(d) Total resident population of the secured unit.

(e) Building description and general information.

(f) Unit description.

(g) Type of locking system.

(h) Emergency egress.

(i) Sample of a two-week staffing schedule.

(j) Verification of completion of additional training requirements.

(k) Operational description of the secured unit locking system of all doors.

(l) Manufacturers statement

(m) Written approval or a variance from the Department of Labor and Industry, or the appropriate fire safety authority in the cities of Scranton, Pittsburgh, and Philadelphia.

(n) Name of municipality or 24-hour monitoring service maintaining the interconnection with home's fire alarm system.

(o) Statement from the local fire/building code authorities of meeting all applicable fire safety and building code requirements.

(p) A sample plan of care and service for the resident addressing the physical, medical, social, cognitive, and safety needs, who will address such needs, and the responsible person.

(q) Activity standards to be followed.

(r) A sample of the complete medical and cognitive pre-admission assessment, which is completed upon admission and reviewed and updated annually.

(s) A sample consent form from the resident, their legal representative agreeing to placement in the secured unit.

(t) A sample of the written agreement containing full disclosure of services, admission/discharge criteria, change in condition policies, services, special programming, and cost/fees.

(u) Description of environmental cues being utilized.

(v) A general floor plan of the entire home.

(w) A specific floor plan of the secured unit, outside enclosed area, and wandering space.

§2600.230. Mobility standards.

(a) An immobile person who does not require the services in or of a long-term care facility, but who does require personal care services, shall be admitted to a personal care home as a resident.

(b) If a resident is determined to be immobile as part of the initial or annual standardized screening instrument including mobility assessment, specific requirements relating to the care, health and safety of an immobile resident shall be met within 30 days.

(c) The administrator shall notify the appropriate personal care home licensing office within 30 days when an immobile person is admitted to the home or the date when a resident becomes immobile in order for field office staff to evaluate compliance of the personal care home with staffing requirements for personal care homes housing immobile residents.

RESIDENT RECORDS

§ 2600.241. Resident records.

(a) A separate record shall be kept for each resident.

(b) The entries in a resident's record shall be permanent, legible, dated, and signed by the person making the entry.

(c) The home shall maintain resident records on standardized forms utilized by the home.

(d) The administrator shall maintain individual resident records, on the premises where the resident lives. Resident records shall be made available to residents during normal working hours.

(e) Resident records are confidential, and, except in emergencies, shall not be opened to anyone other than the resident, the designated person, if any, agents of the Department and the long term care ombudsman without the express written consent of the resident or without court order.

§ 2600.242. Content of records.

(a) Each resident's record shall include personal information such as:

(1) The name, gender, admission date, birth date, and Social Security Number.

(2) The race, height, weight, color of hair, color of eyes, and identifying marks.

(3) A current photograph of the resident that is no more than 2 years old.

(4) Language or means of communication spoken or used by the resident.

(b) Each resident's record shall include emergency information such as:

(1) The name, address, telephone number, and relationship of a designated person to be contacted in case of an emergency.

(2) The name, address, and telephone number of the resident's physician or source of health care and the health insurance information.

(3) The current and previous 2 years physician's examination reports, including copies of the medical evaluation forms.

(4) A list of prescribed medications.

(5) Dietary restrictions.

(6) A record of incident reports for the individual resident.

(7) A list of allergies, if known.

(8) Documentation of physician visits and orders, including orders for the services of visiting nurse or home health agencies.

(c) Emergency information contents and procedures shall accompany residents as specified in §2600.142 (emergency medical plan).

(d) Additionally each resident's record shall include:

(1) Initial intake assessment and the most current version of the annual assessment.

(2) Support plan.

(3) Court order, if applicable.

(4) Resident's medical insurance information.

(5) The date of entrance into the home, relocations and discharges, including the transfer of the resident to other homes owned by the same licensee.

(6) An inventory of the resident's personal property as voluntarily declared by the resident upon admission and voluntarily updated.

(7) An inventory of the resident's property entrusted to the administrator for safekeeping.

(8) Financial records of residents receiving assistance with financial management.

(9) The reason for termination of services or transfer of the resident, the date of transfer and the destination.

(10) Copies of transfer and discharge summaries from hospitals, if available.

(11) If the resident dies in the home, a record of the death of the resident and a copy of the official death certificate shall be retained in the resident's file.

(12) Signed notification of rights, grievance procedures and applicable consent to treatment protections specified in § 2600.31 (relating to notification of rights and grievance procedures).

(13) A copy of the resident/home contract between the licensee and the resident.

(14) Individual personal care services to be provided and changes in the services.

(15) A termination notice, if any.

§ 2600.243. Record retention and disposal.

(a) Each home shall have and utilize a policy and procedures for closure and storage of the original or reprographic reproduction of resident records. The policy and procedure shall include, but not be limited to the following parameters:

(b) The entire record shall be maintained for a minimum of 3 years following the resident's discharge from the home or until any audit or litigation is resolved.

(c) The resident's record shall be destroyed 4 years after their discharge from the home. The records shall be destroyed in a manner that protects confidentiality.

(d) The home shall maintain a log of resident records destroyed on or after the effective date of this Chapter. This log shall include the resident's name, record number, birth date, admission date, and discharge date.

§2600.244. Record Access and Security.

(a) Records of active and discharged residents shall be maintained in a confidential manner, which prevents unauthorized access.

(b) Each home shall have and utilize a policy and procedures addressing record accessibility, security, storage, authorized use and release, and who is responsible.

(c) Resident identifying information shall be stored in locked containers or a secured, enclosed area used solely for record storage and accessible at all times to the administrator or their designee.

ENFORCEMENT

§2600.251. Classification of violations.

(a) The Department will classify each violation of this chapter pertaining to personal care homes into one of three categories as described in paragraphs (1)-(3). A violation identified may be classified as Class I, II or III, depending upon the severity, duration and the adverse effect on the health and safety of residents.

(1) *Class I.* Class I violations have a substantial probability of resulting in death or serious mental or physical harm to a resident.

(2) *Class II.* Class II violations have a substantial adverse effect upon the health, safety or well being of a resident.

(3) *Class III.* Class III violations are minor violations, which have an adverse effect upon the health, safety or well being of a resident.

(b) The Department's guidelines for determining the classification of violations are available from the appropriate PCH licensing field office.

§2600.252. Penalties.

(a) The Department will assess a penalty for each violation of this chapter.

(b) Penalties will be assessed on a daily basis from the date on which the citation was issued until the date the violation is corrected, except in the case of Class II violations.

(c) In the case of a Class II violation, assessment of the penalty will be suspended for 5 days from the date of citation to permit sufficient time for the licensee to correct the violation. This time period may be extended for good cause. If the violation has not been corrected within the 5-day period, the fine will be retroactive to the date of citation.

(d) The Department will assess a penalty of $20 per resident per day for each Class I violation. Each Class I violation shall be corrected within 24 hours.

(e) The Department will assess a minimum penalty of $5 per resident per day, up to a maximum penalty of $15 per resident per day, for each Class II violation.

(f) There is no monetary penalty for Class III violations unless the licensee fails to correct the violation within 15 days.

(g) Failure to correct a Class III violation within 15 days may result in a penalty assessment of up to $3 per resident per day for each Class III violation retroactive to the date of the citation.

(h) If a PCH is found to be operating without a license, a penalty of $500 will be assessed. After 14 days, if the PCH operator cited for operating without a license fails to file an application for a license, the Department will assess an additional $20 for each resident for each day during which the PCH operator fails to apply.

(i) A licensee charged with a violation of this chapter or Chapter 20 (relating to licensure or approval of facilities and agencies) has 30 days to pay the assessed penalty in full.

(j) If the licensee wishes to contest the amount of the penalty or the fact of the violation, the licensee shall forward the assessed penalty, not to exceed $500, to the Secretary of the Department for placement in an escrow account with the State Treasurer. A letter stating the wish to appeal the citation or penalty shall be submitted with the assessed penalty. This process constitutes an appeal.

(1) If, through an administrative hearing or judicial review of the proposed penalty, it is determined that no violation occurred or that the amount of the penalty shall be reduced, the Secretary will, within 30 days, remit the appropriate amount to the licensee together with interest accumulated on these funds in the escrow deposit.

(2) Failure to forward payment of the assessed penalty to the Secretary within 30 days will result in a waiver of the right to contest the fact of the violation or the amount of the penalty.

(3) After an administrative hearing or a waiver of the administrative hearing, the assessed penalty amount will be made payable to the "Commonwealth of Pennsylvania." It will be collectible in a manner provided by law for the collection of debts.

(4) If a licensee liable to pay the penalty neglects or refuses to pay the penalty upon demand, the failure to pay will constitute a judgment in favor of the Commonwealth in the amount of the penalty, together with the interest and costs that may accrue on these funds.

(5) Money collected by the Department under this section will be placed in a special restricted receipt account and will be used first to defray the expenses incurred by residents relocated under this chapter or Chapter 20. Money remaining in this account will be used by the Department each year to assist with paying for enforcement of this chapter relating to licensing. Fines collected will not be subject to 42 Pa. C.S. §3733 (relating to deposits into account.)

(6) The Department, through the Director of its Division of Personal Care Homes or the Director's designee, will review the determinations of Class II and Class III violations made by the PCH licensing field offices. This will be done on a monthly basis to ensure the uniformity and consistency of the classification process.

(7) Semiannually, the Director of the Division of Personal Care Homes or the Director's designee will review the standard guidelines for the classification of violations and evaluate the use of these guidelines. This review is to ensure the uniformity and consistency of the classification process.

§2600.253. Revocation or non-renewal of licenses.

(a) The Department will temporarily revoke the license of a PCH if, without good cause, one or more Class I violations remain uncorrected 24 hours after the PCH has been cited for the violation.

(b) The Department will temporarily revoke the license of a PCH if, without good cause, one or more Class II violations remain uncorrected 15 days after the citation.

(c) Upon the revocation of a license in the instances described in subsections (a) and (b), or if the home continues to operate without applying for a license as described in §2600.252 (h) (relating to penalties), residents shall be relocated.

(1) If the relocation of residents is due to the failure of the home to apply for a license, the Department will offer relocation assistance to the residents. This assistance will include each resident's involvement in planning the relocation, except in the case of an emergency. Each resident shall have the right to choose among the available alternatives after an opportunity to visit the alternative homes. These procedures will occur even if the residents are placed in a temporary living situation.

(2) A resident will not be relocated if the Secretary determines in writing that the relocation is not in the best interest of the resident.

(d) The revocation of a license may terminate upon the Department's determination that its violation is corrected.

(e) If, after 3 months, the Department has cause to refuse or to deny a new license for a PCH, the prior license is revoked under this section

(1) Revocation or non-renewal under this section will be for a minimum of 5 years.

(2) A licensee of a PCH which has had a license revoked or not renewed under this section will not be allowed to operate, staff or hold an interest in a home which applies for a license for 5 years after the revocation or non-renewal.

(f) If a PCH has been found to have Class I violations on two or more separate occasions during a 2-year period without justification, the Department will revoke or refuse to renew the license of the home.

(g) The power of the Department to revoke or refuse to renew or issue a license under this section is in addition to the powers and duties of the Department under section 1026 of the Public Welfare Code (62 P. S. §1026).

§2600.254. Policies, plans, and procedures of the home.

All policies, plans, and procedures, which the home is required by these regulations to develop, shall be followed by the home.

DRAFT

COMMENTS ON THE PROPOSED CHAPTER 2600 PCH REGULATIONS

The proposed Chapter 2600 Regulations were drafted in order to comply with the Governors Executive Order of February 6, 1996. However, the Proposed Chapter 2600 Regulations do the exact opposite!

If these Regulations become effective, there is no way a small home like ours can survive. We are SO proud of our beautiful home and the loving care we provide for our residents. Everyone who sees our home (including the inspectors), compliment us. Striving to maintain this quality home and atmosphere is already a financial struggle. The added costs these new regs would inflict on us would shut us down.

GENERAL REQUIREMENTS OF GOVERNOR'S EXECUTIVE ORDER

The Governor's Executive Order established very specific General Requirements that all agencies must meet before regulations are drafted. I strongly feel that the Proposed Chapter 2600 Personal Care Home Regulations contradicts nearly every item in the General Requirements for writing new regulations.

-Regulations shall address a compelling public interest. .
-Costs of regulations shall not outweigh their benefits. ...
-Regulations shall be written in clear, concise, and when possible, non-technical language.
-Regulations shall address definable public health, safety or environmental risks. .
-Where federal laws exist, Pennsylvania's regulations shall not exceed federal standards
-Compliance shall be the goal of all regulations.
-Where viable non-regulatory alternatives exist; they shall be preferred over regulations.
-Regulations shall be drafted and promulgated with early and meaningful input from the regulated community.
-Regulations shall not hamper Pennsylvania's ability to compete effectively with other states.
-All agency heads shall be held directly accountable for regulations promulgated by their respective agencies.

PURPOSE OF REGULATION

The Office of Licensing and Regulatory Management states that PCHs are a vital and important component of the continuum of community-based long-term residential care services. In fact , PCHs are an alternative, not a part of the continuum. PCHs receive no financial support from community-based residential services. The regulations have changed the current purpose of PCH from preventing unnecessary institutionalization to making PCHs into institutions. A large portion of the regulations are institutional and have been taken from health care regulations, including mental health treatment.

COST ESTIMATE

The proposed regulations make it totally impossible to assess any estimate of cost. It will double or even triple operating costs for our Home. There is no factual evidence that the regulations will only cost us $680. We DO know if these cost producing regs go thru, our Home will be forced to shut down.

RESEARCH

There is no research to prove the need for these changes to the current regulations. There is no evidence that these changes will improve health and safety for the residents. There is no research to document that these regulations place Pennsylvania in line with other states and the personal care home industry nationwide.

COMPONENTS OF THE PROPOSED REGULATIONS THAT WILL INCREASE COST

1. Implementing safe management techniques and training for such and the expanded potential of being required to retain persons who need the services of a mental health treatment center.
2. Design and implement new resident contract, resident health forms, and assessment forms.
3. The inability to use third party billing for personal care services for SSI recipients.
4. The potential need to refund money before a room is vacated.
5. The responsibility to insure access to medical, behavioral, rehabilitation services and dental treatment.
6. The responsibility to insure the resident has seasonal clothing that is age and gender appropriate.
7. The responsibility to relocate a resident who needs a higher level of care.
8. The limited ability to cancel a resident contract. A contract can only be terminated for nonpayment, higher level of care needs, or if the resident is certified by a doctor to be a danger to self or others.
9. Increased qualification for administrators and direct care staff.
10. Increased staff ratio.
11. Increased training & continuing education requirements and the increased paperwork for staff training plan.
12. The potential need to relocate smoke detectors that have been placed to comply with L&I regulations.
13. Increased liability exposure and insurance policy costs.
14. New and increased responsibility in providing transportation.
15. New assessment requirements that are not coordinated with assessment procedure already being done by local AAA.
16. A support plan that will increase responsibility and liability exposures.
17. Excessive record keeping requirements.

COMMENTS ON THE PROPOSED CHAPTER 2600 PCH REGULATIONS

The confusing language of the regulations might have been caused by the multiple changes in personnel doing its drafting. It is quite clear that the authors had no prior experience in personal care or in writing regulations. Many of the standards are completely inappropriate and look as though much of the language has been taken from regulations for those that receive public funds.

The Proposed Chapter 2600 PCH Regulations are flawed. I suggest that instead of trying to fix the proposed regulations, that we instead view the current regulations and identify any problem areas. It makes much better sense to fix the current regulations than to try to make the proposed regulations work. The current regulations are basically good and appropriate. It is completely wrong to totally change the entire regulation and destroy what is good and what is working.

Resident funds - 2600.20

PCHs are not financial advisors and should not be providing financial counseling sessions. The PCH should only control the funds entrusted to the PCH to ensure that they are used for the resident's own benefit.

Resident Contract-2600-26

It would be very costly to write new contracts for every resident. The current DPW-approved contract was developed after years of research. It serves both the home and resident well. There is no evidence showing the need to change the existing contract.

SSI Recipient - 2600.28(d) (3)

This regulation prohibits third party billing for personal care service. SSI falls far short of paying for personal care services. PCHs should be able to seek private third party payment for a service that is not funded by public dollars. DPW should not restrict the right of families to assist towards the well being of their family member. Third party payment for personal care services enables individuals that do not have personal resources the opportunity to live in a quality personal care home with access to services.

Refunds - 2600.29 (e)
This language has the potential of requiring the home to submit a refund upon notification from the facility where the resident is transferred to before the room is even vacated.

Specific Rights - 2600.42
(i) A resident shall receive assistance in accessing medical, behavioral, rehabilitation services and dental treatment.
It is cost prohibitive for a PCH to be responsible to assure the residents receives these services. Behavioral health, rehabilitation services and dental treatment are not available or accessible to many PCH residents. The responsibility to insure this right should be delegated to the advocates and the community social service agencies that receive public funds to provide those services.
(j)A resident shall receive assistance in attaining clean, seasonal clothing that is age and gender appropriate.
It is cost prohibitive for a PCH to be responsible for residents clothing. A PCH cannot be the total provider of goods and services to the poor.
(n) A resident shall have the right to request and receive assistance from the home in relocating.
It is cost prohibitive for a PCH to be the case-manager and placement agency for relocation of residents. This responsibility should be delegated to a community social service agency or a qualified placement agency that is funded to provide this service. We cannot be held to being the sole party accountable for this.

(u) A resident shall have the right to remain in the home, as long as it is operating with a license, except in the circumstances of nonpayment following a documented effort to obtain payment, higher level of care needs, or if the resident is a danger to self or others.
The cost, turmoil, and liability of not being able to terminate an agreement for a resident who will not honor or abide to the home rules, will not respect the rights and dignity of staff or other residents, who physically, sexually or verbally abuses staff and other residents, who is a nuisance within the neighborhood, or is incompatible with other residents, and refuses to follow or cooperate with a treatment plan, **is not acceptable.**

(z) **A resident shall have the right to be free from excessive medication.**
The PCH has no control over the amount of medication prescribed by a doctor and cannot be made responsible to provide this right.

Staff titles and qualification for administrators - 2600.53
This requirement of the administrator to have 60 credit hours from an accredited college could more than double the cost of an administrator. Administrators for small independently operated homes do not need this level of education. The increased cost would force many homes to close and would displace many low-income residents.

Staff titles and qualification for direct care staff - 2600.54
The proposed staff titles and qualification for direct care staff are not appropriate for personal care. They will not improve the quality of care but will increase operational costs. There is no research to verify that a high school diploma or a GED will improve the quality of care.

Staff Ratio - 2600.56
The increase in staff ratio is not appropriate for a personal care home. Staff should be available to provide the care and services to meet the needs of all residents. The words "resident with special needs" alone, could easily double the cost of care.

2600.58

Staff Training and Orientation & Continuing Education -

The level of training proposed is not warranted for the resident served in personal care homes. It would take valuable time away from resident care and increase the liability and the insurance premiums for the PCH. It also seems absolutely absurd to say that staff in training cannot be in contact with residents! Our staff in training are never left alone with residents, but meeting them and assisting regular staff is essential.

Staff Training Plan - 2600.59

There is no basis to determine the need for a staff-training plan with so many requirements. The increase in paperwork for a staff-training plan will increase operational cost and divert valuable time away from resident care.

Individual staff training plan - 2600.60

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

Bathrooms – 2600.102

The requirement to provide each resident with soap, toothbrush, toothpaste, shampoo, deodorant, comb and hairbrush should be eliminated. The personal needs allowance (lots of times taken away from the PCH) was increased to $60 so that residents would have the funds to buy personal needs supplies. It is not right that the PCH not only has to take a $60 cut, but then also has to spend additional monies for personal items the resident could well pay for with the $60!

Smoke detectors and fire alarms - 2600.130

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

Fire extinguishers - 2600.131

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

Resident health exam and medical care - 2600.141

The PCH cannot be responsible to ensure access to any medical care. The PCH can assist with securing an appointment, assisting in arranging transportation and reminding the resident that they have an appointment. In case of an emergency the PCH can call the ambulance and arrange immediate transportation to the hospital. Access to medical care is dependent on the insurance company. PCH residents have very limited access to mental health and drug and alcohol services.

Physical and behavioral health - 2600.142

It is not right to delegate the PCH to provide dental, vision, hearing and mental health or other behavioral services. Providers of these services should be licensed as a health care facility. The PCH should assist in scheduling appointments and reminding the resident of appointments. It is not appropriate to require the PCH to

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

Emergency medical plan – 2600.143
Our PCH can provide first aid and call an ambulance but we cannot **ensure** immediate and direct access to emergency medical care and treatment.

Supervised care –2600.145
We do not know that any such assessment agency exists.

Nutritional Adequacy – 2600.161
(f) Therapeutic diets – Not every personal care home can provide every service. A PCH that does not have a dietitian on staff could elect not to accept a resident who requires a monitored therapeutic diet. PCH residents have the right to come and go at will and the PCH has no way to ensure that the therapeutic diet is followed.

(g) The requirement that a beverage be offered every two hours is absolutely ridiculous! Our home has water fountains for the residents and we also have pitchers of water in their rooms. To tell us that we have to go to each resident every two hours to ask if they want something to drink is absurd! Our residents are free to roam about. How would we ever have enough staff available to track them all down every two hours! This alone could be a fulltime job for someone! Our residents are independent and capable of getting their own beverages.

Safe Management Techniques - 2600.201
This regulation has been extracted from institutional regulations of mental health treatment centers and could cost several hundred dollars per day. Residents with behavior that endangers other residents, staff or others belong in a mental health treatment center and are not appropriate for a personal care home. Homes that need to use Safe Management Techniques to manage their residents should be licensed as a mental health treatment facility. This regulation will make it more difficult to relocate a resident who is not appropriate for a personal care home and should be totally deleted.

Description of services - 2600.223
The screening form lists the resident needs and the services the PCH will provide. There is no need for a written procedure for the management of services from admission to discharge. This is an unnecessary burden for a small home. The time spent on this added paperwork could be better used in providing care to the resident.

Initial intake assessment and annual assessment – 2600.225
This requirement needs to be coordinated with the Options Assessment by the Office of Aging for SSI residents.

Development of the support plan - 2600.226
Support plans are not appropriate for PCH. They change the purpose and goal of the PCH. There is no documentation regarding the need to change the screening and assessment tools currently used. A support plan will not improve the quality of care and divert staff time away from resident care. Support plans are institutional, very costly and should be deleted.

Notification of termination - 2600.228
(a) the PCH should not be made responsible to **relocate the resident to a home that meets his needs.** The PCH is not a placement agency and should not have this responsibility.

Description of services – 2600.223
The resident's contract already lists services provided. A written procedure for the delivery and management of services from admission to discharge homes is again extensive additional paperwork. It will not improve the quality of care but instead will create an added financial burden and take time away from resident.

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

There are many reasons why a resident could lose his right to remain in a PCH. In the best interest of the entire home and other residents, the PCH should not lose its right to cancel a contract with a person who is not appropriate for the home. Examples of residents who could lose the right to remain in the home include but are not limited to the following:

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

Resident records.- 2600.241
Additional and excessive PAPERWORK does not make a home run better. It only adds increased costs and takes time away from resident care. Duplicate paperwork causes confusion. PCH records should not contain a mass of highly confidential information and should not be subjected to regulations as such.

Contents of records – 2600.242
There is no documented need to increase the current record keeping requirements. Excessive paperwork detracts from resident care. Duplication of paperwork causes confusion. The purpose of a recent photo in the resident's record may be needed in large homes for identification purposes. This could be an option but it should not be a regulation. It could be offensive to the resident. Not everyone likes having his or her picture taken. Physician's examinations and medical evaluation forms should be retained in the record until the resident leaves the PCH. Medical transfer & hospital discharge summaries should be provided to the PCH on the "need to know" basis. Medical records should be provided to the medical personnel who will be providing treatment to the resident and have the ability to interpret the information. The extensive record keeping required by the proposed regulations will move the PCH caregiver from resident care to a record keeper.

Penalties – 2600.252

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

Revocation or non-renewal of licenses – 2600.253
Many of the proposed regulations do not meet the standard of reasonable. Revocation should only be implemented for violation of uncorrected regulations that have an effect on the health, safety and wellbeing of the resident.

Prepared By:
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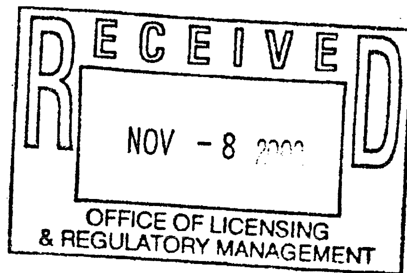

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LUTHER RIDGE

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A Service of Diakon Lutheran Social Ministries

October 31, 2002

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

Dear Ms. Nevius,

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

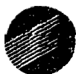
A task force from Diakon was established to review the proposed regulations and provide in-put into this important document.

Sincerely yours,

Jerri Kohut

Jeraldine Kohut, R.N., M.A., NHA
Director of Residential Services

Cc: Katie Mahanna, Admission Coordinator
Buehrle/Breidegam/The Lutheran Home at Topton
Theresa Englemann, Exec. Director/The Lutheran Home at Topton
Debby Reid, Executive Director/Manatawny Manor
Chris Klejbuk, PANPHA
Garry Hennis, Vice President Retirement and Health Care Services
Jolynn Carl, Director of Residential Services



2600.60. INDIVIDUAL STAFF TRAINING PLAN

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

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

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

2600.105. LAUNDRY

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

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

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

2600.161. NUTRITION ADEQUACEY.

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

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

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

2600.181. SELF-ADMINISTRATION.

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

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

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

2600.54. STAFF TITLES AND QUALIFICATIONS FOR DIRECT CARE STAFF

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

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

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

2600.56 STAFFING

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

COMMENT: needs more clarity

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

2600.58. STAFF TRAINING AND ORIENTATION

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

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

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

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

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

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

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

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

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

2600.57 ADMINISTRATOR TRAINING AND ORIENTATION

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

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

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

(b) Prior to licensure of a personal care home, the legal entity shall appoint an administrator who has successfully completed 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.

Department of Public Welfare
IRRC # 2294 (#14-475)
Title: Personal Care Homes

(Form B)		
NAME	**ADDRESS**	**DATE of CORRESPONDENCE**
Kelly Cunningham	101 South Central Street Scottdale, PA 15683	11-3-02
John & Irene Homonai	1310 Sycamore Street Connellsville, PA 15425	11-3-02
Mary West	Longview Manor Lane Scottdale, PA 15638	11-3-02
Scott Younkin	Riverview Apts #709 Connellsville, PA 15425	11-3-02
Janel Tetil	100 Hickory Lane Connellsville, PA 15425	11-3-02

Original: 2294

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2002 NOV -8 AM 9:36
INDEPENDENT REGULATORY
REVIEW COMMISSION

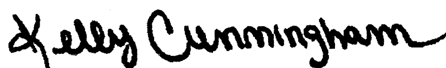
November 3, 2002

Dear State Representative,
I am not in the habit of writing or calling members of the state or local government, but at this time I feel compelled to do so by personal need. I am a registered voter in district and I have a relative in what is termed as a Personal Care Home. These homes provide a steady controlled environment and excellent supervised care for my relative who, though not critically ill, but do need a small amount of help and supervision to accomplish some tasks that they used to be able to perform for themselves.

I was recently informed that some new pending regulations could put this care beyond my reach financially and probably lead to the closure of many such facilities in my local area. What I have discovered is that some people have thought that by increasing the amount and type of staff that personal care homes have they could better help the residents. They seemed to have forgotten the extra help will cost extra money, enough that my family will not be left with a care option that meets our needs and our budget.

I am hoping this letter will enlighten you to the proposed changes and you will do your part to help keep Personal Care Homes an affordable and readily available option for families that want to be able to frequently visit loved ones who need a little extra help performing their daily functions in a safe and affordable environment. If not, we will be left with no options for the elderly who have worked all their life and deserve the right to live some what independently, until their may come a day that they will need more advanced care like a Nursing Home that is staffed with advanced medical personnel, but for the right reasons.

Sincerely your,



Kelly Cunningham
101 South Central Street
Scottdale, PA 15683

Department of Public Welfare
IRRC # 2294 (#14-475)
Title: Personal Care Homes

(Form A)		
NAME	ADDRESS	DATE of CORRESPONDENCE
Judith Graham	No Address	10-25-02
Lawritta Hollman	No Address	10-25-02
Tammy Grannis	No Address	10-25-02
Brenda Watt	No Address	10-25-02

Original: 2294

Dear Department of Public Welfare,

I am a proud 8 year employee of a personal care home. A home built that I love for many reasons. Truly because it is a home. A home for our residents, their families, community members and lastly we employees. It is a nurturing environment built by our owner and administrator. An environment that thrives on interaction and communication. With that foundation, the health and safety and welfare of our residents is our main concern.

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

We receive the training that is required and we feel that is more then enough to help us care for our residents. Twenty four hours of continued training is way too much. First off getting good speakers for 24 hours, second paying us to attend additional 24 hours, and third paying people to watch the floors, and finally a half of our residents are SSI residents. Ms. Nevius, will you be supplying the extra money for these hours so our owner doesn't have to raise rates? Ms. Nevius, will you be helping our residents who will not be able to afford the increase find new homes? They are loved here, cared for here, call us home. As a personal care home employee may I suggest going to eight hours from twenty four. Don't add hours that will not be productive, wasteful, and useless.

This is an important issue. This is important to resident safety. But, it is way too much. Resulting in wasted hours and wasted time. If these new rules and regulations are passed our employers have informed us that they will not be able to operate. That will eliminate all of our jobs plus twenty seven residents will be out of their homes. I truly hope that you have put in a lot of thought to these new rules and regulations. I have heard that if you just enforced the old ones that that would be the answer. We have a med system that the pharmacy prepares all the meds and puts them in packets with the residents names on them.

But under these new rules we wouldn't even be able to pass these meds or even give a tylenol when it is needed. Our employers have tried to keep us informed but there are so many changes that would occur that they would not be able to stay in business. This cant be happening here--not in America where we have so many freedoms. The SSI residents are going to have nowhere to go, did you think of this? We were told it was brought up, where's the answer to this BIG question? We were told that there are 33,000 residents in homes who are on the supplement, there will be no homes to take these people. Every home will be taking only private pay then where do they go. It'll be bad enough that they have to move from their home but then have nowhere to go. It's so senseless. Do you have a parent in a personal care home? If you do be prepared to pay a lot more, because that's what YOUR RULES will do to you too!!!

Sincerely yours,

Judith Graham