

 **Amber Glen**
AT FOREST HILLS

14-475 (LP87)

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T (412) 244-9901 F (412) 244-1548

November 3, 2002

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

Dear Teleta Nevius:

As I write this letter to you, it is 1:40 AM and I have just assisted a funeral director to move one of my residents out.

I spent hours consoling the family, and helping them. They spent an equal amount of time telling me what a wonderful job my staff and I had done to my their mother's last months comfortable.


They took the time to tell us how compassionate we are. I took time telling them they were one of the families who made this job fulfilling and rewarding.

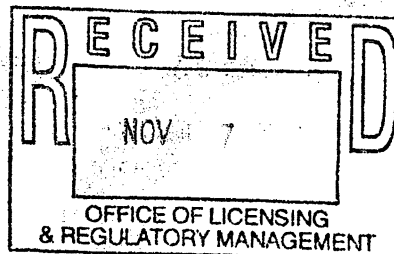
This is what we are here to do, care for our residents. These new proposed regulations will make our job harder for a few reasons:

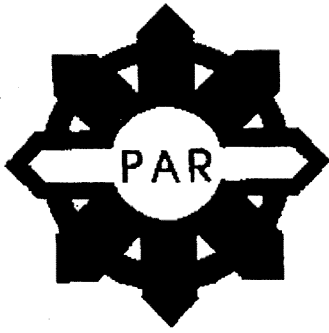
1. The cost will increase and the elderly will try to stay home longer, making them even more frail when they finally enter a PCH.
2. The additional training requirement will more it even more difficult to find staff.
3. Because of the requirements to increase paperwork, many of the small homes will have to close, putting the SSI residents out in the street. Or worse yet, in nursing homes.

What can we possibly do about this? We can begin by asking providers to the table to assist in drafting the regulations. What about our families? Shouldn't they have a comment time to tell about the good things? Thus far, all we are hearing is the negative side.

Please consider these issues and respond. Thank you,


Phyllis N. Mrosco
Administrator





**Pennsylvania Association of Resources
for People with Mental Retardation**

1007 North Front Street
Harrisburg, PA 17102
Phone 717-236-2374
Fax 717-236-5625

November 2, 2002

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

**Re: Comments by the Pennsylvania Association of Resources for People with
Mental Retardation (PAR) on the Proposed Rulemaking for Personal Care Home
Regulations (Chapter 2600) Issued in the October 5, 2002 PA Bulletin**

Dear Ms. Nevius,

The Pennsylvania Association of Resources for People with Mental Retardation (PAR) thanks the Department of Public Welfare for requesting public input on the above referenced proposed rulemaking (PR). PAR is a statewide association whose members provide the full range of supports and services to individuals with mental retardation in over 3,000 locations in the Commonwealth in addition to numerous non-residential and in-home supports.

In April of 2002, PAR submitted comments on the Personal Care Home (PCH) regulations preview. PAR's comments to the regulations preview focused on several critical concerns: cost, institutionalization of community settings, and lack of compliance with the Governor's Executive Order 1996-1. PAR was also extensively involved in the Adult Residential (AR) regulations, of which the PCH regulations were originally a part. PAR's comments to the AR regulations reflected the issues referred to in the regulations preview.

Upon reviewing the proposed rulemaking for personal care homes, it is evident that the Department did not fully understand or listen to PAR's comments and recommendations outlined in written comments to the regulations preview and in verbal/written comments to the AR regulations. The failure of the Department to incorporate PAR's recommendations into the proposed rulemaking is indicative of an ineffectual partnership between the public and private sectors.

The absence of a genuine public/private partnership in the development of the personal care home regulations is troubling, and will have an adverse impact on the individuals receiving supports and services in personal care home settings. PAR therefore requests a public hearing on the proposed rulemaking for personal care homes, a revised draft of the regulations based on careful consideration of comments submitted on the proposed rulemaking, and additional time to comment on the revised draft.

If PAR's overriding recommendation to issue another draft of the personal care home regulations is not accepted, then we request that the comments and recommendations discussed in this document will be incorporated into the final-form rulemaking for personal care homes.

PAR's comments to the proposed rulemaking for personal care homes are not a duplicate of our comments on the regulations preview. However, we have added examples and further clarification of concerns that we have identified relative to provisions we commented on before. **Please note that PAR's comments to the regulations preview that were not addressed in the proposed rulemaking remain of significant concern which we hope the Department will reconsider.**

Our comments are provided to aid the Department in improving health and safety and quality of supports and services to individuals with mental retardation in cost-effective and meaningful ways. Health and safety regulations have an important role, and we support strong regulations that focus on health and safety in effective ways. Following are our comments and recommendations.

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COMMENTS:

The major issues PAR is concerned with in the proposed rulemaking for personal care homes are:

- **Recognizing true cost impact**
- **Institutionalization of community settings**
- **Lack of Departmental compliance with Governor's Executive Order 1996-1**
- **Technical Language**

Following is a discussion of each of the preceding issues, including related examples of specific provisions in the proposed rulemaking and specific recommendations.

Recognizing True Cost Impact

In the preamble to the proposed rulemaking for personal care homes, the fiscal note states that there is "no fiscal impact." In the preamble, the Department has not even conclusively stated that there will be costs to personal care home providers. Instead, language such as "potential to influence the cost of implementing Chapter 2600" and "optional or possible costs" is used.

In the Regulatory Analysis Form (RAF) submitted to the Independent Regulatory Review Commission (IRRC), the Department states that the total cost to each licensed personal care home (related to several sections) is \$680.00. This cost estimate is inaccurate and misleading.

PAR requests that the Department submit a revised cost estimate, one that is accurate and representative of true costs, shows the baseline that was used and how the cost information was gathered from the industry. The IRRC and Pennsylvania House and Senate members, who will be reviewing the proposed PCH regulations, must have an accurate cost estimate in order to effectively review the proposed regulations. Additionally, the public deserves an accurate cost estimate.

The Department lists the following sections in the RAF when discussing cost impact:

- 2600.16 Reportable incidents
- 2600.23 Personnel management
- 2600.27 Quality management
- 2600.29 Refunds
- 2600.57(e) Administrator training and orientation
- 2600.59 Staff training plan
- 2600.60 Individual staff training plan
- 2600.107 Internal and external disasters
- 2600.126 Furnaces
- 2600.201 Safe management techniques

As discussed above, the Department estimated the cost for all of these sections to total \$680.00 for each licensed personal care home. The Department goes on to state, "This cost is associated with the requirement that the PCH's have printed policy and procedure manuals (\$14), obtain 18 additional Continuing Education Credits per year (\$266), refund the resident's personal needs allowance when discharged (\$300) and obtain a yearly furnace inspection (\$100)."

For the moment, let us disregard the fact that the Department left out many other sections that will significantly affect costs. That discussion will take place in subsequent paragraphs. For now, the discussion will focus on the inadequate cost estimates related to most of the sections listed above.

2600.16 Reportable incidents

The Department acknowledges in the preamble that the reportable incidents section is "beyond those listed in current regulations," but does not translate these increased reporting requirements into increased costs in the RAF. Instead, the only costs associated with reportable incidents the Department appears to recognize in the RAF relates to the cost of printing policy and procedure manuals. This cost is estimated at \$14.00. This estimate completely discounts the staff time it will take to develop and print the revised policies and procedures, the fact that a home may have more than one printed copy on hand, and the staff time and training it will take to learn the increased reporting requirements.

The current PCH regulations (Chapter 2620) contain 7 reportable incidents, while the proposed PCH regulations contain 18 reportable incidents. Certainly, more than doubling the reportable incidents would translate to costs (paperwork, training, etc.) for the personal care home provider. Yet the Department fails to recognize these significant costs.

2600.23 Personnel management

The Department acknowledges in the preamble that the personnel management section, which is entirely new to personal care home providers operating under Chapter 2620, is one of the issues "that will have the most potential to influence the cost of implementing Chapter 2600." The Department recognizes printing costs associated with this section, under the same cost estimate as the reportable incidents section, at \$14.00. Again, the Department does not seem to understand that complying with a new mandate will take staff time and additional paperwork, both of which mean increased costs to the provider. An estimate of \$14.00, which only takes into account the cost of printing, does not accurately reflect the true costs of complying with all of the new and increased mandates included in the proposed PCH regulations.

2600.27 Quality management

The discussion on personnel management applies to this section as well. Additionally, refer to our discussion in subsequent paragraphs on the inherent problems associated with regulating quality management.

2600.57(e) Administrator training and orientation

The Department acknowledges in the preamble that the additional required hours of annual training is one of the issues "that will have the most potential to influence the cost of implementing Chapter 2600." The preamble and RAF only acknowledge costs associated with subsection (e), which mandates 24 hours of annual training. The Department apparently does not recognize the additional costs that will be incurred as a result of complying with 2600.57 in its entirety. The preamble categorizes additional costs of this section as "optional or possible costs" and "individual choice to assume costs."

New mandates in this section include increasing Department-approved training from 40 hours to 60 hours, and requiring the administrator to pass 80 hours of a competency-based internship. It is not evident that the Department included these new mandates in their cost estimate of \$266.00, which only appears to address subsection (e) and not section 2600.57 in its entirety.

While PAR supports appropriate training for administrators and caregivers, the Department has once again failed to recognize the substantial costs involved, and the potential impact these costs will have on the consumer. The increased costs that will result if the personal care home regulations are promulgated will be passed onto the consumer if the consumer is able to pay. For consumers who are not able to pay, it poses a more serious problem regarding whether those consumers will be able to access services. Without any means of being reimbursed for added costs, the personal care home provider will face two choices: close their home or drive up the cost of services. This issue may be more pressing for smaller homes, who may simply lack the revenue to comply with the proposed mandates.

Many personal care home residents are on fixed, low incomes. According to the Office of Social Programs PCH Quarterly Statistical Report (May 2002), 10,529 personal care home

residents pay for services with their SSI benefits. How will residents with fixed and/or low-incomes afford the increased costs that will inevitably result from compliance with the proposed PCH regulations? To effectively force these lower income residents out of their homes, or significantly increase their service costs, is tantamount to discrimination. Residents of personal care homes choose these settings for the home like environment offered, and the affordability of the services. These residents may no longer have the opportunity to choose this service option if the PCH regulations are promulgated in their current form.

The OLRM stated that one of the goals of the personal care home regulations was to "preserve operation of existing homes." PAR urges the Department to uphold this goal by seriously reconsidering the cost impact of the regulations and their potential to reduce choices for individuals in need of care.

2600.59 Staff training plan

The Department estimates this section will cost providers \$14.00, as a result of printing new policy and procedure manuals. The requirement to have a staff training plan is not included in current PCH regulations, and is therefore entirely new to providers. Yet the Department does not recognize the staff time and paperwork it will take to develop and conduct the plan annually, annually assess staff training needs, develop a plan to address these needs, develop a mechanism to collect written feedback on the training, and annually evaluate the plan. Certainly \$14.00 does not accurately reflect the costs it will take to comply with all of these new requirements.

2600.60 Individual staff training plan

The discussion on staff training plans applies to this section as well.

2600.107 Internal and external disasters

Again, the Department only recognizes costs related to this section in terms of printing (\$14.00) new policy and procedure manuals. This is another new section that is not included in current PCH regulations. To comply with this new requirement, it will take staff time and paperwork, both of which translate to added costs for the personal care home provider. The cost estimate given by the Department is inaccurate and misleading.

2600.201 Safe management techniques

Once more, the Department only takes the cost of printing new manuals into account when estimating the costs associated with this section (\$14.00). The safe management techniques is another new set of mandates, and it will take staff time, training, and paperwork to comply with this section, which includes the requirement to incorporate a quality improvement program designed to continuously assess, review and analyze the home's ongoing steps to use positive interventions to modify certain resident behavior. It should be apparent that it will take more than \$14.00 to comply with these mandates.

As discussed above, the Department left out many other sections included in the proposed PCH regulations that will impact cost and should be included in a revised cost estimate. Below is a list of these additional sections. (Note: this list is not comprehensive; it includes what PAR views as the most significant costs. PAR recognizes that this list does not address all of the cost issues associated with the proposed PCH regulations.)

Section Number	Description of Issue and Cost Impact
2600.53 Staff titles and qualifications for administrators	Qualifications for administrators are significantly increased (e.g. from GED to associates degree). Salaries for new administrators will likely increase to reflect the new upgraded qualifications.
2600.54 Staff titles and qualifications for direct care staff	Qualifications for direct care staff are increased (e.g. from not requiring a HS diploma/GED to requiring one). This may also lead to salary increases and contribute to the current difficulties faced by providers in recruiting and retaining direct care staff. The pool of direct staff workers is already limited, to increase their qualifications without passing cost relief onto the provider exacerbates an already difficult situation.
2600.56 Staffing	Increased staffing ratios are outlined (e.g. for facilities with multiple buildings on the premises that house 4 or more residents in each building; and awake staff per building for homes with fewer than 9 mobile residents). To comply with increased staffing requirements, homes will have to hire new staff.
2600.58 Staff training and orientation	Training and orientation are significantly increased for staff (e.g. current regulations don't require annual training for direct care staff, proposed regulations require 24 hours of annual training; current regulations allowed staff orientation within 30 days, proposed regulations require orientation prior to working with residents). The costs to comply with these new requirements will be considerable.
2600.85 Sanitation	This new section outlines requirements for trash and sanitary conditions. Subsection (f) requires homes not connected to a public sewer system to obtain written approval for its sewage system. This will be an added cost for homes.
2600.89 Water	This section requires homes not connected to a public water system to have a coliform water test every 3 months. This new requirement will increase costs for homes.
2600.94 Landings and stairs	This new section requires doors and fire exits to have a landing, and stairs/steps/walkways/ramps to have nonskid surfaces. Homes will incur expenses to comply with this new requirement.

2600.101 Resident bedrooms	This section includes several new requirements that will add to costs, such as requiring plastic covered mattresses.
2600.129 Fireplaces	This new section requires homes to have their fireplaces inspected annually. This is an added cost for homes. In addition to our recommendation that this section be considered in a revised cost estimate, PAR also recommends adding the following phrase to subsection (b) "if the fireplace is used on a regular basis."
2600.130 Smoke detectors and fire alarms	This section increases requirements for smoke detectors and fire alarms (e.g. requiring smoke detectors on each floor that are interconnected). Complying with these new requirements will increase costs for providers.
2600.133 Exit signs	This new section requires homes to have exit signs, which will be an added cost for providers.
2600.181 Self-administration	Subsection (e) places new restrictions on the home in terms of how much the resident is required to know about his medication in order to self-administer. In order to comply with this new unfunded mandate, homes will have increased costs related to staff time, since staff will be needed to assist in medications administration in light of the new requirements.
2600.225 Initial assessment and the annual assessment	This section requires homes to complete an assessment within 72 hours. 72 hours is not enough time, especially if an admission occurs on a Friday. Complying with this requirement will increase costs for homes. In addition to including this section in a revised cost estimate, 72 hours should be changed to 30 days, as it was stated in the PCH regulations preview.
2600.226 Development of the support plan	This new section requires homes to develop a support plan within 15 days. Complying with this requirement will increase costs for homes. In addition to including this section in a revised cost estimate, 15 days should be changed to 30 days, as it was stated in the PCH regulations preview.

Based on our discussion on the cost impact the proposed PCH regulations will have on consumers and personal care home providers, PAR strongly recommends that the Department revise their cost estimates by completing a new RAF, submitting the revised RAF to the IRRC and disclosing it to the public. If this is not done, there can be no accurate or reliable assessment of the true cost impact of the regulations.

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As PAR discussed in comments to the PCH regulations preview and the AR regulations, the Department appears to be moving away from supporting community-based settings in favor of mandates which are reflective of institutional life. We have made tremendous progress in integrating individuals with disabilities into the community over the past decade, but mandates like the ones found in the proposed rulemaking for personal care homes are inconsistent with the principles of community life and represent a step backward.

While the federal government is actively promoting community integration for individuals with disabilities through various efforts such as the New Freedom Initiative, soliciting input on the removal of barriers to community integration, and working to implement Olmstead, the Department is promulgating regulations that institutionalize home-based care. Because of Olmstead, the New Freedom Initiative, and the broader expectation that non-institutional options for people should exist and be encouraged and supported, it is unclear why the Department is not following the lead taken by the federal government in the area of community integration.

PAR urges the Department to thoroughly review the report submitted to President Bush entitled *Compilation of Individual Federal Agency Reports of Action to Eliminate Barriers and Promote Community Integration*. Removing institutional biases is a goal outlined in the report, and we recommend that the Department share this goal and incorporate elements of the report into the final-form personal care home regulations.

Examples of provisions in the proposed rulemaking that are institutional in nature are outlined below, followed by our recommendations.

Related Provisions:

Section Number	Description of Issue	PAR's Recommendation
2600.85 Sanitation	(b) This subsection states "There may be no evidence of infestation of insects, rodents or other animals in the home."	If a home has pets, there will obviously be evidence that the pet lives there (e.g. food and water dishes). Delete the phrase "or other animals in the home."
2600.103 Kitchen areas	(e) This subsection requires, that food be inventoried, rotated, dated, and labeled weekly. (k) Garbage containers are required to be covered. (l) This subsection prohibits animals from being in kitchen areas when food is being prepared, consumed, or served.	Delete subsections (e), (k), and (l). These subsections are not appropriate for homes, and are institutional in nature. (e) This requirement is institutional and impractical for homes. It is not a common everyday practice to rotate, label, inventory and date food in homes. (k) Requiring families to have covered trashcans in the home

Section Number	Description of Issue	PAR's Recommendation
		<p>is not part of every day life in a home. Additionally, there is evidence that disease is transferred more readily by touching a trashcan lid with one's hands instead of simply tossing the trash into an open container.</p> <p>(1) Pets are normal part of many homes, and their activities are not normally restricted to certain areas of the home. There is no known public health hazard related to pets in kitchen areas, and millions of American homes allow their pets into kitchen areas with no detriment to their health that has caused any prohibition of pets in the average American home.</p>
2600.104 Dining room	(e) This subsection prohibits animals from being in the dining room when food is being prepared, consumed, or served.	Delete subsection (e). See reasons above.
2600.133 Exit signs	This section requires exit signs at all exits within the home.	Delete this section entirely. Exit signs are not appropriate in homes. The original intent behind personal care homes was to offer individuals services in a home-like environment, not an institutional environment. Exit signs do not contribute to a home-like environment.

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Lack of Departmental Compliance with Governor's Executive Order 1996-1

Following are some highlights from the Governor's Executive Order 1996-1 (emphasis ours):

Executive Order 1996-1:

1. **General Requirements.** In the drafting and promulgating of new regulations and the application and review of existing regulations, **all agencies shall adhere to the following principles:**
 - Regulations shall address a compelling public interest.
 - Costs of regulations shall not outweigh their benefits.
 - Regulations shall address definable public health, safety, or environmental risks.
 - Compliance shall be the goal of all regulations.
 - Where viable nonregulatory alternatives exist, they shall be preferred over regulations.
 - Regulations shall be drafted and promulgated with early meaningful input from the regulated community.
 - Any regulations that are inconsistent with these principles shall be considered for amendment or repeal.
 - When appropriate, members of the regulated community should be involved with the formulation of language, the development of standards, and any other areas in which the regulated community has an interest and/or can provide insight.

It is PAR's contention that the proposed rulemaking for personal care homes is not consistent with several of the principles included in Executive Order 1996-1. As discussed at length in preceding paragraphs, the costs associated with the proposed PCH regulations are prohibitive without additional funding, unacknowledged by the Department, and will lead to the closure of homes and/or increased costs for consumers if promulgated as unfunded mandates. The costs of many of the provisions in the proposed regulations do not outweigh their benefits, which is to provide individuals with choice and a home-based environment in which to receive supports and services.

Many of the proposed PCH regulations extend beyond "definable public health, safety, or environmental risks." The following sections are some examples of sections in the proposed regulations that extend beyond health and safety:

- §2600.23 Personnel management
- §2600.27 Quality management
- §2600.59 Staff training plan
- §2600.60 Individual staff training plan

Of particular concern is the inclusion of quality management in regulations. As discussed in our comments on the AR regulations, few would argue against the development and implementation of quality assurance and quality improvement mechanisms in human service programs and supports, and we are not among the few. The argument is whether quality criteria should be an integral part of regulations or be associated with non-regulatory alternatives. It is PAR's contention that quality indicators do not belong in regulations.

Regulations were designed to address minimum standards that are objective, measurable, standardized, uniform, consistent with basic health and safety requirements and universally applicable to all of those affected by them. On the other hand, quality indicators are designed to be subjective, personalized and driven by individual needs, wants, desires and values.

Licensing staff are typically required to measure regulatory compliance annually. Quality assurance and quality improvement efforts must be ongoing and should involve a variety of people and activities over time associated with the organization providing the services as well as the consumer of the service, friends/relatives/advocates of the consumer, representatives of the funding source, and other county/regional/state activities.

Regulations exist for several years without being subject to revision since they should contain almost universal standards that are unlikely to change much over time. However, quality efforts must be sensitive to the needs, wants and desires of the consumer which will naturally change over time. Inserting quality assurance indicators in regulations will do little to assure quality since these standards will be reduced to a common and universal requirement measured on a yearly basis by licensing inspectors.

The proposed regulations are also clearly in conflict with Executive Order 1996-1 in that we are unaware of non-regulatory alternatives considered in the development of the personal care home regulations. In the RAF (#22), the Department states "non-regulatory alternatives were not considered since regulations are necessary, and absent those, there is great potential of risk to the health, safety and welfare of Personal Care Home residents." This statement does not assert that non-regulatory alternatives do not exist; the Department simply states that such alternatives were not even considered. This is in direct violation of the Executive Order unless non-regulatory alternatives do not in fact exist. PAR requests that the Department confirm this.

PAR further requests the research referred to in the RAF (8)(2): "the Department's intent is to update the current regulations which have not been revised for 11 years, by strengthening health and safety requirements based on public input and research." If there is research indicating that increased regulatory requirements that extend beyond health and safety requirements actually protect residents more than current regulations do, PAR requests that this information is disclosed to the public, or at least referenced in further communication from the Department to stakeholders.

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Technical Language

PAR has several recommendations related to technical language. Our comments and recommendations follow.

Section Number	Description of Issue	PAR's Recommendation
2600.16 Reportable incidents	(9) This subsection states, "A physical assault by or against	PAR recommends adding the following language to this

Section Number	Description of Issue	PAR's Recommendation
	a resident."	subsection, "if medical care was needed beyond first aid."
2600.20 Resident funds	<p>(4) This subsection states, "The resident shall be given funds requested within 24 hours if available, and immediately if the request is for \$10 or less. This service shall be offered on a daily basis."</p> <p>(7) This subsection states, "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 Federally-insured financial institution. This does not include security deposits."</p>	<p>This requirement would be problematic for residents with known poor memory and/or poor impulse control who repetitively make requests. PAR recommends that the individual's service plan be the reference point for the handling of personal funds, not a regulation.</p> <p>Some homes use a client savings account for residents with very limited ability to access local banks due to serious physical and cognitive disabilities and for residents for whom the home is the representative payee. These funds are not co-mingled and the home pays interest on the account. PAR recommends the following language: "The home may have savings accounts in the resident's name as long as they are interest bearing."</p>
2600.58 Staff training and orientation	This section requires training on medication procedures and use of medications.	Does this refer to a DPW medication course or will each provider be able to develop their own training program or use non-DPW training to meet the requirements?
2600.253 Record retention and disposal	(2) This subsection states, "the resident's record shall be destroyed 4 years after the resident's discharge from the home."	Change the language to "may be destroyed."

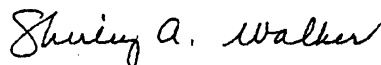
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In summary, in the interest of preserving personal care homes as a viable option for individuals, PAR requests that the Department take the following steps:

1. **Revise the cost estimates in a new RAF to reflect the true costs that will result from promulgation of Chapter 2600. Propose no unfunded mandates. Any mandate that is important enough to promulgate is important enough to fund.**
2. **Hold a public hearing on the proposed rulemaking for personal care homes (Chapter 2600) prior to issuing final-form regulations.**
3. **Eliminate institutional provisions from Chapter 2600 to bring the Department in line with federal initiatives aimed at promoting community integration.**
4. **Revise Chapter 2600 to reflect public input. Issue another draft of the regulations with additional time for the public to comment prior to issuing final-form regulations.**
5. **Submit a Program Revision Request (PRR) to obtain the necessary funding for personal care home providers to comply with Chapter 2600.**
6. **Ensure that Chapter 2600 is in full compliance with Executive Order 1996-1.**

PAR is committed to working towards the improvement of the quality of supports and services provided to individuals with mental retardation. We are available to provide clarification on our comments or submit additional input as needed. Thank you for giving our comments and recommendations your thoughtful consideration.

Sincerely,



Shirley A. Walker
President and CEO

cc: Dave Kerr, Director
Governor's Policy Office

Feather Houstoun, Secretary
Department of Public Welfare

William A. Gannon, Deputy Secretary
Office of Social Programs

Nancy Thaler, Deputy Secretary
Office of Mental Retardation

John R. McGinley, Chairman

Independent Regulatory Review Commission

Senator Harold F. Mowery, Chair
Senate Public Health and Welfare Committee

Senator Robert Mellow, Minority Chair
Senate Public Health and Welfare Committee

Representative George T. Kenney, Jr., Chair
House Health and Human Services Committee

Representative Frank L. Oliver, Minority Chair
House Health and Human Services Committee

RECEIVED
23 NOV -7 AM 8:49
INDEPENDENT REGULATORY
REVIEW COMMISSION

November 2, 2002

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

To Whom It May Concern,

I am writing on behalf of my sister. She is a 79 year old widow with no children.

She has health problems and cannot take care of herself. I took care of her in my home but I am 85 years old and have health problems of my own.

We found a very nice personal care home near us for her. She is well taken care of and we can visit her often.

We got word from the home of the new regulations and they may have to increase the monthly rent or even close. This will mean my sister will not be able to pay the increase because she is on Social Security.

I hope our government will work for me and all the people who will be affected by these regulations.

Thank you for helping me with this problem.

Sincerely,

Betty Lockhart

*Box 618 Columbus Ave.
Lark Cliff, Pa
16228*

Original: 2294

14-475

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"Same Commenter
as # 4, 8, 12, 23,
92, 93, 143, 147
and 358"

Carmella's House

Box 73 Cemetery Road
Crabtree, PA 15624
724-837-4811 Fax: 724-853-1862

Fax Transmission

To: TELETA NEVIUS, DIRECTOR OF O.L.R.M.
Fax Number: 1-717-705-6955
From: ELGIN PANICHELE
Re: W.C.P.C.H.A.A. PUBLIC COMMENTS ON CHAPTER 2600
Pages: 3 inc cover
Date: Nov. 2, 2002

The Westmoreland County Personal Care Home Administrators' Assoc. inadvertently mailed the wrong draft copy of our critique to you. It was postmarked 10/28/02. Please DISCARD that set of comments. It is wrong. It was our rough draft that had not been completed nor had it been proofread.

Our apologies for any inconvenience caused.

The correct and completed version was mailed today, and should be waiting for you on MON.11/4. This is the correct version to be submitted by the W.C.P.C.H.A.A. for entry into public comment.

The following 2 pages are the names of the administrators who attended our meeting or voiced agreement/support in favor of the comments submitted.

Sorry for the confusion created by the wrong mailing.

Sincerely,
Elgin Panichelle
Elgin Panichelle

THIS INFORMATION IS CONFIDENTIAL. IF YOU HAVE RECIEVED THIS INFORMATION IN ERROR, PLEASE NOTIFY THE SENDER AND DESTROY THE FOLLOWING IMMEDIATELY!!!!!!

ATTACHMENT
PAGE 1 OF 2

WESTMORELAND COUNTY
PERSONAL CARE HOME ADMINISTRATOR'S ASSOCIATION

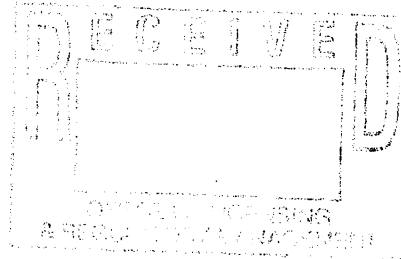
- 1 Matt Hany - Windsor Place
- 2 Phyllis Johnson - Ridgeway Residential Care
- 3 Phyllis Anderson - Bristol House
- 4 M. P. J. Sunningland Retirement Home
- 5 Margaret Curran Willow Angles D. Home
- 6 Sandra L. Stahl - "Close To Home" P.C.H.
- 7 James D. Dwyer Laurel Highlands P.C.H. (LHPC)
- 8 Michael H. H. H. Cent Personal Care
- 9 Joan Serunian Jo. Ellis P.C.H.
- 10 Mary McDonald A Better Place
- 11 Joseph R. R. R. A Better Place
- 12 Margie H. H. H. Easy Living Estates
- 13 Isabel H. H. H. Easy Living Estates
- 14 W. H. H. H. NEW ALEXANDRIA P.C.H.
- 15 FRANK S. S. SPEAR P.C.H.
- 16 Dr. H. H. H. CROSSING WILLOWS, P.C.H.
- 17 John H. H. H. TIC Adult Care Center
- 18 John H. H. H. West View Manor
- 19 Sandy H. H. H. West View Manor

- 20 Kathy Weigand - West View Manor
- 21 Nancy Hooper - Carmel PCH
- 22 Sharon Bransel - Carmel PCH
- 23 Jackie Takovich - Golden Heights PCH
- 24 Pamela Koenig - Golden Heights Home Care
- 25 Wendy Woodman - Evening Star PCH
- 26 J. A. D. D. - Hallsworth House PCH
- 27 Mary Jo Knight - Stonebrook Manor
- 28 Jeff Engala - Hallsworth House
- 29 Ruth Nedrow - Nedrow's P. H.
- 30 Judy Lee - Evening Star PCH
- 31 Forest Lee - Care Plus
- 32 Jelindro - Bristol House
- 33 Elgin Pamichelle - Carmella's House
- 34 Frank D. Touchette - Carmella's House
- 35
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#14-475(587)

27 NOV - 3 P.M. 2002
REVIEW COMMISSION

November 2, 2002



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

Dear Teleta Nevius,

I am writing on behalf of my sister. She is a 79 year old widow with no children.

She has health problems and cannot take care of herself. I took care of her in my home but I am 85 years old and have health problems of my own.

We found a very nice personal care home near us for her. She is well taken care of and we can visit her often.

We got word from the home of the new regulations and they may have to increase the monthly rent or even close. This will mean my sister will not be able to pay the increase because she is on Social Security.

I hope our government will work for me and all the people who will be affected by these regulations.

Thank you for helping me with this problem.

Sincerely,

Betty Lockhart

Betty Lockhart

#14-475 (585)

Carmella's House
P.O.Box 73
Crabtree, PA.
Nov.2, 2002

Commonwealth of PA.
DPW/OLRM
Room 316, Health & Welfare Bldg.
P.O.Box 2675
Harrisburg, PA.
17105-2675

NOV 2 2002
DPW/OLRM

Dear Teleta Nevius,

After meeting you and Ellen Whitesell in our home, I was rather hopeful that the new regulations would benefit all. I felt that it may be inconvenient to change and rearrange but that perhaps it would be best for all concerned.

However, after carefully reviewing the proposed Chapter 2600 as published in the Pennsylvania Bulletin on Oct.5,2002, I think that these new regulations would have a devastating effect upon this profession. The devastation would cause numerous homes to close.You, sat in my dinning room and told my residents, their families, and us, that the regulations would not force any home into closure.

The devastation would be far-reaching...to include the PCH and the owners, staff, ancillary services, the communities throughout the Commonwealth, other businesses such as food services, pharmacies, home health etc., and **the residents and their families.**

I feel that the Department does not have any clues as to the implications of these proposed regulations.

I have carefully read and reviewed the critique of public comments that is being submitted by the Westmoreland County PCH Administrators Association. Please count all comments a second time for me. That would save us both alot of hours...me to zerox, and you to read and tabulate.

To summarize my thoughts:

- 1) The "bad" homes are less than 10% throughout the State. That small per centage does not support the conclusion that Chapter 2620 needs to be changed. That per centage means that 90% of the homes throughout the State are doing a good job.
- 2) DPW needs to evaluate itself. DPW needs to recognize that the weakness that allows 10% of bad homes to thrive is do to the lack of enforcement. The entire issue of enforcement needs to be carefully studied.
- 3) PCH are developed out of a social model. We LIKE the social model, our residents LOVE the social model. These proposed regulations are too similar to Dept. of Health's regulations that govern nursing homes - the medical model. Our residents HATE the medical model. A few of our residents have been transferred to skilled facilities for a "higher level of care", and they begged to come home to Carmella's House. **PCH's do not want to be transformed into junior nursing homes.**
- 4) It is absolutely essential that the new regulations **grandfather in** existing homes that are currently licensed.

My PCH has been an existing facility for about 10yrs. with three different ownerships. It has met the Chapter 2620 requirements. IT IS WRONG THAT NEW REGULATIONS WOULD FORCE A CLOSURE. Carmella's House has had an excellent reputation. We have worked very hard to offer quality care to our residents. We do not deserve these stringent regulations nor do our residents deserve them.

GRANDFATHER IN THE BUILDINGS MUST BE MADE PART OF ANY REGULATION.

- 5) The topic of medications has been discussed in various groups for years. Discussed at the DPW Advisory Committee, by the Ombudsman, the advocates from the PA. Health Law Project, the DPW inspectors, the administrators of PCH, and the medical societies. Most discussions lead to dialogue about a certified medication training course.

This is one of the most important issues for the health, safety, and welfare of our residents.

Chapter 2600 does nothing to seek a resolution to this problem. Chapter 2600 is deficient.

Chapter 2600 is: too restrictive

creates mountains of paperwork, that means absolutely nothing to our residents.

is too costly, is economically infeasible.

will be too devastating to the residents and homes throughout the Commonwealth.

THESE REGULATIONS ARE DANGEROUS FOR THE STATE.

My only suggestion would be to **keep Chapter 2620.**

Through Chapter 2620 attention could be made to enforcement by giving the DPW the support to effectively do their job. Support of allowing them to enforce. Support by having enough inspectors to do their job. The regs. focus on No. of staff to residents, but what about the No. of inspectors to PCH?

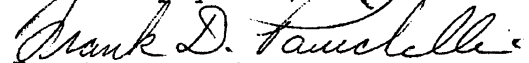
Through Chapter 2620, and addendum could be easily made to address the medication problem. An addendum to develop a certified medication training program for lay staff to safely help residents with their medication regimes.

Through Chapter 2620 staff and administrators can do what they are suppose to do and that is to take good care of our residents, NOT PAPERWORK.

Chapter 2600 fails in all of its goals which were supposedly to ensure the health, safety, and welfare of residents, raise the standards of care, and to keep homes open.

Again for specific critique of line by line of the proposed regulations, please count the work of the Westmoreland County Personal Care Home Association for me.

Sincerely yours,



Frank D. Panichelle
Administrator of Carmella's
House PCH.

Original: 2294



ESTATES AND MANAGEMENT CORPORATION

PERSONAL CARE & ASSISTED LIVING

#14-475

360

"SAME comment as # 359"

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Fax 724-755-1072

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

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

Date: 11/1/02

To: Tekta News Company: APW / OLM

Fax # 717-705-6955

From: Margie Zelenak

Company: Easy Living Estates

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

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Number of pages including Cover page 9



ESTATES AND MANAGEMENT CORPORATION

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LAKESIDE

Lakefront Resort
Community
724-755-1070
Adjacent New Stanton

November 1, 2002

Teleta Nevius
DPW / OLM
PO Box 2675
Harrisburg, PA 17105-2675

Dear Ms. Nevius:

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

They have enforced our viewpoint **STOP THESE REGULATIONS.**

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

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

Sincerely,

Margie Zelenak
Assistant Administrator

PETITION

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

Thank you in advance in this cause.

NAME	ADDRESS	PHONE
Joseph M. Pichler	104 60th St Scottsdale Pa	724-887-2022
Anna M. Pichler	104 60th St Scottsdale Pa	724-887-1072
Dr. Annet Lagan	408 S Broadway Scottsdale PA	724-857-6600
Karen McKeuff	704 Box 296 Harrisburg	724-268-8989
[Signature]	Box 204 Somersetta	84-443-4528
[Signature]	215 N 52nd St York Pa	724-493-4312
Cathy Morris	300 Nemo Rd Conneville Pa	724-626-1144
Dolores McEighan	236 S 4th St Youngwood Pa	15697 724-925-1362
Harold Eiler	236 S 4th St Youngwood Pa	15697 724-925-1362
Janet Mithel	14 Meadowbrook Ave PA	15601 724-832-3482
Sumanu Gray	RD #1 Box 523 Ruffs Dno Pa	15679 724-802-9456
Bonnie Gray	417 Skyline Dr Youngwood Pa	15697
Faith Gray	402 S 7th St Youngwood Pa	15697
Lucretia Baker	301 Meek St P.O. Box 153 Everson Pa	15631
Enya Russell	157 Front Street PA P.O. Box 285 Dawson PA	724-529-2964
Shirley Monroe	518 Davis Rd Dawson Pa	15428 724-529-2421
Jan Payne	16 Scene St Treant PA	15644 724-523-237
Vincent Mule	214 Washington St Mt Pleasant Pa	15666 724-547-2555
Ann Mule	214 Washington St Mt Pleasant Pa	15666 724-547-2555
Phyllis Chlebun	212 Brookholme Rd Mt Pleasant PA	724-547-3119
Christina Motta	392 Kinsler Rd Hill Top Pa	15644 724-547-3119
Shirley Motta	P.O. Box 204 Culler Pa	724-628-1960 577-4414
Heather Will	120 Penn. Ave Everson PA	724-887-3115

PETITION

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

Thank you in advance in this cause.

NAME	ADDRESS	PHONE
Donna Marks	913 Scott Ave, Jeannette Pa 15644	
Lara Hoerishell	225 N Good St Jeannette PA 15644	
Karen Wiser	511 Fairmont Ave Trafford Pa	
James Heckmann	59 Broadway Ave North Irwin PA 15642	
Franklin Keyser	307 DELBERTA RD LOWER MERIDALE PA 15086	
Arthur A. OSYHIK JR	621 GARFIELD AVE SLOITDALE PA 15663	
Thomas R. OBERTO	33 GARFIELD RD. LATROBE PA 15650	
Mark Zbuzh	819 GREEN Street / Greensburg, PA. 15601	
Theodor W. Malik	1189 Galanda Rd RR#2 New Alex. Pa 15670	
Edward J. Blum	304 N 2 nd St Jeannette PA 15644	
Edward W. Mays	PO Box 156 HARRISTOWN PA 15635	
GLEN CAMER	985 RUDDER RD LEBANON PA 15698	
Delmar Bouffon	RD 2 Box 54C Greensburg PA 15601	
Earl A. Kuebler	1334 Lewis Ave, North Huntingdon, PA 15641	
John B. Cerami	121 College Ave Mt. Pleasant Pa. 15666	
Bill Flynn	10230 Fairmont St North Huntingdon PA 15642	
John J. Szymanski	419 N. WEST ST. GREENSBURG PA 15601	
Joe N. Szymanski	277 S WASHINGTON AVE GREENSBURG, PA 15601	
Paul J. Szymanski	1401 Ashland St ORG PA 15601	
Paul J. Szymanski	1031 Stickell Ln Hill Manor PA 15665	
U. Szymanski	10449 Broadway St N Huntingdon PA 15642	
Bob Henry	Ex 736 ADAMSBURG PA 15611	

Original: 2294

2002 NOV -8 AM 9:31

Lynn H. Fosnight R.N.
Administrator

WINDSOR PLACE
A FOSNIGHT HARVEY ASSISTED LIVING FACILITY

INDUSTRIAL LABORATORY
REVIEW COMMISSION

Ms. Teleta Nevius, Director
Office of Licensing and Regulatory Management
Health and Welfare Building, Room 623
Commonwealth and Forster Streets
Harrisburg, PA 17105

November 1, 2002

Dear Ms. Nevius,

I am writing to you again today concerning the proposed regulations for Personal Care Homes, (PCH's), in Pennsylvania, 55 PA Code, Chapter 2600. As you know you or Ellen and I have met multiple times over the past year to discuss these regulations. We had you to our two PCH's in Western Pennsylvania to meet the residents and employees. I spoke to you, along with many others, about the problems with the drafts done before this draft and offered solutions of how to make these regulations ones that ensured the health, safety and welfare for all residents in Pennsylvania. In fact, I heard you say over and over, "That is a good idea we will change that in the draft we are submitting to the Governor. Ellen write that down." Unfortunately, Ellen's notes got lost or you forgot what it was you thought were good ideas because NOT ONE of the suggestions made can be found in the current published draft!!! I feel as if I have wasted 1 1/2 years of my life and very valuable time talking with you, it is appalling how you have ignored the suggestions of so many people.

Again I will try to put my comments and suggestions into writing.

1. The Personal Care Home industry is a private pay industry. We do not receive money from the government to carry through any of the mandates in these regulations. Our cost analysis to enact these regulations for our homes would be a monthly increase to each resident of approximately \$680.00 to our home of 32 beds and \$217.60 for our home with 100 beds! Where are they to come up with this money? Where would you come up with it?
2. 2600.14 - How does one write a written fire safety approval and who issues it? This

One Windsor Way
Pittsburgh, PA 15237

Phone: 412-364-6411
Fax: 412-318-2077

- is very ambiguous and needs a lot more definition for anyone to be able to do successfully. This also was not in any previous draft – where did it come from?
3. 2600.20 – Resident funds. Subsection (b), point 4 – The protection of resident's funds is extremely important. If a home were to allow access to \$10.00 for each resident on a daily basis, this means Saturday and Sunday too, you are creating an environment that is ripe for theft. If you want the money protected in a manner that would ensure that theft does not occur, and allow the administrator time off, Monday through Friday is sensible. For instance if we managed money in our home that has 100 beds we would need to have \$2000.00 available every Saturday and Sunday to be given to the resident. Where could this be done safely? The more people who know the combination to a safe or who have keys to a locked office, the greater the chance of theft. This should be taken out and allow access to monies only M-F.
 4. 2600.29 – Refunds. Subsection (d) – Our current contract does not give refunds upon death, this is clearly spelled out and explained to the resident and family. This is a private pay business and we should have the right to make our contract as we want. This allows the consumer to decide whether he wants to go to my home with this clause or go to another home that might not have this clause. I do not feel it is up to regulations to decide how refunds occur upon death. Apartments do not refund upon death, why should PCH's?
 5. 2600.32 – Specific Rights. Subsection (i) and (j) – who is to do this? Is the PCH responsible and if so how is it to be paid for? Is the family/POA? Like many of these subsections they are unclear and will require a set of interpretive guidelines to enact. This is something that providers and inspectors feel must be avoided at all costs.
 6. 2600.53 – Staff titles and qualifications for administrators. Subsection (a) must include subsection (d) as its first point. The cost of only having an RN, LPN, NHA or someone with an Associate Degree or 60 hours of college credit as the only means for being an administrator is phenomenal. First there are not enough RN's or LPN's available to work in hospitals and nursing homes – how are they to be found and compensated to work in PCH's? Second you are excluding individuals who are bright from climbing the ladder in a company. By going to the training and passing the competency test they will demonstrate their ability to perform the duties necessary to be an administrator. Please revisit your thinking in this area.
 7. 2600.54 – Staff titles and qualifications for direct care staff. Point (1) does not allow for 16 and 17 year olds to be direct care staff. They are currently allowed to be in the 2620 regulations. Ms Nevius you sat and talked with several of our 16 and 17 year old staff and they expressed over and over to you how much they loved their job and to please not take the opportunity away from them or future 16 and 17 year olds. Several of them told you how because of this job they are now going to be nurses. If they had not be given this opportunity they would not be thinking of nursing for a career. They bathe and toilet our residents of both sexes and expressed to you they do not have a problem with this. Our residents have expressed how important it is to them to have these “young ones” around as they are a connection to the outside world in a unique way that our other employees do not provide. Our residents love to see the tattoos and piercings they have gotten. They enjoy their loving and giving

attitude. Please do not take these kids away from the elderly. I know you allow the 16 and 17 year olds to work in other areas of the home, however, it is during the one on one contact between the resident and the caretaker that relationships are established that allow for the free flow of conversation and showing of the tattoos and piercings! Point (2) does not take into consideration that there are many people who dropped out of school for many varied reasons who are capable to care for residents in PCH's. The competency based training should determine if a person is capable to work in a PCH, not their age or diploma or GED. We do however agree strongly that 16 and 17 year olds should not be performing tasks relating to medication administration.

8. 2600.57 – Administrator training and orientation. Bravo for adding competency based training and for increasing the hours in class. However I would like to point out that you had agreed that subsection (e), the 24 hours of annual training was excessive and would be changed to 12 hours. NHA need 48 hours in two years, they deal with an elderly population that is frailer, sicker and in need of skilled care. PCH's do not. The hours of training should not correspond to NHA. 12 hours is sufficient.
9. 2600.58 – Staff training and orientation. Subsection (c) states that prior to direct contact with residents they must complete and pass competency based training. I wholeheartedly support competency based training however, there MUST be time for supervised direct care and in class training at the same time. I say this because there are many people that I have hired who have stated unequivocally that they are able to change adult briefs, clean up vomit and bathe elderly residents. Unfortunately when it cmae time to actually do this they could not do it – the heart was willing but the stomach was not. Time is valuable and wasting hours in class before it is determined the ability to tolerate all aspects of the job is useless. Training must be combined – supervised on hands with in class is vital. The resident pays the employees salaries. If they only stay long enough for in class training and find out that on hands they cannot do the job, the resident has paid for nothing.
10. 2600.60 – Individual staff training plan. This section is overkill. If a staff training plan is in place why would one have to be written for each individual employee? This is wasteful of time and money – again who is to pay for this but the resident.
11. Physical Site – is a section with subsections. However there is not grandfathering of existing homes present. Grandfathering of existing structures must be written in these regulations or you will be putting several homes out of business. Please add this.
12. 2600.85 – Sanitation. Subsection (d) does not make sense for bathrooms. PCH's are residential homes. Our bathrooms are like yours at home. We do not have covered trash receptacles under the sinks, and I am sure you do not have them in your home. The cost for this in our 2 homes alone would be approximately \$2,000.00. This is unnecessary and wasteful of the residents money.
13. 2600.94 – Landings and stairs. Subsection (a), a landing of 3 feet by 3 feet must allow for grandfathering of existing landings. Otherwise current homes would be out of compliance and will not be able to operate displacing residents from their home all across Pennsylvania.
14. 2600.101 – Resident bedrooms. Subsection (c) must allow for grandfathering of existing homes. If this is what you would like for new construction I see no problem.

- 2600.101 continued. Subsection (k), point 1 and 2. These two points contradict each other. Is the mattress to be fire retardant and plastic covered? Again I stress that PCH's are homes and if smoking is not allowed in the bedrooms a fire retardant mattress is expensive and unnecessary. Plastic covered mattresses do make sense though to prevent infection and to protect the mattress if it would become soiled. Subsection (r) leaves the door wide open for interpretative guidelines again. What constitutes a "comfortable chair"? Who is to supply the chair if the PCH supplies one that the resident decides is not comfortable? I feel this line should be taken out.
15. 2600.102 - Bathrooms. Subsection (a) Supplying toilets at a ratio of 1/6 for visitors and for staff is not reasonable for regulations. Our purpose is to provide for the residents. Again this is an area that must be grandfathered as there are considerable PCH's that would not meet this ratio. This is also something brand new that never appeared in any of the other drafts - where did this come from and what purpose does it serve? Current 2620 ratio is 1/6 for the residents and this is more than sufficient. Subsection (c) states that the ratio for bathtubs should be 1/15 and again include family and personnel - WHY would we be supplying a bathtub for staff and family - surely this was a joke?!? Please refer to Chapter 2620 for the ratio there as it only applies to residents and is sufficient. Subsection (c) states that toiletry items are to be made available. By whom? If the PCH is responsible for these items that would increase the monthly cost to the resident. Chapter 2620 does not require the PCH to supply these items and neither should 2600.
16. 2600.107 - Internal and external disasters. Subsection (a) states that emergency procedures shall be developed and approved by qualified fire, safety and local emergency management offices. This is not written very clearly. Who is to develop these procedures? Who is a qualified fire, safety and local emergency management office and where are they? This could be costly if we are paying someone to write these and approve them. Subsection (b) asks for this plan to be reviewed and approved by these same offices, what is the cost for this? Again I remind you that the only place for money to come from is the resident as there is no funding from the government for these mandates. Subsection (c) , point 4 seems to be space prohibitive. For our 100 bed home the amount of just water to be on hand would need a tremendous amount of space. Many PCH's are residential homes and would never have the space available. May be it is more reasonable to have a one day supply of water and non-perishables on hand. And point 5 although in practice sounds nice is not always able to be done. For one thing many of us have medications supplied in special packaging for each resident. When you are getting close to the end of the cycle they have been prepackaged for you would not have 3 days on hand. Insurance would not pay for 3 days of medications just to be on hand and with medication changes this would be extremely costly to the resident, we are not nursing homes or hospitals where insurance covers the cost of the medication. This point needs to be dropped, the intention was good but it is not practical.
17. 2600.132 - Fire Drills. Subsection (d). PCH's provide care for mostly elderly residents many of whom use a walker to aide ambulation. This subsection requires the home to be evacuated in 2 ½ minutes! Current 2620 requires the home to be evacuated in 5 minutes.

Five minutes is a reasonable time for elderly residents to accomplish an evacuation. 2 ½ minutes is not. Residents will be rushed and falls are more likely to occur. It seems to me that fire drills are most important for the staff to be knowledgeable about. They are the ones who must react quickly and calmly to direct the residents. Nursing homes and hospitals do mock drills that the staff participates in not the patients. This makes the most sense to me also. I would like to see you change this section to mock drills performed by staff. Subsection (h) needs to be dropped. You have written that residents must go outside the building each fire drill. We are dealing with mainly elderly residents who cannot endure the cold, would fall easily on the ice, would get soaking wet if it is raining, would not be able to endure the heat from the sun unprotected, etc. I am sure you did not think this sentence through. Schools do not evacuate outside in inclement weather and neither should residents of PCH's. This again shows a lack of understanding on your part of who you are dealing with and a provision that does not provide for the safety, health and welfare of the residents. Again I would suggest that the current 2620 regulations are adequate for PCH's.

18. 2600.141 Resident health exam and medical care. Subsection (a), point 7. The doctor will not write, as I have told you before, contraindicated medication and possible side effects for each medication. The pharmacy will supply this if needed. The doctor does need to write the medication regime, remove the rest. Point 8 - I don't know what you mean and when I asked our house physicians they did not either. Please remove.
19. 2600.161 - Nutritional adequacy. Subsection (c) You might want to add to the end of the sentence if permitted by the physician. If a resident is obese it is not in their best interest necessarily to give added portions. Subsection (g) You require beverages to be offered every 2 hours. There are a couple of problems with this. First, some residents are on fluid restrictions and this would not be healthy for them. Second, you do not specify during waking hours this is to be done - please tell me you do not want them to be woken every 2 hours and offered something to drink?!? Third, in order for a beverage to be offered every 2 hours to each resident I would have to hire another staff person just to do this each shift. This means an additional \$180.00/day or \$5,400.00/month. Residents of PCH's are for the most part able to speak and ask for a drink. This regulation needs dropped.
20. 2600.162 - Meal preparation. Subsection (f). During the summer we do serve cold plates for a meal. This might be a fruit plate with cottage cheese, a plate of tuna/chicken/egg salad with crackers, or sandwiches, chips and cold beets or baked beans. These are healthy meals. On hot days the residents enjoy this. This subsection although good intentioned misses the mark. Perhaps on a daily basis one of the three meals should have hot and cold foods. I would add another Subsection and this would (n) that states: "In the event a menu must be changed, effort to convey the change must be made to the residents one hour before the meal time." This would allow for the resident to ask for something else and have it prepared in time for the meal and also it allows for the fact that there are things that could happen with the food that is unavoidable - for instance something could be burned by accident, or something might have spoiled before it was to be used (such as

- vegetables or fruits) or a recipe might just be a flop. It is more important for the food to be nutritious and prepared appetizingly than for the menu to be correct at all times.
21. 2600.171 - Transportation. Subsection (a), point 4 states the driver of the vehicle cannot be a resident, First of all we are not to violate resident rights. A resident has the right to leave and return to the home (see section 2600.32 subsection (m)). We cannot stop them from riding in the car with another resident if that is what they want to do. We are not the police. This needs dropped from the regulations.
 22. 2600.181 - Medications. First I think it is a necessity to add to this section a medication tech provision. It is a fact that most homes are administering medications not assisting with medications and to pretend otherwise is foolish. A subcommittee of the PCH Advisory Committee is working on a program now. Subsection (e) is confusing. Are you saying if a resident cannot recognize and distinguish medication, know why they are taking it, know the dose and when it is to be taken and be able to do the examples outlined in the subsection would require an RN, LPN, CRNP, MD, DMD, EMT, or a PA must be present to give the medications? If so the cost of this regulation will put all small PCH's out of business as they cannot afford to have one of these people on 24 hours a day. There are a lot of medications that are given on each shift so 24 hour coverage is not an inflammatory statement. The cost to have an LPN on 24 hours would be \$336.00/day or \$10,080/month at a conservative \$14.00/hour. This mandate again can only be paid for by the resident as PCH's do not receive funding from the government. Could you afford to pay this increase Ms. Nevius? Also where do you propose PCH's would find nurses to work? There is a nursing shortage all across Pennsylvania and all across the USA. This section needs rewritten.
 23. 2600.182 - Storage and disposal of medications and medical supplies. Again I bring to your attention Subsection (d) that reads "Prescription, OTC, and CAM shall be stored separately." I have shown this to our pharmacist, to friends who are pharmacists, to doctors, to other nurses and to physician assistants and they agree that this regulation makes absolutely no sense at all. These things do not need to be stored separately and if they are will probably cause medication errors if someone has to look three or more places for medications. I know I have explained this to you before and you verbalized understanding of my explanation - but you left this in. Again I question why you asked for comments if you did not take the time to understand and include them in this draft. This must be changed for the safety, health and welfare of the resident. Subsection (g) again separates things that do not need to be separated - antiseptics and external use medications should not be stored separately. A lot of homes have medications carts that are supplied by the pharmacy and these are set up to keep all medications for each resident in a drawer/bin for that person. It is not practical to separate. Hospitals and nursing homes do not separate these things out.
 24. 2600.186 - Medication Record. Subsection (b), points 2 and 3. It was suggested to you several times that it would be unnecessary to have with each residents medication record the possible side effects and contraindicated medications. It would be most efficient to require that each medication area have a drug reference book present that describes the

- different dosages the medication comes in, route, side effects and contraindications in it. This allows for ease of use and is a sensible solution. Subsection (d) sounds like a good idea but as we told you before is not practical. The physician does not want called or faxed at the end of each shift concerning refused medications. They do not have the time or the staff available to take the messages daily. I ran this by both our house physicians and they felt that a list could be kept of refusals and given to them when they make rounds. This would seem to be a sensible suggestion and would provide for the health safety and welfare of the resident.
25. 2600.201 - Safe Management Techniques. Subsection (a) and (b) are not really necessary for PCH's in general. They could be used in homes maybe that have special populations - like head injuries. I don't really see the need for this section with the elderly population. Also on costing out having someone trained in safe management techniques teaching a course I found that for teachers in VA this course involves 16 hours of training. The instructor teaches 15 in a class and her cost to give the seminar is \$800.00 for the 16 hours. We have 98 direct care staff in our two homes. This would mean 7 classes at \$5,600.00 for the instructor and at \$7.50/hour for each employee's wages to attend the seminar a cost of \$60/day or \$120/2 days for the course times 98 employees = \$11,760.00 just for this section. Unless you know of someone who does this for free the resident cannot absorb this \$17,360.00 course.
 26. 2600.223 - Description of services. I am not sure I understand this section at all. This section needs clarified and defined before it can truly be commented on.
 27. 2600.225 - Initial assessment and the annual assessment. Subsection (b) does not specify who is to do this assessment. Is this just a questionnaire that the administrator asks the resident? Most administrators are not trained to do a medical, social, medication and psychological assessment. This section needs clarified as to what is involved or required.
 28. 2600.226 - Development of the support plan. PCH's are not nursing homes or hospitals. This document does not belong in a PCH. PCH's do not have case managers, social workers, or doctors on staff. This section needs deleted.
 29. 2600.228 - Notification of termination. Subsection (h), an additional grounds for discharge needs to be added. I suggest a point 7 be added - If a resident causes another resident to have a loss of control over their own environment. For instance if a resident screams all night or day and causes another resident to lose sleep a 30 day notice can be given to the resident who screams.
 30. 2600.229 - Secured unit requirements. There does not appear to be a grandfather clause to this section and that needs to be added. The entire section seems to be way over done in its requirements - the admission standards and care standards for example. The administrator training added to this section seems to me should be part of the initial training for all administrators not just for secured units. The staff training also should be for all staff as dementia residents do live in PCH's that do not have a secured unit.
 31. 2600.241 - Resident records. Subsection (c) should add at the end of the sentence or forms developed by the PCH which include all the information necessary.
 32. Enforcement - The PCH Advisory Committee submitted a lengthy paper on enforcement

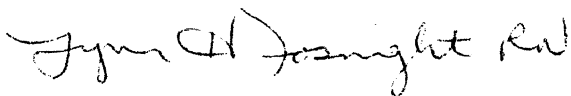
to Secretary Houstoun early in 2002, (we have never heard from her whether she liked/disliked, approved/disapproved, or in any way wanted to initiate any of the suggestions made. This document was given to her at least 8 months ago. It strengthened and enlarged the current 2620 regulations. I would like to suggest that this document be added to enforcement as written in 2600.

33. 2600.254 - Policies, plans, and procedures of the home. I believe there are approximately 30 policies and procedures to be written for the PCH in this draft of 2600. Although this may look great on paper it is not great. First it will take people away from caring for residents if they must be writing, updating and reviewing them. Second, although you can purchase some of these things from companies such as Briggs, they are not inexpensive and do not come personalized to each PCH. Time and purchasing cost money. Where is it to come from?

I know you spent a lot of time and energy writing and working with these draft regulation. I know your heart was in the right place, but like the direct care staff who wants to work the job but cannot do it because their stomach won't allow it, you had not done hands on care for a resident so how could you write regulations for it? Unfortunately the system was flawed from the beginning by not having any PCH providers or any residents at the table when they were being written. Instead they were written by people who do not do the care or live in the PCH's so therefore do not have a working knowledge of the ins and outs of PCH's. I respectfully ask you to stop the process of getting these regulations initiated and ask you to start over. I would be most interested in sitting in on writing a new draft and I know there are other providers who would be also. Residents/or their families would also like to participate in the writing of a new draft.

Thank you for your consideration of my comments, hopefully this time some of them will be initiated.

Sincerely,



Lynn H. Fosnight RN
Administrator

cc: IRRC, Governor Mark Schweiker, The Honorable Hal Mowery, The Honorable George Kinney, The Honorable Tim Murphy, The Honorable Jane Clare Orie, The Honorable David Mayernik, The Honorable Mike Turzai, Secretary Feather Houstoun, and Deputy Secretary William Gannon

2011 NOV -1 AM 9:20

REVIEW COMMISSION

Chart 20-02 Independent Regulatory Review Commission
Dear ~~Jeff~~ ~~Kenn~~

As an employee of a personal care home I am appalled by the regulations you are proposing.

How are you going to enforce new regulations when you couldn't even enforce old regulations?

These new regulations will only add increased costs to family members who are already financially overburdened.

Why force families to move their loved ones from a secure, safe, healthy, loving atmosphere they call "home", out residents don't qualify for nursing home care - so where will they live if personal care homes are forced to close. Are you going to pay care for my "second family"?

My employer & I strongly believe if you want more training for employees that is fine - but don't go overboard. Our residents do not have multiple illnesses which require nursing home care.

In closing I believe in regulations -
but don't overregulate to the point
that the elderly are forced to
be warehoused in much larger homes
(example 200 people in a home) or worst
yet be taken care of people who
are not qualified - underground homes

Thanks for listening;
Don't take away our elderly person's
choice to live in a small home setting.
God grant you the wisdom & courage
to make the right decision. After
all we all get elderly - even you.

Sincerely,
Sherry Mills
Rittanning Rd
Pa. 16201 Box 369

Original: 2294

November 1, 2002

To Whom It May Concern:

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

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

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

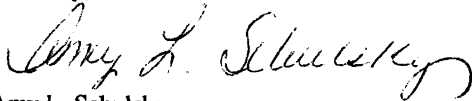
If the personal care home does not make the additional rate changes in order to meet all of the new regulations, they would be forced to close. Where do these people go then? What happens to them?

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

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

Thank you for your time.

Sincerely,



Amy L. Sebulsky

Amy Sebulsky
10333 Stratton Rd.
Salem, ON 44460

RECEIVED
NOV 15 2002
HEALTH COMMISSION

Original: 2294

KENNETH RARAIGH
RD # 2, BOX 310
DAYTON, PA 16222

RECEIVED
2002 NOV -6 AM 9:15
REGULATORY
REVIEW COMMISSION

November 1, 2002

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

Ms. Nevius,

This letter is in reference to the new regulations that DPW is considering for personal care homes. I took care of my wife for six years in our home after she had a stroke. In the six years at home she battled depression and she had two accidents at home that landed her in the hospital both times. She has been in a personal care home for over 8 years and has had no accidents. The depression is no longer a problem. I am older now and would not be able to care for her in my home. If she has to be relocated or brought back home she will be devastated and I feel depression will become a major problem once again.

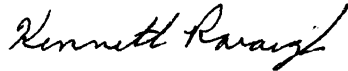
I would like to know your justification why you are choosing to put personal care home residents on the streets. It isn't fair to these residents because it is no fault of their own that they require assisted living. It agitates me as a taxpayer that we continue to spend millions of dollars on supporting criminals especially murderers. If you are requiring the new regulations for the personal care homes then provide the funding. How can you justify allocating a SSI recipient \$29.25 per day versus allocating \$67.00 per day for a criminal?

A personal care resident doesn't require the medical care to justify having a 24-hour registered nursing staff on board. These people need assistance with their daily living that they are not capable of doing on their own. A personal care resident doesn't require the medical care that a nursing home resident needs. The hospitals and nursing homes across Pennsylvania are having difficulty filling their staffing needs due to a shortage of registered nurses. How do you plan on staffing the personal care homes with registered nurses with the shortage? How can you justify making tougher regulations on personal care homes versus the regulations with hospitals and nursing homes? How can you

justify changing the personal care home regulation manual from 44 pages to 154 pages, when the state has failed to abide by the 44-page regulation manual?

Please reconsider you're new regulations on personal care homes. Please realize the amount of devastation that you will cause for the residents, families and personal care home staff if these new regulations go into effect. Your new regulations will cause a high unemployment rate and leave many personal care home residents homeless.

Sincerely,

A handwritten signature in cursive script that reads "Kenneth Raraigh".

Kenneth Raraigh

Cc: Independent Regulatory Review Commission
Harold F Mowery, Jr, Chairman
George T Kinney, Jr, Chairman

Original: 2294

PAPPANO & BRESLIN
ATTORNEYS AT LAW

3305 EDMONT AVENUE

BROOKHAVEN, PENNSYLVANIA 19015-2801

(610) 876-2529

FAX (610) 876-3746

E-MAIL - pappanoandbreslin@comcast.net

CYNTHIA L. CHOPKO, PARALEGAL

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

HELEN LYNN, RN BSN, LEGAL ASSISTANT

JOSEPH E. PAPPANO

1933-1978

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

* CERTIFIED ELDER LAW ATTORNEY
BY THE NATIONAL ELDER LAW FOUNDATION

November 1, 2002

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

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

Dear Sir:

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

Respectfully submitted,



Dana M. Breslin

DMB:njm

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

NOV 1 2002
10:21 AM
RECEIVED
INDEPENDENT REGULATORY REVIEW COMMISSION

Original: 2294



NAMI PENNSYLVANIA
Delaware County Chapter
P.O. Box 1493
Havertown, PA 19083

2002 NOV -6 AM 9:22

REGULATORY
REVIEW COMMISSION

November 1, 2002

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

Dear Mr. Zogby:

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

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

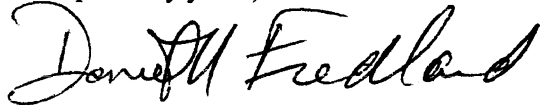
Many of the 7,000 individuals suffer severe mental illnesses. Their mental stability and ability to live in the community are achieved only with medications which often cost hundreds of dollars per month. (The Medical Assistance cost, of course, is less because of negotiated reimbursement rates.) These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

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

Edward Zogby
November 1, 2002
page 2

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

Respectfully yours,



Daniel R. Fredland
Secretary

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

DANIEL R. FREDLAND, P.C.

211 N. MONROE STREET
SECOND FLOOR
MEDIA, PA 19063

Nov. 1, 2002

RECEIVED
2002 NOV -6 AM 9:25

REGULATORY
REVIEW COMMISSION

Dear Mr. Nye;

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

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

Sincerely

Ruth A. Himmelberger

Original: 2294

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

2002 NOV 12 AM 9:33
INDEPENDENT REGULATORY
REVIEW COMMISSION

November 1, 2002

To Whom It May Concern:

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

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

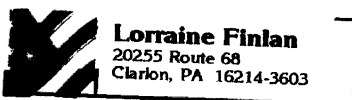
While my sister was alive, she and her husband were able to check on mother daily to see if she needed anything and mother was able to help out with them as needed. After my sister passed away, my brother, two sisters and I worried that mother wasn't eating properly and was forgetting to take her medicine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

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

Sincerely,



Lorraine Finlan



Lorraine Finlan
20255 Route 68
Clarion, PA 16214-3603

Nov 1-02

Original: 2284

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

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

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

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

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

Please stop these new regulations
from going through.

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

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

Original: 2294



ESTATES AND MANAGEMENT CORPORATION

PERSONAL CARE & ASSISTED LIVING

RECEIVED
DEPARTMENT OF
COMMUNITY
AND
RECREATION
COMMISSION
NOV 01 2002
10:25 AM

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

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

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

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

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

November 1, 2002

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

Dear Ms Harris:

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

They have enforced our viewpoint STOP THESE REGULATIONS.

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

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

Sincerely,

**Margie Zelenak
Assistant Administrator**

PETITION

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

Thank you in advance in this cause.

NAME	ADDRESS	PHONE
Colleen M. Puch	104 60th St Scottsdale Pa	724-887-2022
Anna Mae Kubi	104 60th St Scottsdale Pa	724-887-7022
Dr. Annet Lazar	408 S Broadway Scottsdale PA	724-887-6662
Kathy McAfferty	704 Box 276 Harrisburg	724-268-9989
[Signature]	Rd 4 Box 204 Somerset PA	814-463-4585
[Signature]	215 N 52nd St York PA	724-493-4312
Cathy Morris	300 Narrows Rd Gravellyville Pa	724-666-1144
Dorothy McEigh	236 S 4th St Youngwood PA	15697 724-925-1362
Marcell Eiler	236 S 4th St Youngwood PA	15697 724-925-1362
Janet Muth	14 Meadowbrook Ave PA	15401 724-833-3482
Suzanne Gray	RD #1 Box 523 Ruffs Dale Pa	15679 724-872-9456
Bernadine Croy	417 Maple Ave Youngwood Pa	15697
Jackie Spivey	402 S 7th St Youngwood PA	15697
Laurel Baker	301 Maple St P.O. Box 153 Everson PA	15631
Carol Annell	104 Southwood Dr. P.O. Box 285 Dawson PA	724-529-2964
Sandra Moore	518 Davis Rd Dawson PA	15428 724-529-2421
Ann Perry	36 Isaac St Tennitt PA	15644 724-523-237
Vincent Mule	214 Washington St Mt Pleasant Pa	15666 - 724-547-3555
Ann Mule	214 Washington St Mt Pleasant PA	15666 724-547-3535
Phyllis Chlebun	212 Brookholme Rd Mt Pleasant PA	724-547-1919
Christina Otto	7771ale 39 2 Springbrook Hill Road Mt Pleasant, Pa	
Shirley Thomas	P.O. Box 204 Culligan Pa	724-628-1960 577-4414
Heather Wells	120 Penn. Ave Everson PA	724-887-3115

PETITION

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Thank you in advance in this cause.

NAME	ADDRESS	PHONE
Donna Marks	913 Scott Ave, Jeannette Pa. 15644	
Lara Hoenshell	225 N Good St Jeannette PA 15644	
Karen Wisen	511 Fairmont Ave Trafford Pa	
Lyman Heckman	59 Broadway Ave. North Irwin PA 15642	
Richard Kuyler	304 DELBERTA RD LOURA BURRELL PA 15088	
ARTHUR A. OSBORN JR	621 GARFIELD AVE SCOTSDALE PA 15683	
Thomas R. Oberto	33 GARFIELD RD. LATROBE PA 15650	
Mark Mough	819 GREEN Street / Greensburg, PA. 15601	
Theodore O'Malik	1189 Galando Rd RR#2 New Alex. Pa 15670	
Ledward B. Blair	204 N 2 nd St Jeannette PA 15644	
Robert W. Mauer	PO Box 156 HANASTOWN PA 15635	
GLENN CRAMER	985 RUDDER RD LIGONIER PA 15658	
Deloral Baughman	RD 7 Box 340 Greensburg PA 15601	
Paul A. Stunkle	1332 Lem Ave. North Greensburg, PA 15601	
John B. Cerami	121 College Ave. Mt. Pleasant Pa. 15666	
Bill Flynn	10230 Fairmont St. North Huntingdon PA 15642	
James J. Trachman	419 CHESTNUT ST. GREENSBURG PA 15601	
Joe Nizgalski	233 S WASHINGTON AVE GREENSBURG, PA 15601	
Bob [unclear]	1401 Ashland St GRR PA 15601	
Paul [unclear]	1031 Stickell Ln +H+ Manor PA 15665	
U [unclear]	10449 Broadway St N Huntingdon PA 15642	
Bob Henley	Box 736 ADAMSBURG PA 15611	

Original: 2294



ESTATES AND MANAGEMENT CORPORATION

PERSONAL CARE & ASSISTED LIVING

CORPORATE OFFICE

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

SOMERSET

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

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Hunker, PA 15639
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Fax 724-755-0615

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Lakefront Resort
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Adjacent New Stanton

November 1, 2002

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

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They have enforced our viewpoint **STOP THESE REGULATIONS.**

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Sincerely,

Margie Zelenak
Assistant Administrator

RECEIVED
COMMUNITY DEVELOPMENT
NOV 1 10 15 AM '02

PETITION

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

Thank you in advance in this cause.

NAME	ADDRESS	PHONE
Cheryl R. Bickel	104 60th St Scottsdale Pa	724-887-2022
Anna Mae Kubi	104 89th St Scottsdale Pa	724-887-7022
Br. Annet Lagan	408 S Broadway Scottsdale PA	724-887-6682
Harry McKeuff	704 Box 276 Harrisburg	724-268-9989
	Rd 4 Box 204 Somerset PA	814-463-4528
	215 N 5th St York Pa	717-493-4312
Cathy Morris	300 Narrows Rd Conowingo Pa	410-255-1111
Dorothy McEwen	236 S 4th St Youngwood Pa	15697 724-428-1362
Ronald Epler	236 S 4th St Youngwood Pa	15697 724-925-1362
Janet Mithel	14 Meadowbrook Dr PA	15401 724-833-3432
Suzanne Gray	RD #1 Box 523 Ruffe Dole Pa	15679 724-802-9456
Bernadine Gray	717 Mayhew Dr Youngwood Pa	15687
Faith Gray	402 S 7th St Youngwood Pa	15697
Cheryl Baker	301 Maple St P.O. Box 153 Eveson PA	15631
Enya Russell	157 1st St Dawson PA	724-529-2964
Sandra Moore	518 Davis Rd Dawson PA	15428 724-529-2421
Ann Perry	36 Jean St Trumbull PA	15644 724-523-237
Vincent Miele	214 Washington St Mt Pleasant Pa	15666 724-547-2055
Ann Miele	214 Washington St Mt Pleasant Pa	15666 724-547-2055
Phyllis Chlebun	212 Brookholme Rd Mt Pleasant Pa	724-547-1919
Christina Otto	39 2 Springbrook Rd Mt Pleasant Pa	
Shirley Thomas	P.O. Box 204 Culloden Pa	724-628-1960 577-4414
Heather Wilco	122 Penn. Ave Eveson PA	724-887-3115

PETITION

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

Thank you in advance in this cause.

NAME	ADDRESS	PHONE
Donna Marks	913 Scott Ave, Jeannette Pa 15644	
Lara Horstrell	225 N Good St Jeannette PA 15644	
Karen Wisen	511 Fairmont Ave Trufford Pa	
Lynn Heckman	59 Broadway Ave North Irwin PA 15642	
Richard Knight	307 DELAWARE RD LOWER MERIDALE PA 15668	
ARTHUR A. OSBORN JR	621 GARFIELD AVE SCOTSDALE PA 15683	
Thomas R. Oberto	33 Cambridge Rd LATROBE PA 15650	
Mark Mough	819 GREEN Street / Greensburg, Pa. 15601	
Theodore A. Malik	1189 Galardo Rd RR#2 New Alex. Pa 15670	
Edward B. Klein	204 N 2 nd St Jeannette, Pa 15644	
Thomas W. Mauer	PO Box 150 Hannastown PA 15635	
Glenn Cramer	985 RUDDER Rd Ligonier PA 15658	
Delores Baughman	RD 7 Box 340 Greensburg PA 15601	
Paul F. Kunkle	1328 Glen St Greensburg, PA 15601	
John R. Cerasi	121 College Ave Mt. Pleasant Pa. 15666	
Bill Flynn	10230 Fairmont St North Huntingdon Pa 15642	
James J. Thompson	419 WESTNET St. GREENSBURG PA 15601	
Joe Nuland	233 S WASHINGTON AVE GREENSBURG PA 15601	
Bob [unclear]	1401 Ashland St GBS PA 15601	
Paul [unclear]	1031 Stickell Ln + + + Manor PA 15665	
U [unclear]	10449 Broadway St N Huntingdon PA 15642	
Bob Henley	Box 236 ADAMSBURG PA 15611	



ESTATES AND MANAGEMENT CORPORATION

PERSONAL CARE & ASSISTED LIVING

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

SOMERSET
134 East Main Street
Somerset, PA 15501
814-445-9718
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LIGONIER
R.D. #4, Box 107
Ligonier, PA 15658
724-593-7720
Fax 724-593-7720

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

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

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

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EASY LIVING MGMT CORP

Number of pages including Cover page 9

Original: 2294



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2002 NOV -8 AM 9:17
THE HONORABLE CLAY
THE HOUSE OF REPRESENTATIVES

November 1, 2002

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

RE: Proposed Personal Care Home Regulation Comments

Dear Ms. Nevius:

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

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

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

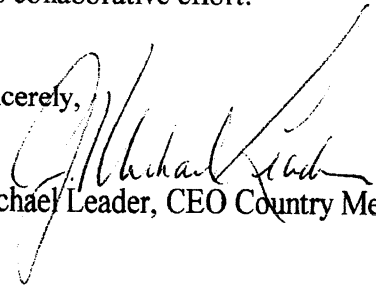
We are supportive of all recommendations set forth in the document submitted by CALM including the general observations and comments dealing with:

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

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

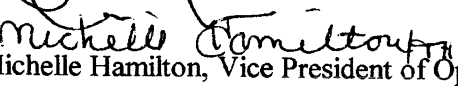
Sincerely,



Michael Leader, CEO Country Meadows



David Leader, COO Country Meadows



Michelle Hamilton, Vice President of Operations



Suzanne Owens, Vice President Operations



Lee Tinkey, Vice President of Operations and Quality Assurance

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

Response to proposed DPW regulation 2600 from Country Meadows

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

Response to proposed DPW regulation 2600 from Country Meadows

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

Original: 2294

Country Comfort



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

14-475
373

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

November 1, 2002

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

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

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

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

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

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

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

CLARIFY

1. 2600.32 J

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

2. 2600.33 K

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

3. 2600.33 L

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

4. 2600.33 Z

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

5. 2600.56 C

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

6. 2600.56 M

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

7. 2600.99

Clarify "gliders".

8. 2600.224 B

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

9. 2600.228 H 3

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

PROBLEMS

1. 2600.20 B 4

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

2. 2600.33 U

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

3. 2600.33 X

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

4. 2600.53 A

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

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

5. 2600.57 B

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

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

6. 2600.57 E

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

Solution: Reduce annual training to 10 hours.

7. 2600.58 E

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

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

8. 2600.85 D

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

Solution: Covered trash reseptacles in kitchen only.

9. 2600.102 A

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

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

10. 2600.107 4

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

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

11. 2600.107 5

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

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

12. 2600.130 E

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

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

13. 2600.141 A 7

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

14. 2600.161 G

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

Solution: Offer 2 other times beside meals.

15. 2600.182 G

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

16. 2600.186 B 2

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

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

17. 2600.186 D

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

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

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

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

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

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

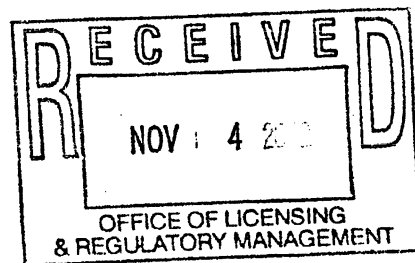
Thank you for your time and consideration.

Sincerely,

Rose M. Bolich

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

Sen. Hal Mowery
Sen. Timothy Murphy





Original: 2294

14-475
361

Association of Personal Care Administrators

PO Box 88

Mifflinburg, PA 17844

Phone and Fax 1-800-375-5993

Handled With Care

The First Statewide Association for Personal Care Administrators

Fax Cover Sheet

Send To: Company Name OLRM

From Katherine Hein

Attention Pat Shockless

Date 11/1/02

Fax number 717-705-6955

Fax number 800-375-5993

Urgent Reply ASAP Please comment Please review For your information

Total pages, including cover: 6

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

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

To: Office of Licensing and Regulatory Management

Re: Comments to the PCH Published Regulations

Date: November 1, 2002

Hello,

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

Sincerely,

Heather Hain, APCA Adm. Asst.

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

Staff Training – 2600.58

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

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

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

Building – Emergency Numbers – 2600.91

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

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

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

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

Indoor Activity Space - 2600.98 (b)

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

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

Recommendation: Keep current regulation 2620.53 (q)

Indoor Activity Space - 2600.98 (c)

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

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

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

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

Resident Bedrooms – 2600.101 (k) (1)

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

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

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

Resident Bedrooms – 2600.101 (k) (2)

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

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

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

Resident Bedrooms – 2600.101 (l)

Cots and portable beds are prohibited

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

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

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

Resident Bedrooms -- 2600.101 (r)

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

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

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

Medications -- 2600.181 (e)

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

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

YINGST
HOMES INC.

Original: 2294

Forrest N. Troutman, II
General Counsel

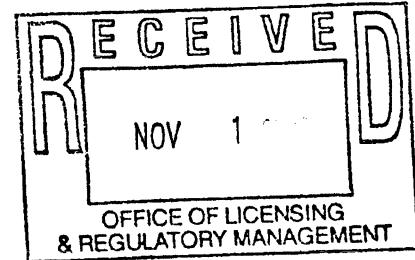
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#14-475
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November 1, 2002



Sent via Hand-Delivery

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

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

Dear Director Nevius:

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

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

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& REGULATORY MANAGEMENT

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

§2600.4 – Definitions

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

§2600.16 – Reportable Incidents

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

§2600.17 – Confidentiality of Records

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

§2600.20 – Resident Funds

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

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

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

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

§2600.41 – Notification of Rights and Complaint Procedures

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

§2600.42 – Specific Rights

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

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

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

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

§2600.54 – Staff Titles and Qualifications for Direct Care Staff

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

§2600.56 – Staffing

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

§2600.57 – Administrator Training and Orientation

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

§2600.58 – Staff Training and Orientation

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

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

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

§2600.59 – Staff Training Plan

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

§2600.60 – Individual Staff Training Plan

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

§2600.91 – Emergency Telephone Numbers

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

§2600.94 – Landings and Stairs

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

§2600.98 – Indoor Activity Space

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

§2600.100 – Exterior Conditions

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

§2600.101 – Resident Bedrooms

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

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

§2600.102 – Bathrooms

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

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

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

§2600.104 – Dining Room

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

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

§2600.105 – Laundry

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

§2600.109 – Firearms and Weapons

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

§2600.129 – Fireplaces

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

§2600.130 – Smoke Detectors and Fire Alarms

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

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

§2600.131 – Fire Extinguishers

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

§2600.132 – Fire Drills

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

§2600.171 – Transportation

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

§2600.225 – Initial Assessment and the Annual Assessment


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

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

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

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

Sincerely,



Forrest N. Troutman, II

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

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

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

14-475 (515)

November 1, 2002

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

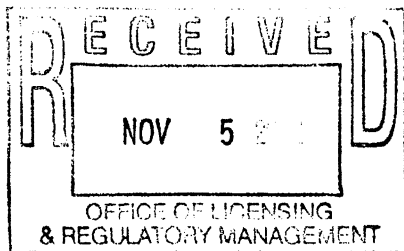
Director Nevius:

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

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

Sincerely,

LaWave Trudgen



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

Original: 2294

14-475
349

Dear Teleta Nevins:

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

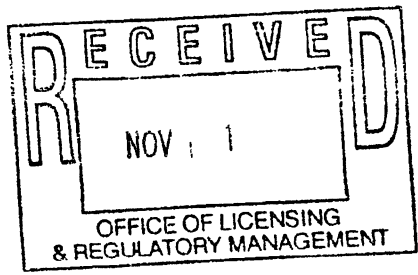
I am informed that some new pending regulations could put this care beyond her reach financially. She has never been married and therefore has NO family to take care of her. I myself live in a small two room apartment --living on Social Security and would not be unable to care for her.

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

Sincerely yours, *Melva Tomb*

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

Harold F. Mowery, Jr. Chairman



MISSOURI/STATE
NOV 1 1989



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



*Teleta Nevins, Director
Dept. of Public Welfare*

Original: 2294

14-475
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NATIONAL OFFICE

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

November 1, 2002

Dear Ms. Nevius:

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

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

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

2600.26 Resident Home Contract: Information on Resident Rights

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

2600.29 Refunds

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

2600.53 Staff Titles and Qualifications for Administrators

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

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

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

2600.54 Staff Titles and Qualifications for Direct Care Staff

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

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

2600.56 Staffing

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

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

2600.57 Administrator Training Orientation

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

2600.58 Staff Training and Orientation

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

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

2600.59 Individual Staff Training Plan

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

2600.91 Emergency Phone Numbers

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

2600.101 Resident Rooms

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

2600.105 Laundry

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

2600.107 Internal and External Disasters

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

2600.228 Notification of Termination

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

2600.231 Doors, Locks, Alarms

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

2600.235 Discharge Standards

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

2600.236 Administrator Training

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

2600.237 Staff Training on Dementia

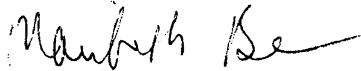
We recommend eliminating the requirement the training be competency-based training for the same reason as stated above.

2600.252 Content of Records

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

Thank you for the opportunity to provide comments.

Sincerely,



Maribeth Bersani
National Director of Government Affairs

14-475 (485)

Original: 2294

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

11/1/02

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

Department of Public Welfare

Room 316, Health & Welfare Building

P.O. Box 2675

Harrisburg, PA 17120

Dear Ms. Nevius,

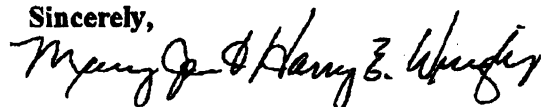
As Personal Care Home owners, we are placed in an unfavorable position with DPW when we comment unfavorably on the proposed Regulation Chapter 2600. However, we must question the agency which regulates us in order to preserve the quality of care we provide our residents and to ensure that our home will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

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

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

We would appreciate your response to these questions.

Sincerely,



Mary Jo & Harry E. Wright

DONALD M. SOLENBERGER

RIDDLE VILLAGE 502 HAMPTON HOUSE, MEDIA, PA 19063

Nov. 1, 2002

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

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

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

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

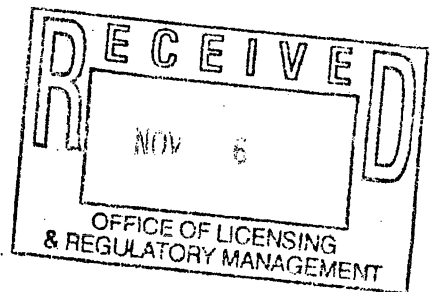
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REVIEW: COMMISSION

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

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

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

Sincerely,
Don Solenberger



14-475 (307)

Dear Teleta Nevius,

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

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

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

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

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

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

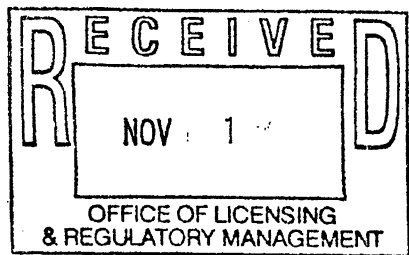
We appeal to you to cut the excessive regulations. Our administrator has made plenty of suggestions in writing to you. She showed us where it has been ignored. Please, don't make our mother and so many others have to make the move. Be reasonable.

Sincerely yours,

*Cynthia Smith
Roger Smith*



NOV 1 1994
11:00 AM



#14-475 (589)

November 1, 2002

To Whom It May Concern:

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

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

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

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

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

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

Thank you for your time.

Sincerely,

Amy L. Sebulsky

Amy L. Sebulsky

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

NOV 1 2002
REVIEW COMMISSION

14-475 (L695)

RECEIVED
NOV 12 PM 3:32
OFFICE OF LICENSING & REGULATORY MANAGEMENT

November 1, 2002

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

Ms. Nevius;

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

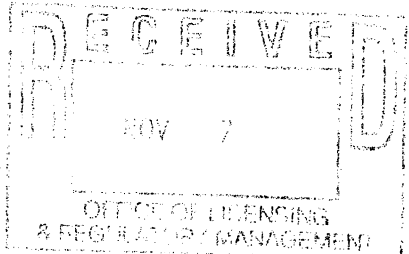
Please review the attached suggestions. If at any time, you are seeking committed and sincere membership on any committees regarding Personal Care regulations, please know I would happily and enthusiastically serve and work hard on this process.

Thank you for the opportunity to respond.

Sincerely yours,

Punki Rusiloski

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



2600.60. INDIVIDUAL STAFF TRAINING PLAN

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

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

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

2600.105. LAUNDRY

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

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

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

2600.161. NUTRITION ADEQUACEY.

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

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

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

2600.181. SELF-ADMINISTRATION.

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

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

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

2600.54. STAFF TITLES AND QUALIFICATIONS FOR DIRECT CARE STAFF

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

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

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

2600.56 STAFFING

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

COMMENT: needs more clarity

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

2600.58. STAFF TRAINING AND ORIENTATION

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

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

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

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

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

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

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

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

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

2600.57 ADMINISTRATOR TRAINING AND ORIENTATION

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

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

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

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

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

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

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

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

2600.4 DEFINITIONS

Direct Care Staff

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

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

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

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

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

2600.27 QUALITY MANAGEMENT

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

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

2600.42 SPECIFIC RIGHTS

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

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

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

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

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

SUGGESTION: Remove this regulation

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

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

SUGGESTION: This regulation should be removed.

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

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

SUGGESTION: This regulation should be removed.

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

14-475 (534)

Original: 2294

November 1, 2002

Dear Teleta Nevius:

NOV-7 2002
OFFICE OF LICENSING & REGULATORY MANAGEMENT
REVIEW COMMISSION

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

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

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

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

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

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

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

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

Respectfully Submitted
James R. Kitzmiller
James R Kitzmiller
Owner/Operator

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NOV 5 2002
OFFICE OF LICENSING & REGULATORY MANAGEMENT