

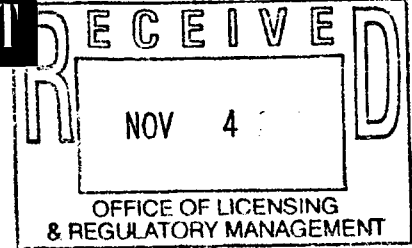
Original: 2294

14-475 (381)



BARLEY

AUTUMN HOUSE WEST



NOV-7 AM 10:15

OFFICE OF LICENSING & REGULATORY
REVIEW COMMISSION

October 31, 2002

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

Dear Teleta,

This letter is my attempt to provide constructive comments to the proposed regulations from The Department of Welfare regarding personal care homes.

The overwhelming majority of homes in the Commonwealth meet or exceed many of the regulations that exist or are proposed. The following items are some of the proposed regulations that need to be addressed.

First, let me comment on the staff training requirements for "direct care staff." (Section 2600.58) The proposal to have staff receive 24 hours of training annually by a "certified trainer" would cost at a minimum, for 50 employees paid \$8.00 an hour (which is conservative but demonstrates my point) \$9,600.00 without adding the cost for the certified trainer(s). Out of necessity these costs will be passed on to the consumer.

Hospitals (such as WellSpan) only require 10 hours of annual training for their aides.

The entire staff training proposal needs reworked. Assessing individual staff, staff surveys and the like look good on paper.

Excessive documentation takes us away from our mission. I could not afford to hire someone to manage this huge impractical task.

Incidentally, at Autumn House West we provide our "direct care" staff with approximately 8 hours training per year plus one on one clinical training by certified staff. It is not inexpensive.

Twenty-four hours of training and all of the required documentation is unrealistic and burdensome.

A few other items worth commenting on:

(Section 2600.607) "The home shall maintain at least a 3 day supply of nonperishable food and drinking water for all residents and personnel."

For 122 residents one gallon of water each per day for three days for hygiene, cooking and hydration would require me to stock, at a minimum, 61 cases of water. Water perishes (yes, it does) in approximately 2 years. Sixty-one cases takes up a lot of space. I operate my facility in a metropolitan area. Prolonged widespread disruption is unlikely.

(Section 2600.130) "All smoke detectors and fire alarms shall be tested for operability at least once monthly. A written record...shall be kept."

I have over 150 hard wired smoke detectors throughout my facility. Each one each month!?! Common sense, enough said.

(Section 2600.161) "Drinking water shall be available to the resident at all times. Other beverages shall be available and offered to the resident at least every two hours."

Our residents are ambulatory, functioning adults. (We are not operating a skilled nursing home.) We have fountains and pantries with beverages available 24 hours. Requiring my staff to offer beverages every two hours is not practical.

The items mentioned are poorly conceived ideas that demonstrate the need for those who propose them to share time with us in the trenches.

My father always taught me that "you can't legislate quality." (Look at what happened to nursing homes when the committee process took over.)

An operator either has the desire to provide top notch care or they do not. As an owner operator I am proud of the service and care we provide.

As a Licensed Nursing Home Administrator whose family has been in this field since 1942, I suggest that some of these proposals are just plain silly and absurd.

I am available to answer your questions anytime.

Sincerely,



Steven B. Barley

cc: Beverly Mackereth
Stephen H. Stetler
Michael Waugh

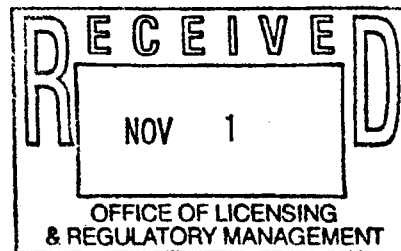
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#14-475 (304)

NOV -4 P. 3:32

REVIEW COMMISSION



October 31, 2002

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

RE: PUBLIC COMMENT REGARDING PROPOSED DEPARTMENT OF PUBLIC WELFARE REGULATIONS FOR PERSONAL CARE HOMES-CHAPTER 2600

Dear Ms. Nevius:

The purpose of our letter to you is to provide comments on the above referenced Proposed Regulations for Personal Care Homes - Chapter 2600 to replace the current personal care home licensing regulations found in chapter 2620. As a point of reference, ACTS Retirement-Life Communities, Inc. is a multi-facility organization comprised of eight continuing care retirement communities located in southeastern Pennsylvania. Each of our eight retirement communities has an on-site personal care home as licensed by the Department of Public Welfare.

Please note the following comments and suggestions to amend the proposed regulations for personal care homes - chapter 2600 as follows:

2600.57 Administrator training and orientation

We suggest that section (b) be amended to read as follows:

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. The administrator must complete these training hours within 90 days of hire at the licensed personal care home.

This suggested amendment will allow personal care homes to hire the appropriate staff person with the knowledge that the training can be obtained within the recommended 90 day period. In a time where the volume of trained administrators is limited, this change will provide facilities much needed flexibility in the hiring process.

2600.58 Staff training and orientation

14(e)

We suggest that this section be amended to read as follows:

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. In year two and subsequent years, direct home staff will be required to receive 12 hours of training on an annual basis.

This change is recommended to match the fact that in year one 12 hours of the 24 hours are for training whereas the additional 12 hours are for on-the-job training/orientation of the new employee. It is felt that this 12 hour training standard should be consistent from year to year.

2600.60 Individual staff training plan

Instead of an individual staff training plan, we feel it is much more appropriate that this section require an **appropriate facility staff plan be established taking into consideration the different needs and skill levels of all employees.**

For larger personal care homes, we strongly feel that an individual staff training plan for each employee is an onerous requirement and therefore the facility staff training plan is much more appropriate to ensure that additional staff do not need to be hired to meet the requirements of this section.

2600.83 Temperature

(a)

We suggest this section be amended to read as follows:

The indoor temperature shall be at least 70° F when residents are present in the home.

However, individual rooms with individual thermostats can be set at temperatures as chosen by the resident.

We feel this change is much more in keeping with the fact that a personal care home is a residential, and not a medical, environment.

2600.132 Fire drills

(d)

We suggest this section be amended to read as follows:

Residents shall be able to evacuate the entire building into a public thoroughfare, or to a fire-safe area designated in writing per the terms of section 2600.107 (a).

Since each community will have written emergency procedures developed and approved by qualified local fire, safety and emergency management offices, we do not feel it is appropriate to specify a time frame for such evacuation. Depending on the acuity level and condition of residents, this evacuation time period could easily fluctuate from community to community. Again, the review by the local emergency management office and fire marshals shall ensure a safe environment for all personal care home residents.

2600.164 Withholding or forcing of food prohibited

(c)

We suggest this section be amended to read as follows:

If a resident refuses to eat consecutively during a 36-48 hour period, the resident's primary care physician and the resident's designee or a family member shall be immediately notified.

The reason we feel this time frame should be amended and increased is the fact that a 24 hour period is too short a period to evaluate a resident's medical condition and a longer period is prudent to determine the reasons behind the resident refusing to eat.

2600.182 Storage and disposal of medications and medical supplies

(a)

We suggest that this section be amended to allow for repackaging of original prescription by a state licensed pharmacist. As you are certainly aware, several states including Florida allow for this in order that residents may still comply with appropriate state regulations but significantly reduce the cost of their medications whether through mail order pharmacies or another approved state licensed pharmacy.

2600.186 Medication records

(7d)

We suggest this section be amended to read as follows:

If a resident refuses to take a medication for two consecutive days, the refusal shall be documented in the resident's record and reported to the physician at the end of that time period. Subsequent refusals to take a prescribed medication shall be reported as required by the physician.

Again, we feel two consecutive days is a more appropriate time frame to evaluate such behavior than simply the action on one shift.

2600.225 Initial assessment and the annual assessment

(a) & (b)

Since personal care home residents are by their placement in a residential environment, we do not feel that the proposed assessment form and/or procedures are appropriate. Such personal care home residents meet all criteria for placement and therefore an assessment form similar to assessments done in a medical facility environment (MDS), are simply not appropriate.

2600.226 Development of the support plan

(a)

Instead of the proposed support plan, we would suggest a communication plan be implemented to be shared among facility personnel from shift to shift. The proposed support plan is quite extensive and again follows the medical model of a care plan for medical facility environment and is not consistent with the residential nature of a personal care home. Further, the staffing impact for larger personal care homes would be significant and would only add to the cost of operations.

2600.231 Doors, locks & alarms

(8)

We suggest that this section be amended to allow such variances to be requested for all jurisdictions and not simply those in Scranton, Pittsburgh and Philadelphia.

2600.236 Administrator training

(1) & (2)

We suggest that the recommended training/education requirements be established at an additional 8 hours annually in addition to the training requirements found in section 2600.257. In a similar manner, we would suggest 8 hours of additional training for direct care staff over and above the training requirements included in section 2600.58.

2600.238 Additional staffing

We suggest this section be amended to read as follows:

Residents of secured units are considered to be mentally immobile. In addition to the requirements of 2600.56, the Department will establish minimal staffing standards subject to a public comment review period.

2600.239 Programming standards

As noted above, we suggest that the department establish a minimum number of activity hours needed to meet the needs of residents. The present language is too open ended and subject to individual interpretation during the personal care home survey process.

2600.240 Notification to the Department

(3)(xiii)

As noted previously, this written approval for a variance should be available to all areas and not simply to the cities of Scranton, Pittsburgh and Philadelphia.

(xxi)

We suggest this section be amended to allow a review by DPW surveyors to look at community specific issues and not implement an across the board state standard.

2600.241 Mobility standards

(c)

We believe that sections (a & b) ensure that an immobile person who requires personal care services may be admitted. Therefore, we feel section (c) is not needed and therefore should be deleted.

2600.252 Content of records

(d2)

Per our previous comment, the requirement of a support plan should be deleted.

(6)

We suggest this section be amended to read as follows:

An inventory of the resident's personal property is voluntarily declared by the resident upon admission and voluntarily updated. The facility has no responsibility for these items, financially or otherwise.

An inventory of voluntary items is appropriate but resident and family members should know that the facility has no financial or other responsibility for these items.

2600.253 Record retention and disposal

(2)

We suggest this section be amended to read as follows:

The resident's record may be destroyed 4 years after the resident's discharge from the home. The records shall be destroyed in a manner that protects confidentiality.

This clarification would add flexibility to those personal care homes which are part of a continuing care retirement community like the ACTS facilities.

2600.261 Classification of violations

For clarity purposes, we suggest that a list of routine Class I, Class II and Class III violations be provided to each personal care home. In addition, (3) should be amended to read as follows: Class III violations are minor violations which may have an adverse effect upon the health, safety or well being of a resident.

2600.262 Penalties

(c)

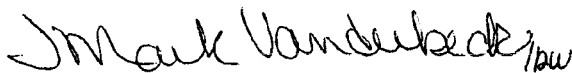
We suggest this section be amended to read as follows:

In the case of a Class II violation, assessment of the penalty will be suspended for 5 days from the date of citation to permit sufficient time for the licensee to correct the violation. The department shall establish a formal process to enable each personal care home to file for an extension. This time period may be extended for good cause. If the violation has not been corrected within the 5-day period, the fine will be retroactive to the date of citation.

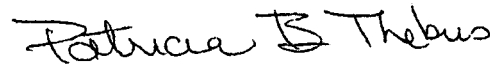
We also suggest that no fines be levied if the department has accepted the personal care homes plan of correction. Fines should not be levied in the event of a vendor delaying action. We also think a way to expedite this process would be for the department to provide an unlined template which would be used for filing plans and corrections on an electronic basis.

Thank you for your consideration of these suggested amendments and comments.

Sincerely,



J. Mark Vanderbeck
Senior Vice President
Northern Division
ACTS Retirement-Life Communities, Inc.



Patricia B. Thebus
Corporate Director
Medical Services
ACTS Retirement-Life Communities, Inc.

10/30/02

Robert Nyce, Executive Director
Independent Regulatory Review Commission
333 Market Street
14th Floor
Harrisburg, Pa. 17101

Dear Mr. Nyce,

I am writing to you as a concerned daughter (I live in N.H.) of a 90 year old woman (in Pa.) in an assisted living facility. Recently we have been informed of impending new regulations. Many of these regulations seem a bit extreme and unfair to the smaller facilities already giving adequate care at a reasonable rate. Furthermore, people on SSI will be priced completely out of the system (like my mother).

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,
Linda Vaitiskis

INDEPENDENT REGULATORY REVIEW COMMISSION
333 MARKET STREET
HARRISBURG, PA. 17101
TEL: 717-631-5228
FAX: 717-631-5229

Original: 2294

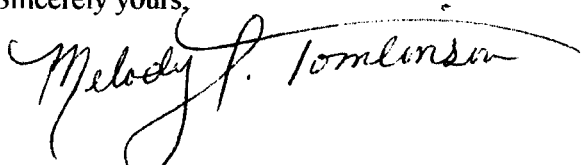
Dear State Representative,

Oct. 30, 2002

I feel compelled to write to you about a very pressing need. My grandmother is in a Personal Care Home in Armstrong County. This home provides a steady, controlled environment and supervised care for my grandmother who, though not critically ill, does need a small amount of help and supervision to accomplish some tasks such as meals, housekeeping, and laundry. The home where she lives is small, and the residents and staff are a family. They know, love and care for each other in many areas of support. Also, grandmother is near to many family members and friends. She is very happy in this situation.

I was recently informed that some new pending regulations could put this care beyond her reach financially, and possibly lead to the closure of many such facilities in the state of Pennsylvania. What I have discovered is that some people have thought that by increasing the amount and type of staff that Personal Care Homes have, they could better help the residents. If implemented these new regulations would increase the costs to the residents approximately \$900 to \$1200 per month. From Social Security, and a small pension she gets enough to pay about half of the current cost of the home. If the small personal care homes would have to close due to the unfunded mandates, the patients would end up in large facilities that do not have the same family feeling, and I believe that our seniors deserve better. I am hoping this letter will enlighten you to the proposed changes, and you will reject them. We need the personal care homes to remain an affordable and readily available option for the families of Pennsylvania.

Sincerely yours,

A handwritten signature in cursive script that reads "Melody F. Tomlinson". The signature is written in black ink and is positioned above the typed name and address.

Melody Tomlinson
3831 Row 85th Terr Apt. C
Kansas City, MO 64114

Original: 2294

422 Towers Circle
Emlenton, PA 16373

Independent Regulatory Review Commission
333 Market Street
14th Floor
Harrisburg, PA 17120


October 30, 2002

I feel compelled to write to you about a very pressing need. My aunt is in a Personal Care Home in Armstrong County. This home provides a steady controlled environment and supervised care for my aunt who, though not critically ill, does need a small amount of help and supervision to accomplish some tasks such as meals, laundry and, housekeeping.

I was recently informed that some new pending regulations could put this care beyond her reach financially. And possibly lead to the closure of many such facilities in the state of Pennsylvania. What I have discovered is that some people have thought that by increasing the amount, and type of staff that Personal Care Homes have they could better help the residents. They seemed to have forgotten that the extra help would cost a lot of extra money, enough money, that it would be impossible for my aunt. From Social Security and a small pension, she gets enough to pay about half of the cost of the home.

I am hoping this letter will enlighten you to the proposed changes and you will reject them. We need the personal Care Homes to remain an affordable and readily available option for the families of Pennsylvania. Thank you for your consideration in this important matter.

Sincerely yours,


Marcia J. Shanafelt

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COMMISSION
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135 Main Street P.O. Box 336
St. Michael, PA 15951
814-495-4642

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Since 1988
INDEPENDENT REGULATORY
REVIEW COMMISSION

Celebrating Our 14th Year!

October 30, 2002

John R. McGinley, Jr., Esq., Chairman
Independent Regulatory Review Commission
333 Market Street, 14th Floor
Harrisburg, PA 17101

Dear Mr. McGinley:

Enclosed please find a copy of a letter I forwarded to Teleta Nevius, Director of the Department of Public Welfare's Office of Licensing & Regulatory Management regarding the proposed rulemaking of Chapters 2600 and 2620 with respect to personal care homes.

I would appreciate your consideration of my letter regarding these issues, which are so critical to our personal care home and the residents we serve.

May I please have a response from your office? Thank you for your time.

Sincerely,

Sherri A. Easterbrook
Administrator

Enclosures

We're NOT an Institution . . . We're "HOME"



135 Main Street P.O. Box 336
St. Michael, PA 15951
814-495-4642

Since 1988

Celebrating Our 14th Year!

October 28, 2002

Teleta Nevius, Director
Department of Public Welfare
Office of Licensing & Regulatory Mgmt.
Room 316 Health & Welfare Bldg.
PO Box 2675
Harrisburg, PA 17120

Dear Director Nevius:

I am writing in regard to the proposed rulemaking regarding Chapters 2600 and 2620 with respect to personal care homes.

I am currently the Administrator of a 30-bed personal care home. I wish to state that I am totally for any enhanced ruling that would afford residents in our state an opportunity for continued and improved care. My concerns regarding the proposed regulations, however, are many. First of all, as a provider of personal care, why did I not receive a copy of the revised proposal? I had to go to an outside source for the information. It seems appropriate to me that DPW should have forwarded a copy to all currently licensed personal care homes. After all, they, and their residents, will be forever changed by the new regulations. Secondly, there is such a vast, vast difference between an 8-bed facility and a 100+-bed facility (physical building, residents, staff, working capital, etc.). It seems highly impossible to regulate each with the same requirements. I would, therefore, respectfully suggest that you allow for some flexibility in requirements and regulations to better suit the needs of residents in all (vastly different) facilities. I am also concerned with some of the "language" and requirements of the newly proposed regulations. It seems to me that they are rapidly mirroring those of a medical facility or a nursing facility. I thought that personal care homes were the step between the home and a skilled facility. Why all the increased paperwork and requirements? Our desire is to personally involve ourselves with the residents of our Homes. We believe that this personal touch enhances the quality of life for our elderly. None of us desires to be overrun with forms and mandates. The potential costs to the providers, ultimately passed on to the residents, could be substantial. I suspect in the thousands of dollars. With skyrocketing costs now and very little increase in resident's funds - how can we afford it? What about care to the SSI residents? How is all this feasible??? I'm concerned. Very concerned. There are also legal issues with respect to the new forms and regulations. Will DPW provide LEGAL documents for us to use so that costs for legal counsel are not imposed on the PCH?

We're NOT an Institution . . . We're "HOME"

You all have a tough job ahead of you. It's my hope that you will proceed cautiously and wisely. The following are some comments I have concerning some of the proposed requirements. I respectfully submit them:

Volunteers & Temporary Employees I believe that adding, "who provides care majority of time" or "routinely performs" direct care services would help. I often have a person/s "volunteer" one day a year (i.e.: Christmas). Should this person be trained equal to my 40-hr per week staff???

2600.15. What is the time frame of "immediately"? Define "suspected abuse". Is this alleged abuse or factual? Persons with dementia often tell "wild tales". When we are sure the story did not happen, does it still need to be reported? (i.e.: "She came in my room last night and beat me over the head with a baseball bat." No physical evidence of any bruising, etc. Is this reported?)

2600.17. There is no listing for the PCH to have access to the records. (?)

2600.20. (b) (2): Add, "if resident is deemed able" or something along those lines. There are those who verbally testify that they are able to handle their affairs but, in fact, are not. How can we allow them to do so to their own demise?

2600.20 (b) (12): Immediately is not always possible. Sometimes there are pending charges not yet deducted from the residents' monies. (i.e.: in-house beautician only bills monthly.) Suggest "within 30 days".

2600.27. This concerns me. PLEASE consider provisions for smaller homes (50 beds and under?). Staff time and increased expense in carrying out the quality management requirements could be VERY detrimental to smaller facilities.

2600.29. Some provision should be made for pending charges and the organization of such. Also, there is no provision for the individual Home's refund policies, which could conflict with the wording here.

2600.41. (a) I wish to suggest that the complaints be lodged in WRITING by the resident or resident's designee. We are required to submit results in writing (g).

2600.42. (a) I understand the wording here. However, some provision should be made with regards to the ability of the Home to care for the residents' needs. Example: The Home's only open beds are deemed inappropriate by the home to meet the needs of the resident's handicap/disability (i.e.: beds on the second floor, etc.). Also, I have some concern with "sexual orientation". Can we place a gay female in a

semi-private room with another female? Is this deemed appropriate? What of the other female's rights?

2600.42. (i) Please add, "if necessary" (not every resident requires these services OR this assistance is provided by family members).

2600.42. (j) Again, please add, "if necessary" (most family members provide this service for our residents).

2600.42. (l) There is a need to add, "unless doing so causes danger to self or others or is in a direct conflict with house rules". (i.e.: purchasing cigarettes when home is a non-smoking facility OR against physician's orders.)

2600.42. (u) PLEASE add a #4: Resident violates home rules. PLEASE add a #5: Resident violates other resident's/s' rights.

2600.42. (w) Resident's appeal should be in writing.

2600.42. (y) Must add "if able". Certainly most of our residents are not able to handle their own affairs. However, most of the time families handle these affairs for the residents.

2600.42. (z) Although I whole-heartedly agree - I don't believe this is the responsibility of the PCH. This is the physician's responsibility! Legally and professionally - what authority do we have with regards to this issue???

2600.53. (a) I am ASSUMING that current Administrators are "grandfathered" on this one. Again, though, I'm very concerned for the small PCH. We are not a medical facility or a nursing facility! Services are readily available in the community if nursing or emergency services are needed. How can we possibly afford to pay for an Administrator with these educational qualifications? Why should we have to??? Provisions should be made for "commensurate life experience". Isn't this provision available in similar regulations of other types of facilities??? The Administrators qualifications should, in some respects, be the decision of the legal entity of the facility, or whoever does the hiring. They certainly should have the final say on what they deem appropriate for their particular facility (within reason, of course).

2600.53. (d) Suggest changing to The Administrator "and/or legal entity" shall be responsible

2600.54. (l) Suggest keeping age at 16 or at least 17. Some 17 year olds have already graduated from high school or have their GED!

2600.54. (2) Again – any chance of adding “or commensurate life experience”?? I truly do not see the relevance of this issue. I don’t believe that a person needs a GED or a high school diploma to lovingly and thoroughly care for the elderly. Could this just be a stipulation for the administrator designee instead of just direct care staff?

2600.57. (b) If the “competency-based internship” can be completed within the same PCH (i.e.: new admin. trained by resigning admin.), that’s perfectly fine. HOWEVER, what does the newly established PCH do - or what if the resigning admin. leaves before the new one begins employment?? How can this internship then take place? How can the PCH approach their competition and ask to “shadow” them for two weeks? I don’t think they will take too kindly to this and frankly, neither would I be very thrilled to help. Would this internship be “free”? Highly unlikely. Again, additional costs.

2600.57. (c) & (d) Some of these issues may not be relevant at each PCH. (For example: mental retardation.)

2600.57. (e) We need clarification on this listing. Does this mean that we need to cover all of these issues every year? Also, the current regulations require 6 hrs. I think that 12 hours is sufficient. After all, that alone is a 100% increase. Some thought should be given to those who have been administrators for a decent length of time. Their educational needs would be considerably less than a “newer” admin.

2600.57. (11) This number is duplicated from the previous #5.

2600.58. (a) I would suggest removing the “prior to working with residents” or change it to read, “prior to working with residents unsupervised”. Supervised in home training with the residents is far more effective than “text book” training.

2600.58. (c) Would there be a DPW form given to the PCH to assess newly hired direct care staff? Not everyone does well on “written” tests. Can this be simply a checklist whereby we supervise the new staff performing the duty properly?

2600.58. (e) When it says “On the job training may count for 12 out of the 24 training hours required annually” does that mean that we would have to pay to have all our staff trained outside of the home??? This is not feasible!!! We have about a dozen employees! We absolutely cannot afford this! If we are already paying an outside source to train the Administrator – why can’t the Admin. take that training back to his/her staff? It would make much more sense for the PCH to be able to train their employees in-house.

Again, there are no specified, required hours for staff now. I think 12 hours annually is more than sufficient.

2600.58. (f) Again, every topic needs included every year? What about "veteran" staff needing less education??

2600.59. This entire section will prove to be a difficult task for the smaller PCH. PLEASE simplify this. PLEASE give us some flexibility in deciding what needs our particular home/staff has.

2600.60. Will DPW provide the PCH with the forms/resources to easily complete these tasks???

2600.81. Are existing homes grandfathered???

2600.82. (a) It is often cost-effective to buy in large quantities but not feasible to use the products from such massive containers. Can the words "in their original" container be removed? Of course, they would be properly labeled and stored.

2600.85. (d) If the trash is removed daily, do the trash receptacles in bathrooms and kitchens need to be covered? Some residents would throw trash on the floor otherwise – things must be kept simple!

2600.98. (b) Not all residents have visitors at the same time. Will this fact be considered in the required number of seats, etc.?

2600.98. Please add "according to the population needs of the PCH" or something like that. Each resident's idea of "recreation" is vastly different.

2600.101. (c) This is excessive. Most of our residents have some sort of physical mobility, even if it is minor. How can this be possible for us? Again, is it grandfathered???

2600.101. (o) This comes back to the resident's "sexual orientation". Can we place a gay man in a bedroom with another man?

2600.101. (r) I agree that the resident should have a comfortable chair. However, maybe their idea of a comfortable chair is a lift-chair with heat and massage!

2600.102. (i) Please change to "for each resident sharing a bathroom". Soap labels shouldn't be necessary in private bathrooms.

2600.102. (j) Depending on the particular residents served, this is not always a good idea! Suggest changing to "Toiletries and linens shall be made accessible to the resident".

2600.103. (e) Can weekly be changed to "regularly"? Every home replenishes their supplies during different time frames.

2600.104. (c) Can this be changed to "in the dining area"?

2600.105. (g) ??? Remove lint from clothes??? Do you mean from dryers?

2600.107. (b) Reviewed annually, ok, but updated annually? What if no update is necessary? What if everything has remained the same?

2600.107. (c) (3) This is not always possible!

2600.107 (c) (4) Please add "or plan for obtaining such". Bottled drinking water has a "use by" date. Highly wasteful if not needed.

2600.107. (c) (5) Many Homes have arrangements with local pharmacies. Some of these pharmacies only bring meds weekly or monthly! There may be some time during that week or month in which only one extra day is on hand. Is this acceptable? The pharmacy would be responsible for providing meds in any emergency.

2600.130. (i) Duplicate – same as 2600.130 (a).

2600.141. (6) Please clarify. RECENT immunization history (i.e. flu shot, etc.)? Most elderly have no written record of past immunizations (if they had them at all).

2600.141. (9) What is this???

2600.142. (b) Please remove "and the continued attempts to train the resident". The resident's wishes should be carried out without "badgering".

2600.143. (c) (3) Please define this. Unclear as to what is required.

2600.143. (d) (9) Please add, "if applicable".

2600.143. (d) (10) Please add, "if applicable". Some residents have no one!

2600.161. (c) Please add, "in accordance with dietary or medical restrictions". Some individuals should not have "seconds" due to health concerns.

2600.181. (e) Can you please clarify this? When you make these statements about self-administering meds, is this definition for the Home to determine if the resident is capable of keeping the meds in their room and taking them on their own or is this self-administering meds definition meant for the physician when he/she

completes the health assessment/medical evaluation? I'm assuming that it is for the resident who is capable of self-administering meds. Otherwise, it makes no sense.

2600.182. (a) CAMs are not always labeled properly on original label.

2600.182. (c) Does this mean each stored in a separate locked container? If so, why?

2600.182. (d) Same question as above – WHY stored separately??? This is really a problem if the facility doesn't have the storage space available. Why not just keep each of the resident's prescription, OTC and CAM in the same storage bin?

2600.182. (f) Can you please change this to, "When a resident permanently leaves the home, the resident's meds shall be OFFERED to the resident" Not every resident or resident's family wants to take the meds. Sometimes they want them returned to the pharmacy. Is this ok?

2600.202. (a) (2) Define "noxious stimuli".

2600.223. Will DPW help develop or provide samples for PCH use? Is it ok if this is part of the admission agreement?

2600.224. Is this the same screening tool used now?

2600.225 (b) Please add, "if applicable".

2600.225 (d) (4) PLEASE add, "if condition of the resident materially changes". Otherwise this will be a nightmare. Some residents are in and out of the hospital on a regular basis and nothing about their condition changes. Why needless paperwork?

2600.226. This seems excessive to me. The possibility of coordinating all the listed persons in a support plan seems highly unlikely, especially within 15 calendar days! I suggest changing the health assessment/medical evaluation to include areas for input from the physician to assist the PCH in completing the support plan.

2600.228. (h) (3) I would like to suggest some wording that gives the PCH flexibility regarding resident's individual needs and the individual needs of the PCH itself. Can the PCH determine if they are able to use outside agencies and to what extent? Most often the MD makes this call (higher level of care needed) or is in agreement with the situation when it's brought to his attention. HOWEVER, I have had families over the years that have been very, very adamant about moving their loved one from our Home. I think they are in denial and think that something terrible will happen to their loved one if they go to a higher level of care (death). Therefore, they want to

hold onto the hope that things will improve and she/he will go back to the previous level. If we, as providers, administrators and staff feel that we cannot adequately care for a person – is it right to force us to keep that person? Isn't it in the best interest of the resident if they receive the care they need? After all, we are the ones who are with them 24/7. We, above anyone else, should know what his or her needs are and if we can adequately meet them.

2600.228. Can you PLEASE add the following numbers: (7) If the resident or resident's family/advocates violate the Home rules. (8) If the resident or resident's family/advocates violate another resident's rights. (9) If the resident disrupts the Home's harmony. (Thank you.)

2600.264. Is DPW providing examples for us to follow? I hope so!! This is a gruesome task for those of us with limited WRITTEN policies in place currently. It will be very time consuming and costly to prepare.

Thank you for your consideration of the above. Will I hear a reply from your office?

Sincerely,

Sherri A. Easterbrook
Administrator

cc: George Kenney, Jr. & Frank Oliver – House Health & Human Services
Harold F. Mowery, Jr. & Timothy F. Murphy – Senate Public Health & Welfare
Vincent J. Hughes – Senate Public Health & Welfare
John R. McGinley, Jr., Esq. – Independent Regulatory Review Commission

I am opposed to the many new burdens you are planning to add to Personal Care Homes, their residents and their employees unless the state can assist by subsidizing additional funds to help in the continuation of their operation.

Many of the residents could not afford to move into a nursing home, since they are even more expensive, and their incomes do not allow for that. They do receive competent nursing assistance in Personal Care Homes at a lesser cost than the additional.

paper work you ^{2.} want to add in
the home operations, the additional
training and professional employees
needed for the positions you say
we will require, then, I say,
financial assistance from other
sources, other than our residents
will have to be considered. These
people, and our employees, are
looking forward to a more

assisted way of operations.
Well, I hope the right ~~course~~^{move} is
made for our resident and our
workers. I feel strongly about
the new proposed Regulation I wouldn't
go through.

Thank You,
Very Concern Employee
of Assisted Living

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DEPARTMENT OF HEALTH
 REVIEW COMMISSION
 100 W. CALIFORNIA
 2010 OCT 30 AM 9:42

paper work you 2. want to add in
the home operations, the additional
training and professional employees
needed for the positions you say
we will require, then, I say,
financial assistance from other
sources, other than our residents
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assisted way of operations.
Well, I hope the right ~~actions~~^{move} is
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workers. I feel strongly about
the new proposed Regulation. Wouldn't
go through.

Thank You,
Very Concern Employee
of Assisted Living

Work @

Julia Micecke

6 Hills Manor

705 Spring St

Associated

Living

Sinking Springs, Pa, 15608

Original: 2294

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

October 30, 2002

RECEIVED
OCT 31 AM 11:12
STATE OF PENNSYLVANIA
DEPARTMENT OF REVENUE

ARE YOU WILLING TO HELP THE PERSONAL CARE INDUSTRY AND OUR RESIDENTS ?

I have been in the personal care business for almost 23 years. I have seen many changes during that time .I love my work and the residents I care for .Our home is more of a comfortable family atmosphere not a nursing home setting. Many people would much rather live in this type of atmosphere. I have many concerns with the new proposed regulations.

It seems to me that the administrators and staff will have to meet more stringent requirements than in a nursing home. There are numerous new proposed regulations that would be very costly to the personal care homes!

It appears to me that only very large homes for the wealthy residents may be able to survive while the poorer residents may be homeless. Could Pa. then be known as the state of the homeless?

Has a study been done on what the total impact would be mentally and financially to the residents in our homes? I f so, I would like a copy of it.

How many of the owners of personal care homes have been ask to be present and actually have an input in the development of new regulations?

I also feel this would have an economic impact in the state of Pa. Many homes will close And many will loose their jobs.

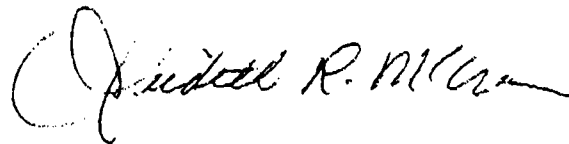
When new regulations are made mandatory shouldn't there be state funding?

The main concern is the rights of the residents living in the personal care homes.

Wouldn't some of their rights be violated?

I hope that the the concerns of all will be addressed before making the proposed regulations mandatory .I want thank you for taking the time from your busy schedule to read this and all other letters related to this issue.

Sincerely, ,




Dear State Representative,

Oct. 30, 2002

I feel compelled to write to you about a very pressing need. My grandmother is in a Personal Care Home in Armstrong County. This home provides a steady, controlled environment and supervised care for my grandmother who, though not critically ill, does need a small amount of help and supervision to accomplish some tasks such as meals, housekeeping, and laundry. The home where she lives is small, and the residents and staff are a family. They know, love and care for each other in many areas of support. Also, grandmother is near to many family members and friends. She is very happy in this situation.

I was recently informed that some new pending regulations could put this care beyond her reach financially, and possibly lead to the closure of many such facilities in the state of Pennsylvania. What I have discovered is that some people have thought that by increasing the amount and type of staff that Personal Care Homes have, they could better help the residents. If implemented these new regulations would increase the costs to the residents approximately \$900 to \$1200 per month. From Social Security, and a small pension she gets enough to pay about half of the current cost of the home. If the small personal care homes would have to close due to the unfunded mandates, the patients would end up in large facilities that do not have the same family feeling, and I believe that our seniors deserve better. I am hoping this letter will enlighten you to the proposed changes, and you will reject them. We need the personal care homes to remain an affordable and readily available option for the families of Pennsylvania.

Sincerely yours,



ANDREW MATTHIAS
513 NW 71st ST.
KANSAS CITY, MO 64118

RECEIVED
OCT 31 2002
STATE REPRESENTATIVE

Original: 2294

RECEIVED
2002 NOV 12 AM 9:19
PHARMACY BOARD
REVIEW COMMISSION

October 30, 2002

Jeff Markovitz RPh
Dierken's Pharmacy
246 Main Street
Monongahela, PA 15063

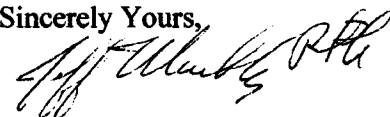
IRRC
333 Market Street
14th Floor
Harrisburg, PA 17101
Attn: Mary Lou Harris

Dear Ms. Harris,

I would like to make a "public" comment on the Proposed Regulations that the DPW has proposed for the personal care home industry. I imagine that you are attempting to regulate what you see as shortcomings in the personal care homes of Pennsylvania. You are attempting to pass legislation to require that many of the duties now performed by the regularly trained and competent staff members be restricted to nursing staff alone. While there is certainly no argument that nurses can and do provide a wide range of very valuable services to critically ill patients, there is also the cost factor associated with an increase in the number of nurses in use and the number of hours worked. The types of homes I am talking about are not for critically ill patients, they are for either elderly or otherwise challenged patients who generally need assistance with some personal care issues such as meals, cleaning, and other less critical duties. By making the proposed changes, many of the smaller personal care home operators could be forced out of business. This could lead to a decrease in the overall number of beds available for our senior citizen population and derive families of the ability to frequently visit their elderly relatives at convenient, local personal care homes.

Another issue associated with these proposed regulations is the very simple fact that there is already a critical shortage of nurses. This is why President Bush signed into law, legislation to help future nurses to go to school tuition free. This once again leads to the closing of many personal care homes that currently exist. Tie this in with the increased costs to the already financially strapped families and we can all see that while these regulations are intended to increase patient care, the effect would be just the opposite. Some families may seek out unregulated homes that would operate outside the law. Included in my duties as pharmacist are visits to these personal care homes to help them with patient care issues. These homes, as they currently exist provide good care for residents who have some need of personal assistance. The care of our elderly citizens is definitely important but increasing the costs to the already burdened families and depriving them of a choice of locations is not the proper way to go about it.

Sincerely Yours,



2002 NOV 12 PM 12:09
REGULATORY
REVIEW COMMISSION

October 24, 2002

Marshall Marvenko (age 53)
The Adams House PCH
314 Fallowfield Ave.
Charleroi, PA 15022

IRRC
333 Market Street
14th Floor
Harrisburg, PA 17101
Attn: Mary Lou Harris

Dear Ms. Harris,

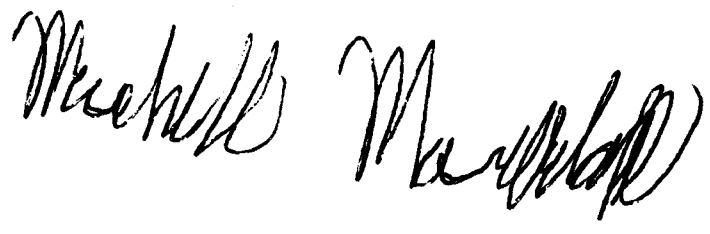
I have lived at the Adams House for over 1 year now and I certainly do love this home. The reason is—it is my home. The owner says we can take 21 residents, but she says we probably would only take 20. To take 21, we would have to change our upstairs living room to a bedroom. She wouldn't want to do that.

She tells us that DPW is asking her to change some of the bedrooms to make them larger. For what—to sleep at night? We don't spend time in our bedrooms & the only time most of us are in our bedrooms is at night to sleep. Once in awhile one of us takes an afternoon nap, but we need bed space not floor space for that. We all spend time together in the downstairs living room., dining room, or the deck. We spend time with staff in these areas—all the time. We are FAMILY!!!

Why do you want to take our home from us? We do NOT understand. The owner tells us that if she has to hire all the extra staff (nurses) you are asking in the new regulations, that she will have to close the home. We are all AFRAID. A lot of us have mental illness, can go out, but cannot live alone. Our doctors have decided that. Some of us have NO family here except for The Adams House. Where will you send us? If DPW closes our home and a lot of other homes in PA, who will find homes for us? None of us living here are qualified to go to a nursing home. Many of us don't have families that can take us. We are all afraid of what might happen. Would you like your family to be taken away?

I wanted to mention also, that the owner does things for us that I think a lot of owners wouldn't do. She takes us to band concerts, coffeehouses (Christian) and church. A couple of us even go to the Nascar races with her when she goes to Motordrome. She takes a couple of us to her house on Thanksgiving & Christmas because we are alone.

Yours truly,



RECEIVED
OCTOBER 12 PM 12:09
PHARMACEUTICAL REGULATORY
REVIEW COMMISSION

October 30, 2002

Richard Lubecki RPh
Span & Taylor Pharmacy
175 West Main Street
Monongahela, PA 15063

IRRC
333 Market Street
14th Floor
Harrisburg, PA 17101
Attn: Mary Lou Harris

Dear Ms. Harris;

I would like to make a "public comment on the Proposed Regulations that the DPW has proposed for the personal care home industry. I imagine that you are attempting to regulate what you see as shortcomings in the personal care homes of Pennsylvania. You are attempting to pass legislation to require that many of the duties now performed by the regularly trained and competent staff members be restricted to nursing staff alone. While there is certainly no argument that nurses can and do provide a wide range of very valuable services to critically ill patients, there is also the cost factor associated with an increase in the number of nurses in use and the number of hours worked. The types of homes I am talking about are not for critically ill patients, they are for either elderly or otherwise challenged patients who generally need assistance with some personal care issues such as meals, cleaning, and other less critical duties. By making the proposed changes, many of the smaller personal care home operators could be forced out of business. This could lead to a decrease in the overall number of beds available for our senior citizen population and derive families of the ability to frequently visit their elderly relatives at convenient, local personal care homes.

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Thank you,

Richard Lubecki, RPh

RECEIVED
OCT 30 12 PM '02
INDEPENDENT REGULATORY
REVIEW COMMISSION

October 30, 2002

Joseph F. Stabile
49 Rocky Lane
84, PA 15330

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

Dear Ms. Harris,

My mother is the owner of a personal care home that is licensed for 21 beds. She has been in business almost 6 years now. She is a Licensed Practical Nurse also. She has worked at hospital, nursing homes and in home health. She loves taking care of people and treats the people in her home like they are family. When she opened the home, she quit her job at the hospital to devote all of her time to the personal care home. We even moved into the home for almost a year & a half, much to my disappointment, you see it was my senior year when she opened it. She wanted to give her all to it, and I guess that meant mine, too. I helped her put a large deck out back and eventually put new siding on the building. It was a home that held only 8 beds, and she really struggled to make ends meet and often couldn't, but never gave up. She totally believed in her work. Then last year, she was given the opportunity to buy the 21 bed facility, and went deeper in debt to do so. For you see, she totally believed in what she was doing and it was her life.

Now, with the new regulations looming over her head, she is talking about closing the new home when they are passed. She says she will have no choice because of all the added costs. Some of the rooms in the home must be enlarged, but the catch is, there is no way to do that. If she doesn't do that, she will lose about 4 or 5 residents. The home is situated between two buildings on the main street of the town with about one foot in between them. You can't even walk between the buildings, it is so narrow. You either walk through the building or around the block. How can she expand this building? Also, even though she is an LPN, she is not there all the time. She has to do the shopping for the home, banking, and many other duties that take her out. She says that she would be required to have a nurse on duty every moment she is not there and also, that nurse would be required to take the administrator course to even take care of the home in her absence. Also a nurse to pass medications when she isn't on the premises. She tells me that nursing home administrators are not required to cover the floor with another person that is trained exactly as themselves when they aren't in the home. She is really afraid that she will have to close and then she loses everything. And the worst part is, she has about 10 SSI people who she is afraid will have nowhere to go. Even the ones that are private pay are paying the maximum amount they can afford, so where would they go? All of the homes will have to raise their rates, and they are all higher than hers now. Please consider what ramifications these regulations will have if passed.

Sincerely yours



2002 OCT 24 PM 12:05
HARRISBURG, PA 17101
IRRC REVIEW COMMISSION

October 30, 2002

Bryan Polomoscanik RPh
Dierken's Pharmacy
246 Main Street
Monongahela, PA 15063

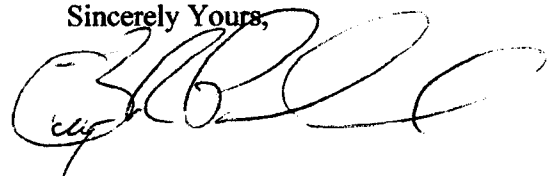
IRRC
333 Market Street
14th Floor
Harrisburg, PA 17101
Attn: Mary Lou Harris

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Sincerely Yours,



Original: 2294


OCTOBER 30, 2002

2002-10-30 AM 9:05
REGULATORY
REVIEW COMMISSION

DEAR MS. NEVIOUS, IRRRC, SENATOR MOWREY AND MR. KINNEY:

THIS LETTER IS IN REFERENCE TO THE PROPOSED CHANGES IN THE REGULATIONS FOR PERSONAL CARE HOMES. MY MOTHER IS PRESENTLY RESIDING AT VALENCIA WOODS, A DIVISION OF ST. BARNABAS SINCE SHE IS UNABLE TO LIVE INDEPENDENTLY AND WE FEEL IS DOING VERY, VERY WELL. PERHAPS THE PEOPLE THAT ARE PROPOSING THE CHANGES IN REGULATIONS SHOULD TAKE A LITTLE TIME AND VISIT SOME PERSONAL CARE HOMES AND SEE FOR THEMSELVES HOW NEEDED THEY ARE. YOU ALL NEED TO GET YOUR PRIORITIES STRAIGHT AND DO WHAT IS RIGHT WITH OUR SENIORS. YOU KNOW SOME DAY YOU WILL BE AT THAT AGE, ON A FIXED INCOME AND UNABLE TO CARE FOR YOURSELF.

SINCERELY,


LINDA E. LEES
1405 THREE DEGREE ROAD
VALENCIA, PA. 16059

Original: 2294

RECEIVED
NOV - 3 11 09 20
INDEPENDENT REGULATORY
REVIEW COMMISSION

October 30, 2002

Independent Regulatory Review Commission
333 Market Street
14th Floor
Harrisburg, PA 17120

Dear Sir:

I am writing to you on behalf of my family. My grandmother resides in a personal care facility in Armstrong County. She is 90 years old and has dementia. She forgets to take her medication and forgets if she has eaten. She also has difficulties getting around. She uses a wheelchair and can only walk very short distances with her walker. I reside in Ohio and am not able to be there to take care of her. I visit her frequently and can honestly say that the care facility she lives in does an excellent job of taking care of her. I am a licensed nursing home administrator in Ohio and have visited many homes. I have seen some of the best as well as some of the worst managed homes and I feel the personal care facility that my grandmother resides in does an excellent job.

The reason that I am writing to you is that the facility has informed us that the proposed changes to Chapter 2600 regulating personal care facilities could have devastating effects on their facility and the residents that reside there. I have been told that many of these small personal care homes with 50 or fewer residents would have to close their doors were these changes to become law. I believe that these small homes do an excellent job in meeting the needs of their patients and these new regulations would be costly to the patients and would not increase their quality of care. Personal care facilities are not nursing homes and should not be treated as such. Nursing homes need more regulations because their patients are typically sicker and need services that patients in personal care facilities do not need. My grandmother is on a fixed income and could not afford an increase in her cost of care. I do not know where she would go if the facility would close its doors or increase their cost of care.

I appeal to you to cut the excessive regulations. Please remember that there are many people in the situation that my grandmother is in. Where will all these people go? Please let nursing homes be nursing homes and personal care facilities be personal care facilities and remember that there is a difference in the needs of their patients so there should be differences in their regulations.

Sincerely,
Cathy M. Johns
Cathy M. Johns

Cathy Johns
4321 Schmidt Rd
Lexington, OH 44904

Original: 2294



ESTATES AND MANAGEMENT CORPORATION

PERSONAL CARE & ASSISTED LIVING

RECEIVED - 10/30/02
COMMUNICATIONS DEPARTMENT

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

October 30, 2002

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

Dear Ms. Harris:

When it was brought to the floor by several members of the Advisory Committee at the meeting held on October 24, 2002 that the "Regulatory Analysis Form" statement of \$680 was false or erroneous. It was undisputed by Secretary Gannon that the cost data supplied by DPW called "Regulatory Analysis Form" Item 17 submittal to IRRC was fraudulent, false or just misleading. Since it is evident that DPW will not provide their corrected cost analysis by November 14, the date of the next meeting of the advisory committee and since the cost is the most compelling reason to reject Regulation 2600. The true cost will change your outlook on Regulation 2600 even if you are a staunch supporter of the new regulations. I submit to your scrutiny my item by item cost analysis. Which I am willing to substantiate to you, personally, or in front of the committee.

The cost consequence of Regulation 2600 is that the cost will rise from \$21,900 per person per year to \$107,048 per person per year. After you have scrutinized my financial calculation, I hope with this new impression of outrageous cost, you some how will be able to convince yourself that Regulation 2600 as is conceived is "misconceived" not being in the financial interest of anyone:

1. 80,000 Residents - and there families.
2. 1,800 Administrators plus facility employees.
3. 1,800 Facilities.
4. Investors - stockholders of 1800 facilities.
5. Banks - and their depositors whom has financed 1,800 facilities.

For your information I would like to state to you that on principal I have no affiliation with provider organizations, only at Westmoreland County. I have three large Personal Care Homes. If everything is true what is said of Regulation 2600, it only will kill small Personal Care Homes, than I should be for it. My only ulterior motive is that I am an administrator since 1987

and I am 72 years old and thoroughly understand the problems associated with aging.

I was told that my calculation of \$107,048 per resident per year should be made more realistic. But no one has provided evidence that my calculation is not realistic. I can accept that not every additional expense will occur for each resident, but it will occur for most residents.

Current average long term care Medicare reimbursement is at \$315.00 per day which is an annual cost \$114,975 per resident. The projected \$107,048 per person per year cost will eliminate the usefulness of Personal Care as it is known today. Current private pay for Personal Care Homes is \$60.00 per day or \$21,900 per person per year.

You know and I know Regulation 2600 is cost prohibitive and will change personal care forever, from a residential social model to a medical model.

You should entertain my proposition! Let 2620 stay as is until it will be clear that the new enforcement initiatives that DPW concurrently just launched, will solve alleged enforcement problems, then revise, if it is necessary, 2620 for the better.

Most importantly to make resident cost more affordable not prohibitive, the aim is to serve the possible widest group for the possible least cost.

Sincerely,



Istvan Upor

Enclosure

2600 Regulations Cost Study

This study represents the cost as a consequence of regulation 2600.

The cost to the each resident would be \$107,048.00 per year

The cost to the state would be \$4.4 billion

This cost study was prepared using the following assumptions:

- 1 All cost was based on Easy Living Estates of Somerset.
A small rural town facility with about 30 residents

- 2 Salary and overhead
Administrator \$45,000 + 32% for taxes, Workman's Comp., Unemployment, Etc. = \$59,400.00 or \$29.70 per hour
Average Labor \$6.00 per hour + 32% = \$7.92 per hour

- 3 Total staff 15 employees plus extra

Regulation	Calculation	Each Time Cost	Yearly Cost	Cost to State	Additional Insurance
2600.20 (b) (7)	To take resident to the bank once a month Mileage 15 miles x .30 = \$4.50 Administrator Labor 1 Hour \$29.70 \$29.70 x 10 residents x 12 months		\$3,654.00		
2600.20 (b) (10)	To write and obtain signature at death Administrator Labor 2 hours x \$29.70	\$59.40			
2600.23 (2)	At hire and weekly 15 positions Administrator Labor 1 hour \$29.70 15 x 29.70 x 52		\$23,166.00		
2600.24 (1)	Securing Transportation Administrator Labor 15 minutes	\$7.42			
2600.24 (2)	Shopping Administrator Labor 1 hour \$29.70 Mileage 15 miles x .30 = \$4.50	\$34.20			
2600.24 (3)	Making Appointment Administrator Labor 15 minutes	\$7.42			
	Keeping appointment Administrator Labor 1 hour \$29.70 Mileage 15 miles x .30 = \$4.50	\$34.20			
2600.24 (6)	Correspondence Administrator Labor 20 minutes	\$9.90			

Regulation	Calculation	Each Time Cost	Yearly Cost	Cost to State	Additional Insurance
2600.25	Personal Hygiene Time needed to document Direct Care Staff 15 min/day/resident Staff wage \$7.92 \$1.98 x 365 x 30 residents		\$21,681.00		
2600.26	Resident Contract to Explain Admission Director Labor 30 Minutes Witness Administrator 30 minutes	\$29.70			
		once per contract			
2600.26 (a)	If the resident agrees Admission Director Labor 30 minutes	\$14.85			
		once per contract			
2600.26 (a) (3 & 4)	Itemize Charges Admission Director Labor 2 hours	\$59.40			
		once per contract	each occurrence		
2600.26 (a) (6)	Detailed Refund Policy Admission Director Labor 15 minutes	\$7.42			
		once per contract			
2600.26(a) (10)	30 day advance letter Administrator labor 1 hour \$29.70 This can change daily \$29.70 x 365 x 30 residents		\$325,215.00		
2600.26 (a) (11)	List of Services Admission Director Labor 30 minutes This can change daily \$14.85 x 365 x 30 residents		\$162,607.50		

Regulation	Calculation	Each Time Cost	Yearly Cost	Cost to State	Additional Insurance
2600.26 (a) (12)	<p>Any Additional Services</p> <p>This is to detailed "any"</p> <p>Manager 30 minutes</p> <p>Admission Director 30 minutes</p> <p>\$29.70 x 365 x 30</p>		\$325,215.00		
2600.26 (d)	<p>Extra person for Saturday, Sunday, Holiday</p> <p>Sat & Sun 104 days x 8 hours = 832 hours</p> <p>Holiday 6 days x 8 hours = 48 hours</p> <p>880 hours x \$7.92 = \$6969.60 yearly</p>		\$6,969.60		
2600.27 (a)	<p>Quality Assessment & Management plan</p> <p>Manager Labor 30 minutes</p> <p>Administrator Labor 1 hour</p> <p>Manager x employees x months</p> <p>\$14.85 x 15 x 12 = \$2673.00</p> <p>Administrator x months</p> <p>\$29.70 x 12 = \$356.40</p>		\$3,029.40		
2600.27 (b) 5	<p>Family council</p> <p>Manager 1 hour per month</p> <p>\$29.70 x 12</p> <p>Administrator 1 hour per month</p> <p>\$29.70 x 12</p>		\$712.80		
	<p>Resident council</p> <p>Manager 1 hour per month</p> <p>\$29.70 x 12</p> <p>Administrator 1 hour per month</p> <p>\$29.70 x 12</p>		\$712.80		

Regulation	Calculation	Each Time Cost	Yearly Cost	Cost to State	Additional Insurance
2600.31 (a)	Family, advocate Notice Admission Director 3 hours	\$89.10 once per resident			
2600.31 (b)	"in a language" Interpreter 1 hour \$29.70 Admission Director 1 hour \$29.70 Manager 1 Hour \$29.70	\$89.10 once per resident			
2600.31 (d)	Signed Statement of rights Manager or Admission director 1 hour	\$29.70 once per resident			
2600.31 (g)	Complaint decision Administrator and Manager 1 hour per resident per week \$59.40 x 30 x 52		\$92,664.00		
2600.32 (v)	Resident Right Contracted services Administrator 8 hours per week \$29.70 x 8 x 52 = \$12355.20 Lawyer 8 hours per week \$60.00 x 8 x 52 = \$24960.00		\$37,315.20		
2600.32 (w)	Resident right to appeal Administrator 1 hour per week \$29.70 x 52		\$1,544.40		
2600.31 (x)	Bonding each employee 15 employees		\$3,750.00		
2600.53 (a) (2)	Associate Degree Additonal Salary		\$3,000.00		

Regulation	Calculation	Each Time Cost	Yearly Cost	Cost to State	Additional Insurance
2600.53 (d)	Administrator's responsibility Liability Insurance premium		\$7,000.00		\$7,000.00
2600.54 (2)	Have a high school diploma or GED .50 per hour per employee per year .50 x 2000 hours in a year x 15 employees		\$15,000.00		
2600.56 (a)	"each" mobile resident 50% cost of wages half needs less than 1 hour half needs more than 1 hour \$80,886.78 (yearly wage cost) x 32% (cost of taxes, Unemployment, etc) / 50%		\$53,385.27		
2600.56 (a)	immobile "special needs" 50% cost of wages		\$53,385.27		
2600.56 (c)	Administrator designee 7 days x 24 hour at \$40,000/year 4.2 designee at \$25,000/year overhead 32% = \$33,600.00		\$138,600.00		
2600.57 (b)	Administrator Training additional salary for administrator additional salary for 4.2 designee		\$26,000.00		

Regulation	Calculation	Each Time Cost	Yearly Cost	Cost to State	Additional Insurance
2600.57 (e)	Administrator 24 hours annual training 18 hours additional 9-2 hour classes (including travel) = 36 hours total 54 hours x \$29.70 = \$1603.80 Replacement administrator 32 hours x \$29.70 = \$950.40 Administrator designee same training as administrator 4.2 x \$2554.20 Cost of Class Administrator 18 hours x \$25.00 = \$450.00 Designees 4.2 x 24 hours x \$25.00 = \$2520.00		\$16,251.84		
2600.57 (e) (1)	CPR & First Aid 3 hour class + 2 hours travel = 5 hours 5 hours x \$29.70 = \$148.50 Cost of Class = \$35.00		\$183.50		
2600.58 (a)	Prior to working with residents 1 30 minutes (i) 30 minutes (ii) 15 minutes (iii) 10 minutes (iv) 10 minutes (v) 30 minutes (vi) 45 minutes (vii) 5 minutes 2 15 minutes 3 10 minutes 4 15 minutes 5 30 minutes total 21 hours		\$9,937.62		

Regulation	Calculation	Each Time Cost	Yearly Cost	Cost to State	Additional Insurance
	21 hours x 56 employee = 1176 hours 1176 hours x \$7.92 = \$9313.92 Administrator 21 hours x \$29.70 = \$623.70				
2600.58 (c)	Training		\$10,644.48		
	24 hours x \$7.92 = \$190.08 \$190.08 x 56 employees = \$10,644.48				
2600.58 (e)	24 hours annual training		\$8,553.60		
	24 hours x 30 employees x 720 hours Wages \$7.92 + overtime \$3.96 = \$11.88 \$11.88 x 720 = \$8553.60				
2600.59	Staff Training Plan		\$1,722.60		
	1 3 hours 2 5 hours 3 2 hours 4 8 hours 58 hours total by administrator 58 hours \$29.70 = \$1722.60				
2600.60	Individual staff training plan		\$712.80		
	4 hours 1 2 hours 2 16 hours 3 2 hours 24 hours by administrator 24 x \$29.70 = \$712.80				

Regulation	Calculation	Each Time Cost	Yearly Cost	Cost to State	Additional Insurance
2600.85 (d)	Trash - covered 1 hour per room per day = 30 hours labor \$7.92 per hour = \$237.60 \$237.60 x 365 days = \$86,724.00		\$86,724.00		
2600.89	Water \$150 each 3 months + labor Test and Delivery = 4 hours each time \$150.00 x 4 = \$600.00 per year 16 hours x \$29.70 = \$475.20		\$475.20		
2600.90	Communication System \$100.00 month x 12 months		\$1,200.00		
2600.98 (c)	Indoor Activity space 24 hours per week 24 x \$7.92 employee = \$190.08 12 x \$29.70 administrator = \$356.40 \$546.48 x 52 weeks = \$28,416.96		\$28,416.96		
2600.101 (l)	Resident's Privacy - curtains around beds \$500.00 per room x 30	\$15,000.00			
2600.101 (k) (1)	Bed description \$200.00 per bed x 30	\$6,000.00			
2600.101 (r)	Lift chair as a comfortable chair \$2500.00 x 30	\$75,500.00			
2600.102 (g)	Bathrooms - toiletry items for everyone \$100.00 x 30 residents	\$3,000.00			

Regulation	Calculation	Each Time Cost	Yearly Cost	Cost to State	Additional Insurance
2600.102 (j)	Toiletry and linens \$15.00 x 30 residents	\$450.00			
2600.103 (b)	Sanitized after each meal 3 hours per meal = 9 hours per day 9 \$ \$7.92 = \$71.28 per day \$71.28 x 365 days = \$26,017.20		\$26,017.20		
2600.103 (e)	Food labeled and rotated 2 hours per week 2 x \$7.92 x 52 weeks = \$823.68		\$823.68		
2600.105 (g)	Laundry - lint removal 15 minutes x 24 hours x 365 days = 2190 hours 2190 hours x \$7.92 = \$17344.80		\$17,344.80		
2600.107 (b)	Written emergency procedures - annually 8 hours x \$29.70 administrator = \$237.60 Saftey inspector \$200.00 per year		\$437.60		
2600.126	Furnace inspection		\$200.00		
2600.130 (f)	Written record smoke detectors / alarms \$450.00 per month		\$5,400.00		
2600.130 (i)	Fire alarm system for 5 immobile new panel cost	\$6,000.00			
2600.142 (a)	resident support plan 1 hour x 30 residents x \$29.70 administrator		\$10,692.00		

Regulation	Calculation	Each Time Cost	Yearly Cost	Cost to State	Additional Insurance
2600.142 (b)	Train resident about needs 1 hour x 30 residents x \$29.70 administrator		\$891.00		
2600.161 (f)	Therapeutic diets This will double cost of kitchen 12 hours per day x \$7.92 x 365 days		\$34,689.60		
2600.161 (g)	Drink every 2 hours Cost of beverage .35 x every 2hours x 30 residents x 365 days		\$45,990.00		
2600.163 (d)	Staff with infected wound, etc. Will raise kitchen cost 10% 12 hours x \$7.92 x 365 days / 10%		\$2,468.96		
2600.181 (e)	Resident must know medication 4.2 RN's x 24 hours a day x \$23.76 X 365		\$874,177.92		
2600.181 (e)	53,926 x \$227 per day x 365 days Cost to state if all PCH homes close See comment at the end.			\$4,468,038,730.00	
2600.182 (a)	Medication Storage - original container 1 hour x 3 times a day x 365 days \$7.92 x 3 x 365 = \$8672.40		\$8,672.40		
2600.184 (b) 1	Documentation 1.5 hours x 3 times a day x 365 days \$76.92 x 1.5 x 3 x 365 = \$13,008.60		\$13,008.60		
2600.201 (b)	Quality Improvement program Administrator 1 hour x \$29.70 x 30 residents x 52 weeks		\$46,332.00		

Regulation	Calculation	Each Time Cost	Yearly Cost	Cost to State	Additional Insurance
2600.223	Description of services Administrator 2 hours per resident per day 2 x \$29.70 x 30 x 365		\$650,430.00		
2600.225 (d) (3&4)	Assessment - Hospital Discharge / Agency Administrator 1 hour x 6 times per year \$29.70 x 6 x 30 residents		\$5,346.00		
2600.226	Development of support plan Cost was addressed in 2600.223				
Total Cost		Each Time Cost \$107,312.81 varies	Yearly Cost Average facility \$3,211,460.60	Cost to State \$4,468,038,730.00	Additional Insurance \$7,000.00

At an average facility, the present private pay is \$55.28 per day or \$20,177.00 per year.
 This new regulation as proposed will cost \$107,048.00 per year per resident or \$293.28 per day.
 Plus the items listed as "each time"
 Cureently Personal Care Homes, cost to the public is 1/2 the amount of Nursing Homes.
 With this new regulation 2600, Personal Care Homes will cost twice as much.

2600 Regulations Cost Study

"NO COST TO THE PUBLIC"

This was the statement made by Feather Houstoun, Secretary of Public Welfare, on page 12 of her letter.

There are 18 policy and procedure manuals and 59 separate documentations that are being required. Along with the additional calculations that will be needed from the support plan for staffing requirements, the DPW will have to double the inspectors for Personal Care Homes.

With approximately 64 inspectors statewide at an annual salary of $\$35,000.00 + 32\% = \$46,200.00$

This would cost the State, per year **\$2,956,800.00**

If the 2600 regulations are implemented, PCH homes will close.

This will force the state to transfer the residents to skilled nursing facilities.

May 2002 census of PCH Residents 53,926

53,926 x \$227 per day x 365 days

This would cost the State, per year **\$4,468,038,730.00**

The cost to implement 2600.181 (e), alone, will cause PCH homes to close.

This is a stupid and malicious as a regulation can get.

The intent of just this one regulations is to close the door on Personal Care Homes.

I am an administrator but I can't recall all what is required to meet the requirements for self-administration of medicine.

Therefore, most likely no PCH/AL resident can, that is why they consented to be a resident in the first place.

They will not qualify for residency, therefore they will need to be transferred to a skilled nursing facility at a cost to the state, because Personal Care Homes will be out of business.

As a consequence of the new regulation, no SSI resident will be accepted at PCH/AL facilities.

The state pays \$29.00 per day, the fair SSI rate should be \$51.98.

Current SSI Population in State 10,529.00

Nursing home Daily rate \$227.00

10529.00 x \$227.00 x 365 days

This would cost the State, per year **\$872,380,295.00**

RECEIVED
OCTOBER -6 AM 9:27
REVIEW COMMISSION

October 30, 2002

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

Re: Comments to the Proposed Personal Care Home Regulation

Dear Ms. Nevius:

I would like to respectfully submit the following comments on the proposed personal care home regulations. The following are areas that I believe need consideration.

1. 2600.24 – Tasks of daily living.
Comment: I recommend the language used in this requirement be changed because a resident may not require one of the tasks listed here. I suggest the requirement read, “A home shall provide residents with assistance with tasks of daily living as indicated in their support plan and assessment, which may include one or more of the following.” The current language suggests a resident must receive one of the tasks listed.
2. 2600.25 – Personal hygiene.
Comment: Again this is a language issue as stated above in my comment on 2600.24. The reality is a resident may not need any of the services listed under personal hygiene and the language suggests they must receive one of these services. I recommend the requirement read, “A personal care home shall provide residents with assistance with personal hygiene as indicated in the support plan and assessment, which may include one or more of the following.”
3. 2600.26 – Resident-home contract: information on resident rights.
Comment: In part (a)(3) I recommend the provider also be given the right to rescind the contract for up to 72 hours. My reasoning is that the resident or their designee may not always be representationally faithful and subsequent information may change the provider’s decision to continue to provide services to the resident. The provider may want to initiate placement of the resident elsewhere without having to provide a 30-day notice to terminate the contract/agreement.

4. 2600.29 – Refunds.

Comment: Part (a) makes a reference to 2600.26 with respect to notice of discharge or transfer. This would be more appropriately referenced to 2600.228, which addresses more specifically termination notices relating to discharge or transfer.

Part (d) has confusing language as to when previously paid charges are to be refunded to the estate of a resident who has died at the home. I recommend the requirement read, “In the event of a death of a resident, the administrator shall refund the remainder of the previously paid charges to the estate of the resident within 30 days of the resident’s room being vacated of the resident’s personal belongings.”

Currently the language is creating two different time standards, namely upon the room being vacated and within 30 days of the resident death. Those can be two very different points in time.

Part (e) creates inconsistency with the timing of refunds. I recommend that refund timeframes be the same for any reason of discharge. The argument has been raised that when a resident is discharged to another facility, they may need deposits they made to your home in order to give the deposit to the facility they have been transferred to. In my experience I have never heard of a facility that will not wait 30 days to collect an entry fee or deposit knowing a refund is currently being processed from another facility. I would rather see a requirement granting a resident 30 days to pay entry fees or deposits, rather than have inconsistency with the timeframes for refunds. Consistency with the timing of refunds upon discharge is best.

5. 2600.41 – Notification of rights and complaint procedures.

Comment: I recommend parts (a), (b), (c), (d) and (h) be included as items addressed within the resident contract/agreement. Signing papers upon move-in is a very burdensome process for residents and/or their designees (ask anyone who has been signed into a nursing home). I would recommend sections within the agreement requiring initials to signify notification and discussion of the right mentioned rather than separate documents.

6. 2600.42 – Specific rights.

Comment: I recommend part (j) read, “A resident shall be offered assistance in attaining clean, seasonal clothing that is age and gender appropriate.” A resident should have the right to wear clothing of their choice. We have an obligation to offer assistance but not to force our “better judgement” on them.

Part (l) needs more. I recommend, “A resident shall have the right to purchase, receive and use personal property unless it presents a potential danger to themselves or others.” I think my reasoning for this addition is obvious.

I recommend part (u) contain a fourth item as a circumstance, which would revoke the resident's right to remain in the personal care home. It is as follows: (4) "Following the homes efforts to change resident behavior, continued violation of the home's house rules and/or rights of other residents." The home has to have some recourse for residents who ignore house rules and other residents' rights.

Part (w) I believe is missing some language. I recommend the following: "A resident or designee shall have the right to appeal in writing discharge, reductions, changes or denial of services originally contracted for. The personal care home shall have written resident appeal policies and procedures. The resident or designee shall receive a written answer to the appeal within 14-calendar days after submission. Having these items "in writing" creates a better paper trail for both parties involved.

Part (x) needs more to this requirement. I recommend adding the following so the requirement reads, "A resident shall have the right to immediate payment by the personal care home to resident's money stolen or mismanaged by the home's staff if proven negligence has occurred of the home's staff." If this addition is not made to this requirement, it can be interpreted that all allegations of stolen or mishandled money be reimbursed. In reality, money is alleged to have been stolen frequently by residents and in most cases this is not true due to resident's frequently misplacing money.

Part (z) is written very vaguely. I would recommend something more specific in regards to what constitutes "excessive medications". Perhaps a reference to Chemical Restraints in section 2600.202 (a)(4) would be appropriate.

7. 2600.54 – Staff titles and qualifications for direct care staff.
Comment: Part (2) should not be a necessary qualification to be a direct care employee. I have met far too many people that would not meet this requirement that are excellent direct care employees. The high school diploma or GED is simply not a guarantee of quality.
8. 2600.56 – Staffing.
Comment: I recommend part (b) be amended in the last sentence of the requirement. "If a home cannot meet a resident's needs, the resident shall be referred to an appropriate facility or a local assessment agency." Unless there are financial concerns, there is no reason a local assessment agency needs to be contacted in all cases of a need for transfer/discharge. In fact, my experience is that the local assessment agency does not want to be involved unless the resident needs to be evaluated for state funding assistance.

Part (m) has a terminology deficiency. Staffing is to be based on sufficient hours of care to meet the needs identified in the support plans. This requirement is referring to staff "ratios". We are not using a staff ratio model but rather a total staff hours model.

9. 2600.57 – Administrator training and orientation.

Comment: Part (e) I recommend allowing an administrator obtain their continuing education requirements over two (2) years (i.e. 48 hours in two years). This is more practical. Also, I recommend the requirement read, "An administrator shall have at least 48 hours of training every two years relating to job duties, which may include the following:" Requiring all the areas listed is not practical and may prove unnecessary for the administrator depending on the resident population he or she serves.

10. 2600.58 – Staff training and orientation.

Comment: Part (c)(11) needs better language. I recommend the requirement read, "Special emphasis on the needs of the residents being served in the personal care home."

Part (e) is going to be very costly and difficult to achieve for many providers. I recommend that direct care staff be trained at least 12 hours annually.

Part (f) will be difficult to address all the topics listed. I recommend the requirement read, "Training topics for the required annual training for direct care staff may include the following where applicable:" All the topics identified may or may not be appropriate depending on the needs of the residents being served.

Part (f)(1) I do not feel that all direct care staff be trained in first aid and certified in obstructed airways and in cardio-pulmonary resuscitation. The recommendation for requirement I have is that at least one (1) person is working in the home at all times who meets the first aid and CPR certifications. The likelihood of more than one resident at a time needing these services is highly remote.

11. 2600.59 – Staff training plan.

Comment: I recommend striking from the proposed requirement "the timeframes for completion of the following components:" and the subsequent 1-4 requirements. This requirement would require a great deal of time to complete and I believe the return for this effort to be minimal. The development of a comprehensive training plan is good but it should not have to be as detailed as the proposed requirement here.

12. 2600.60 – Individual staff training plan.

Comment: I recommend completely deleting this requirement. Again, this would be an excessively time consuming endeavor that would not produce enough of an appreciable benefit.

13. 2600.94 – Landings and stairs.

Comment: In part (a) I feel feasibility and cost consideration should be given for existing construction. I recommend this only be required for new construction or renovations.

14. 2600.96 – First aid supplies.

Comment: In part (a) I recommend not requiring “syrup of ipecac” be required of first aid kits. I am concerned for inappropriate use of the syrup. In many cases bringing back up something that was wrongfully ingested is contraindicated. This is the first time I have ever heard of this syrup being required of a first aid kit.

15. 2600.99 – Recreation space.

Comment: I do not feel that the requirement should specifically dictate the recreational items that are to be found in the recreational spaces. Items provided should be those that meet the interest level of the residents being served. Evidence of recreational items on hand should be sufficient. I recommend striking from the requirement, “including books, magazines, puzzles, games, cards, gliders, paper, markers and the like.” It could be worded more as “Examples of appropriate items would be...”

16. 2600.101 – Resident bedrooms.

Comment: I recommend part (l) to read, “Cots and portable beds are prohibited for residents.” These items should be okay to be used for overnight visitors of a resident.

Part (r) concerns me. I recommend striking from the recommendation “The resident shall determine what type of chair is comfortable.” I feel this way because what if the only chair comfortable to a resident is a LazyBoy reclining chair or a glider? Will the home be responsible to provide those types of chairs for the resident?

17. 2600.102 – Bathrooms.

Comment: In part (g) I feel these items should only be required for residents who are recipients of SSI payment for services. Other residents should be able to afford those items and if they must be required I recommend allowing a home to charge the resident for those items.

I recommend changing part (.i) to read, “A dispenser with soap shall be provided in all bathrooms. Bar soap is not permitted unless there is a separate bar for each resident that is stored in clearly labeled containers for each resident.” I am not sure how you would label a bar of soap otherwise.

18. 2600.105 – Laundry.

Comment: In part (g) I recommend changing the requirement to read, “To reduce the risks of fire hazards, the home shall ensure lint is removed from all clothing dryers regularly.” It would be extremely difficult to remove all lint from resident clothes if not impossible.

19. 2600.107 – Internal and external disasters.

Comment: I recommend changing part (a) to read, “The home shall have written emergency procedures that are approved by qualified fire, safety and/or local emergency management offices.” Fire and emergency management offices may or may not be willing to develop plans for the home. I know they will review and approve plans you ask them to review but I do not think they will develop the plans for the home.

20. 2600.130 – Smoke detectors and fire alarms.

Comment: Part (f) requires monthly testing of smoke detectors and fire alarms for operability. Some systems provide for a self-monitoring feature with detectors. For such systems annual testing should suffice. For systems that constantly monitor themselves the alarm will trigger if a detector is bad. Testing every detector for this type of system would be very time consuming and is not necessary. It would be beyond reasonable safety precaution since the system constantly monitors the detectors in the system design.

21. 2600.132 – Fire drills.

Comment: In part (d) I recommend the following be considered. If a building is fully sprinkler protected and has a fire alarm system that is tied directly to a central monitoring station that automatically dispatches fire personnel to the home if the alarm triggers, the following should be considered. Evacuation of the entire building is unnecessary and is also not recommended by the fire safety experts I have spoken with. What they recommend is evacuating the immediate fire area only as this is what they would expect us to do in a true fire emergency. If that is the case, 2 ½ minutes to evacuate is realistic. Otherwise, evacuation as indicated in this requirement is entirely unrealistic. Fire drill requirements I feel should relate to evacuating to a fire safe area, not evacuation of the entire building as in reality that may not be what is necessary depending on the sprinkler protection and fire safety features a home has.

22. 2600.161 – Nutrition adequacy.

Comment: I recommend striking “other beverages shall be offered at least every two hours.” This suggests that a home must make rounds to all residents with a beverage cart, offering drinks. This is unnecessary and would prove an unnecessary staffing expense that would be passed onto the consumer. Other beverages should be made available at all times to residents but I disagree that we need to go around and offer the beverages to them every two hours. This should only be required if the support plan identifies a hydration problem with a resident.

23. 2600.171 – Transportation.

Comment: In part (a)(1) recommend rewording the requirement since staff to resident ratios is not a requirement otherwise. Total staff hours to meet resident support plan needs are the requirement with minimums established based on mobility factors. Therefore, I recommend the requirement to read, “Appropriate staff needed to meet the needs of the residents is required.”

Part (a)(5) concerns me. At times drivers are employed to take residents to doctor appointments. They should not have to become fully trained as a direct care employee. I recommend they be required to carry cell phones and be properly trained in resident handling and transferring techniques.

Part (a)(6), again, syrup of ipecac I do not feel should be required of a first aid kit.

24. 2600.186 – Medication records.

Comment: Part (b)(7) to me is unnecessary documentation. If medications are packaged in a mediset, blisterpack or unit dose system, all the documentation requirements become excessive, time consuming and ultimately an inefficient use of precious staff time as well as contradicts the definition of self administration. This level of documentation will contribute to the same problem currently faced in nursing homes, namely too much time spent in documentation and less time for direct resident interaction. We need to be wary of unnecessary documentation if reasonable alternatives are present.

25. Medication Administration (in general).

Comment: I strongly believe there is a need to develop a program that will train non-licensed staff to assist with administration of medications. We are all well aware of the nursing shortage there is and the high cost it is to consumers when licensed professional staff is required for services. It is simply in our best interests to train staff with an approved training program for medication administration. Many other states have taken this creative approach and have done so with success. We cannot afford to continue to brush this issue aside. High quality care can be achieved through a good training program. It is simply the right thing to do and enhances opportunities for non-licensed staff to further develop in a career in senior services.

26. 2600.201 – Safe management techniques.

Comment: I feel parts (a) and (b) are more applicable to MH/MR homes and should not be required under this Chapter. Possibly more appropriate for homes providing dementia care services.

27. 2600.225 – Initial assessment and annual assessment.

Comment: In part (d)(4) I recommend that an assessment only need completed if following hospital discharge a substantial change in condition or level of function has occurred. That may or may not be the case following a brief hospital stay.

28. 2600.226 – Development of the support plan.

Comment: Part (c) in my opinion is a requirement that could require a great deal of effort for very little outcome.

In part (d) a signature by the administrator or their designee should suffice.

Again, in part (e), this is a great deal of effort for every resident with little positive outcome. Very few family members and residents want to participate (in my experience) and the documentation requirements for this I believe are excessive.

29. 2600.228 – Notification of termination.

Comment: In part (h)(5) it is written as if to assume most homes participate in public funding whereas I believe most probably do not. I recommend the requirement read, “If the resident has failed to pay or cooperate with efforts to obtain public funding if the home accepts public funding as a source of payment.”

I recommend also adding a seventh ground for discharge or transfer. It would be as follows: (7) “Following the home’s efforts to change resident behavior, continued violation of the home’s house rules and/or the rights of other residents.”

Thank you for your consideration of my recommendations and comments. I look forward to the ultimate development of regulations that maintain a personal care homes ability to be creative in meeting the needs of the residents they serve as well as enhances the overall care provided across the state.

Sincerely,



Andrew J. Miller
Administrator

Cc: Representative George Kenney, Jr.
Representative Frank Oliver
Senator Hal Mowery
Senator Timothy Murphy
Ms. Mary Lou Harris, IRRC

Dear State Representative,

Oct. 30, 2002

I feel compelled to write to you about a very pressing need. My mother is in a Personal Care Home in Armstrong County. This home provides a steady controlled environment and supervised care for my mother who, though not critically ill, does need a small amount of help and supervision to accomplish some tasks such as meals, housekeeping, and laundry. The home where she lives is small and the residents and staff are a family. They know, love and care for each other in many areas of support. Also, mother is near to many family members and friends. She is very happy in this situation.

I was recently informed that some new pending regulations could put this care beyond her reach financially, and possibly lead to the closure of many such facilities in the state of Pennsylvania. What I have discovered is that some people have thought that by increasing the amount and type of staff that Personal Care Homes have they could better help the residents. If implemented, these new regulations would increase the costs to the residents approximately \$900 to \$1200 per month. From Social Security, and a small pension she gets enough to pay about half of the current cost of the home. If the small personal care homes would have to close due to the unfunded mandates, the patients would end up in large facilities that do not have the same family feeling, and I believe that our seniors deserve better. I am hoping this letter will enlighten you to the proposed changes, and you will reject them. We need the personal care homes to remain an affordable and readily available option for the families of Pennsylvania.

Sincerely yours,

Mrs. Janice L. Mathias

*Bill and Jan Mathias
5404 NW 72nd St.
Kansas City, MO 64151*

RECEIVED
COMMISSION
OCT 30 9 15 AM '02

Bash's Personal Care
154 Bash Road,
Commodore, Pa. 15729
"Caring people, caring for people"



#14-475 (151)

Original: 2294

724-254-1120

Dear *Ms. Dennis*,

I'm writing in regards to the proposed regulations for personal care homes.

We as home owners and administrators still have not received copies of these proposed regulations from DPW or any other office. Proposals that we have thirty days in which to respond. That time is up on November 4th, 2002. Had it not been for those who have access to contacts in Harrisburg we would all be sitting here doing nothing. Why have we not yet received these papers from the appropriate offices, if we are to respond within 30 days?

Most of us who are in the business started because of a sincere desire to "care" for "people", young, old, physically and mentally challenged. This is what most of us want to continue to do.

After today I'm not sure if we'll ever be able to do that again. Rules and regulations are made to be enforced. In many cases in our state this has not happened.

It's always the worst cases that get all the "bad" publicity, destroying good homes and an industry that for the majority are doing what is right.

It seems all it takes is a man wanting to make a name for himself politically for those now in office to start a controversy over regulations, regulations that are most likely unknown to most politicians.

Regulations are in effect now that are more than adequate but need to be more strictly enforced.

Picking apart the new proposed regulations bring so many concerns to light.

One of the most important concerns to most of us is, how in the world are we ever going to financially withstand the changes.

I totally agree we need additional training in areas, probably the most important being in medications. But how can we ever be expected to hire RN's, LPN's, or even Paramedics? Most of us are taking our fair share of SSI people, and taking them at a far lesser rate than surrounding states, and far less than we pay to "care" for prisoners.

It's hard to conceive that the people who have made this great country what it is are being treated in such a poor manner.

Another thing that concerns me is the great increase in the amount of training for new employees. This is before they will be able to work with the residents at all.

The person drawing up these regulations has no idea what it's like to get employees. If you're lucky they show up the first day of work, maybe they'll get through the orientation period, then again maybe they'll decide after a week or just a couple days that they just don't think this is what they want to do, and just not show up the next day.

How can we be expected to lay out this much expense before we even know if we have a person who really wants to work?

Additional training for administrators is also a good idea, if it's quality training pertaining to our industry, but why would we be required to have so much more training than skilled nursing homes have for administrators and aides?

We are not nursing homes, we are personal care, even though some of our residents require a great deal of care, we are not skilled care.

For years we have had that drilled into us, now we are being told we have to be trained nearly the same.

Many of our "best" staff do not have extensive training but do have the sincere desire to "care" for our residents.

Please review these new proposed regulations, preferably with someone who can intelligently interpret them for you.

Many of our politicians do not understand the reproductions of such a set of rules.

Please stop this, enforce the rules we have now and let us get on with "caring" for our residents with the love and compassion they deserve without the fear of up-coming regulations none of us can afford.

Thank you for taking the time to read this and commenting by return mail.

Sincerely,

Administrator
Bash's Personal Care

NOV 14 2002

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10/30/02

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

Dear Teleta Nevius,

I am writing to you as a concerned daughter (I live in N.H.) of a 90 year old woman (in Pa.) in an assisted living facility. Recently we have been informed of impending new regulations. Many of these regulations seem a bit extreme and unfair to the smaller facilities already giving adequate care at a reasonable rate. Furthermore, people on SSI 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,
Linda Vaituskin

Original: 2294

2002 NOV -4 AM 9:05
INDEPENDENT REGULATORY
REVIEW COMMISSION

October 30, 2002

Mr. Robert Nyce, Executive Director
Independent Regulatory Review Commission
333 Market Street
14th Floor
Harrisburg, PA 17101

Dear Mr. Nyce:

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 rates. Furthermore, people on SSI 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,

Kathryn F. Balthaser

Kathryn F. Balthaser

Kathryn F. Balthaser
251 Nichols Street
Leesport, PA 19533



UPMC HEALTH SYSTEM

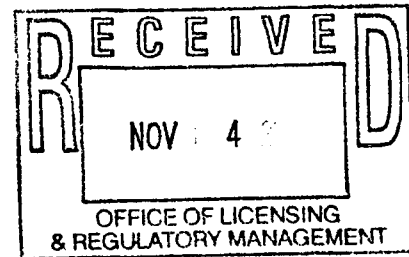
UPMC Senior Living Corporation

14-475
378

Original: 2294
October 30, 2002

709 Russellton Road
Cheswick, PA 15024
412-784-4782
Fax: 412-784-5088

Teleta Nevius
Director
Office of Licensing & Regulatory Management
316 Health & Welfare Building
P.O. Box 2675
Harrisburg, PA 17105



REF: Proposed Chapter 2600 Personal Care Homes

Dear Ms. Nevius:

This is in response to your letter dated September 27, 2002 in reference to the proposed Personal Care Home Regulation, 55 Pa. Code Chapter 2600, Pennsylvania Bulletin, Vol. 32, No. 40, dated October 5, 2002. First, we would like to thank you for The Department of Public Welfare's (DPW) consideration with the previous Proposed Chapter 2600, Adult Residential Regulations. We recognize that the DPW has worked diligently to address the concerns noted in our letter dated May 10, 2001. We would like to take this opportunity to express our comments/concerns during this public comment period due to expire November 4, 2002.

UPMC Senior Living Corp. (SLC) is currently the largest operator of long-term care facilities in southwestern Pennsylvania. SLC is a subsidiary of UPMC Health System (UPMC); the largest integrated health care delivery system in western Pennsylvania. SLC currently operates 3,281 beds/units at 22 locations covering central and southwestern Pennsylvania. The break down of the licensed units/beds owned and managed by UPMC are as follows:

- Skilled Nursing 1,416 Beds
- Assisted Living 942 Units
- Independent Living 923 Units

While we believe regulations are needed to assure safe operation of long-term care facilities, we are concerned that excessive regulations may not improve the quality of care for residents. This has occurred in the nursing home industry where seniors now consider nursing homes the least desired and most feared option. Nursing home operators spend more time trying to meet mandated provisions of ineffective regulations than to assure that quality of life is maintained for the residents. Many nursing homes have closed and/or gone into bankruptcy as a result of the increased regulations and lowered reimbursement. We do not wish to experience that same fate for the personal care industry.

The four main areas of concern related to these proposed regulations center around the following areas:

- **Staff Training and Orientation**
- **Documentation (Resident Health Exam, Assessments, Support Plan)**
- **Medication Administration**
- **Secured Unit Requirements (Additional Staffing)**

➤ **Staff Training and Orientation**

Sections 2600.58 - 2600.60 propose to mandate greater training and competency requirements for direct care staff. The proposed total hours of annual training are for 24 hours and must be related to their job duties. SLC supports the training and development of direct care staff, and in fact currently runs mandatory training sessions for staff totaling 12 hours a year. The proposed 24 hours exceed the training requirements of that in skilled nursing facilities in the state of Pennsylvania. We would ask that the department reconsider the amount of hours proposed to a more feasible level such as 12 hours a year.

➤ **Resident Health Exam, Initial Assessment and Annual Assessments, Development of Support Plan**

Section 2600.141, 2600.225, & 2600.226 propose health exams, initial assessments, annual assessments and the development of a support plan, which is a written document for each resident describing the resident's assessed care, service or treatment needs and how those needs will be met and by whom. These sections we support cautiously understanding the intentions to increase quality of care for the residents, although as the DPW moves to increasing documentation, the focus of the direct care worker begins to shift from direct care to documentation. This increased documentation would result in additional costs to the provider and ultimately to the consumer. A major concern is that the support plan will eventually lead to additional documentation to act as proof for the support plan. We have personally witnessed this documentation transformation in the skilled nursing facilities and feel that it has negatively impacted the industry. It will be critical for the Regulators and Providers to clearly understand what the expectations are of the DPW. We would ask that more detail be provided as to how this will work prior to its approval. From discussions with other Providers and Regulators, there seems to be a great deal of uncertainty related to this proposed regulation.

➤ **Medication Administration**

Sections 2600.181 – 2600.188 addresses who may directly administer medications to residents defining the difference between medications prescribed for self-administration, and medications not prescribed for self-administration. The sentence on page 4940 in the Proposed Rulemaking publication dated October 5, 2002 clearly notes ‘The current provisions are retained in the proposed rulemaking’ although we would like to request additional clarification for the current provisions. It does not appear to be clear, the proper protocol for when a physician prescribes the need ‘for assistance with self-administration medications’. SLC currently understands this to mean that the facility is permitted to use non-licensed staff to administer all medications marked for self-administration, even those noted ‘for assistance with self-administration’. In discussing this issue with Regulators and other Providers, there seems to be varying interpretations of what this means. Clarification to this point would be helpful to ensuring proper compliance.

The second comment on this section has to do with notification to physicians if a resident refuses to take a medication prior to the end of the shift. Clearly it is the responsibility of the facility to notify a physician if a resident does not take a critical life supporting medication, but to call for all medications does not appear to be reasonable. In discussions with other providers, as well as our medical staffs, we believe this section should be eliminated.

➤ **Secured Unit Requirements (Additional Staffing)**

Section 2600.238 notes that residents of secured units are considered to be mentally immobile. This would require two hours of personal care time for all residents in a secured unit and that 75% of this personal care time would be required during wake hours. To consider all residents on a locked unit immobile appears to be extreme and would cost many providers additional costs with additional staff, who already provide high quality care. To monitor the 75% personal care time for awake hours for these units would be extremely difficult, due to the fact that the sleeping patterns of these residents fluctuate and many in fact are awake during the hours that would normally not be considered as awake hours. We would recommend this section be eliminated from the proposed regulations.

SLC has established itself as a leader in the long-term care industry over the years. Our intent with the above comments is to ensure that we continue our ability to provide a high quality product at a reasonable price to our senior population. The success of the personal care industry has been its ability to differentiate itself from the skilled nursing industry, keeping the focus on the residential and social model as opposed to the medical model. This industry has been able to avoid the staffing crisis that has crippled many of the nations long-term care facilities. Our nursing staff came to personal care due to burn out with the pace of the skilled nursing industry.

In conclusion, we support the states efforts to strengthen the health and safety requirements in order to protect the senior population. Our focus is to ensure that the assisted living industry does not follow the same path as the skilled nursing industry which ultimately would not benefit the consumer or the state.

Thank you for your consideration in this matter. Please feel free to call me at (412) 784-5089, if I am able to provide additional information to you.

Sincerely,

A handwritten signature in black ink, appearing to read 'John Z. Constantakis', with a long horizontal flourish extending to the right.

John Z. Constantakis
Chief Operating Officer

14-475
327

October 30, 2002

Teleta Nevius
Director 316 Health and Welfare Building
P.O. Box 2675 Harrisburg, Pa 17129
REVIEW COMMISSION

My mother has been in a small personal care home in the Pittsburgh area for seven years. Her physical care has been excellent. She has also been cared for with affection and treated as a whole person with spiritual and social support.

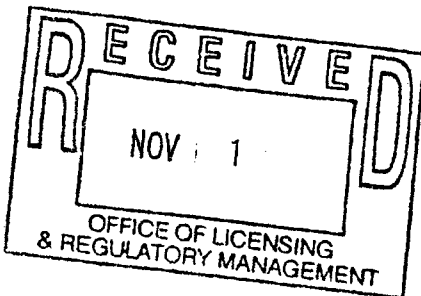
We support your plan to increase training and competency testing, However it is not necessary that these changes meet or exceed the level required of nursing homes, The proposed regulations and additional paper work would price my mother out of this supportive and loving environment into much poorer care.

I urge your careful consideration of these matters. It will not help the people in the poor homes if the good homes are forced out of the market,

Sincerely
Margaret Van Tassel
Lloyd A. Van Tassel

cc.

- Rep. George Kenny, Jr. (Chairman- Majority) House of Representatives
- Rep. Frank Oliver (Chairman- Minority) House of Representatives
- Sen. Hal Mowery (Chairman) Senate
- Sen. Timothy Murphy (Vice Chairman) Senate
- PALA



L. A. VAN TASSEL
4020 HUCKLEBERRY DR
RALEIGH NC 27612

Original: 2294

Steiner and Steiner
ATTORNEYS AT LAW
P.O. BOX 789
160 NORTH MCKEAN STREET
KITTINGING, PA 16201

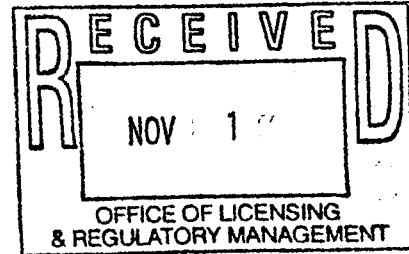
#14-475
311

EDWARD J. STEINER (1911-2002)
JACK J. STEINER
CINDY L. CALARIE

TEL. (724) 543-1469
FAX: (724) 545-1611

October 30, 2002

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



Dear Director Nevius:

It is with great concern that I write to you regarding the proposed changes in the regulations relating to assisted living residences and personal care facilities. I am able to express this opinion based upon my experiences with my father in both assisted living and personal care facilities. I am also able to express an opinion as a lawyer who has visited clients in assisted living, personal care, and nursing home facilities.

My father entered Grey's Colonial Manor, an assisted living facility at R.D. #9, Box 26, Kittinging, PA 16201 in August 2000. It proved to be an excellent decision by my mother and me. My father was 89 at the time. In the assisted living setting he did well for quite some time. The service of the staff was outstanding. It was a major relief to my mother and me.

In July 2002 we had to move my father to the Grey's Colonial Acres, a personal care facility at R.D. #1, Kittinging. As you might expect, the increase in staff was excellent in serving my father's additional needs. My father remained at Grey's Colonial Acres until May 4, 2002 when he entered the Armstrong County Memorial Hospital where he died on May 8.

I have also visited local care homes over the years. I am not certain whether these were assisted living or personal care facilities. I have also been in at least two of our local nursing homes, Kittinging Care Center and the Armstrong Health Center.

Each of these various facilities has a special niche in the community. The regulations presently in place should be ample to oversee the welfare of the residents. But my concern is with the proposed legislation to require full-time nursing care. The added costs to a small facility could be critical.

I understand that it is predicted that any facility with less than fifty beds could not financially survive. If this were to be the case the financial impact would be devastating. Consider the impact ---

1. Lost employment.
2. Buildings without use.
3. Financial woes for the community.

Even more important than the financial impact and concerns is the impact upon those in need of care and their families. From my personal experience with my father, I cannot imagine having had to take my father directly from his home to one of our area nursing home facilities. The initial stay at the assisted living level and then at the personal care level provided an excellent stepping-stone each time.

Finally, if the regulations bring about a closing of the assisted living and personal care residences, families are going to incur significant increases in monthly expenses. This will, undoubtedly, cause problems.

Therefore, it is my strong opinion that the regulations need more study. Hasty implementation is not the answer.

I thank you for your attention to my opinion.

Sincerely,



Jack J. Steiner

JJS:dlp

cc: Independent Regulatory Review Commission

Harold F. Mowery, Jr. Chairman

of the Senate Public Health & Welfare Committee

George T. Kinney, Jr., Chairman

of the House Health and Human Services Committee

Original: 2294

14-475 (557)

October 30, 2002

Joseph F. Stabile
49 Rocky Lane
84, PA 15330

Telet Nevius, Director
Dept. of Public Welfare
Rm 316 Health & Welfare Bldg.
PO Box 2675
Harrisburg, PA 17120

Dear Ms. Nevius,

My mother is the owner of a personal care home that is licensed for 21 beds. She has been in business almost 6 years now. She is a Licensed Practical Nurse also. She has worked at hospital, nursing homes and in home health. She loves taking care of people and treats the people in her home like they are family. When she opened the home, she quit her job at the hospital to devote all of her time to the personal care home. We even move into the home for almost a year and a half, much to my disappointment, you see it was my senior year when she opened it. She wanted to give her all to it, and I guess that meant mine, too. I helped her put a large deck out back and eventually put new siding on the building. It was a home that held only 8 beds, and she really struggled to make ends meet and often couldn't, but never gave up. She totally believed in her work. Then last year, she was given the opportunity to buy the 21 bed facility, and went deeper in debt to do so. For you see, she totally believed in what she was doing and it was her life.

Now, with the new regulations looming over her head, she is talking about closing the new home when they are passed. She says she will have no choice because of all the added costs. Some of the rooms in the home must be enlarged, but the catch is, there is no way to do that. If she doesn't do that, she will lose about 4 or 5 residents. The home is situated between two buildings on the main street of the town with about one foot in between them. You can't even walk between the buildings, it is so narrow. You either walk through the building or around the block. How can she expand this building? Also, even though she is an LPN, she is not there all the time. She has to do the shopping for the home, banking, and many other duties that take her out. She says that she would be required to have a nurse on duty every moment she is not there and also, that nurse would be required to take the administrator course to even take care of the home in her absence. Also a nurse to pass medications when she isn't on the premises. She tells me that nursing home administrators are not required to cover the floor with another person that is trained exactly as themselves when they aren't in the home. She is really afraid that she will have to close and then she loses everything. And the worst part is, she has about 10 SSI people who she is afraid will have nowhere to go. Even the ones that are private pay are paying the maximum amount they can afford, so where would they go? All of the homes will have to raise their rates, and they are all higher than hers now. Please consider what ramifications these regulations will have if passed.

Sincerely yours



14-475 (689)

October 30, 2002

Dear Legislator

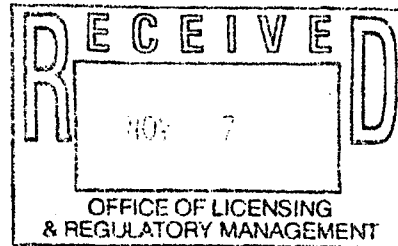
I am writing you regarding the future of Personal Care Homes and the regulations that govern them. As an employee of an Assisted Living Facility in the state of Pennsylvania, I have become acquainted first hand with the residents that live here and require our help.

After reviewing some of the proposed changes, I am confused as to who will benefit from these changes. Looking at these from a business standpoint it is inevitable that additional expenses will definitely be incurred and the facility will have no other options then to pass them down to the residents who live there. Again, I ask, who will benefit? We will be hurting the people that we are here to help.

I appeal to you to cut excessive regulations. Please remember the people that will most be affected and keep them a priority.

Sincerely,

Linda M. Shaw
49 PERRYNEW AVE
PGW PA 15214



14-475 (L81)

October 30, 2002

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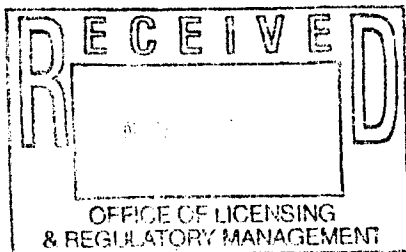
OFFICE OF LICENSING
& REGULATORY MANAGEMENT
REVIEW COMMISSION

Dear Legislator,

My name is Claudette and I'm writing this letter to you because of the issues that are at hand. I am an employee at one of the Assisted Living Facilities and I see what goes on a daily bases. The people here are very concerned about the residents we try our very best to make sure that their living arrangements go without interruption. I've done personal care for 17 years and I'm not happy with the changes they want to make. First we have all kinds of speakers that come to our facility to teach me as well as others how to deal with the elderly with Alzheimer's some with Dementia as well as Diabetes, and teach them how to cope with the everyday changes their going through just to name a few. Some of us forgot that the elderly is one of the largest and growing populations and this is what they have to look forward to? People dictating how the elderly should or should not live is not the answer. I don't think so.

We care and have very strong relationships with our residents. Not because we have to but because we care. We have all types of speakers come to our facility. Giving us all kinds of vital information.

The speakers we have that come to our facility take time and effort to teach us these things to help us gain the knowledge we need or more. The hours that are discussed here are absolutely outrageous. After looking over all the information I truly don't understand who will be the beneficiary the elderly we are here for or someone we may never get the chance to see at our facility?



Sincerely,

Claudette Simmons

Claudette Simmons

805 Rose St.

N. Braddock Pa 15104

Original: 2294

#14-475

320

Thomas R. Shaner

Tom Shaner ~ 22704 Amherst ~ St. Clair Shores, MI 48081
Home Phone 586 294-3125 ~ Email tcshaner@cs.com

October 30, 2002

Re: Proposed Regulations - Chapter 2600 Personal Care Homes

Teleta Nevius, Director
Department of Public Welfare
Room 313 Health and Welfare Building
P.O. Box 2675
Harrisburg, Pa 16120

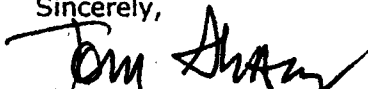
Dear Ms. Nevius,

My mother and family are registered voters in Kittanning, Pa. Mother is presently in what is termed a Personal Care Home. She receives a steady, controlled environment and supervised care in a home setting. Though she is not critically ill, she does require help and supervision in accomplishing some tasks that she is now not able to perform for herself.

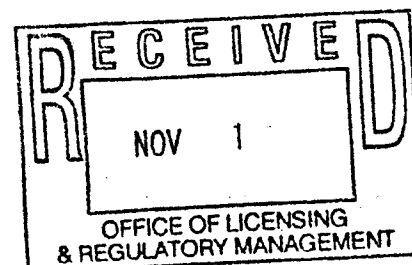
I was informed by family members in Pennsylvania that some new pending State regulations could put this care beyond our reach financially. This could possibly result in the closure of the Personal Care Home that is now "home" to our mother. I understand the concerns to increase the number and type of staff in the Personal Care Homes in order to assure better care to the residents. Unfortunately, this will result in considerable extra cost, enough that our family will not be able continue this care option that meets Mother's needs and our budget.

I hope you will do your part to help keep Personal Care Homes an affordable and readily available option for families that want to be able to frequently visit loved ones in a home environment capable of providing the extra help needed at this time.

Sincerely,


Thomas R. Shaner

RECEIVED
NOV 1 2002
OFFICE OF LICENSING
& REGULATORY MANAGEMENT



Original: 2294

#14-475 (253)
"SAME COMMENTOR AS
#37, 38, 90, 91, 136, 137,
145, 146, 145a"

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

October 30, 2002

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

Dear Teleta Nevius,

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

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

2600.20 Resident funds.

(a) IF the home assumes the responsibility of maintaining a resident's financial resources.

We prefer the verbage from 2620.95 which states "if assistance with financial management is provided, the administrator shall..."

We do not like the wording with maintaining as usually the resources would dwindle over time, or as the nursing homes would say they would "spin down". We could not reasonable take the responsibility to maintain.

(b) Again as stated above:

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

This is not within the realm of most administrators. The resident would need to hire a professional CPA or financial adviser for this service. This does not belong here.

(4) 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.

We take alot of issue with this. First of all, most funds are usually kept in the bank, so access to them would be during banking hours. secondly, the money that is kept on the premises would NOT be available 24 hrs. only during the business hours of the administrator. Staff would NOT be allowed to obtain a resident's money!!!

Thirdly, that would force homes to keep alot of money on hand... the larger the home, the more money would need to be kept on hand... This creates an unsafe situation... possible might even set the PCH up for a robbery! We OBJECT.

(9) "The home shall give the resident an annual written account...." WHY is more documentation and paperwork necessary when there is already a financial record on file????

(10) signed receipts may not always be possible to obtain. And this section needs to add the verbage from 2620.35 of "This

2600.20 Resident funds. continue.

(10) shall be done within 30 working days after the resident's death."

(12) Upon discharge or transfer of the resident, the administrator shall immediately return... to the resident.

WE take issue with this also... with two words transfer and immediately. The word transfer needs to be deleted as you certainly would NOT send the residents funds with him on a transfer to the hospital!! The funds would probably not arrive at the hospital bedside, and then the administrator would have to replace it according to Resident Rights.

Funds should be issued upon discharge and within 30 days.

There needs to be common sense throughout all aspects of regulations. The residents do need to be protected, we all agree with that. However the PCH also needs to be protected.

This section could set the tone up for many problems. A regulation needs to protect all parties involved!!!

We resent the lack of respect.

Sincerely yours,

Rosewood Manor PCH
Richard E. Betts } Administrators
Cecil Van Rensselaer }
members of
NARCHAA
WCPCHAA

Original: #2294

2002 NOV 12 9:12:03
REGULATORY
REVIEW COMMISSION

2002 NOV 15 11:30:07
REGULATORY
REVIEW COMMISSION

14-475 (733)
"SAME Commenter
as #412"

October 30, 2002

Bryan Polomoscanik RPh
Dierken's Pharmacy
246 Main Street
Monongahela, PA 15063

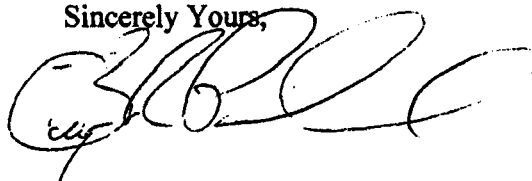
IRRC
333 Market Street
14th Floor
Harrisburg, PA 17101
Attn: Mary Lou Harris

Dear Ms. Harris,

I would like to make a "public" comment on the Proposed Regulations that the DPW has proposed for the personal care home industry. I imagine that you are attempting to regulate what you see as shortcomings in the personal care homes of Pennsylvania. You are attempting to pass legislation to require that many of the duties now performed by the regularly trained and competent staff members be restricted to nursing staff alone. While there is certainly no argument that nurses can and do provide a wide range of very valuable services to critically ill patients, there is also the cost factor associated with an increase in the number of nurses in use and the number of hours worked. The types of homes I am talking about are not for critically ill patients, they are for either elderly or otherwise challenged patients who generally need assistance with some personal care issues such as meals, cleaning, and other less critical duties. By making the proposed changes, many of the smaller personal care home operators could be forced out of business. This could lead to a decrease in the overall number of beds available for our senior citizen population and derive families of the ability to frequently visit their elderly relatives at convenient, local personal care homes.

Another issue associated with these proposed regulations is the very simple fact that there is already a critical shortage of nurses. This is why President Bush signed into law, legislation to help future nurses to go to school tuition free. This once again leads to the closing of many personal care homes that currently exist. Tie this in with the increased costs to the already financially strapped families and we can all see that while these regulations are intended to increase patient care, the effect would be just the opposite. Some families may seek out unregulated homes that would operate outside the law. Included in my duties as pharmacist are visits to these personal care homes to help them with patient care issues. These homes, as they currently exist provide good care for residents who have some need of personal assistance. The care of our elderly citizens is definitely important but increasing the costs to the already burdened families and depriving them of a choice of locations is not the proper way to go about it.

Sincerely Yours,



Original: 2294

#14-475 (137)
SAME Commenter
AS # 37, 38, 40, 41, 2

W.C.P.C.H.A.A. 136"
P.O. Box 73
Crabtree, PA.
15624

October ,2002

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

Dear Teleta Nevius,

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

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

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

The above two sections translate into more paperwork, and more policies and procedures which comes with a high cost that will be absorbed by the residents in the end. This is harmful.

It also means less time to administer good personal care because staff will be buried in paperwork.

SO the labor and the hours of the labor to accomplish the above directly is subtracted from the health and welfare of our residents.

This is above what nursing homes and hospitals are required to do.

OUR SUGGESTION:

- (1) For the employee file to have a record of the CEU's earned each year.

These become even more impractical when you consider the numbers of small PCH. with minimal staffing. In Westmoreland County there are only 17 homes which have more than 51 beds. We have 22 homes for 4-8 beds, 22 homes for 9-20 beds, and 27 homes for 21-50 beds.

Sincerely yours,

Rosewood Manor PA
Richard E. Water
County Administrator
member of
NAPLHAA
WCPCHAA

PCH Advisory Committee task groups had recommended this be changed to 12 hours and DPW has verbally agreed but was unable to make the change prior to publication. Note also that nursing assistants in nursing facilities are only required to have 12 hours of continuing education a year).

(f) Training topics for the required annual training for direct care staff ~~may~~ shall include aspects of the following:

(1) Current training in first aid, certification in obstructed airway techniques and certification in cardio-pulmonary resuscitation that is appropriate for the residents served, and shall be completed by an individual certified as a trainer by a hospital or other recognized health care organization. Registered nurses, licensed practical nurses, certified registered nurse practitioners, emergency medical technicians, paramedics, physician's assistants or licensed physicians are exempt from the requirement for annual first aid training.

(2) Medication self-administration training.

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

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

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

(6) Personal care service needs of the resident.

(7) If the population is served in the home, safe management technique training, which shall include positive interventions such as: (Note that this may be excessive for some homes It would be helpful for the Department to develop some standardized training in this area as this is new for some providers).

§ 2600.59. Staff training plan.

The administrator shall ensure that a comprehensive staff-training plan is developed and conducted annually for the development and improvement of the skills of the home's ~~direct care staff for the resident population being served.~~ The staff training plan shall include the personal care home's policies and procedures for developing and conducting the staff training plan, indicating who is responsible ~~and the time frames for completion of the following components:~~ The plan shall be reviewed/updated annually with staff input.

Note: In discussion with the Department of Public Welfare's Personal Care Home Advisory Committee task group on staffing, the following was agreed to be deleted along with all of 2600.60.

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

~~—(2) An overall plan for addressing the needs identified in paragraph (1). This plan shall be based on the assessment of staff training needs, and shall indicate training content, trainers and proposed dates of training.~~

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

~~—(4) An annual evaluation of the staff training plan, including the extent to which implementing the plan met the identified training needs.~~

§ 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.~~

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

~~—(2) The employee shall complete the minimum training hours as listed in § 2600.58(d) (relating to staff training and orientation) with the subject selections being based upon the needs identified in the training plan.~~

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

PHYSICAL SITE

§ 2600.81. Physical accommodations and equipment.

Upon new construction and significant renovation 6 months after _____ (Editor's Note: The blank refers to the effective date of adoption of this proposal.) The home shall provide or arrange for physical site accommodations and equipment necessary to meet the health and safety needs of a resident with a disability and to allow safe movement within and exiting the home. *Rationale: We understand that it has been common practice to grandfather existing buildings prior to a reasonable date after implementation of new regulations so that any existing buildings or building plans in the works will not be unfairly disadvantaged. This was done most recently with the Drug & Alcohol regulations. We ask for similar consideration here, especially in light of the new Labor & Industry Building code regulations that go into effect January 1, 2003.*

§ 2600.83. Temperature.

(a) The indoor temperature in resident living areas shall be at least 70°F when residents are present in the home. (concern for garage area in smaller homes and whether the inspector would require the garage to be 70 degrees)

§ 2600.85. Sanitation.

(a) Sanitary conditions shall be maintained in the home.

Note that (b) through (f) should be under (a) and therefore should be numbered in roman numerals.

b) There may be no evidence of infestation of insects, rodents or other animals (do you mean dogs and cats?) in the home.

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

(d) Trash in kitchens and bathrooms shall be kept in ~~covered~~ trash receptacles that prevent the penetration of insects and rodents. Covered containers do not prevent infestation.

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

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

§ 2600.90. Communication system.

(a) The home shall have a working, noncoin operated, telephone with an outside line that is accessible in emergencies for all residents and staff in the home and is accessible to persons with disabilities.

2600.93. Handrails and railings.

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

(b) Each porch that has over a 30-inch drop shall have a well-secured railing. for new construction or renovations.

§ 2600.94. Landings and stairs.

(a) Interior and exterior doors that open directly into a stairway and are used for exit doors, resident areas, and fire exits shall have a landing, which is a minimum of 3 feet by 3 feet. For new construction or renovations.

(b) Interior stairs, exterior steps, walkways and ramps shall have nonskid surfaces.

§ 2600.96. First aid supplies.

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

§ 2600.98. Indoor activity space.

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

(b) The home shall have at least one furnished living room or lounge for the use of residents, 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. This is excessive. There has not been a problem with this in the current regulations that we know of.~~

§ 2600.99. Recreation space.

The home shall provide regular access to outdoor and indoor recreation space and recreational items, ~~including books, magazines, puzzles, games, cards, gliders, paper, markers and the like. This list will change with new generations. Don't specify.~~

§ 2600.101. Resident bedrooms.

(c) Upon new construction and significant renovation after _____ (Editor's Note: The blank refers to the effective date of adoption of this proposal.) each bedroom for a resident with a physical immobility shall have 100 square feet per resident, or allow for easy passage between beds and other furniture, and for comfortable use of a resident's assistive devices, including wheelchairs, walkers, special furniture or oxygen equipment. This requirement does not apply if there is a medical order from the attending physician that states the resident can maneuver without the necessity of the additional space.

(3) Pillows and bedding that ~~are~~ is clean and in good repair.

(l) Cots and portable beds are prohibited for residents.

(n) Upon new construction and significant renovation after _____ (Editor's Note: The blank refers to the effective date of adoption of this proposal.) A bedroom may not be used as a means of egress from or used as a passageway to another part of the home unless in an emergency situation.

(o) A resident may share a room with a resident of the opposite sex if they choose but are not required to. ~~not be required to share a bedroom with a person of the opposite sex.~~

§ 2600.102. Bathrooms.

(a) There shall be at least one functioning flush toilet for every six or less residents. ~~users, including residents, family and personnel.~~

(b) There shall be at least one sink and wall mirror for every six or less users, residents. ~~users, including residents, family and personnel.~~

(c) There shall be at least one bathtub or shower for every 15 or less users, residents. ~~users, including residents, family and personnel.~~

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

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

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

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

§ 2600.103. Kitchen areas.

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

(d) Food shall be stored off the floor or the lowest shelf shall be sealed to the floor. *Most health departments say 6 inches or more above floor.*

(e) Food shall be labeled, dated, rotated and inventoried on a regular basis weekly.

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

§ 2600.104. Dining room.

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

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

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

§ 2600.105. Laundry.

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

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

§ 2600.107. Internal and external disasters.

(a) The home shall have written emergency procedures that are shall be developed and approved by qualified fire, safety and local emergency management offices.

(b) The written emergency procedures shall be reviewed and updated annually by the administrator, and approved by qualified fire, safety and local emergency management offices.

- (c) Disaster plans shall include at a minimum:
- (1) Contact names.
 - (2) Contact phone numbers of emergency management agencies and local resources for the housing and emergency care of residents affected.
 - (3) Alternate means of supply of utilities shall be identified and secured. Excessive cost for small providers if they need to purchase a generator.
 - (4) The home shall maintain at least a 3-day supply of nonperishable food and drinking water or plan for obtaining a supply of drinking water for all residents and personnel. *(drinking water may be a problem to store 3-day supply) We need some reasonableness here. 1 gallon per resident per day is the standard.*
 - (5) The home shall maintain at least a 3-day supply of all resident medications or have identified an alternate plan for obtaining meds. (e.g., delivery systems are sometimes weekly only)

FIRE SAFETY

- (b) Doors used for egress routes from rooms and from the building may not be equipped with key-locking devices, electronic card operated systems or other devices which prevent immediate egress of residents from the building. § 2600.122. Exits. Unless otherwise regulated by the Department of Labor and Industry for new construction and significant renovation after (Editor's Note: The blank refers to the effective date of adoption of this proposal.) all buildings shall have at least two independent and accessible exits from every floor, each arranged to reduce the possibility that both will be blocked in an emergency situation..

§ 2600.123. Emergency evacuation.

- (a) In homes housing five or more immobile residents, the fire alarm system shall be directly connected to the local fire department or 24-hour monitoring service that has been approved by the local fire department where upon new construction and significant renovation after (Editor's Note: The blank refers to the effective date of adoption of this proposal.) (b) Evacuation routes shall be well lighted and clear of obstructions at all times.

§ 2600.130. Smoke detectors and fire alarms.

- (d) If the home serves four or more residents or if the home has three or more stories including the basement and attic, there shall be at least one smoke detector on each floor interconnected and audible throughout the home or an automatic fire alarm system that is audible throughout the home.
- (e) Upon new construction and significant renovation after (Editor's Note: The blank refers to the effective date of adoption of this proposal) if one or more residents or staff persons are not able to hear the smoke detector or fire alarm system, all smoke detectors and fire alarms shall be equipped so that each person with a hearing impairment will be alerted in the event of a fire.

(f) All smoke detectors and fire alarms shall be tested for operability ~~at least once annually~~ ~~monthly~~. A written record of the ~~monthly~~ annual testing shall be kept. Residents will be up in arms about the noise when testing smoke detectors on a monthly basis. Many large homes have a large number of smoke alarms and this could be very time consuming as well as disruptive to the home's harmony. We also understand that wired smoke detectors may require an electrician to test. This could be very costly on a monthly basis.

(i) Upon new construction and significant renovation after (Editor's Note: The blank refers to the effective date of adoption of this proposal.) in homes housing five or more immobile residents, the fire alarm system shall be directly connected to the local fire department or 24-hour monitoring service approved by the local fire department.

§ 2600.132. Fire drills.

(d) Residents shall be able to evacuate the entire building into a public thoroughfare, or to a ~~fire-safe~~ area designated in writing within the past year by a fire safety expert, within 2 1/2 minutes or within the period of time specified in writing within the past year by a fire safety expert. The fire safety expert may not be an employee of the home. We continue to have concerns about the 2 ½ minute requirement even with the alternative to get a fire safety expert to sign off on something higher. Due to liability reasons, we are not sure fire safety experts would agree to sign off on a more reasonable evacuation time. The risk factor for falls and fractures in evacuating frail and physically disabled residents in a very short amount of time is our concern.

RESIDENT HEALTH

§ 2600.141. Resident health exam and medical care.

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

§ 2600.143. Emergency medical plan.

(1) The resident's name, ~~age and~~ birth date. Birth date should be sufficient so that age does not need to be changed every year.

(11) Personal information and related instructions from the resident regarding advanced directives, do not resuscitate orders or organ donation if the resident has executed the documents. We would like clarification on this. Our concern is that residents and families will be expecting the home to honor advance directives. Will DPW permit homes to honor them or will current policy continue?

NUTRITION

§ 2600.161. Nutritional adequacy.

- (c) Daily nutrition ~~Each meal~~ shall contain at least one item from the dairy, protein, fruits and vegetables, and grain food groups, unless otherwise prescribed in writing by a licensed physician or certified nurse practitioner for a specific resident.
- (g) Drinking water shall be available to the residents at all times. Other beverages shall be available ~~and offered~~ to the resident each day and the residents shall be informed where they can obtain these beverages. at least every 2 hours. *The outcome here is to have water and beverages available to the resident with some assurance that the resident is aware they are available. Leave it to the home to determine how this will be accomplished. Many homes now have water, juice, soda and other beverages available throughout the day in the community areas. This can be accomplished without the need for additional staff to make rounds every two hours to offer them.*

§ 2600.162. Meal preparation.

- (c) There may not be more than ~~4-16~~ hours between the evening meal and the first meal of the next day, unless a resident's physician has prescribed otherwise, and there may not be more than ~~4-6~~ hours between breakfast and lunch, and between lunch and supper.
- (f) Meals may shall include a variety of hot and cold food to meet the preferences of the residents. *Depending on the season, the home with resident input may choose not to offer both hot and cold at some meals.*

§ 2600.163. Personal hygiene for food service workers.

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

§ 2600.164. Withholding or forcing of food prohibited.

- (c) If a resident refuses to accept any nutrition by mouth eat consecutively during a 24-hour period, the resident's primary care physician and the resident's designee or a family member shall be immediately notified.

2600.171. Transportation.

- (1) ~~Staff to resident ratios specified in § 2600.56 (relating to staffing) apply.~~ Staffing should be based on needs of the residents.

(5) At least one staff member transporting residents has completed the initial new hire direct care staff training or been grandfathered in.

MEDICATIONS

§ 2600.181. Self-administration.

- (e) A resident is capable of self-administering medications if the resident can use the medication as prescribed in the manner prescribed. The resident shall be able to recognize and distinguish the medication and know the condition or illness for which the medication is prescribed, the correct dosage and when the medication is to be taken. Examples include being capable of placing medication in the resident's own mouth and swallowing completely, applying topical medications and not disturbing the application site, properly placing drops in eyes, correctly inhaling inhalants and properly snorting nasal therapies. We recommend that this be defined as being the physician's determination as to whether the resident is capable of self-administering medications.
- (f) The appropriate state agency shall develop a medication assistive personnel (MAP) training program that will permit trained staff to assist with administration of medications. (Rationale: With the severe nursing shortage and high cost of care to consumers when you are required to provide professionally licensed services, it makes good sense to train unlicensed staff to assist where needed. This should be a "Train the trainer" model).
- (g) Medication assistive personnel (MAP) may administer medications after successfully completing a state approved and appropriate training course that includes a written and performance-based competency examination. To qualify for training as a MAP, the individual must be a high school graduate and have English language proficiency.

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

- (a) Prescription, OTC and ~~CAMs~~ shall be kept in their original labeled containers and may not be removed more than 2 hours in advance of the scheduled administration. Assistance with injections and sterile liquids shall be provided immediately upon removal of the medication from its container. Many homes do not have the room to store CAMs and CAMs are not always labeled correctly when received by the home.
- (b) Prescription, OTC, ~~CAM~~ and syringes shall be kept in an area or container that is locked.
- (c) Prescription, OTC and ~~CAM~~ stored in a refrigerator shall be kept in a separate locked container. What if refrigerator is in the med room that is locked? Permitted?
- (d) Prescription, OTC and ~~CAM~~ shall be stored separately. Clarify that you mean each resident's meds are stored apart from each other? (e.g., does a divider in med drawer work?)

(f) Prescription, OTC and CAM, discontinued and expired medications, and prescription medications for residents who are no longer served at home shall be destroyed of in a safe manner according to the Department of Environmental Protection and all Federal and State regulations. When a resident permanently leaves the home, the resident the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home. shall be offered their meds upon discharge. medications shall be given to the resident,

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

§ 2600.183. Labeling of medications.

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

(c) If the OTC and CAM belong to the resident, they shall be identified with the resident's name.

(d) Sample medications shall be identified by the physician with the dosage, time and resident's name. the particular resident's use and accompanied by a physician's order.

Note: It's not always possible for provider to get this from the physician. Let home determine whether they will store sample meds whether they take them and how many and frequency or in resident contract.

§ 2600.184. Accountability of medication and controlled substances.

~~(3) Limited access to medication storage areas.~~ Medication storage for controlled substances shall be locked with limited access (i.e., not everyone has a key).

§ 2600.185. Use of medications.

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

(b) If the home helps with self-administration, then the only prescription, OTC and CAM medications that are allowed to be given are those prescribed, approved or ordered by a licensed physician, certified registered nurse practitioner, licensed dentist or physician's assistant within its scope of practice. May be a hardship to get order for OTC and residents get this on their own sometimes without the knowledge of the provider (e.g., nasal spray).

(c) Verbal changes in medication may only be made by the prescriber and shall be documented in writing in the resident's record and the medication record as soon as the home is notified of the change. (make part of training for med assistant)

§ 2600.186. Medication records.

(b) If the home helps the resident with self-administration, a medication record shall be kept to include the medications ordered by those prescribed, approved or ordered by a licensed physician, certified registered nurse practitioner, licensed dentist or physician's assistant within its scope of practice. ~~following for each resident's prescription, OTC and CAM:~~

- (1) The prescribed dosage.
- (2) Possible side effects as provided by pharmacy.
- (3) Contraindicated medications as provided by the pharmacy.
- (4) Specific administration instructions.
- (5) The name of the prescribing physician.
- (6) Drug allergies identified on med eval.
- (7) Dosage, date, time and the name of the person who helped with the self-administration of the medication. This is not self-administration if we are doing all this. Contradicts definition of self-administration.

(c) The information in subsection (b)(7) shall be recorded at the same time each dosage of medication is self-administered. This is not self-administration if we are doing all this. Contradicts definition of self-administration.

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

SAFE MANAGEMENT TECHNIQUES

§ 2600.201. Safe management techniques.

(a) The home shall use positive interventions to modify or eliminate a behavior that endangers residents, staff or others. Positive interventions include improving communications, reinforcing appropriate behavior, redirection, conflict resolution, violence prevention, verbal praise, deescalation techniques and alternatives, techniques or methods to identify and defuse potential emergency situations. How will DPW measure this? Homes may not understand what their responsibilities are under this requirement. This is a new training piece that may be costly.

(b) ~~A home shall incorporate a quality improvement program designed to continuously review, assess, and analyze the home's ongoing steps to positively intervene when a resident demonstrates a behavior that endangers residents, staff or others.~~ There shall be documentation of the follow-up action that was taken to prevent future incidences.

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

(2) The use of aversive conditioning, defined as the application of startling, painful or noxious stimuli. What does this mean? Not all providers understand this terminology. Give examples.

SERVICES

§ 2600.222. Community social services.

The administrator ~~may~~ shall encourage and assist residents to use social services in the community ~~where available and appropriate~~ which may benefit the resident, including a county mental health and mental retardation program, a drug and alcohol program, a senior citizens center, an area agency on aging or a home health care agency.

§ 2600.223. Description of services. Repetitive (required in resident contract. What is it that you are asking for here? Is this a marketing brochure?)

(a) The home shall have a written description of services provided or not provided shall be stated in the resident contract. ~~and activities that the home provides to include the following:~~

- ~~—(1) The scope and general description of the services provided by the home.~~
- ~~—(2) The criteria for admission and discharge.~~
- ~~—(3) Specific services provided by the home.~~

§ 2600.225. Initial assessment and the annual assessment.

(b) The resident's initial assessment and annual assessment shall include the following areas if appropriate for resident:

- (1) Background information.
- (2) Medical assessment.
- (3) Social assessment.
- (4) Mobility assessment.
- (5) ADL assessment.
- (6) IADL assessment.
- (7) Medication assessment. Define.
- (8) Psychological assessment. Define: Is this a MM or GDS and is it required for everyone?

(d) In addition to the initial assessment at admission, the resident shall have additional assessments as follows:

- (1) Annually within 30 days before or 30 days after the resident's anniversary date of admission.
- (2) If the condition of the resident ~~materially~~ substantially changes prior to the annual assessment, the review shall be completed and updated on the current version.

(3) At the request of the State agency upon cause to believe that an update is required.

(4) At the time of a hospital discharge, if a substantial change has occurred. (*Does this include ER or overnight hospital?*)

(h) If a resident is determined to be immobile as part of the initial intake or annual assessment, specific requirements relating to the care, health and safety of an immobile resident shall be met immediately. The resident shall be ~~continually~~ assessed for mobility annually or upon a substantial change as part of the resident's support plan.

§ 2600.226. Development of the support plan.

(a) A support plan shall be developed and implemented for each resident within 15-calendar days of admission to the home. This plan shall also be revised within 30 days upon completion of the annual assessment or upon changes in the level of functioning of the resident as indicated on the assessment. It shall address all of the needs of the resident's current assessment including the resident's personal care needs.

(b) The resident or the resident's family or advocate, or both, shall be informed of the right to have the following people assist in the development of the resident's support plan: (*may not be able to coordinate this in 15 days*)

(1) Case manager from the social service agency when the resident has a case manager.

(2) Other social service entities (*ambiguous, give examples*).

(3) The home staff.

(4) Family or advocates.

(5) Doctors.

(6) Other interested persons designated by the resident.

~~(c) Documentation of reasonable efforts made to involve the resident's family, with the consent of the resident, shall be kept. If the resident's family declines, this fact shall be documented in the record. —Have inspectors look at outcome... too much documentation.~~

~~(d) Persons who participated in the development of the support plan shall sign and date the support plan. —Can't do this on computer; we're not a nursing home. Administrator or home designee shall signoff on the support pan.~~

~~(e) If a resident or family member chooses not to sign the support plan, proper documentation of the effort to obtain their signature must be shown.~~

§ 2600.228. Notification of termination.

(b) If the home initiates a discharge or transfer of a resident, or if the legal entity chooses to close the home, the home shall provide a 30-day advance written notice to the resident, the resident's legal representative, and the referral agent citing the reasons for the discharge or transfer. This shall be stipulated in the resident-home contract signed prior to admission to the home. A 30-day advance written notice may not be given if a delay in discharge or transfer would jeopardize the health or safety of the resident or others in the home, ~~as certified by a physician.~~ This shall occur when the

resident needs psychiatric or long-term care or is abused in the home, or the Department initiates a closure of the home. The home should be able to determine this without a physician certification.

(h) The only grounds for discharge or transfer of a resident from a home are for the following conditions:

(3) If a resident's functional level has ~~advanced or~~ declined so that the resident's needs cannot be met in the facility even with supplemental services provided by outside providers as outlined in the resident's contract. In this situation, a plan for other placement shall be made as soon as possible by the administrator in conjunction with the resident or designated person, if any, or both. If assistance with relocation is needed, the administrator shall contact appropriate local agencies, such as the area agency on aging, county mental health/mental retardation program or drug and alcohol program, for assistance. The administrator shall also contact the appropriate personal care home regional field licensing office.

(5) If the resident has failed to pay or cooperate with efforts to obtain public funding within 30 days, if home accepts residents with public funding.

(6) If closure of the home is initiated by the Department.

(7) Violation of home rules.

(8) Repeated violation or disruption of the home's harmony.

SECURED UNIT REQUIREMENTS

§ 2600.231. Doors, locks and alarms.

Doors locked by using an electronic or magnetic system to prevent egress are considered mechanical device restraints and are permitted in licensed homes for specialized secured units so long as the following safety standards are met:

(1) If the building meets current Labor and Industry occupancy certification for a small or large personal care home, the secured unit shall be located at grade level of home with an outside enclosed area such as a porch or patio located on same grade level adjacent to the secured unit. We suggest grandfathering here for current providers.

(4) Doors that open to the outdoor enclosed areas may not be operated by an electronic or magnetic locking system, or similar device.

(5) Residents shall have free and easy access to the enclosed areas year round, except after dusk and during inclement weather (what do you mean by inclement weather – excessive heat/cold, humidity, rain, national weather service – needs further clarification).

(9) Fire alarm systems shall be interconnected to the local fire department, where available, or a 24-hour monitoring/security service approved by the local fire department. Cost for small providers is a concern.

(10) The home shall provide for even illumination and appropriate levels of light to maximize vision. How will DPW determine or measure it? Look at the desired outcome here.

(11) The home shall take proactive safety measures to minimize hazards and risk of falls. ~~through the provision of sturdy furniture, ramps and removal of clutter.~~ How will DPW determine or measure it? Look at the desired outcome here.

§ 2600.232. Environmental standards.

Environmental standards include the following:

(1) The home shall provide adequate (define) exercise space, both indoor and outdoor.

(2) The home shall ensure that no more than two residents are housed in a bedroom regardless of its size to help the resident live as comfortably as possible in a secured unit.

(3) Space shall be provided for privacy and for common activities.

(4) The home shall provide a full description of the environmental cues and way-finding (define) assistance to be utilized for the resident population.

§ 2600.233. Admission standards.

Admission standards include the following:

(2) A licensed physician, or a geriatric assessment team ?? Define team shall complete these assessments for the resident requiring the secured unit.

(3) A complete medical and cognitive assessment is not required for the spouse or relative of the resident requiring the secured unit, if the spouse or relative does not have a diagnosis requiring the secured unit but expresses a desire to live with the resident.

(4) Each resident record shall have documentation that the resident or the resident's legal representative has consented to the resident's admission or transfer to the secured unit.

(5) The home shall maintain a written agreement containing a full disclosure of services as outlined in the resident contract, admission and discharge criteria, change in condition policies, services, special programming and cost and fees pertaining to the resident.

§ 2600.234. Care standards.

Care standards include the following:

(2) Within 15 days ~~72 hours~~ of the admission ~~or within 72 hours prior to the resident's admission~~ to the secured unit, a support plan shall be developed, implemented and documented in the resident record and shall identify the resident's physical, medical, social, cognitive and safety needs, who will address these needs and the responsible person. (be consistent with other requirement for support plans)

(4) The resident or the resident's legal representative, or both, shall be involved in the development and review of the support plan if interested.

§ 2600.235. Discharge standards.

Discharge standards which shall provide that if the home initiates a discharge or transfer of a resident, or the legal entity chooses to close the home, the administrator shall give a 60-day advance written notice to the resident, unless the resident meets the discharge criteria outlined (2600.228), the resident's legal representative and the referral agent citing the reasons for the discharge or transfer. This requirement shall be stipulated in the resident-home contract signed prior to admission to the secured unit.

§ 2600.236. Administrator training.

Administrator training includes the following:

(1) In addition to the training requirements found in § 2600.57 (relating to administrator training and orientation), the administrator of the home with a secured unit shall complete orientation related to dementia, secured unit management and staff training.

(2) Ongoing education shall be competency-tested training including the following content areas specific to the stage of dementia and addressing issues particular to the resident:

- (i) Psychosocial issues.
- (ii) Specific cultural issues.
- (iii) Psychological changes.
- (iv) Functional consequences of other age-related diseases.
- (v) Interpersonal skills in communications and team building.
- (vi) Care-giving strategies.
- (vii) Sexuality issues.
- (viii) Nutrition issues.
- (ix) Communication issues with residents and family and therapeutic activities, techniques and strategies.
- (x) Medication use, effects and side effects.
- (xi) Abuse prevention and resident rights consistent with the Older Adult Protective Services Act (35 P. S. §§ 10225.101--10225.5102).

The above requirements needs a thorough review as to the length, cost, who will train, standardized course, etc.

§ 2600.237. Staff training on dementia.

In addition to the training requirements in § 2600.58 (relating to staff training and orientation), all staff of a secured unit shall receive and successfully pass competency-based training related to dementia, to include the following:

- (1) The normal aging-cognitive, psychological and functional abilities of older persons.

- (2) The definition and diagnosis of dementia, description of reversible and irreversible causes, and an explanation of differences between dementia, delirium and depression.
- (3) The definition of dementia and related disorders, progression, stages and individual variability.
- (4) Communication techniques.
- (5) The description of behavioral symptoms of dementia and how to manage resident behaviors.
- (6) The role of personality, culture and environmental factors in behavioral symptoms and dementia care.
- (7) The home's philosophy of dementia care, including mission statement, goals, policies and procedures.
- (8) Working with family members.
- (9) Resources for residents with dementia and their families.
- (10) Team building and stress reduction for the staff.
- (11) The Older Adult Protective Services Act (35 P. S. §§ 10225.701--10225.707).
The above requirements needs a thorough review as to the length, cost, who will train, standardized course, etc.

§ 2600.239. Programming standards.

Programming standards include the following:

- (1) Activity programming in the secured unit, which shall maximize independence while focusing on strengths and abilities. How do they measure this?
- (2) General activity programming, which shall be offered with a frequency that meets the individual needs of the resident.
- (3) Resident participation in general activity programming, which shall:
 - (i) Have a purpose that the resident can appreciate and endorses.
 - (ii) Be done voluntarily.
 - (iii) Respect the resident's age and ~~social status~~ and cognitive limitations.
 - (iv) Should promote the ~~Take advantage of the~~ resident's retained abilities.

§ 2600.240. Notification to Department.

Notification to the Department is required as follows:

- (3) The following documents shall be included in the written notification:
 - (i) The name, address and legal entity of the home.
 - (ii) The name of the administrator of the home.
 - (iii) The total resident population of the home.
 - (iv) The total resident population of the secured unit.
 - (v) A building description and general information.
 - (vi) A unit description. (can this be a floor plan?)
 - (vii) The type of locking system.

- (viii) Emergency egress.
- (ix) A sample of a 2-week staffing schedule.
- (x) Verification of completion of additional training requirements.
- (xi) The operational description of the secured unit locking system of all doors.

(xix) A sample consent form from the resident, or the resident's legal representative agreeing to the resident's placement in the secured unit. which can be included in the resident contract.

(xx) A sample of the written agreement containing full disclosure of services, admission and discharge criteria, change in condition policies, services, special programming and cost and fees.

(xxi) A description of environmental cues being utilized.

(xxii) A general floor plan of the entire home.

(xxiii) A specific floor plan of the secured unit, outside enclosed area and exercise space. repetitive

RESIDENT RECORDS

§ 2600.251. Resident records.

- (a) A separate record shall be kept for each resident.
- (b) The entries in a resident's record shall be permanent legible, dated and signed by the person making the entry. Does this imply that progress notes are being required?

§ 2600.252. Content of records.

- (b) Each resident's record shall include emergency information such as:
 - (1) The name, address, telephone number and relationship of a designated person to be contacted in case of an emergency.
 - (2) The name, address and telephone number of the resident's physician or source of health care and health insurance information, if any.
 - (3) The current and previous 2 years' med evals from physician's examination reports, including copies of the medical evaluation forms, where applicable.
 - (11) If the resident dies in the home, a record of the death of the resident. A photocopy of the official death certificate shall be retained in the resident's file.

§ 2600.253. Record retention and disposal.

- (3) The home shall maintain a log of resident records destroyed on or after _____. (*Editor's Note: The blank refers to the effective date of adoption of the proposal.*) This log shall include the resident's name, record number (not all homes use record numbers – say “where applicable”), birth date, admission date and discharge date.

§ 2600.254. Record access and security.

(b) Each home shall have and utilize a policy and procedures addressing record accessibility, security, storage, authorized use and release, and who is responsible for the records. For all newly required policies and procedures we would like to see DPW together with stakeholder groups through the PCH Advisory Committee develop sample policies and procedures.

(c) Resident identifying information shall be stored in locked containers or a secured, enclosed area used solely for record storage and be accessible at all times during business hours to the administrator or a designee.

ENFORCEMENT

§ 2600.261. Classification of violations.

(a) The Department will classify each violation of this chapter pertaining to homes into one of three categories as described in paragraphs (1)--(3). A violation identified may be classified as Class I, Class II or Class III, depending upon the severity, duration and the adverse effect on the health and safety of residents.

(1) *Class I.* Class I violations have a substantial probability of resulting in death or serious mental or physical harm to a resident.

(2) *Class II.* Class II violations have a substantial adverse effect upon the health, safety or well being of a resident.

(3) *Class III.* Class III violations are minor violations, which have an adverse effect upon the health, safety or well being of a resident.

(b) The Department's criteria for determining the classification of violations are available from the appropriate personal care home regional field licensing office.

Where are paper violations/errors classed?

§ 2600.262. Penalties.

(j) If the home wishes to contest the amount of the penalty or the fact of the violation, the home shall forward the assessed penalty, not to exceed \$500, to the Secretary of Public Welfare (Secretary) for placement in an escrow account with the State Treasurer. A letter stating the wish to appeal the citation or penalty shall be submitted with the assessed penalty. This process constitutes an appeal.

(1) If, through an administrative hearing or judicial review of the proposed penalty, it is determined that no violation occurred or that the amount of the penalty shall be reduced, the Secretary will, within 30 days, remit the appropriate amount to the licensee together with interest accumulated on these funds in the escrow deposit, and the department will expunge all records regarding this on paper and on the I-net if reported there.

(5) Money collected by the Department under this section will be placed in a special restricted receipt account and will be used first to defray the expenses incurred by residents relocated under this chapter or Chapter 20. The Department each year will use money remaining in this account to assist with paying for enforcement of this chapter relating to licensing. Fines collected will not be subject to 42 Pa.C.S. § 3733 (relating to deposits into account). Conflict of interest? Concern that self-funding equals quotas. We would suggest that the fees collected go to fund an "Office of Technical Assistance" for quality improvement in poor-performing homes.

§ 2600.263. Revocation or nonrenewal of licenses.

(c) Upon the revocation of a license in the instances described in subsections (a) and (b), or if the personal care home continues to operate without applying for a license as described in § 2600.262(h) (relating to penalties), residents shall be relocated. Immediately? Within what time frame?

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November 4, 2002

Teleta Nevius, Director
Office of Licensing and Regulatory Management
DPW
Room. 316, Health & Welfare Bldg.
Harrisburg, PA

Hand delivery

Dear Ms. Nevius,

Enclosed please find the comments of the Coalition for Personal Care Home Reform on the proposed personal care home regulations. Kindly list me as the contact person for the Coalition on these regulations.

Thank you.

Very truly yours,



Alissa Halperin
Staff Attorney

