



# Pennsylvania Catholic Health Association

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 pcha@pacatholic.org

Sister Clare Christi Schiefer, OSF  
 President

November 4, 2002

**VIA FAX AND US MAIL**

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

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

Dear Ms. Nevius:

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

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

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

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

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

*An Associate of the Pennsylvania Catholic Conference*

Ms. Teleta Nevius  
November 4, 2002  
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seems unnecessary so long as an administrator is "on call" or reachable during any 24 hour period.

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

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

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

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

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

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

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

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

Very truly yours,



Sister Clare Christi Schiefer, OSF  
President

SCC/mjs

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

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

Ms Tebeta Nevius  
PO Box 2675  
Harrisburg PA 17120

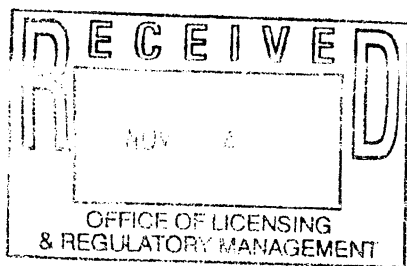
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NOV 7 10:11:20  
LABORATORY  
REVIEW COMMISSION

Dear Ms. Nevius -

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

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

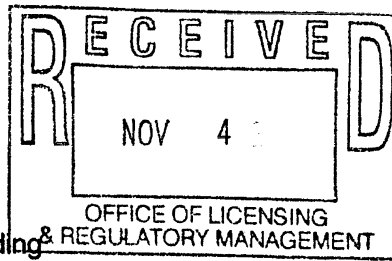


Sincerely,  
Tina Moore

Original: 2294

October 29, 2002

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



14-475 (382)

Vertical stamp: NOV 11 10 11 AM '02

Dear Teleta Nevius,

I have read the proposed new regulations that are to be put in place for personal care homes and am very concerned about what will happen to many of us.

My husband and I live in Woodcrest Senior Living Community in Scottsdale Pa. We, like many of the residents that are now living in the duplex cottages, are planning to eventually move into the personal care unit here. If the proposed regulations are passed we know that there is no way that it will be possible for us on our fixed incomes. The additional regulations will add many dollars to the basic monthly bill.

My family understands the costs of personal care because we needed to have our mother in personal care for almost four years. She had a very small monthly income so my brother and my five sisters paid the difference. Not all families can do this financially or are willing to work together on care giving.

I am very disturbed by what I have read in the Pittsburgh Post Gazette about the proposed regulations. None of the issues listed in the article have ever been a concern with my mother in Woodcrest. Maybe you should spend your time enforcing the rules and regulations that are already in place.

If these new regulations are put into place, the costs will be prohibited to my husband and I. We were not able to save a large amount of money because my husband worked for the church for forty-two years at a lower than the average salary.

I don't know what we will do when we need to move to personal care. I do know that we don't have much of a reserve to live very long in a personal care home if the costs go up as projected. Will we need to go to the county home? I don't know, but it is very frightening.

I appeal to you on behalf of all those with limited incomes to cut out the excessive regulations. More rules and regulations don't necessarily make things better, but it definitely adds more costs. Costs that most of us can't afford.

Please do whatever you can to stop these unnecessary regulations. We need your help. Thanks for taking the time to read this letter.

Sincerely,

Joyce Millslagle  
208 Newcomer Drive  
Scottsdale PA 15683

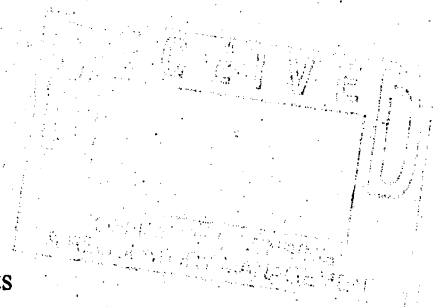


**Michaux Manor**  
**Quality In Assisted Living**

14-475  
714

November 4, 2002

Teleta Nevius, Director  
Office of Licensing and Regulatory Management  
Department of Public Welfare  
316 Health Welfare Building  
PO Box 2675  
Harrisburg, PA 17101-2675



Re: Proposed Personal Care Home Regulation Comments

Dear Mrs. Nevius,

I am attaching comments regarding the proposed CH. 2600 regulation. The comments I have attached are those developed by CALM and PHCA. I have served on the Board of CALM for several years, and have been very involved in the drafting of these comments.

From a provider standpoint, I have a great many concerns about the proposed regs. While I recognize the need for regulations that are more contemporary and reflective of what the market has actually become, I do not feel that 2600 in its current form is the answer. We are a small, independent Personal Care Home, serving approximately 25 residents. When I read the proposed regs, as well as all of the supplemental information provided by DPW, my primary concern is the gross underestimation of the costs for implementation.

For virtually every aspect of CH 2600, DPW mandates that some "policy" or "procedure" be developed. For a small independent home such as ours, the cost of developing these is prohibitive due to the sheer magnitude that are required. In addition, once these are developed, there will be significantly more paperwork and documentation required. The added staffing costs to keep current with the expanded documentation requirements alone would far exceed DPW's annual cost projections for implementing this chapter.

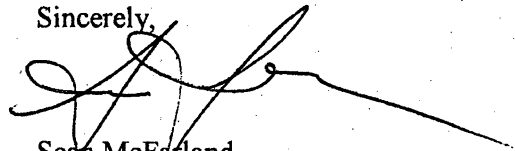
11302 South Mountain Road Fayetteville, PA 17222  
Ph. 717-749-5000 Fax 717-749-5852

I also have grave concerns regarding the medication sections. Given the shortage of RN's and LPN's, and the problem we have of getting any qualified staff in the first place, the issue of medications must be addressed in a more realistic way. DPW and any other appropriate Departments must join together to develop some kind of training program. I need to be able to have staff in my building who are capable and competent to do Medication passes, or assist our residents in taking their meds. This program must be a "Train the Trainer" model to ensure the constant supply of staff, so as not leave a facility subject to the whims of when the next training program is scheduled to begin.

Existing homes must also be grandfathered under any new regulations. One model of Personal Care or Assisted Living does not suit everyone. Our small rural home (a converted 1950's elementary school) has issues and concerns that the large corporate chains don't, but that is most often what attracts a client to us. I would encourage you to maintain a set of regulations that allow for a six-bed facility as well as a two hundred-bed facility. More often than not, this will come down to the issue of Grandfathering. Our residents and customers seek us out because of the environment and community that we offer. However, unless we are grandfathered (especially with respect to physical plant issues), I cannot imagine being able to remain in business.

Personal Care is a vital and important part of the aging continuum, and must be protected. We are not Nursing Homes, nor do we wish to become SNF's. My family and our facility have been caring for our area's aging population for over 16 years. Our residents have become our family, and we look forward to continuing to do so. I would be more than happy to discuss some of our specific concerns with you or your office. Thank you for your consideration of our comments.

Sincerely,

A handwritten signature in black ink, appearing to read 'Sean McFarland', with a long horizontal line extending to the right.

Sean McFarland  
Business Manager

CC: Robert E. Nyce, Executive Director, IRRRC

**General Observations and Comments  
to the Proposed Personal Care Home Regulation 55 Pa. Code Chapter  
2600 as published in the Pennsylvania Bulletin  
on October 5, 2002**

**Economic or fiscal impact of the regulation**

Despite years of work by stakeholders and admittedly significant modifications by the Department of Public Welfare (DPW), the proposed regulations continue to pose problems for operators, especially smaller personal care homes. Indeed, several of the regional provider groups of personal care homes believe that they will be forced out of business by the proposed regulations as they stand.

The regulatory analysis form that accompanied the regulations to the Independent Regulatory Review Commission (IRRC) states that the total cost to each licensed personal care home related to certain sections of the regulations is estimated to be \$680.00. This is a gross understatement of the overall increased costs to providers and ultimately consumers.

We have some providers estimating that it will mean two to three times their overall operating costs. On the average, our members have estimated that it will cost an additional \$900 per month or more than \$10,000 per year. DPW's estimated costs did not fully account for the development of more than 15 new policies and procedures and reporting requirements, new training requirements, or the new staff positions that will accompany the implementation of these, such as legal review, staff development trainers, additional administrative personnel to carry out the paperwork requirements, and additional direct care staff. Providers will be forced to pass on increased costs to consumers as a result. In the case of the more than 10,500 residents who receive \$29/day for care in this setting on SSI and the State Supplement, this will mean displacement with few alternatives other than an unlicensed home, the streets, or possibly a nursing facility if functionally eligible.

The Department has repeatedly stated that their goals for this regulatory revision process are as follows:

- Update 20 year old regulation
- Enhance health and safety standards
- Preserve operation of existing homes
- Involvement of Personal Care Home Advisory Committee
- Assure continuous ongoing public meetings

We appreciate and concur with the stated goals of the Department and it is our hope that DPW will see that all of these goals are met through this process. We are especially concerned with the goal of preserving the operation of existing homes given the cost implications of the proposed regulations. To help preserve the operation of existing homes, we would propose the following:

- The Commonwealth should consider alternative solutions for smaller homes placed in jeopardy by the costs inherent in the proposed regulations. Is there a way to set less burdensome

standards for homes with, for example, 20 beds or under since these comprise 41% of the licensed homes (approximately 740 homes out of the 1786) while continuing to ensure the safety and welfare of the residents in these homes? The Commonwealth was able to do this with Domiciliary Care Homes years ago, and there may be a similar solution for this group. For instance, the Commonwealth may want to consider introducing "Assisted Living" as a licensing category and preserve smaller homes under a less prescriptive personal care home regulation. Alternatively, the Commonwealth might consider a small home waiver under whatever final set of regulations is developed.

- Additionally, we strongly recommend that the Department, together with stakeholder groups through the DPW Personal Care Home Advisory Committee (PCHAC) develop *sample* policy and procedures and staff training curriculum for new requirements. This would help assure standardization and provide some monetary relief to the homes who cannot afford to do this on their own.
- Grandfathering provisions must be in place for physical sites (buildings) doing business as a personal care home prior to the date of implementation of the regulations. We are not aware of any other facility regulation that has changed that does not make provisions for existing buildings.
- Further, we believe that DPW has a moral obligation to address the public funding issue for the more than 10,500 residents in personal care homes who receive SSI and the State Supplement *at the same time they are implementing new regulations*. DPW must recognize the real costs to providers which were \$60 per day on the average in 1999<sup>1</sup> to care for residents in this setting. DPW must increase the State Supplement for SSI residents in PCHs to a total benefit of at least \$60 per day in addition to their personal needs allowance. New government mandates cannot be implemented until this is accomplished or we fear that these 20% of the total personal care home residents will be displaced and find it nearly impossible to access the level of care they require.

#### **Protection of the public health, safety and welfare and the clarity, feasibility and reasonableness of the regulation**

There is little controversy that the current regulations need to be updated in some areas to keep up with the marketplace phenomena that has occurred within the personal care home community and protect the increasingly frailer residents. However, PHCA/CALM views the proposed regulations as a work in progress that needs significant refinement before it can be implemented.

We support a regulatory system that will focus on standards for service outcomes and resident satisfaction. The *process or how* you accomplish this is not as important as the resulting outcome. We feel that the proposed regulations are far too prescriptive in dictating *how* providers must accomplish compliance rather than focusing on the outcomes. Our detailed comments and suggested language changes outlined below seek to change this focus.

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<sup>1</sup> *Costs of Providing Housing and Services in Personal Care Homes in Pennsylvania: A study conducted for the Department of Public Welfare's Personal Care Home Advisory Committee June 17, 1999 by PANPHA and Shippensburg University's Center for Applied Research and Policy Analysis.*



We have to keep in mind that these settings are still not classified by the state as health care facilities but rather they continue to be residential in nature. As such, we should find a way to preserve these home-like settings which consumers prefer without imposing nursing-home like standards on them. We further need to help consumers understand up front that there is most likely a point at which their care needs cannot be met in these settings so that the expectation for indefinite "aging in place" is not perpetuated.

**Does the regulation represent a policy decision of such a substantial nature that it requires legislative review?**

There are significant considerations as we move forward with new regulations for personal care homes. These include the fiscal impact on providers and the public (consumers), the severe workforce shortages that we are experiencing in our profession, and future needs of our aging population which is the second oldest in the nation.

There is a national movement to more uniformly define "assisted living" in each state. Pennsylvania is one of the few states who have yet to do this, despite having assisted living legislation for nearly four years that has not been acted upon. Personal Care Homes are considered the closest entity to "assisted living" in our state and will be impacted by any assisted living legislation. With public and federal pressure to define assisted living, DPW must consider how this will impact the current regulatory reform process.

Further, PHCA/CALM believes there are provisions within the proposed regulations that speak to broader public policy issues. These are in the area of staff training which could have a significant impact on our workforce. The direct care staff training requirements pose a new set of standards for a pool of workers who frequently change jobs from home health to attendant care to nursing facilities to personal care homes. PHCA/CALM supports developing a standardized training and competency-based program that all direct caregivers in our Commonwealth could take that would apply across any setting. This may require legislative review and action. Ultimately this could enhance our workforce and save costs to providers and consumers so that staff could be trained and tested once instead of each time they switch care settings.

In this vein, we also support the creation of a medication administration technician training and testing program that would permit unlicensed personnel to administer medications under the supervision of licensed personnel. This would help providers to keep costs down for consumers and also be part of the solution to the nursing shortages we are experiencing. This too may take legislative review and action. Our organization stands ready to assist with training programs such as these.

Finally, there are questions as to DPW's legal ability to utilize tools such as "bans on admissions" or impose temporary management in the course of their enforcement. We strongly believe that DPW needs the authority to enforce the regulations in a timely and effective manner. There may be a need to review their statutory authority in the area of enforcement.

## **Conclusion**

Our organization has dedicated enormous resources over the past 8 years in participating in the development of new regulations. We believe the framework has been established to move forward to develop a final set of regulations that make sense for everyone and have been told that the DPW Office of Licensing and Regulatory Management is open to continuing stakeholder discussions.

We would like the opportunity to continue working with the Department and other stakeholders to develop a new set of regulations that will assure protection, choice, access and quality to our residents in personal care homes and be operationally feasible to providers. We hope the process will not be rushed but rather conducted with careful consideration in a manner that will permit this care setting to thrive.

# Specific Comments and Language Change Suggestions in the Proposed Regulations

*Key:*

Underlined text is PHCA/CALM suggested changes to the language.

*Underlined italicized text* is PHCA/CALM's comments, questions, or rationale.

~~Strikethroughs~~ are language that PHCA/CALM would like to see deleted.

## PROPOSED RULEMAKING

DEPARTMENT OF  
PUBLIC WELFARE

[55 PA. CODE CHS. 2600 AND 2620]

### Personal Care Homes

#### GENERAL PROVISIONS

##### § 2600.4. Definitions.

*Direct care staff--*

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

(ii) The term includes full and part time employees, temporary employees and volunteers who routinely perform direct care staff services.

*We would like to see the following definition added (or something similar) once the barriers have been work out for a medication-technician program. Note that this is the language being used by the National Assisted Living Workgroup. Their work can be found at: <http://www.aahsa.org/alw.htm>*

*Medication Assistive Personnel (MAP)-- are caregivers who are not licensed health professionals but have successfully completed training and a competency examination, approved by the appropriate state licensing agency, that permits the person to administer medications to a resident.*

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

references to the resident's involvement in decision-making, this term may also refer to the resident's power of attorney or legal representative or responsible party if the resident is incapable of understanding or making decisions on their own behalf.

*Volunteer*--A person who, of his own free will, and without monetary compensation, provides services for residents in the personal care home.

(i) Volunteers who routinely perform direct care services shall meet the minimum qualifications and training of staff persons.

(ii) Residents receiving personal care services who voluntarily perform tasks in the personal care home are not to be considered volunteers for the purpose of determining compliance with the staffing requirements of this chapter.

## GENERAL REQUIREMENTS

### § 2600.11. Procedural requirements for licensure or approval of personal care homes.

(a) Except for §§ 20.31 and 20.32 (relating to annual inspection; and announced inspections), the requirements in Chapter 20 (relating to licensure or approval of facilities and agencies) apply to personal care homes.

(b) Personal care homes shall be inspected as often as required by section 211(l) of the Public Welfare Code (62 P. S. § 211(l)), and more often as necessary. After initial approval, homes need not be visited or inspected annually except that the Department will schedule inspections in accordance with a plan that provides for the coverage of at least 75% of the licensed personal care homes every 2 years and all homes shall be inspected at least once every 3 years.

We appreciate the Department's intent here to focus on poor performing facilities more frequently than those facilities who routinely remain in full compliance.

### § 2600.16. Reportable incidents.

(11) An incident requiring the services of an emergency management agency, fire department or law enforcement agency. Please clarify whether this includes use of ambulance services.

(18) A final termination notice from a utility.

### § 2600.17. Confidentiality of records.

Resident records shall be confidential, and, except in emergencies, may not be open to anyone other than the authorized home designee, resident, the resident's designee, if any, agents of the Department and the long-term care ombudsman unless the resident, or a designee, consents, or a court orders disclosure.

### § 2600.19. Waivers.

- (g) A structural waiver will not be granted to a new facility, new construction or renovations begun after \_\_\_\_\_ (Editor's Note: The blank refers to the effective date of adoption of this proposed rulemaking.) Upon request, the Department will review building plans to assure compliance with this chapter.

We would hope that the Department will take into consideration those homes with building plans that have been submitted and/or approved prior to the effective date of the final regulation that may already be underway but not completed.

#### **§ 2600.20. Resident funds.**

(12) Upon discharge or transfer of the resident, the administrator shall ~~immediately~~ return the resident's funds being managed or being stored by the home to the resident in accordance with the terms outlined in the resident contract, not to exceed 30 days. (Rationale: The home should be given a reasonable amount of time to determine whether the resident has outstanding charges and also nursing facility requirements in PA allow for a 60 day refund period.)

#### **§ 2600.24. Tasks of daily living.**

A home shall provide residents with assistance with tasks of daily living as indicated in their support plan and assessment, which may include ~~including~~ one or more of the following: ...

#### **§ 2600.25. Personal hygiene.**

A personal care home shall provide residents with assistance with personal hygiene as indicated in the support plan and assessment which may include ~~including~~ one or more of the following:

#### **§ 2600.26. Resident-home contract: information on resident rights.**

(ii) The actual amount of ~~allowable~~ public funding or cost as outlined in the resident contract ~~resident charges~~ for each service or item. The actual amount of the periodic--for example, monthly--charge for food, shelter, services and additional charges, and how, when and by whom payment is to be made. The word "allowable" implies public funding in our interpretation and while this may not be the intent we prefer the language above to clarify this.

(3) The resident, or a designee, or the home, has the right to rescind the contract for up to 72 hours after the initial dated signature of the contract. Rescission of the contract shall be in writing addressed to the home, or the resident or a designee. The home sometimes discovers within three days that the resident's assessment was not accurate and in fact the resident cannot be cared for by that particular home and therefore should be permitted to rescind the contract as well, giving the resident sufficient time to find alternative placement but not the full 30 days they would otherwise have. This is for the welfare of the resident as well.

**§ 2600.27. Quality management.** Alternative provisions for small homes should be made under this section. We would suggest that the DPW PCH AC work to create a sample plan and one that might be simplified for smaller homes.

**§ 2600.29. Refunds.**

(a) If, after the personal care home gives notice of discharge or transfer in accordance with § 2600.26 and 2600.228 (relating to requirements for resident/home contract; information on resident rights, and notification of termination), and the resident moves out of the home before the 30 days are over, the home shall give the resident a refund equal to the previously paid charges for rent and personal care services for the remainder of the 30-day time period. The refund shall be issued within 30 days of discharge. The resident's personal needs allowance shall be refunded within 1 week of discharge or transfer.

(b) After a resident gives notice of the intent to leave in accordance with § 2600.26 and 2600.228 and if the resident moves out of the home before expiration of the required 30 days, the resident owes the home the charges for rent and personal care services for the entire length of the 30-day time period for which payment has not been made.

(d) If the personal care home does not require a written notice prior to a resident's departure, the administrator shall refund the remainder of previously paid charges to the resident within ~~7-30~~ days of the date the resident moved from the home. In the event of a death of a resident, the administrator shall refund the remainder of previously paid charges to the estate of the resident within 30 days of the room being vacated. ~~when the room is vacated and within 30 days of death.~~ The home shall keep documentation of the refund in the resident's file.

(e) If a resident is identified as needing a higher level of care and is discharged to another facility, the personal care home shall provide a refund within ~~30~~ 7 days from the date of discharge when the room is vacated or within 30 7 days from notification by the facility. Rationale: Again, nursing facilities are given 60 days to refund monies, and facilities, particularly those under corporate structure, may have possible delay in releasing funds within 7 days.

## RESIDENT RIGHTS

**§ 2600.41. Notification of rights and complaint procedures.**

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

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

**§ 2600.42. Specific rights.**

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

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

(l) A resident shall have the right to purchase, receive and use personal property, unless the personal property presents a danger to self or others.

(u) A resident shall have the right to remain in the personal care home, as long as it is operating with a license, except in the circumstances of:

*Please add:*

(4) Violation of house rules and/or violation of others residents rights.

(w) A resident or designee shall have the right to appeal in writing discharge, reductions, changes or denials of services originally contracted. The personal care home shall have written resident appeal policies and procedures. The resident shall receive an answer to the appeal within 14-calendar days after submission.

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

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

(z) A resident shall have the right to be free from excessive medication which constitutes a chemical restraint (2600.202).

## STAFFING

### § 2600.53. Staff titles and qualifications for administrators.

(a) The administrator shall have one of the following qualifications:

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

(2) An associate's degree, 60 credit hours or greater, from an accredited college or university or commensurate life experience.

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

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

Direct care staff shall have the following qualifications:

(2) Have a high school diploma or GED, or commensurate life experience.

*Please add:*

(4) Sixteen or 17 year olds may be employed as a direct care staff person at a personal care home, but may not perform tasks related to medication administration, and the incontinence care or bathing of persons of the opposite sex.

### § 2600.55. Exceptions for staff qualifications.

(a) The staff qualification requirements for administrator and direct care staff do not apply to persons hired or promoted to the specified positions prior to \_\_\_\_\_ (*Editor's Note: The blank refers to the effective date of adoption of this proposal.*) as long as the home maintains a current license and the individual maintains their continuing education. *Rationale: Almost all licensed professionals (nursing home administrators, doctors, attorneys, etc.) are able to retain their credentials as long as they maintain continuing education requirements no matter how long of a break in service they have. Nurses in our state may maintain their license without continuing education requirements and without practicing. Keep a level playing field here.*

(b) A staff person who transfers to another licensed home, ~~with no more than a 1-year break in service,~~ may work in the same capacity as long as the staff person ~~meets the qualifications outlined in subsection (a).~~ maintains their continuing education.

### § 2600.56. Staffing.

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

(k) When regularly scheduled direct care staff persons are absent, the administrator shall arrange for coverage by substitute personnel who meet the direct care staff qualifications and training requirements. *This poses a concern regarding temporary staff and the cost associated with training them according to yet another set of standards that differ from home health or CNAs. There should be a uniform training standard in PA for direct care workers so that they can work more universally across the continuum of care settings.*

(m) An administrator may be counted in the staffing hours ratios if the administrator is scheduled to provide direct care services.

### § 2600.57. Administrator training and orientation.

*As a trainer of the 40-hour program since 1991, PHCA/CAIM has evaluated the list of training subjects required here and is of the opinion that to cover this with any justice, you would need to increase the hours to 80 or more. We originally recommended 120 hours and would support increased hours. Our suggestion is to reduce the inservice requirement and increase the classroom hours.*

(d) The 80 (*change this to 60 hours*) hours of competency-based internship in a licensed personal care home under the supervision of a Department-trained administrator shall include the following:

■



(e) An administrator shall have at least ~~24~~ 48 hours of ~~annual~~ training relating to the job duties within a two-year period, which may include the following:

(g) A licensed nursing home administrator who is employed as a personal care home administrator prior to \_\_\_\_\_ (*Editor's Note: The blank refers to the effective date of adoption of this proposal.*) is exempt from the training and educational requirements of this chapter if the administrator continues to meet the requirements of the State Board of Nursing Home Administrators. A licensed nursing home administrator hired as a personal care home administrator after \_\_\_\_\_ (*Editor's Note: The blank refers to the effective date of adoption of this proposal.*) shall pass the ~~40-hour~~ personal care home administrators competency-based training test *Do you mean have them take the exam or the class or both? Why just 40 hours and not the full course of 60 or more hours as we have recommended above? This would mean that 2 different standardized courses would have to be developed. We would suggest that there be a standardized competency based test that they have to pass.* A licensed nursing home administrator who fails to pass the test shall attend the required 40-hour personal care home administrators training, and retake the competency test, until a passing grade is achieved.

#### **§ 2600.58. Staff training and orientation.**

(a) Prior to working with residents unsupervised, all staff including temporary staff, part-time staff and volunteers shall have an orientation within 30 days that includes the following: *It is not possible to train them without having them work with residents.*

(c) Training of direct care staff hired after \_\_\_\_\_ (*Editor's Note: The blank refers to the effective date of adoption of this proposal.*) shall include a demonstration of job duties, *(Note: In discussion with the Department of Public Welfare's Personal Care Home Advisory Committee task groups, this demonstration was intended to be a check list of tasks that a supervisor would have the trainee perform in a satisfactory manner. This was not intended to be a written exam. We would just like this to be clarified here)* followed by guided practice, then proven competency before newly-hired direct care staff may provide unsupervised direct care in any particular area. Prior to direct contact with residents, all direct care staff shall successfully complete and pass the following competency-based training including the following specific job duties and responsibilities (1) Resident care.

~~—(11) Needs of residents with special emphasis on the residents being served in the personal care home. Special emphasis on the needs of the residents being served in the PCH.~~

(e) Direct care home staff shall have at least ~~24~~ 12 hours of annual in-house training relating to their job duties. Staff orientation shall be included in the ~~24~~ 12 hours of training for the first year of employment. On the job training for direct care staff may count for ~~12~~ 6 out of the ~~24~~ 12 training hours required annually. *(Rationale: The DPW 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 1/2 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 ~~14-16~~ hours between the evening meal and the first meal of the next day, unless a resident's physician has prescribed otherwise, and there 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. *repetative*
- (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.

~~—(e) 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?

Original: 2294

14-475 (507)

Helen Mellos  
26 Forty Oaks Road  
Whitehouse Station, NJ 08889  
Fax: 908-534-5323  
November 4, 2002  
TO:

Mrs. Ellen Whitesell  
Office of Licensing & Regulatory Management  
Room 316 Health/Welfare Bldg.  
Harrisburg, PA 17105  
Fax: 717-705-6955

Dear Mrs. Whitesell:

I am writing because my family is very concerned that costly and unnecessary changes in proposed regulations for personal care homes will so burden these homes that they will cease to exist because of cost or they will be forced to increase the cost to the resident as to make beyond the resident's ability to pay. Where are these residents to go? On the streets as we see as the homeless population statistics indicate?

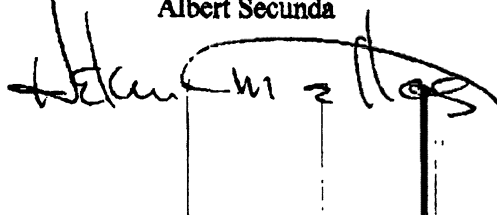
Our brother is a resident at the Colonial Gardens in Butler County. He likes the residence and the excellent care he receives. My sister, Mary Prokopchak, aged 87 years visits him each week and she praises the good care he gets.

I visit him periodically and I attest of the good quality of care he receives. I feel my opinion carries weight because I am a retired Registered Nurse with a Masters Degree in Psychiatric Nursing and have worked and taught at St. Francis Hospital, Western Psychiatric Institute & Clinic, Mayview Hospital, Torrance Hospital, and the Psychiatric unit at Shadyside Hospital plus I was also an Air Force nurse. These hospitals are in the Pittsburgh area.

I am willing to come to Harrisburg to state my concerns and those of my siblings, all veterans of the big battles of World War II. My brother Bill was killed in the War, but I am sure if he were alive he would also verbalize his concern for the fate of his brother who is a resident a 20 year veteran of the Marines: spending two tours in Vietnam, Korea, and China.

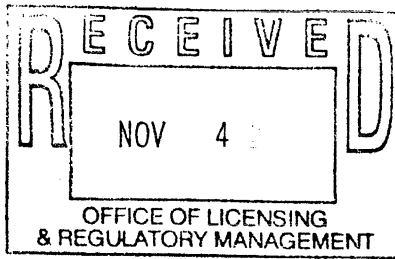
I ask that careful and thoughtful judgement be made as not to cause chaos, unnecessary burden, anxiety and turmoil in a situation that is working well. As the saying goes 'Why fix it if not broke?'

Sincerely,  
Helen Mellos, Mary Prokopchak, John Secunda  
Albert Secunda



Original: 2294

NOV -7 AM 10:10  
RECEIVED  
OFFICE OF LICENSING  
& REGULATORY MANAGEMENT



14-475(379)

Dear Teleta Nevius,

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

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

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

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

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

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

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

Sincerely,

*Connie D. Lillwick*

(724) 547-1890

(724) 837-6122

# PETITION

*Nerius*

TO: Teleta Nerius, Director of DOW  
 Senators  
 Representatives

Don't make our Personal Care Residences into medical facilities. Enforce current regulations for homes in violation.

Allow the many caring and efficient homes in Pennsylvania to continue providing care and support to residents in an affordable residential setting without excessive regulation.

Consider and include resident, family, and provider input before new regulations for the personal care/assisted living industry are established.

Please sign below to show your support for keeping our current regulations and we will be sure that it is sent to the proper organization in Harrisburg.

NAME	ADDRESS	PHONE
<i>Catherine Termon</i>	<i>Harmon House</i>	<i>571-1890</i>
<i>Janet Kaptur</i>	<i>200 Elm Oak Dr, Mt-Pleasant Pa 15666</i>	<i>547-4351</i>
<i>Clare Wilkins</i>	<i>Harmon House</i>	<i>577-5589</i>
<i>Mary E Skolberg</i>	<i>Harmon House</i>	<i>628-4543</i>
<i>Theresa Kuller</i>		
<i>Russell C Bell</i>	<i>201 College Ave PA</i>	<i>547-8482</i>
<i>Carolyn Mays</i>	<i>206 Falcon Drive Cluville Pa. 15425</i>	<i>724-626-1518</i>
<i>Gerda Overly</i>	<i>245 E. Main St. Mt. Pleasant, PA 15666</i>	
<i>Paul Smith</i>	<i>Ruffs Dale Pa 15679</i>	
<i>Barbara Dwyer</i>	<i>Scottsdale Pa 15683</i>	<i>724-882-4544</i>
<i>Jack Bibby</i>	<i>Dawson Pa 15428</i>	<i>724-529-0917</i>
<i>Barbara Allen</i>	<i>Box 32 Walnut Pa 15674</i>	<i>724-423-3436</i>
<i>Victoria Wyden</i>	<i>R.D.'s Mt. Pleasant, Pa 15666</i>	<i>724-423-5804</i>
<i>Elizabeth Catalano</i>	<i>R.D. Adamsburg Pa</i>	<i>724-523-0685</i>
<i>Patricia Nemeth</i>	<i>SOMERSET, Pa.</i>	<i>814-445-7662</i>
<i>Janet Porter-Jules</i>	<i>498 Beech Licks Rd. Dunc, Pa 15610</i>	<i>724-547-5307</i>
<i>A. M. Magas</i>	<i>306 Falcon Drive Cluville Pa. 15425</i>	<i>724-626-1518</i>
<i>Clara Goyet</i>	<i>Harmon House</i>	<i>724-</i>
<i>Coccolia Arico</i>	<i>Harmon House</i>	
<i>George Smith</i>	<i>169 Rose Rd Mt Pleasant Pa 15666</i>	<i>724-877-4631</i>
<i>MARIA Arico</i>	<i>561 Bessemer Rd. Mt. Pleasant, Pa. 15666</i>	<i>724-547-1823</i>
<i>Sandy Bernhart</i>	<i>59 Poorbaugh Lane Mt. Pleasant, Pa 15666</i>	<i>724-547-4918</i>
<i>Debra Clark</i>	<i>Rt 1 Box 205 P. Smithton PA 15419</i>	<i>724-872-8916</i>
<i>Connie Zillock</i>	<i>1804 Washington St, Dby, PA 15601</i>	<i>724-837-6122</i>

# PETITION

TO: <sup>Nerius</sup> Teleta Nerius, Director of DPW  
Senators  
Representatives

Don't make our Personal Care Residences into medical facilities. Enforce current regulations for homes in violation.

Allow the many caring and efficient homes in Pennsylvania to continue providing care and support to residents in an affordable residential setting without excessive regulation.

Consider and include resident, family, and provider input before new regulations for the personal care/assisted living industry are established.

Please sign below to show your support for keeping our current regulations and we will be sure that it is sent to the proper organization in Harrisburg.

NAME	ADDRESS	PHONE
DEGA McCLOY	P.O. Box 654 HIGGINS, PA. 15658	(724) 238-2371
Rita Bibby	PO Box 242 Dawson Pa 15428	
Jamie & Barbara	912 Hillcrest St. Willow, Pa 15425	
Dorothy West	11663 Box 2241 Eric's Mills PA	724-593-1380
Theresa Thompson	153 LIBERTY STREET MT. PROSPECT PA	724 547-6116
Vera Spencer	<del>1015 Church St Mt. Prospect Pa 15653</del>	



# PETITION

<sup>Nerius</sup>  
 TO: Teleta Nerius, Director of DPW  
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 Representatives

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NAME	ADDRESS	PHONE
<i>Spide McBeth</i>	<i>601 Stauffer Ave - Scottsdale</i>	<i>889-2968</i>
<i>Karen Goodle</i>	<i>222 Wash. St. Mt. Pleasant, PA</i>	<i>547-1890</i>
<i>Tatti Lynley</i>	<i>P.O. Box 35 Jones Mills Pa. 15646</i>	<i>423-2923</i>
<i>Phyllis DeVere</i>	<i>1 Maple St. Mt. Pleasant, Pa. 15666</i>	<i>547-9843</i>
<i>Charlotte Millstagle</i>	<i>HARMON HOUSE Mt. Pleasant, Pa. 15666</i>	
<i>Sheila Barnhart</i>	<i>1807 Bigley St. Scottsdale Pa. 15683</i>	<i>887-7610</i>
<i>Joseph Dight</i>	<i>Harmon House 724</i>	<i>547-1890</i>
<i>Robert Hoffman</i>	<i>Rt 2 Box 574 Ruppelville Pa 15079</i>	<i>442-1850</i>
<i>Rosemary Dwyer</i>	<i>Rt #2 Box 290 of L'Orville Pa 15425</i>	<i>724-887-0865</i>
<i>Harry Cashart</i>	<i>192 1/2 E Smithfield St. Mt. Pleasant, Pa. 15664</i>	<i>724-747-2729</i>
<i>St. John's Church</i>	<i>P.O. Box 90 Alverton, Pa 15612</i>	<i>724-887-4196</i>

# PETITION

*Nerius*  
 TO: Teleta Nerius, Director of DPW  
 Senators  
 Representatives

Don't make our Personal Care Residences into medical facilities. Enforce current regulations for homes in violation.

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NAME	ADDRESS	PHONE
Chris Nicholson	441 BUCHANAN RD. Norwiche Pa 15441	724-455-2101
Maryann Polka	RD#1 0457 Mt Pleasant Pa 15666	724-547-3203
Patty Hall	166 Cape Lane P. in Bay Pa 15418	724-297-0817
Amiea Resayna	1 Coen MH Park, Ruffalo Pa 15479	724-696-5439
Tekla Ritenour	RR#1 Box 39. A Stahlstown, PA 15607	724-593-3486
Inda Husky	RD3 Box 350 Jarvis Pa 15658	724-696-5789
Andrew Tompa	601 S Church St, Mt Pleasant	724-547-1890
Tiffany Hunt	615 Sand Hill Rd Mt Pleasant	724-547-6544
Marilyn Ritz	RD#3 Mt Pleasant Pa 15666	724-696-5341
MARK S. WILSON	RR#1 Box 201 SCOTSDALE, PA 15693	724-887-4550
Donald C. Hall	12 N. SILVER ST MT PLEASANT PA	724-542-7591
Jim H. Husky	Box 350 RD 3 Jarvis Pa 15658	724-696-5789
Marjorie Corbett	138 E. 50. ST. CONNELLSVILLE, PA 15405	724-698-3885
Bessie Godams	1750 W Cranford Ave Connektville Pa 15405	724-698-3885
EMIL RIZK	601 S. Church St Mt Pleasant, PA 15666	724-547-1890
John Mulvaney	19 Coen MH PK. Ruffalo, PA 15479	724-696-3372
Bub Rittenour	Vocant Pub. Home Jarvis Pa	724-537708
John Ritenour	RR1 Box 39-A Stahlstown, Pa 15607	724-593-3486
BARG McGOVERN	1009 Inwisston Dr. Connektville PA 15606	724-755-0373
Shirley Kaffen	110 Tenning Ave SCOTSDALE PA	724-887-5309

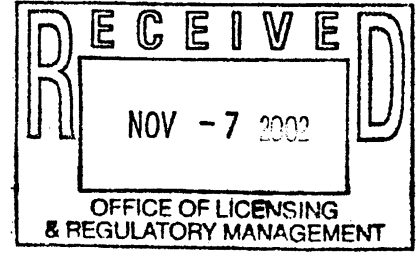


14-475  
715

COMMONWEALTH OF PENNSYLVANIA  
INSURANCE DEPARTMENT  
1326 STRAWBERRY SQUARE  
HARRISBURG, PA 17120  
NOV 12 PA 8:30  
THE COMMISSIONER

November 4, 2002

Ken Bretzel  
Pa. Department of Public Welfare  
235 Health & Welfare Building  
Harrisburg, PA 17102



Re: Bash's Personal Care Home

Dear Mr. Bretzel:

The Pennsylvania Insurance Department recently received the attached correspondence from Carol Bash, Administrator of Bash's Personal Care Home in Commodore, Pa.

Since the concerns outlined in Ms. Bash's letter and jurisdiction regarding Personal Care Homes lies with the Department of Public Welfare, I am referring this correspondence to you for appropriate response.

By copy of this letter, I am advising Ms. Bash of our referral.

Sincerely,

M. Diane Koken  
Insurance Commissioner

Attachment

cc: Ms. Carol Bash, Administrator  
Bash's Personal Care Home

**Bash's Personal Care**  
**154 Bash Road, Commodore, Pa. 15729**  
**'Caring people, caring for people'**  
**Phone 724-254-1120**

**RECEIVED**  
OCT 28 2002  
INSURANCE DEPARTMENT  
COMMISSIONER'S OFFICE

Dear *Ms. Fahren*

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 4<sup>th</sup>, 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

#14-475(562) Nov 4, 2002

Dear State Representative

I am writing concerning the new laws being discussed about personal care homes. My husband's sister is in a personal care home in Beaver, Pa. She is not critically ill, does need a small amount of help. She needs someone to see she eats meals regularly and takes medicine at right times. She has no husband or children living so she is much alone. The personal care home gives her the care she needs in a family setting.

These laws will raise the cost to personal care home & many will close. The residents will



RECEIVED

be able to afford the care they  
need. They do not need  
special nursing care. That's  
what nursing homes are for.

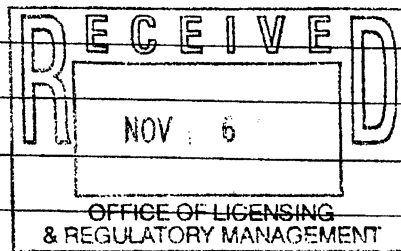
We need the personal care  
homes to remain affordable  
and a readily available option  
for the families of Pennsylvania.

Sincerely yours

Mary Sue Heintzel

1106 Clark Rd.

Enon Valley, Pa 16120



14-475 (460)

**Morales, Adabel**

---

**From:** Gentry, Ellen  
**Sent:** Monday, November 04, 2002 10:48 AM  
**To:** Morales, Adabel  
**Subject:** FW: Pch suggestions

Adabel, please number, log and process these comments on proposed PCH regs. I think you may already have their address. Thanks.

-----Original Message-----

**From:** The Stackrows [mailto:stackrow@usaor.net]  
**Sent:** Sunday, November 03, 2002 9:30 PM  
**To:** Gentry, Ellen  
**Subject:** Pch suggestions

Dear Ellen,

During our last conversation, you suggested that I once again submit my comments to the PCH proposed regulations as printed in the Pennsylvania Bulletin.

1. Frequency of Inspections-

I would like it to read as 2600.3 previously stated: "An authorized agent of the Department, shall conduct an on-site inspection of a personal care home at least annually.

2. Indoor Activities: (d) The program shall provide social, physical intellectual and recreational activities in a planned, coordinated and structured manner with at least one activity per day. I don't think this is too restrictive for pch's. This ensures at least some interaction with others at least once a day. Even if it is sitting in a room and reminiscing or filing nails, or mild exercise.

3. There needs to be an outside appeal process for discharge, changes or denials of services originally contracted.

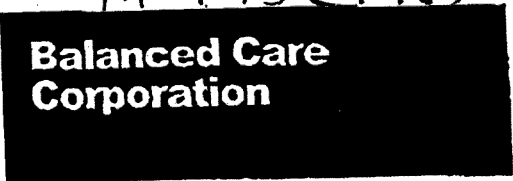
4. I believe there should be a minimum set for bathing.

I hope that I will be informed of the progress of these regulations and if any future comments would be necessary. Thank you. Debbie Stackrow

14-475 (498)

Original 2294  
2454 Minor Drive  
Mechanicsburg, PA 17055

(717) 796-8172 - phone  
(717) 796-6160 - fax



# Fax

To: Office of Licensing & Regulatory Management From: Mark Freeburn  
 Fax: (717) 705-4955 Pages: 2 w/ cover  
 Phone: \_\_\_\_\_ Date: 11/4/02  
 Re: Proposed Regulations Chapter 2600 CC: Sandy hauder

Urgent     For Review     Please Comment     Please Reply     Please Recycle

• Comments:

11/14/02 1:11:00 PM  
14-475-1-1111



Office of Licensing & Regulatory Management  
Room 623 Health & Welfare Building  
P.O. Box 2675  
Harrisburg, PA 17105

Balanced Care Corporation, Manager of 26 licensed Outlook Pointe assisted living communities in Pennsylvania, applauds the efforts of the State, resident advocates and the assisted living industry in working together to create a set of updated regulations. We believe the regulations should ensure all personal care home residents receive a base standard of care through assistance with activities of daily living enabling the resident to enjoy the highest level of well-being and independence. Having reviewed the current proposed regulations of Chapter 2600, we find ourselves in agreement with a majority of the regulations.

On the following proposed regulations we do have concerns and recommendations:

2600.53 (a) We recommend a 5<sup>th</sup> qualification be added so that a person could become an administrator by completing the 60-hour course and successfully passing a competency test administered by DPW based on the course material.

2600.57 (e) We recommend an administrator shall have at least 12 hours of annual training versus the 24 hours proposed in the current draft.

2600.54 We recommend an additional qualification for direct care staff that allows for the prospective caregiver to pass a competency test administered by DPW based on applicable sections of the regulations.

2600.130 (f) We recommend that smoke detectors be tested for operability at least quarterly with written record of such test.

2600.132 (d) We recommend that the portion of this regulation that states "within 2 ½ minutes" be deleted. The unrelated fire safety expert should specify in writing the proper evacuation time.

Thank you in advance for your consideration of these concerns and recommendations.

Sincerely,



Mark Freeburn  
Regional Director of Operations,  
Northeast Pennsylvania

Original: 2294



14-475  
493

REVIEW COMMISSION

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

SECRETARY OF AGING

(717) 783-1550

November 4, 2002

Teleta Nevius, Director  
Department of Public Welfare  
Office of Licensing and Regulatory Management  
316 Health & Welfare Building  
Harrisburg, PA 17105-2675

Dear Ms. Nevius:

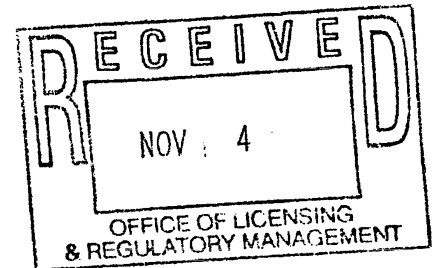
Enclosed are comments from the Pennsylvania Department of Aging in response to the proposed personal care home regulations – 55 PA Code Chapter 2600 – published in the PA Bulletin, October 5, 2002.

Thank you for the opportunity to comment on these proposed regulations.

Sincerely,

  
Lori Gerhard  
Acting Secretary

Enclosure



2600.2 Scope

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

2600.3 Inspections and Licenses or Inspections of Compliance

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

2600.4 Definitions

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

IADL – add “(vi) securing health care”

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

2600.5 Access Requirements

- (a) add “at any time” prior to The Department will.....

2600.11 Procedural Requirements for Licensure or Approval of Homes

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

2600.15 Abuse Reporting Covered by Statute

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

require submission of plan of “remediation” rather than  
supervision

- 2600.16 Reportable Incidents
- (5) add "or elopement from a secured unit for any time."
- Add "(19) Injury of unknown origin requiring medical treatment."
- (c) add to first sentence "and to the responsible party or legal representative of the resident."
- 2600.18 Applicable Health and Safety Laws
- Replace "comply" with "be in compliance"
- Add "to obtain and following issuance of a certificate of compliance."
- 2600.19 Waivers
- (c) in the first sentence add "resident responsible parties, resident legal representatives, and the local Ombudsman"
  - (e) in the first sentence add "resident responsible parties, resident legal representatives, and the local Ombudsman"
  - (f) in the first sentence replace "a periodic" with "annual"
- 2600.20 Resident Funds
- (4) in first sentence delete "if available"
  - (6) replace "personal needs allowance" with "funds"
  - (9) in second sentence add after the resident, "or designated representative"
  - (12) add emergency relocation, voluntary closure
- 2600.24 Tasks of Daily Living
- (9) add "and medications"
- 2600.26 Resident-Home Contract: Information on Resident Rights
- (6) add "or voluntary departure from facility"
  - (11) add "based on needs identified in the assessment and

addressed in the support plan

2600.27 Quality Management

Add abuse/neglect reporting protocols

2600.28 SSI Recipients

(e) Does the word "clothing", in the second and third sentences, obligate the home to provide clothing to the SSI recipients?

2600.29 Refunds

(a) Thirty days is an unreasonable amount of time to provide refunds (a reasonable amount of time would be 14 days.)

in the second sentence replace "discharge" with "upon departure."

in the last sentence replace "within one week" to "upon departure"

(d) in second sentence replace "within 30 days of death" with "upon request by the estate" after and

(e) replace "discharge" with "departure"

2600.31 Notification of Rights and Complaint Procedures

(a) add lodge complaints with "PCH, Department, and/or Ombudsman"

(g) replace "14" with "7"

last sentence add phone numbers "of all the above"

2600.32 Specific Rights

(i) add "receive assistance as identified in assessment/support plan." Include accessing prescriptions.

(w) We do agree with providing the right to appeal the items in this section. We do question the ability of the home to establish appeal procedures that would be fair and objective. DPW should establish an appeal process that provides for third party impartiality but preferably not utilizing the formal

process of DPW's Hearing and Appeals. Add, resident must be permitted to continue residence in the home pending outcome of appeal.

(2) add "(aa) A resident has the right to reside and receive services with reasonable accommodation of individual needs and preferences, except where the health or safety of the individual or other residents would be endangered."

2600.53 Qualifications for Administrators

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

2600.54 Direct Care Qualifications

- (5) Direct Care Staff must meet all requirements of this section prior to serving as direct care staff

2600.57 Administrator Training

- (a) place a ". " after approved by the Department and delete the rest of the sentence.
- (c) as (9) "recognizing signs/symptoms of abuse/neglect, reporting requirements and prevention of abuse/neglect.
- (d)(4)(iv)(k) add "recognizing signs/symptoms of abuse/neglect, reporting requirements and prevention of abuse/neglect.

2600.101 Resident Bedrooms

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

Suggest grandfathering existing facilities.

2600.102 Bathrooms

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

2600.104 Dining Room

- (g) (1) add "or as noted in the resident's support plan" after illness
- 2600.141 Resident Health Exam and Medical Care
- (11) (b) delete wording and add "The home shall ensure that all residents have access to medical care and provide assistance in obtaining such care when needed."
- 2600.161 Nutritional Adequacy
- (b) add and "alternative" drink
- add "(h) A snack consisting of food and drink shall be offered to all residents no more than 4 hours past the evening meal."
- 2600.162 Meal Prep
- (c) replace 14-16 with 12-14
- 2600.164 Withholding Food
- Add (d) residents with cognitive impairment will receive assistance/monitoring to ensure they receive adequate nutrition and hydration
- 2600.226 Development of the Support Plan
- (a) replace "15" with "72 hours"
- (c) revise – The resident shall be asked if they would like the family to be included in the development of the support plan. Documentation shall reflect the resident's decision.
- (d) add "All"
- 2600.227 Copies of Support Plan
- Add "and all involved in development/provision of the support plan. Current plan must be maintained in the resident's record.
- 2600.228 Notification of Termination
- (a) add receive assistance "from the facility" in relocating.....
- (f) add "or if the Department has initiated legal action", the

delete "except in the case of an emergency" after "transfer,"  
and before "and shall have. ....emergency."

2600.230 Mobility Standards

(c) replace "30" with "7"

Strongly recommend the inclusion and enforcement of sections 2600.251  
through 2600.252.



Original: 2294

ATTN:

Teleta

Nevius

14-475 (499)

November 4<sup>th</sup>, 2002

Bowser's Personal Care Home  
P.O. Box 362  
Alexandria, Pa. 16611

To whom it may concern;

The pending regulations for Personal Care Home Chapter 2600 will definitely have major impact on our Home. Currently, I serving low-income / SSI clients; 20 of 22 beds are SSI residents. I understand the need for Quality Assurance in our industry. However; The pending costs of meeting needs and regulatory standards sent forth in this chapter Will not be able to be met due to the economic impact of legislation. I receive less than \$ 30 dollars a day per SSI resident currently. My family has provided services without Proper compensation for years. We have made many personal sacrifices at the expense Of the Pennsylvania State Government implantations of previous chapter and will certainly Be impacted by the approval of the current regulations proposed. I hereby request you Not to pass or approve these regulations. There is no way I can meet these without substantial increase in revenue. The clients that I take care off do not have anymore resources to meet the changes of the regulations.

Bowser's Personal Care Home support the comments made by:

PHCA / CALM: Pat McNamara ; director

BCAP: Neil Robertson; President

Terry I. Bowser

NOV 11 2002  
11:00 AM  
COMMUNICATIONS SECTION

14-475 (501)

Original: 2294

RECEIVED  
NOV-7 2002  
REVENUE COMMISSION

FAX COVER PAGE

DATE 4 November 2002

TIME 2:55 PM

TO Adabel Morales + Teleta Nevins

FAX# 717-705-6955

FROM Beverly Larvig + Mr. + Mrs. Byron Connor

FAX# (602) 843-5880 AZ

SUBJECT: Personal Home Care Homes

Four horizontal lines for additional information.

PAGES SENT (INCLUDES THIS COVER PAGE): 5  
If you do not receive all pages or have any problems with receiving this FAX please call immediately.

15014 N. 37th Ave.  
Phoenix, AZ 85053

Teleta Nevius - Director  
Dept. of Public Welfare Rm.316  
Health & Welfare Bldg.  
P.O. Box 2675  
Harrisburg, PA 17120

Dear Ms. Nevius,

It has recently come to our attention that the Dept. of Health and Welfare has come up with a set of new rules that will affect large and small Personal Care Homes in the Commonwealth of Penna. This is where I was born and reared and where my nearly 95 year old mother still resides in a small family owned Personal Care Home. It is a well run operation and we have been invited to visit her or check the facility out at any reasonable time without prior arrangements. This we have done and are pleased with the results. Mother is very happy and content, well cared for, and fed good balanced meals. The cost is reasonable and for all these things we are grateful.

Some of the regulations that have been proposed are outrageous, such as having a DR, RN, or other health professional on duty to dispense medications. And to require that the resident has total knowledge of their medications regarding the dosage and reason for it is unrealistic and a hinderance instead of a help. At the age of 70 there are times when I have trouble relaying that information to my doctor or nurse on the spur of the moment how much harder would it be for my mother or others of her age to be able to tend to these things? I have been to Bash's Care Center when residents are given their medications and it is done on a set schedule and in a professional manner.

We all know that hands on experience is the best teacher and we fear that many who are proposing these new regulations have no experience in this area and are really not qualified in that area nor in their education in this particular field. Please do not let these factors rule over common sense. Think of the results and repurcussions of over regulating these much needed facilities. A major one is the cost which is already prohibitive for many families and another is that ~~MANY~~ Care Centers will be put out of business because of over regulation that is not necessary. Small care centers in rural areas are a blessing to the residents as well as their families and everything needs to be done to protect and encourage them for all our sakes.

How does it make any common sense to add many more rules and regulations and at the same time change the schedule of inspections from once annually for ALL facilities to every two or three years for 75% of the facilities?! Haven't we learned by past experience that passing more laws and regulations instead of enforcing the ones already in place does not work and certainly is not cost effective to anyone concerned? Please reconsider all of these proposals in the light of these above mentioned issues and results.

Thank You Kindly,  
Mr. & Mrs. Byron Connor

*Mr. & Mrs. Byron Connor*

Nov. 4, 2002  
15014 N. 37th Ave.  
Phoenix, AZ 85053

Adabel Morales  
Dept. of Public Welfare Rm.316  
Health & Welfare Bldg.  
P.O. Box 2675  
Harrisburg, PA 17120

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Page 2

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Thank You Kindly,  
Mr. & Mrs. Byron Connor

*Mrs. & Mrs. Byron Connor*

14-475  
723  
"SAME COMMENTER  
AS # 496"

PO Box 689  
Duncansville PA 16635  
814-695-1665

# Blair County Area Providers Association

November 4, 2002

Original: 2296

Teleta Nevius, Director  
Office of Licensing and Regulatory Management  
Department Of Public Welfare  
316 Health & Welfare Building  
PO Box 2675  
Harrisburg PA 17101-2675

RECEIVED  
NOV 11 2002  
OFFICE OF LICENSING AND REGULATORY MANAGEMENT  
DEPARTMENT OF PUBLIC WELFARE  
HARRISBURG, PA 17101

Re: Proposed Personal Care Home Regulations

Dear Ms. Nevius:

Our organizations like others across the state have some serious concerns regarding the proposed regulations. If the regulations were adopted as they are currently written many of the smaller and medium size homes would be forced to close. Those providers who care exclusively for SSI recipients would be a thing of the past. So how will new unfunded mandates will ever improve the health safety and welfare of any personal care home residents?

Perhaps the time has come for the department to become realistic and responsible through this process. First and foremost every personal care home across this state should have been notified and provided a copy of the proposed regulations from DPW the licensing authority. Being recognized as a true stakeholder would enable every provider a fair opportunity to comment on proposed regulations that could have a devastating impact on their homes, residents and staff.

The regulations as they are currently written have ignored the overall input that has been given for the majority of this process. Instead DPW has reacted to the Auditor Generals Report and is looking for a quick fix to resolve some of the problems that exist within its own department. Current regulations should be enforced and consistent across the state. There should not be an appearance of a double standard existing from one home to another.

Our provider organization represents more than 100 personal care homes. Some of our homes represent the small basic personal care home (Mom & Pop) and other are much larger and provide a wide range of services. What is needed is to recognize each home for their potential and to

encourage them to provide the best services possible for their residents. The Department of Public Welfare needs to make a serious effort to work with providers and not against them, especially when they are trying to do a good job. These regulations as proposed have significant costs associated with them. Our Association agrees with the comments PHCA/Calm has included in its comment document to you. Also we believe that many of the Labor & Industry standards should remain under their licensing authority. Their should not be a duplication of regulations.

Our Association is requesting that these proposed regulations be withdrawn until such time that financial impact statements can included for any potential costs that may be incurred because of the new regulation. After all what good are new regulation when they do nothing more than creates a new homeless population?

Sincerely,

Neil A Robertson  
President, BCAP

NOV 11 2002  
11-11-02 11:11:25  
HEALTH COMMISSION

November 4, 2002

Teleta Nevius, Director  
Office of Licensing and Regulatory Management  
Department of Public Welfare  
316 Health and Welfare Building  
P.O. Box 2675  
Harrisburg, PA 17101-2675

Dear Ms. Nevius:

Please accept this letter as a partial list of my comments to the proposed Ch. 2600 regulations.

I applaud the effort put forth in the development of this regulation and recognize the need for increased standards for the Personal Care facilities in the Commonwealth. Unfortunately, this proposed regulation, if not methodically reworked, would place the people it was designed to protect at the highest risk. The cost associated with the implementation of this regulation, which I will detail later, could actually increase the number of residents in substandard living situations.

As you may recall, I have actively participated in this discussion with you and your staff at DPW over the last few years through my membership in the DPWPCH Advisory committee. During those conversations, it has been clear all along that Pennsylvania needs more resident protection and staff development to enhance the lives of residents in personal care homes. These regulations do much more than that. They take us in the direction of nursing homes. Non-funded over regulation will produce the same, embarrassing results that our nursing homes have experienced.

Under the proposed regulations, facilities will have to develop and implement at least **twelve** written plans and/or policies. (res support plans, emerg. Med. Plan, Quality assessment plan, Emergency staffing plan, reportable incident policy and procedure, resident appeals, policy and procedure, staff training plan, Individual staff training plan, staff training needs plan, Questionnaire needs plan, etc.) This represents time that staff is taken away from direct resident care and placed behind desks creating bureaucratic paperwork. To produce this paper work and implement these redundant plans will have a permanent and incalculable cost to consumers and facilities. All the people and hours needed to produce this paper will need to be replaced in with more direct care staff at a significant cost to the residents.

Offering beverages every two hours to mobile residents who have access to fluid 24 hours a day is an expensive proposition without any documented statistical benefit. Why not "offer hydration to meet the individual needs of each resident". If someone is dehydrated, cite the facility if they did not provide proper hydration. This makes much more sense than hiring one full time employee at a gross cost of \$30000 to meet the requirements of the proposed regulation.

Testing all smoke detectors monthly requires more than six alarms every day of the year. (2400 activations each year). My fire system would be offline a large portion of every day of the year to meet this regulation. Manufacturers have recommendations for testing their equipment that would meet the safety needs of the residents based on the equipment installed in each facility.

There are no definitions for many terms used such as "sleeping hours", "residents with special needs", "waking hours", "excessive medication". The definition for neglect is convoluted and confusing. This is not the best way to ensure compliance.

I could go on. The state will surely need to develop an Interpretive Guideline for providers to comply with the regulation.



Below you will find some of my cost estimates for my facility with 137 residents and 60 employees. This continues to be a work in progress

TBD= have not yet calculated cost

Written Plans	Development Cost	Development Time	Implementation Cost	Notes
Resident Support Plans	\$1570/yr	45 min / resident		137 current res + 65 new admissions/year
Emergency Medical Plan	TBD	TBD		
Reportable Incident Policy and Procedure	TBD	TBD		
Quality Assessment Plan	TBD	TBD	very expensive	
Resident Council/Family Council	TBD	TBD		
Resident Appeals Policy & Procedure	TBD	TBD		Would require Legal Council
Emergency Staffing Plan	TBD	TBD		
Delivery and Management of Services Procedure	TBD	TBD		
Training Plans				
2600.59 - Staff Training Plan		40 hours	\$4977/yr	12 hours/ Direct Care Staff
a. Annual Questionnaires		1 hour	0	.25 hr / employee
b. Annual Questionnaires result report		2 hours/yr		.25 hr/ employee
c. Questionnaire needs plan		2 hours/yr		
d. Collect written feedback on training		.5 hr		
e. Annual evaluation of staff training plan		2 hours/yr		
2600.60 - Individual Staff Training Plan	\$466/yr	45 min / employee	\$4977/yr	12 hours/ Direct Care Staff
Misc. Cost				
2600.85 - covered trash receptacles			\$685	requires 137 new cans @ \$5/can
2600.99 - reg access to...Gliders...				how many per resident?
2600.101 (k) (1) - fire retardant mattress			\$6,850	requires 137 new mattresses @ \$50/

2600.130 (f) - all smoke det must be tested for operability monthly		\$4,143	200 detectors /month @ 10 mins to trigger & reset each	
2600.161 (g) -beverages offered to residents every 2 hours		30sec/res x 7visits/day = 8hrs/day	\$30,280	24 hours or waking hours (assume 7x/day) unclear
All cost are base on an employee cost of \$8.50/hour w/ 22% benefit package				
One addl employee 365 days / year cost = \$30,280				

If I were so inclined, I could go line by line through this document and show the areas that are equally infeasible, and unclear.

The one plan that many people agree needs to be in place is the Resident Support Plan. This plan alone, will take an average of 45 minutes / admission just to develop. Interestingly enough, this is the only plan that directly impacts the residents and it is the least defined of all the plans in the proposed regulation. ?

Please note the discrepancy between my estimated costs and the irresponsible \$680 figure noted in the Department's cost analysis, The figure given by the Department shows that either they did not read the regulation, they do not understand the industry they are regulating or they are intentionally misrepresenting of the real cost of this proposed regulation.

**These regulations were not ready to be published and proposed. My formal recommendation is that we continue to meet statewide to improve and fine-tune this document and assured it meets the needs of the residents of the Commonwealth of Pennsylvania.**

Sincerely,

Michael Barley  
 President / Administrator  
 Autumn House at Powder Mill

(717) 741-0961