

Original: 2294

14-475

488



Assisted Living Concepts, Inc.

VIA FACSIMILE (717)705-6955 & US MAIL

November 4, 2002

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

RE: Proposed Personal Care Home Regulations Comments

Dear Ms Nevius:

Attached, please find comments on the proposed Personal Care Home regulations submitted on behalf of Assisted Living Concepts, Inc. and Emeritus Assisted Living.

If you have any questions, please do not hesitate to contact me at (206)301-4522.

Sincerely,

Stacey J. Baker
(for Stacey by Jennifer Martin)

Stacey J. Baker
Government Affairs Director
Emeritus Assisted Living

**COMMENTS/RECOMMENDATIONS ON PROPOSED PERSONAL CARE HOME RULES
(55 PA. CODE CHS. 2600) PUBLISHED IN THE OCTOBER 5, 2002 PENNSYLVANIA BULLETIN
Submitted by Emeritus Corporation and Assisted Living Concepts, Inc. (ALC)
November 4, 2002**

REGULATION	COMMENT/RECOMMENDATION	RECOMMEND REGULATION LANGUAGE
General Comment	Need to standardize definitions and consistently use the same words and terminology to describe care and services in personal care homes. For example, there are definitions for ADLs and IADLs, but then there is also a definition for Personal Care Services. Additionally, the term "direct care services" is used in relation to staffing. Further, the definition of Personal Care Home doesn't use either ADLs and IADLs and/or Personal Care Services in it's definition to describe services, instead lists out services. Use of terms to describe care and services needs to be consistent throughout regulations.	
2600.4 Definition of Immobile Resident	Delete ii, "The term does not mean that an immobile resident is incapable of self-administering medications", as this is unrelated to the definition of Immobile Resident.	
2600.4 Definition of Personal Care Home and Personal Care Home Resident	Delete terminology, "do not require the services in or of a licensed long-term care facility or hospital". This is not necessarily true, as personal care services are also provided in long-term care facilities and hospitals, and residents in personal care homes have the right to contract with home health or other outside service providers (e.g. therapy services), just as if they were in their own home. Also can delete list of services available, if use terms such as "personal care services" that are defined elsewhere in regulations. <i>See Recommended Language</i>	"A premise in which food, shelter and personal care services and/or supervision are available for a period exceeding 24-hours, for four or more adults who are not relatives of the operator."
2600.16 (a)(11) Reportable Incidents	Need clarification on "an incident requiring the services ofa fire department..... What about false alarms or the fire department responding to a medical emergency??"	
2600.23(1) Personnel Management	Need to clarify litigation time frame. <i>See Recommended Language</i>	"Establish a work schedule and maintain copies for at least a year, and longer if notified of litigation or audit within a one year timeframe."
2600.26(a)(3) Resident-home contract Information on resident rights.	Delete this requirement (right to rescind contract within 72 hours of signing). Allowing individuals to get out of a contractual obligation does not give Providers the ability to plan, and will actually cost the home money if	

	individuals move-in and then out, and we are not able to charge appropriately.	
2600.29 Refunds	Refund time frame for all types of transfer/discharge/death should be at least 30 days. 7 days to process a refund is extremely unrealistic, particularly when many homes accounting is done outside the personal care home.	
2600.29.a Refunds	If a home gives a resident a 30-day move-out notice, the facility should be able to charge the resident for 30-days, and not just until the resident moves out and removes their belongings. Since facilities are required to give 30-day notices except in specified circumstances, they should be paid for these 30 days. To allow a resident to just move-out at anytime after a 30-day notice is given, does not provide the home an opportunity to plan and arrange for another resident.	
2600.41(g) Notification of rights and complaint procedures	Some complaints take longer than 14 days to resolve. <i>See recommended language.</i>	"The personal care home shall respond to a complaint within 14 calendar days and shall render a decision as soon as practicable."
2600.41(j) Notification of rights and complaint procedures	Need to clarify what documents are "public inspection records".	
2600.53 (a) Staff titles and Qualifications for Administrators	Options for Administrator qualifications need to include a category for related work experience that would qualify to be an administrator. Many Personal Care Home administrators of past and present would not have qualified to begin a career as an administrator of a Personal Care Home, if only these qualifications were permitted. Additionally, in some smaller communities, individuals who meet these particular qualifications would be hard to find. Furthermore, the enhanced training requirements that are contained in these regulations would prepare a new administrator for operating a personal care home. <i>See recommended language.</i>	Add: "The administrator shall have one of the following qualifications..... (e) At least two years professional or management experience in a health or social service related field or program, or a combination of experience and education."
2600.54(2) Staff titles and qualifications for direct care staff	Delete requirement for high school diploma or GED. Qualifications for direct care staff should not be based on education, but rather on skills need to perform job. <i>See recommended language.</i>	Replace with: "Sufficient communication and language skills to enable them to perform their duties and interact effectively with residents and other staff."
2600.56 Staffing (b)	Delete last sentence, "If a home cannot meet a resident's needs, the resident shall be referred to a local assessment agency or agent under 2600.225 (e) (relating to initial assessment and annual assessment)". First, this has nothing to do with staffing. Second, shouldn't a resident and/or their family or representative be able to make a decision to move without the involvement of a "local assessment agency"? A local assessment agency should only be	

	involved at the request of a resident or family/representative.	
2600.56 Staffing (i)	Delete regulation that "Additional staffing may be required by the Department, and will be based on safety, the Department's assessment of the amount of care needed by the residents as reflected in their support plans, and the design, construction, staffing or operation of the home". The Department should not have the ability to subjectively require additional staff based on perceptions. The only way the Department should be authorized to require additional staffing is if there is objective data demonstrating that residents' needs are not being met.	
2600.57 (a) Administrator Training and Orientation	There needs to be a "grace period" for new administrators to attend the orientation program, unless the training is available in every area, every week. Another option would be a video taped orientation provided to each PCH by the Department. <i>See recommended language.</i>	"A new administrator shall attend the next available orientation program located within a 60-mile radius of a home. The orientation program shall be approved and administered by the Department or its approved designee."
2600.57(b) Administrator Training and Orientation	There needs to be a reasonable time-frame for a new administrator to receive required training (e.g. enroll in next available training program located within a 60-mile radius). Also, an internship requirement is unrealistic. If a Provider only operates one PCH, how are they going to find another PCH (i.e. a competitor) for their administrator to train at, particularly in small communities? Many Providers have proprietary systems in place and/or feel it is not their job to train a competitor. A more realistic requirement would be including an 8 hours on-site training in a PCH as part of the 60 hour training. <i>See recommended language.</i>	
2600.57(e) Administrator Training and Orientation	Topics for annual administrator requirements do not need to be specified, just need to be related to their job, or language needs to be changed as not to require annual training on ALL the topics listed. <i>See Recommended Language.</i>	"An administrator shall have at least 24 hours of annual training relating to their job duties".
2600.58(c) Staff Training and Orientation	"Prior to direct contact" in second sentence should be change to "Prior to providing unsupervised direct care", as direct care staff need to have "direct contact" with residents during training. <i>See Recommended Language.</i>	"Prior to providing unsupervised direct care, all direct care staff shall successfully pass the following competency-based training....."
2600.58(e) Staff Training and Orientation	24 hours of annual training for direct care staff is excessive. 12 is more realistic. Also, what is meant by "on the job training" - is this other than "classroom type training" (e.g. a nurse observing a medication pass)?	

<p>2600.58(f) Staff Training and Orientation</p>	<p>Are direct care staff expected to have training in all topics listed?? Requirement either needs to be changed to a much shorter list of annual training requirements, and/or language changed to note that training hours must be in one or more of the following topics.</p>	
<p>2600.59 Staff Training Plan</p>	<p>Recommend deleting entire requirement. Staff training should be based on CURRENT home and staff needs, not based on an "annual comprehensive training plan" developed a year ago. Additionally, an annual comprehensive staff training plan is not realistic, particularly due to turnover rates in PCHs. Turnover does not allow for such a structured one year training plan, and more importantly a better solution would be to just require specific training topics that staff must receive each year.</p>	
<p>2600.60 Individual Staff Training Plan</p>	<p>Recommend deleting entire requirement. Individual staff training needs should just be addressed as they occur and/or during the staff member's performance evaluations.</p>	
<p>2600.90(b) Communication System</p>	<p>Recommend deleting this requirement, as could cause resident confidentiality issues (e.g. If only way for staff members to notify another staff member is by carrying walkie-talkies, other residents could hear about situations going on with other residents which should be confidential.</p>	
<p>2600.98 (c) Indoor Activity Space</p>	<p>Requirement needs to be changed to require a general activity program, not one based on "each resident's active involvement". Some residents do not want to participate in any activities, and this should be their CHOICE. <i>See recommended language.</i></p>	<p>"The administrator of the home shall develop an activities program that is designed to promote residents active involvement with other residents, the residents families, and the community".</p>
<p>2600.98(f) Indoor Activity Space</p>	<p>Regulations should not require such things as where a television be placed and should not "encourage large homes to provide more than one television". Requiring a television be placed in largest living room or lounge area, infringes on residents and providers right to choose where a television be placed. Furthermore, the largest room isn't necessarily the best place for a television, as very few residents may want to watch the TV, as they would rather have the room utilized for other activities or just socializing.</p>	
<p>2600.107 (a,b) Internal and external disasters</p>	<p>Confusing as to how many and which agencies must approve plan. Would be better just to state "local fire official and emergency management office". <i>See recommended language.</i></p>	<p>"The home shall have written emergency procedures that shall be approved by the local fire official and local emergency management office."</p>
<p>2600.107 (e) Internal and external disasters</p>	<p>An emergency plan should not include requirement for a 3-day supply of all residents' medications. Requirement should be</p>	<p>"The home shall have a plan for emergency medication delivery".</p>

	<p>"provisions for emergency medication delivery". In an emergency, even if have a 3-day supply of residents medications, the facility may not have time to gather the medications, particularly those maintained in residents apartments. Additionally, if a resident self-administers and stores medications, the facility has no way of monitoring that the resident always has a 3 day supply of medications. <i>See recommend language.</i></p>	
2600.124 Notification of Local Fire Officials	<p>Why is this needed if the local fire office must approve emergency procedures, as required by 2600.107?</p>	
2600.130(e) Smoke detectors and Fire Alarms	<p>If a resident is hearing impaired and cannot hear a smoke detector or fire alarm system, only the smoke detectors and/or fire alarm system in their room and common areas should be required to be equipped with an alternative mechanism to be alerted in the event of a fire.</p>	
2600.130(f) Smoke detectors and Fire Alarms	<p>Commercial fire alarm systems in larger homes do not allow for smoke detectors to be manually tested; however, these types of systems are typically "self-tested" on an ongoing basis and the fire alarm monitoring company is notified if there is a problem with a smoke detector.</p>	
2600.143(c)(3) Emergency Medical Plan	<p>Requirement for an "emergency staffing-plan" does not belong in this section, as this section is related to a resident's emergency medical needs.</p>	
2600.144(e) Use of tobacco and tobacco-related products	<p>Residents should be permitted to smoke in bedrooms, if the home's smoking policy permits, and/or unless the home determines it is not safe for a resident to smoke in their bedroom.</p>	
2600.145 Supervised Care	<p>This section doesn't seem to be needed, as these requirements are covered elsewhere in regulations. Last sentence, "A resident in need of services that are beyond services available in the home in which the resident resides shall be referred to the appropriate assessment agency", should be deleted. Shouldn't a resident and/or their family or representative be able to make a decision to move without the involvement of a "local assessment agency"? A local assessment agency should only be involved at the request of a resident or family/representative.</p>	
2600.161 Nutritional Adequacy	<p>Need to clarify that home is only required to provide those therapeutic diets in accordance with home's policy. Additionally requirement should be that therapeutic diets are offered in accordance with the home's policy and documentation shall be maintained if a resident</p>	<p>"Personal Care Home shall have a policy regarding which, if any, therapeutic diets, as prescribed by a physician or certified nurse, they will make available to residents. Residents shall be offered therapeutic diets, as ordered, and noncompliance with a</p>

	is not following. <i>See recommended language.</i>	therapeutic diet shall be documented in the resident's record."
2600.161(g) Nutritional Adequacy	Delete requirement that "Other beverages shall be available and offered to the resident at least every two hours". Regulations should not be requiring to provide other beverages besides water between meals. And if a home does provide other beverages, they should not be required to offer to residents every two hours	
2600.171(a)(5) Transportation	Individual transporting residents should not be required to be trained as a direct care giver. Should only require training in First Aid and CPR certification, along with other topics to perform job duties.	
2600.171(b)(1,4) Transportation	Vehicle registration and current inspection for a vehicle utilized in transporting residents should only be required if the vehicle is owned/leased by the home.	
2600.181 (e) Self-Administration (Medications).	Delete entire section (e), as assistance with self-administration that is permitted is addressed in section (a), and some requirements in (e) contradict (a). For example, in (a) assistance includes reminding when to take medication and (e) states resident must be able to know when medication is to be taken.	
2600.221 Activities Program	Requirement needs to be changed to require a general activity program, not one based on "each resident's active involvement". Some residents do not want to participate in any activities, and this should be their CHOICE. <i>See recommended language.</i>	"The administrator of the home shall develop an activities program that is designed to promote residents active involvement with other residents, the residents families, and the community".
2600.252(a)(2) Contents of Records	Delete requirement to have "identifying marks" in resident records. This information is not known for many residents and can be very personal to some, particularly residents who are fairly independent and don't require assistance with bathing and/or dressing..	

Original: 2294

RECEIVED
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2:11 PM
INDEPENDENT REGULATORY
REVIEW COMMISSION

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

November 3, 2002

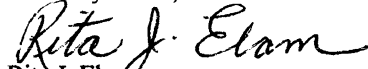
Dear Sir or Madam,

I am not in the habit of writing or calling members of the state or local government but at this time I feel compelled to do so by personal need. My elderly mother is in what is termed a Personal Care Home in Kittanning, PA. This home provides a steady controlled environment and supervised care for my mother, who, though not critically ill, does need a small amount of help and supervision to accomplish some tasks that she used to be able to perform for herself. Mother is in a wonderful home and has developed a personal relationship with staff. She has asked me to write to you on one important and personal issue to our family.

I was recently informed that some new pending regulations could put this care beyond our reach financially, and possibly lead to the closure of many such facilities. What I have discovered is that some people have thought that by increasing the amount and type of staff that personal care homes have they could better help the residents. They seemed to have forgotten that the extra help will cost extra money, enough money that my family will not be left with a care option that meets our needs and our budget.

I am hoping this letter will enlighten you to the proposed changes and you will do your part to help keep Personal Care Homes an affordable and readily available option for families that want to be able to frequently visit loved ones who need a little extra help as they mature.

Sincerely Yours,


Rita J. Elam

Rita J. Elam
7592 Miami Road
Mentor On The Lake, Ohio 44060

14-475
4108

Original: 2294

101508 South Chester Road
West Chester, PA 19382

facsimile transmittal

To: Teleta Nevius Fax: 717-705-6955

From: Jane Mack Date: 11/3/2002

Re: Proposed Personal Care Home regs Pages: 2 including cover

CC:

Urgent For Review Please Comment Please Reply Please Recycle

Following is a letter stating my opinions regarding the DPW proposed Personal Care Home regulations.

Thank you in advance for your consideration.

.....

1015 South Chester Rd.
West Chester, PA 19382

Teleta Nevius, Director
Office of Licensing and Regulatory Management
Commonwealth of Pennsylvania
Department of Public Welfare
PO Box 2675
Harrisburg, PA 17105-2675

November 2, 2002

To Whom It May Concern,

I write this letter regarding the proposed regulations for Personal Care Homes in Pennsylvania. I serve as President of the Board of Managers of The Hickman, a non-profit, Quaker-sponsored residential and assisted living facility in West Chester, Pennsylvania.

As providers of high quality care to seniors we clearly recognize the need for effective regulations to protect the elderly living in personal care homes. However, we also know, first hand, the cost of providing care. The increased regulations as proposed will seriously challenge our mission to remain affordable.

I ask that you specifically review the following areas:

- (2600.4) **Definitions** –In the statement “A person, unrelated to the licensee, who resides in a personal care home and who *may* require and receive personal care services...” The use of the word *may* would mean that all residents of The Hickman would be considered personal care, including independent residents who require no services at the time, and would require us to staff and program accordingly. I ask that you consider removing the word *may*.
- (2600.58 and 2600.60) **Staff Training and Orientation; Individual Staff Training Plans** – The proposed regulation calls for a doubling of required staff training time and requires the creation of individualized staff training plans. The work that would be necessary to comply with this regulation would require additional staff time and costs for replacement of staff for training. We estimate this would cost us an additional \$46,500 annually.
- (2600.225 and 2600.226) **Initial Assessment and Annual Assessment; Development and Support Plan** – These three new paperwork requirements are substantial and time consuming. We estimate this would cost us an additional \$40,000 annually.
- (2600.42) **Specific Rights** – The proposed regulations limit the resident's ability to volunteer within a personal care home. This volunteerism is part of what forms a sense of community within The Hickman and also contributes to a resident's sense of self-worth. Their right to choose to volunteer should not be denied.
- (2600.42 and 2600.228) **Specific Rights and Notification of Termination** – These regulations limit a personal care home's right to terminate a contract should a resident's conduct be incompatible with a provider's standards. We do not terminate a contract without serious deliberation, however, the right to do so is important to maintaining the quality operation of our home.

Sincerely,



Jane D. Stratton Mack
President, Board of Managers, The Hickman

Original: 2294

2002 NOV -3 AM 9:31

November 3, 2002

LEGISLATIVE REGULATORY
REVIEW COMMISSION


Dear State Representative,

I am not in the habit of writing or calling members of the state or local government, but at this time I feel compelled to do so by personal need. I am a registered voter in district and I have a relative in what is termed as a Personal Care Home. These homes provide a steady controlled environment and excellent supervised care for my relative who, though not critically ill, but do need a small amount of help and supervision to accomplish some tasks that they used to be able to perform for themselves.

I was recently informed that some new pending regulations could put this care beyond my reach financially and probably lead to the closure of many such facilities in my local area. What I have discovered is that some people have thought that by increasing the amount and type of staff that personal care homes have they could better help the residents. They seemed to have forgotten the extra help will cost extra money, enough that my family will not be left with a care option that meets our needs and our budget.

I am hoping this letter will enlighten you to the proposed changes and you will do your part to help keep Personal Care Homes an affordable and readily available option for families that want to be able to frequently visit loved ones who need a little extra help performing their daily functions in a safe and affordable environment. If not, we will be left with no options for the elderly who have worked all their life and deserve the right to live some what independently, until their may come a day that they will need more advanced care like a Nursing Home that is staffed with advanced medical personnel, but for the right reasons.

Sincerely your,



Jill Croushore
129 Unity Square
Greensburg, PA 15601

YOUR OFFICE VENDING

November 3, 2002

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

RECEIVED
NOV 6 2002
OFFICE OF LICENSING
& REGULATORY MANAGEMENT

RE: Proposed changes to Chapter 2600 regulating personal care homes

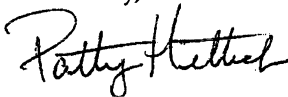
Dear Ms Nevius:

As a service provider to a personal care home I feel that the proposed changes in the state regulations to personal care homes, would be causing these homes to no longer exist. The residents that I talk with when I visit are happy, they have friends they get to see, and they are treated with respect.

With increased costs many personal care homes would no longer be able to provide a home to their current residents. With that in mind where would these residents go, who would make sure they are safe? Would the state take the time to make sure the residents find a new home that they (displaced residents) feel safe and comfortable at?

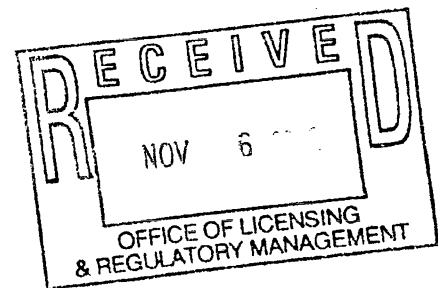
Tighter observations of "bad apple" personal care homes should be a priority and those personal care homes should be observed more closely. This would be the best way to ensure that residents are safe and cared for at all personal care homes.

Sincerely,



Patty Hettich

Owner



#14-475 (571)

Kittanning, Pa.
November 3, 2002

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

NOV 03 10 34 AM '02
REVIEW COMMISSION

Ms. Nevius:

As a professional who has worked in the mental retardation and mental health systems of Armstrong County for many years, I am writing to express my concerns over the proposed changes in regulations that would affect personal care homes.

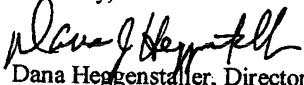
I work in a Partial Hospital Program and also a Psychiatric Rehabilitation Program at a local non-profit mental health clinic. Many of the consumers who participate in these two programs live in personal care homes. Most of these homes have fewer than ten persons. Through the many years I have worked with these consumers and their personal care home staff I have seen how important these homes are in providing good care to consumers. I have seen the many consumers who left the state hospitals and are now living in a personal care home, saving the state significant amounts of money. Are there bad homes? Yes, and we do not place people in them. I find it ironic that the state is now adding to the requirements for the homes when for years the "bad" homes were left to do as they pleased. It was the people in the social service agencies who most effectively policed these places by not placing consumers in them, NOT THE STATE.

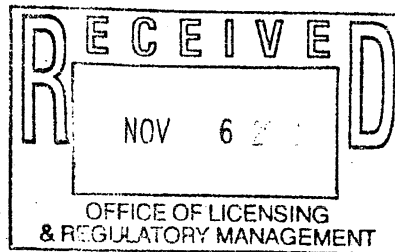
The home owners and family members and consumers feel that the new requirements for training is excessive, the regulations on passing medications are unnecessarily restrictive and costly to implement, and the additional paperwork requirements are unjustified in light of the sparse financial commitment that the state gives. I am in full agreement with these people that the proposed regulations will harm the consumers and lead to increased hospitalizations of persons in the future. This, at a time when OMHSAS is shutting down even more state hospital beds.

I strongly urge you to rethink the proposed regulations and would urge you and your staff to spend some time in the field looking at the care that these consumers are getting. Too often people in Harrisburg are too far removed from the real world to make rational and reasonable decisions.

Thank you for your time and careful consideration of my request.

Sincerely,


Dana Heggenstaller, Director
Partial Hospital Program
Psychiatric Rehabilitation Program



Original: 2294


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365

NOV -4 PM 0:35
REVIEW COMMISSION

Harrison House Personal Care Home

712 Harrison Avenue
Scranton, Pa 18510
(p) 570-346-2045
(f) 570-207-6442

Facsimile transmittal sheet

TO: Office of Licensing & Regulatory Management
FROM: James S. Drob, MPA
Administrator 
DATE: 11/03/02
RE: Proposed Personal Care Home Regulations

Page 1 of 5

This message is intended only for the use of the individual or entity on the above line, as it may contain information that is privileged, confidential, and exempt from disclosure applicable by law. If the reader of this message is not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that reading, disseminating, distributing or copying this communication is strictly prohibited. If you have received this communication in error, please immediately notify us by telephone at (570) 346-2045, or by fax at (570) 207-6442. Please return the original message to us at 712 Harrison Avenue, Scranton, Pa 18510 via the U.S. Postal Service.

Harrison House

Personal Care Home

November 1, 2002

Dear Sir or Madam:

My name is James S. Drob, MPA, I am Administrator of Harrison House Personal Care Home in Scranton Pennsylvania. Amongst my other qualifications, I have a certificate in Long Term Care Administration, Marywood College, and am a trained Department of Aging Long Term Care Ombudsman. In addition, I have worked for many years in long term care in many capacities including Orderly, CNA, Caseworker, and Director of Social Services. Furthermore, I teach adjunctly in Gerontology at the University of Scranton. This letter is in response to the proposed Personal Care Home Regulations, 55 PA. Code Chapter 2600 published in the PA Bulletin on October 5, 2002.

The necessity of changes to the Personal Care Home Regulations is not in question. Updates to certain aspects of the existing regulations are in fact overdue. However, the proposed regulations constitute dramatically changing the Personal Care Home segment of the Long Term Care Continuum of Care. As the current system exist, persons who can no longer live independently enter into the system of long term care based on their care needs. The goal of the various agencies and departments has been to place a Consumer in the least restrictive environment. An example that can be observed via the local Area Agency on Aging's continuum of care is:

- Education and Primary prevention
- Family/Community
- Care Giver Support
- Transportation
- Chore Services
- Meals on Wheels
- Homemaker/Home Health Aide
- Diagnostic/Therapeutic health Services

- Volunteer Visitation
- Rehabilitation Centers
- Protective Services
- Ombudsman
- Legal Services
- Community mental Health
- Day Care
- Respite Care Hospice
- Retirement Villages
- Domiciliary Care Homes
- Foster Homes
- Personal Care Homes
- Group Homes
- Acute Care General Hospital
- Intermediate Care (ICF)
- Heavy Intermediate Care
- Skilled Nursing Facility (SNF)

This continuum, where education and primary prevention is the least restrictive and skilled nursing care is most restrictive, has evolved due to need and available funding. As you can see, the Personal Care Homes are placed least restrictive then groups homes, acute care and the SNF's. Additionally, the Personal Care Home, regulated by the Department of Public Welfare has long been seen as a 'social model.' Accordingly, more invasive, "medically modeled," and restrictive facilities begin at the group home level, and proceed to Acute Care and then to the Skilled Facilities or Nursing Homes.

In my opinion, the proposed regulations transform the personal care home from social to a medical model. The reason the State is attempting to do this is not clear. As you can see on the above list, the current continuum addresses the medical needs of the client by utilizing one of the more restrictive levels of care.

Furthermore, transforming a personal care home into a medical model without the funding to support them is unrealistic. First, the costs involved in utilizing a support plan, (the training, documentation, and man hours), is substantial. In our 54-bed facility, it would require the addition, of at least one full time staff member in addition to the administrative costs related to

the office supplies and services needed to maintain an accurate support plan . At the going wage, including fringes, that may well cost Harrison House \$35,000 per year. Second, new language in the proposed regulations, i.e., 2600.181 (e) changing the definition of the capability of a resident to self-administer medications, would be a very costly endeavor for Harrison House. Our facility, whose population is 80% mental health clients, would be forced to have medication administered as described in 2600.181 (b). That prospect would increase our costs approximately \$141,000 per year. Third, the changes in the training requirements for direct care staff 2600.58. (e) and administrators 2600.57. (e), would cost this facility approximately \$5,000.00 more per year than we are currently experiencing. Subsequently, Harrison House Personal Care Home will need to expend \$181,000.00 per year more than we are spending today if the proposed regulations were passed as is.

In addition, the proposed regulations, make mention to forms, a support plan, and various instruments, but do not give examples of same. It is difficult for the public to make comments on potentially cumbersome paperwork without seeing specific examples. And finally, some typographical and other mistakes are noted in the proposed regulations, i.e., 2600.57. (g) states the hours of administrator training incorrectly. It is troublesome to contemplate regulations are being proposed with such errors.

As stated above, I am in favor to updated the current regulations. For example, I support the enhanced administrator training, 60 hours classroom, 80-hour on-the-job training for new administrators. I further support competency based testing for administrators. I do not support limiting the definition of whom can be an administrator. My personal opinion is that nurses tend to be poor business managers, and with the amount of "management" required in the various proposed regulations, I feel the legislature is setting the stage for some very poorly run facilities. In addition, although I am highly educated, I do not feel that amount of schooling has anything to do with intellect. I have met some high school drop outs, with more practical intelligence than college grads. I believe the training as proposed, and the competency testing will address this issue in its entirety.

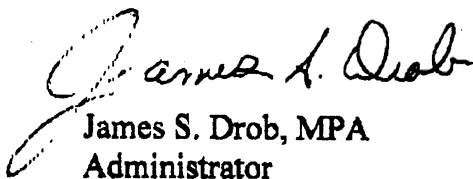
In conclusion, the need for updating the regulations is real. However, the State should be mindful of changes it makes to the definition of personal care. As stated above, the 'social model' of personal care homes is meeting

a real need. If these unfunded requirements were placed on existing personal care homes, I am confident in saying that many of the smaller homes, and perhaps my own included, would have to rethink its mission, and perhaps existence. Today, for example, we accept persons on SSI with the Personal Care Home Supplement as payment in full. Our mission, "is to provide a comfortable, secure home where residents can enjoy independence while still receiving the specific care and services they need on an individual basis," will be difficult to continue given the financial burden the change to a 'medical model' as described in the proposed regulations.

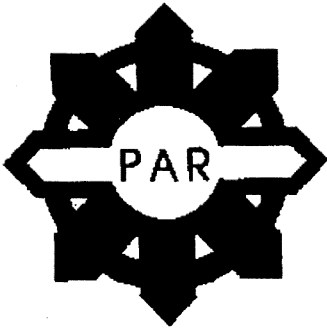
As a businessman, I would be obliged to propose to Harrison House's Board of Directors, that to stay viable and meet the letter of the regulations, that Harrison House should change the payment structure to pay for the above defined new services proposed in the 2600 regulations. In other words, we would no longer accept the personal care home supplement as payment in full, but would now only accept private pay individuals. Furthermore, I would propose to the Board of Directors, that since our cost will increase approximately \$295.00 per month per resident with the proposed regulations, that all unfunded costs be passed along to the consumer.

Of-course, given our existing mission to serve not only the poor, but those with Mental Health and Mental Retardation diagnosis' I am sure reaching the decision not to accept the supplement will be a difficult one. Furthermore, questions must be asked, Where would our current clientele, whom we are keeping out of the state hospital system, live? How many of these clients will be homeless? Is the current continuum of long term care as it exist able to meet the problems Harrison House will face on a statewide basis?

Sincerely,



James S. Drob, MPA
Administrator



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

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

November 2, 2002

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

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

Dear Ms. Nevius,

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

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

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

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

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

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

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

~ ~ ~ ~

COMMENTS:

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

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

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

Recognizing True Cost Impact

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

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

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

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

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

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

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

2600.16 Reportable incidents

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

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

2600.23 Personnel management

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

2600.27 Quality management

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

2600.57(e) Administrator training and orientation

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

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

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

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

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

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

2600.59 Staff training plan

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

2600.60 Individual staff training plan

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

2600.107 Internal and external disasters

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

2600.201 Safe management techniques

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

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

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

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

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

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

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

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

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

Related Provisions:

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

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

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

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

Executive Order 1996-1:

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

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

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

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

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

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

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

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

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

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

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Technical Language

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

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

Section Number	Description of Issue	PAR's Recommendation
	a resident."	subsection, "if medical care was needed beyond first aid."
2600.20 Resident funds	<p>(4) This subsection states, "The resident shall be given funds requested within 24 hours if available, and immediately if the request is for \$10 or less. This service shall be offered on a daily basis."</p> <p>(7) This subsection states, "If a home is holding funds in excess of \$200 for more than 2-consecutive months, the administrator shall notify the resident and offer assistance in establishing an interest-bearing account in the resident's name at a local Federally-insured financial institution. This does not include security deposits."</p>	<p>This requirement would be problematic for residents with known poor memory and/or poor impulse control who repetitively make requests. PAR recommends that the individual's service plan be the reference point for the handling of personal funds, not a regulation.</p> <p>Some homes use a client savings account for residents with very limited ability to access local banks due to serious physical and cognitive disabilities and for residents for whom the home is the representative payee. These funds are not co-mingled and the home pays interest on the account. PAR recommends the following language: "The home may have savings accounts in the resident's name as long as they are interest bearing."</p>
2600.58 Staff training and orientation	This section requires training on medication procedures and use of medications.	Does this refer to a DPW medication course or will each provider be able to develop their own training program or use non-DPW training to meet the requirements?
2600.253 Record retention and disposal	(2) This subsection states, "the resident's record shall be destroyed 4 years after the resident's discharge from the home."	Change the language to "may be destroyed."

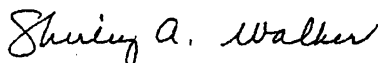
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In summary, in the interest of preserving personal care homes as a viable option for individuals, PAR requests that the Department take the following steps:

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

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

Sincerely,



Shirley A. Walker
President and CEO

cc: Dave Kerr, Director
Governor's Policy Office

Feather Houstoun, Secretary
Department of Public Welfare

William A. Gannon, Deputy Secretary
Office of Social Programs

Nancy Thaler, Deputy Secretary
Office of Mental Retardation

John R. McGinley, Chairman

Independent Regulatory Review Commission

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

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

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

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

 **Amber Glen**
AT FOREST HILLS

14-475 (L87)

107 Fall Run Road
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November 3, 2002

TELETYPE UNIT
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REGISTRATION SECTION

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

Dear Teleta Nevius:

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

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

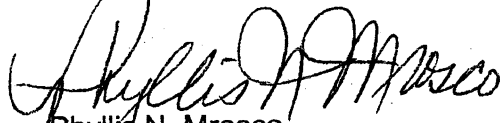
They took the time to tell us how compassionate we are. I took time telling them they were one of the families who made this job fulfilling and rewarding.

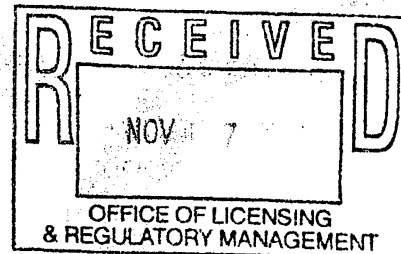
This is what we are here to do, care for our residents. These new proposed regulations will make our job harder for a few reasons:

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

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

Please consider these issues and respond. Thank you,


Phyllis N. Mrosco
Administrator



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

November 2, 2002

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

To Whom It May Concern,

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

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

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

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

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

Thank you for helping me with this problem.

Sincerely,

Betty Lockhart

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

Original: 2294

11/28/02 10:38
COMMUNICATIONS

14-475
364

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

Carmella's House

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

Fax Transmission

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

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

Our apologies for any inconvenience caused.

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

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

Sorry for the confusion created by the wrong mailing.

Sincerely,
Elgin Panichelle
Elgin Panichelle

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

ATTACHMENT
PAGE 1 OF 2

WESTMORELAND COUNTY
PERSONAL CARE HOME ADMINISTRATOR'S ASSOCIATION

- 1 Matt Hany - Windsor Place
- 2 Charles Palmer - Ridgeway Residential Care
- 3 Henry Andrus - Bristol House
- 4 M. P. J. Sunningland Retirement Homes Inc
- 5 Margaret Curran Willow Angles Adult Care Home
- 6 Sandra L. Stahl - "Close To Home" P.C.H.
- 7 James D. Dwyer Laurel Highlands P.C.H. (LHPC)
- 8 Michael Hleb Cent Personal Care
- 9 James Serwinski Jo. Ellis P.C.H.
- 10 Margaret McDonald A Better Place
- 11 Joyce A. Rudy A Better Place
- 12 Margie Hleb Easy Living Estates
- 13 Ismael Lopez Easy Living Estates
- 14 W. Robert Smith NEW ALEXANDRIA P.C.H.
- 15 FRANK SPENAR SPENAR P.C.H.
- 16 Dr. John Johnson CROSSING WILLOWS P.C.H.
- 17 John Smith TIC Adult Care Center
- 18 Alan S. S. S. West View Manor
- 19 Sandy Michon West View Manor

page 2 of 2

- 20 Kathy Weigand - West View Manor
- 21 Tracy Harper - Carmel PCH
- 22 Sharon Brumie - Carmel PCH
- 23 Jackie Takovich - Golden Heights PCH
- 24 Pamela Koenig - Golden Heights Home Care
- 25 Mary Woodhouse - Green Meadows Assisted Living
- 26 J. A. D. D. - Hallsworth House PCH
- 27 Mary Jo Knight - Stone Brook Manor
- 28 Ann Engala - Hallsworth House
- 29 Ruth Nedzavich - Nedzavich P. C. H.
- 30 ~~Frank & Kay~~ - Evening Star PCH
- 31 Forest Lewis - CARE - CARE Plus
- 32 Giulio - Bristol House
- 33 Elgin Parrichelle - Carmella's House
- 34 Frank D. Touchette - Carmella's House
- 35 _____
- 36 _____
- 37 _____
- 38 _____
- 39 _____
- 40 _____

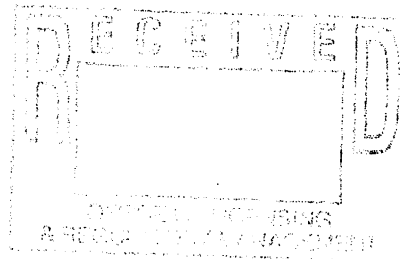
Original: 2294

#14-475(587)

2002-11-02 P.M. 6:23
REVIEW COMMISSION

November 2, 2002

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



Dear Teleta Nevius,

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

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

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

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

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

Thank you for helping me with this problem.

Sincerely,

Betty Lockhart

Betty Lockhart

Original: 2294



ESTATES AND MANAGEMENT CORPORATION

PERSONAL CARE & ASSISTED LIVING

#14-475

360

"SAME comment as # 359"

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

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

LIGONIER
R.D. 44, Box 107
Ligonier, PA 15658
724-593-7720
Fax 724-593-7720

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

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

Date: 11/1/02
To: Teketa News Company: APW / OLM
Fax # 717-705-6955
From: Margie Zelenak
Company: Easy Living Estates
Fax# Corporate 724-755-1072 Ligonier 724-593-7720
Somerset 814-445-2999 New Stanton 724-755-0615

Vertical stamp: RECEIVED NOV 4 10 55 AM '02

Number of pages including Cover page 9



ESTATES AND MANAGEMENT CORPORATION

PERSONAL CARE & ASSISTED LIVING

November 1, 2002

CORPORATE OFFICE

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

SOMERSET

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

LIGONIER

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

NEW STANTON

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

LAKESIDE

Lakefront Resort
Community
724-755-1070
Adjacent New Stanton

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

Dear Ms. Nevius:

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

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

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

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

Sincerely,

Margie Zelenak
Assistant Administrator

PETITION

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

Thank you in advance in this cause.

NAME	ADDRESS	PHONE
Gregory M. Ruckelshaus	104 60th St Scottsdale Pa	724-887-2022
Anna M. Ruckelshaus	104 60th St Scottsdale Pa	724-887-2022
Annet Lagan	408 S Broadway Scottsdale PA	724-857-6664
Barry McLaughlin	704 Box 276 Harrisburg	724-268-8989
[Signature]	Box 204 Somersett Pa	814-443-4544
[Signature]	215 N 5th St York Pa	717-493-4312
Cath. Morris	300 Namans Rd Conowingo Pa	410-257-2611
Dolores Meigs	236 S 4th St Youngwood Pa	15697 724-925-1362
Donald E. [Signature]	236 S 4th St Youngwood Pa	15697 724-925-1362
Simon Mithel	14 Meadowbrook Ave PA	15401 724-833-5482
Sumanna Gray	RD #1 Box 523 Ruffs Dale Pa	15679 724-872-9456
Bernadine C. [Signature]	717 Steinhilf Ave Youngwood Pa	15697
Faith [Signature]	402 S 7th St Shrewsbury Pa	15697
Charles Baker	301 Meade St P.O. Box 153 Everson Pa	15631
Carol Ann [Signature]	P.O. Box 285 Dawson Pa	724-529-2964
Shirley Moore	518 Davis Rd Dawson Pa	15428 724-529-2421
[Signature]	36 Seacoast St Treant PA	15644 724-523-237
Vincent M. [Signature]	214 Washington St Mt Pleasant Pa	15666 724-547-3555
Ann [Signature]	214 Washington St Mt Pleasant Pa	15666 724-547-3555
Phyllis Chlebunski	212 Brookholme Rd Mt Pleasant Pa	724-547-319
Christina [Signature]	39 2nd St [Signature] Pa	[Signature]
Shirley [Signature]	P.O. Box 204 Cullb [Signature]	724-628-1560 577-4414
Heather Wilco	120 Penn. Ave Everson Pa	724-887-3115

PETITION

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

Thank you in advance in this cause.

NAME	ADDRESS	PHONE
Donna Marks	913 Scott Ave, Jeannette Pa 15644	
Lara Horvath	225 N Good St Jeannette PA 15644	
Karen Wiese	511 Fairmont Ave Trafford Pa	
James Heckmann	59 Broadway Ave North Irwin PA 15642	
Franklin Taylor	307 DELBERTA RD LOWER MERRILL PA 15086	
ARTHUR A. OSYK JR	621 GARFIELD AVE SLOITDALE PA 15663	
Thomas R. Oberto	33 Canfield Rd. Latrobe PA 15650	
Mark Wrought	819 GREEN Street / Greensburg, PA. 15601	
Theodor D. Malik	1189 Galanda Rd RR#2 New Alex. Pa 15670	
Edward D. Brown	304 N 2nd St Jeannette PA 15644	
Robert W. Moore	PO Box 156 Harristown PA 15635	
GLEN CAMER	985 RUDDER RD LEONIER PA 15658	
Delmar Baughman	RD 2 Box 54C Greensburg PA 15601	
Earl A. Knebel	1334 Lewis St. North Huntingdon, PA 15641	
John B. Cramer	121 College Ave Mt. Pleasant Pa. 15666	
Bill Flynn	10230 Fairmont St. North Huntingdon PA 15642	
James J. [unclear]	419 Chestnut St. GREENSBURG PA 15601	
Joe [unclear]	2733 S Washington Ave GREENSBURG PA 15601	
[unclear]	1401 Ashland St ORG PA 15601	
[unclear]	1031 Stickell Ln Hill Manor PA 15665	
[unclear]	10449 Broadway St N Huntingdon PA 15642	
Bob Henry	Exx 736 ADAMSBURG PA 15611	

#14-475 (585)

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

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

RECEIVED
DEPARTMENT OF
COMMUNITY DEVELOPMENT
NOV 13 2002

Dear Teleta Nevius,

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

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

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

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

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

To summarize my thoughts:

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

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

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

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

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

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

Chapter 2600 is: too restrictive
creates mountains of paperwork, that means
absolutely nothing to our residents.
is too costly, is economically infeasible.
will be too devastating to the residents and
homes throughout the Commonwealth.
THESE REGULATIONS ARE DANGEROUS FOR THE STATE.

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

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

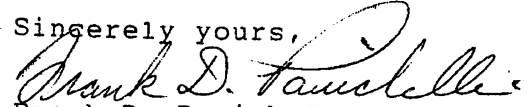
Through Chapter 2620, and addendum could be easily made to address the medication problem. An addendum to develop a certified medication training program for lay staff to safely help residents with their medication regimes.

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

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

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

Sincerely yours,


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

Original: 2294

2002 NOV -8 AM 9:31

Lynn H. Fosnight R.N.
Administrator

WINDSOR PLACE
A FOSNIGHT HARVEY ASSISTED LIVING FACILITY

INDUSTRIAL LABORATORY
REVIEW COMMISSION

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

November 1, 2002

Dear Ms. Nevius,

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

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

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

One Windsor Way
Pittsburgh, PA 15237

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

is very ambiguous and needs a lot more definition for anyone to be able to do successfully. This also was not in any previous draft – where did it come from?

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

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

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

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

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

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

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

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

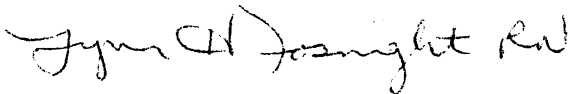
to Secretary Houstoun early in 2002, (we have never heard from her whether she liked/disliked, approved/disapproved, or in any way wanted to initiate any of the suggestions made. This document was given to her at least 8 months ago. It strengthened and enlarged the current 2620 regulations. I would like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

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

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

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

Sincerely,



Lynn H. Fosnight RN
Administrator

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

NOV - 1 AM 9:20

REVIEW COMMISSION

Oct 25 - 02 Independent Regulatory Review Commission
Dear ~~Jeff~~ ~~Tom~~

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

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

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

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

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

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

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

Sincerely,
Sherry Mills
Rittanning Rd
Pa. 16201 Box 369

Original: 2294

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

RECEIVED
2002 NOV -6 AM 9:19
DEPARTMENT OF REGULATORY
REVIEW COMMISSION

November 1, 2002

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

Ms. Nevius,

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

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

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

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

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

Sincerely,

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

Kenneth Raraigh

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