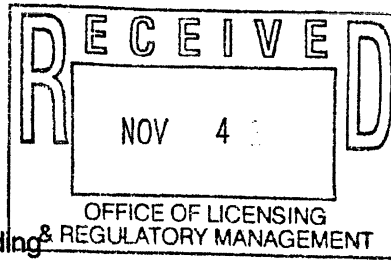


Original: 2294

October 29, 2002

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



Dear Teleta Nevius,

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

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

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

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

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

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

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

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

Sincerely,

Joyce Millslagle
206 Newcomer Drive
Scottdale PA 15683

Original: 2294

14-475 (507)

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

TO:

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

Dear Mrs. Whitesell:

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

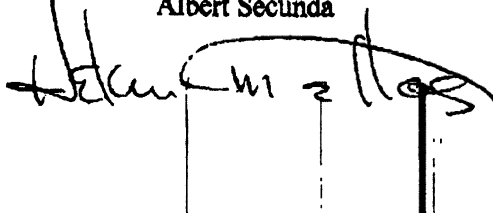
Our brother is a resident at the Colonial Gardens in Butler County. He likes the residence and the excellent care he receives. My sister, Mary Prokopchak, aged 87 years visits him each week and she praises the good care he gets.

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

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

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

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



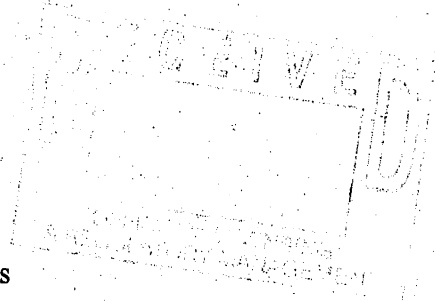


Michaux Manor
Quality In Assisted Living

14-475
714

November 4, 2002

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



Re: Proposed Personal Care Home Regulation Comments

Dear Mrs. Nevius,

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

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

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

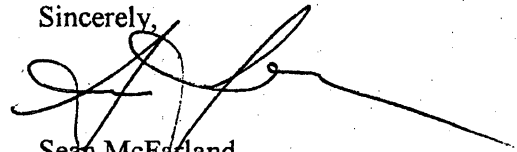
11302 South Mountain Road Fayetteville, PA 17222
Ph. 717-749-5000 Fax 717-749-5852

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

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

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

Sincerely,

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

Sean McFarland
Business Manager

CC: Robert E. Nyce, Executive Director, IRRRC

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

Economic or fiscal impact of the regulation

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

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

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

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

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

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

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

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

- Additionally, we strongly recommend that the Department, together with stakeholder groups through the DPW Personal Care Home Advisory Committee (PCHAC) develop *sample* policy and procedures and staff training curriculum for new requirements. This would help assure standardization and provide some monetary relief to the homes who cannot afford to do this on their own.
- Grandfathering provisions must be in place for physical sites (buildings) doing business as a personal care home prior to the date of implementation of the regulations. We are not aware of any other facility regulation that has changed that does not make provisions for existing buildings.
- Further, we believe that DPW has a moral obligation to address the public funding issue for the more than 10,500 residents in personal care homes who receive SSI and the State Supplement *at the same time they are implementing new regulations*. DPW must recognize the real costs to providers which were \$60 per day on the average in 1999¹ to care for residents in this setting. DPW must increase the State Supplement for SSI residents in PCHs to a total benefit of at least \$60 per day in addition to their personal needs allowance. New government mandates cannot be implemented until this is accomplished or we fear that these 20% of the total personal care home residents will be displaced and find it nearly impossible to access the level of care they require.

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

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

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

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

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

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

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

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

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

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

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

Conclusion

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

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

Specific Comments and Language Change Suggestions in the Proposed Regulations

Key:

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

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

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

PROPOSED RULEMAKING DEPARTMENT OF PUBLIC WELFARE

[55 PA. CODE CHS. 2600 AND 2620]

Personal Care Homes

GENERAL PROVISIONS

§ 2600.4. Definitions.

Direct care staff--

- (i) A person who assists residents with activities of daily living, provides services or is otherwise responsible for the health, safety and welfare of the residents.
- (ii) The term includes full and part time employees, temporary employees and volunteers who routinely perform direct care staff services.

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

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

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

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

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

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

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

GENERAL REQUIREMENTS

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

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

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

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

§ 2600.16. Reportable incidents.

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

(18) A final termination notice from a utility.

§ 2600.17. Confidentiality of records.

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

§ 2600.19. Waivers.

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

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

§ 2600.20. Resident funds.

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

§ 2600.24. Tasks of daily living.

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

§ 2600.25. Personal hygiene.

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

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

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

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

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

§ 2600.29. Refunds.

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

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

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

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

RESIDENT RIGHTS

§ 2600.41. Notification of rights and complaint procedures.

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

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

§ 2600.42. Specific rights.

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

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

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

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

Please add:

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

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

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

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

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

STAFFING

§ 2600.53. Staff titles and qualifications for administrators.

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

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

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

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

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

Direct care staff shall have the following qualifications:

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

Please add:

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

§ 2600.55. Exceptions for staff qualifications.

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

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

§ 2600.56. Staffing.

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

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

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

§ 2600.57. Administrator training and orientation.

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

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

■

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

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

§ 2600.58. Staff training and orientation.

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

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

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

(e) Direct care home staff shall have at least ~~24~~ ¹² hours of annual in-house training relating to their job duties. Staff orientation shall be included in the ~~24~~ ¹² hours of training for the first year of employment. On the job training for direct care staff may count for ~~12~~ ⁶ out of the ~~24~~ ¹² training hours required annually. (*Rationale: The DPW PCH Advisory Committee task groups had recommended this be changed to 12 hours and DPW has verbally agreed but was unable to make the change prior to publication. Note also that nursing assistants in nursing facilities are only required to have 12 hours of continuing education a year.*)

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

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

(2) Medication self-administration training.

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

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

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

(6) Personal care service needs of the resident.

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

§ 2600.59. Staff training plan.

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

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

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

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

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

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

§ 2600.60. Individual staff training plan.

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

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

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

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

PHYSICAL SITE

§ 2600.81. Physical accommodations and equipment.

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

§ 2600.83. Temperature.

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

§ 2600.85. Sanitation.

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

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

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

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

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

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

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

§ 2600.90. Communication system.

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

2600.93. Handrails and railings.

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

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

§ 2600.94. Landings and stairs.

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

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

§ 2600.96. First aid supplies.

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

§ 2600.98. Indoor activity space.

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

(b) The home shall have at least one furnished living room or lounge for the use of residents, their families and visitors. The combined living room or lounge areas shall be sufficient to accommodate all residents at one time. ~~These rooms shall contain a sufficient number of tables, chairs and lighting to accommodate the residents, their families and visitors.~~ This is excessive. There has not been a problem with this in the current regulations that we know of.

§ 2600.99. Recreation space.

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

§ 2600.101. Resident bedrooms.

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

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

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

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

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

§ 2600.102. Bathrooms.

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

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

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

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

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

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

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

§ 2600.103. Kitchen areas.

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

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

Most health departments say 6 inches or more above floor.

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

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

§ 2600.104. Dining room.

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

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

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

§ 2600.105. Laundry.

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

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

§ 2600.107. Internal and external disasters.

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

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

(c) Disaster plans shall include at a minimum:

(1) Contact names.

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

(3) Alternate means of supply of utilities shall be identified and secured. Excessive cost for small providers if they need to purchase a generator.

(4) The home shall maintain at least a 3-day supply of nonperishable food and drinking water or plan for obtaining a supply of drinking water for all residents and

personnel. *(drinking water may be a problem to store 3-day supply) We need some reasonableness here. 1 gallon per resident per day is the standard.*

(5) The home shall maintain at least a 3-day supply of all resident medications or have identified an alternate plan for obtaining meds. (e.g., delivery systems are sometimes weekly only)

FIRE SAFETY

(b) Doors used for egress routes from rooms and from the building may not be equipped with key-locking devices, electronic card operated systems or other devices which prevent immediate egress of residents from the building. § 2600.122. Exits.

Unless otherwise regulated by the Department of Labor and Industry for new construction and significant renovation after _____ (Editor's Note: The blank refers to the effective date of adoption of this proposal.) all buildings shall have at least two independent and accessible exits from every floor, each arranged to reduce the possibility that both will be blocked in an emergency situation..

§ 2600.123. Emergency evacuation.

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

§ 2600.130. Smoke detectors and fire alarms.

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

(e) Upon new construction and significant renovation after _____ (Editor's Note: The blank refers to the effective date of adoption of this proposal) if one or more residents or staff persons are not able to hear the smoke detector or fire alarm system, all smoke detectors and fire alarms shall be equipped so that each person with a hearing impairment will be alerted in the event of a fire.

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

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

§ 2600.132. Fire drills.

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

RESIDENT HEALTH

§ 2600.141. Resident health exam and medical care.

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

§ 2600.143. Emergency medical plan.

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

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

NUTRITION

§ 2600.161. Nutritional adequacy.

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

(g) Drinking water shall be available to the residents at all times. Other beverages shall be available ~~and offered~~ to the resident each day and the residents shall be

informed where they can obtain these beverages. at least every 2 hours. The outcome here is to have water and beverages available to the resident with some assurance that the resident is aware they are available. Leave it to the home to determine how this will be accomplished. Many homes now have water, juice, soda and other beverages available throughout the day in the community areas. This can be accomplished without the need for additional staff to make rounds every two hours to offer them.

§ 2600.162. Meal preparation.

(c) There may not be more than ~~14~~16 hours between the evening meal and the first meal of the next day, unless a resident's physician has prescribed otherwise, and there may not be more than ~~4~~6 hours between breakfast and lunch, and between lunch and supper.

(f) Meals may shall include a variety of hot and cold food to meet the preferences of the residents. Depending on the season, the home with resident input may choose not to offer both hot and cold at some meals.

§ 2600.163. Personal hygiene for food service workers.

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

§ 2600.164. Withholding or forcing of food prohibited.

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

2600.171. Transportation.

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

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

MEDICATIONS

§ 2600.181. Self-administration.

(e) A resident is capable of self-administering medications if the resident can use the medication as prescribed in the manner prescribed. The resident shall be able to

recognize and distinguish the medication and know the condition or illness for which the medication is prescribed, the correct dosage and when the medication is to be taken. Examples include being capable of placing medication in the resident's own mouth and swallowing completely, applying topical medications and not disturbing the application site, properly placing drops in eyes, correctly inhaling inhalants and properly snorting nasal therapies. We recommend that this be defined as being the physician's determination as to whether the resident is capable of self-administering medications.

- (f) The appropriate state agency shall develop a medication assistive personnel (MAP) training program that will permit trained staff to assist with administration of medications. (Rationale: With the severe nursing shortage and high cost of care to consumers when you are required to provide professionally licensed services, it makes good sense to train unlicensed staff to assist where needed. This should be a "Train the trainer" model).
- (g) Medication assistive personnel (MAP) may administer medications after successfully completing a state approved and appropriate training course that includes a written and performance-based competency examination. To qualify for training as a MAP the individual must be a high school graduate and have English language proficiency.

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

- (a) Prescription, OTC and CAMs shall be kept in their original labeled containers and may not be removed more than 2 hours in advance of the scheduled administration. Assistance with injections and sterile liquids shall be provided immediately upon removal of the medication from its container. Many homes do not have the room to store CAMs and CAMs are not always labeled correctly when received by the home.
- (b) Prescription, OTC, CAM and syringes shall be kept in an area or container that is locked.
- (c) Prescription, OTC and CAM stored in a refrigerator shall be kept in a separate locked container. What if refrigerator is in the med room that is locked? Permitted?
- (d) Prescription, OTC and CAM shall be stored separately. Clarify that you mean each resident's meds are stored apart from each other? (e.g., does a divider in med drawer work?)
- (f) Prescription, OTC and CAM, discontinued and expired medications, and prescription medications for residents who are no longer served at home shall be destroyed of in a safe manner according to the Department of Environmental Protection and all Federal and State regulations. When a resident permanently leaves the home, the resident the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home. shall be offered their meds upon discharge. medications shall be given to the resident;
- (h) Prescription, OTC, CAM and syringes shall be stored in accordance with Federal and State regulations.

§ 2600.183. Labeling of medications.

- (b) OTC, CAM and sample medications shall be labeled with the original label.
- (c) If the OTC and CAM belong to the resident, they shall be identified with the resident's name.
- (d) Sample medications shall be identified by the physician with the dosage, time and resident's name. the particular resident's use and accompanied by a physician's order.
- Note: It's not always possible for provider to get this from the physician. Let home determine whether they will store sample meds whether they take them and how many and frequency or in resident contract.*

§ 2600.184. Accountability of medication and controlled substances.

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

§ 2600.185. Use of medications.

- (a) Prescription, OTC, CAM and sample medications shall be clearly marked for whom the medication was prescribed or approved. *repetative*
- (b) If the home helps with self-administration, then the only prescription, OTC and CAM medications that are allowed to be given are those prescribed, approved or ordered by a licensed physician, certified registered nurse practitioner, licensed dentist or physician's assistant within its scope of practice. *May be a hardship to get order for OTC and residents get this on their own sometimes without the knowledge of the provider (e.g., nasal spray).*
- (c) Verbal changes in medication may only be made by the prescriber and shall be documented in writing in the resident's record and the medication record as soon as the home is notified of the change. *(make part of training for med assistant)*

§ 2600.186. Medication records.

- (b) If the home helps the resident with self-administration, a medication record shall be kept to include the medications ordered by those prescribed, approved or ordered by a licensed physician, certified registered nurse practitioner, licensed dentist or physician's assistant within its scope of practice. ~~following for each resident's prescription, OTC and CAM:~~
- (1) The prescribed dosage.
 - (2) Possible side effects as provided by pharmacy.
 - (3) Contraindicated medications as provided by the pharmacy.
 - (4) Specific administration instructions.
 - (5) The name of the prescribing physician.
 - (6) Drug allergies identified on med eval.

(7) Dosage, date, time and the name of the person who helped with the self-administration of the medication. This is not self-administration if we are doing all this. Contradicts definition of self-administration.

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

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

SAFE MANAGEMENT TECHNIQUES

§ 2600.201. Safe management techniques.

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

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

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

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

SERVICES

§ 2600.222. Community social services.

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

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

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

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

§ 2600.225. Initial assessment and the annual assessment.

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

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

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

- (1) Annually within 30 days before or 30 days after the resident's anniversary date of admission.
- (2) If the condition of the resident ~~materially~~ substantially changes prior to the annual assessment, the review shall be completed and updated on the current version.
- (3) At the request of the State agency upon cause to believe that an update is required.
- (4) At the time of a hospital discharge. if a substantial change has occurred. *(Does this include ER or overnight hospital?)*

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

§ 2600.226. Development of the support plan.

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

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

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

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

(3) The home staff.

(4) Family or advocates.

(5) Doctors.

(6) Other interested persons designated by the resident.

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

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

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

§ 2600.228. Notification of termination.

(b) If the home initiates a discharge or transfer of a resident, or if the legal entity chooses to close the home, the home shall provide a 30-day advance written notice to the resident, the resident's legal representative, and the referral agent citing the reasons for the discharge or transfer. This shall be stipulated in the resident-home contract signed prior to admission to the home. A 30-day advance written notice may not be given if a delay in discharge or transfer would jeopardize the health or safety of the resident or others in the home, ~~as certified by a physician~~. This shall occur when the resident needs psychiatric or long-term care or is abused in the home, or the Department initiates a closure of the home. The home should be able to determine this without a physician certification.

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

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

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

- (6) If closure of the home is initiated by the Department.
- (7) Violation of home rules.
- (8) Repeated violation or disruption of the home's harmony.

SECURED UNIT REQUIREMENTS

§ 2600.231. Doors, locks and alarms.

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

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

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

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

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

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

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

§ 2600.232. Environmental standards.

Environmental standards include the following:

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

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

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

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

§ 2600.233. Admission standards.

Admission standards include the following:

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

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

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

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

§ 2600.234. Care standards.

Care standards include the following:

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

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

§ 2600.235. Discharge standards.

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

§ 2600.236. Administrator training.

Administrator training includes the following:

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

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

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

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

§ 2600.237. Staff training on dementia.

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

- (1) The normal aging-cognitive, psychological and functional abilities of older persons.
- (2) The definition and diagnosis of dementia, description of reversible and irreversible causes, and an explanation of differences between dementia, delirium and depression.
- (3) The definition of dementia and related disorders, progression, stages and individual variability.
- (4) Communication techniques.
- (5) The description of behavioral symptoms of dementia and how to manage resident behaviors.
- (6) The role of personality, culture and environmental factors in behavioral symptoms and dementia care.
- (7) The home's philosophy of dementia care, including mission statement, goals, policies and procedures.
- (8) Working with family members.
- (9) Resources for residents with dementia and their families.
- (10) Team building and stress reduction for the staff.
- (11) The Older Adult Protective Services Act (35 P. S. §§ 10225.701--10225.707).

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

§ 2600.239. Programming standards.

Programming standards include the following:

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

§ 2600.240. Notification to Department.

Notification to the Department is required as follows:

- (3) The following documents shall be included in the written notification:
 - (i) The name, address and legal entity of the home.
 - (ii) The name of the administrator of the home.
 - (iii) The total resident population of the home.
 - (iv) The total resident population of the secured unit.
 - (v) A building description and general information.
 - (vi) A unit description. *(can this be a floor plan?)*
 - (vii) The type of locking system.
 - (viii) Emergency egress.
 - (ix) A sample of a 2-week staffing schedule.
 - (x) Verification of completion of additional training requirements.
 - (xi) The operational description of the secured unit locking system of all doors.
- (xix) A sample consent form from the resident, or the resident's legal representative agreeing to the resident's placement in the secured unit. *which can be included in the resident contract.*
- (xx) A sample of the written agreement containing full disclosure of services, admission and discharge criteria, change in condition policies, services, special programming and cost and fees.
- (xxi) A description of environmental cues being utilized.
- (xxii) A general floor plan of the entire home.
- (xxiii) A specific floor plan of the secured unit, outside enclosed area and exercise space. *repetitive*

RESIDENT RECORDS

§ 2600.251. Resident records.

- (a) A separate record shall be kept for each resident.

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

§ 2600.252. Content of records.

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

§ 2600.253. Record retention and disposal.

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

§ 2600.254. Record access and security.

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

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

ENFORCEMENT

§ 2600.261. Classification of violations.

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

- (1) *Class I.* Class I violations have a substantial probability of resulting in death or serious mental or physical harm to a resident.
- (2) *Class II.* Class II violations have a substantial adverse effect upon the health, safety or well being of a resident.
- (3) *Class III.* Class III violations are minor violations, which have an adverse effect upon the health, safety or well being of a resident.
- (b) The Department's criteria for determining the classification of violations are available from the appropriate personal care home regional field licensing office.

Where are paper violations/errors classed?

§ 2600.262. Penalties.

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

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

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

§ 2600.263. Revocation or nonrenewal of licenses.

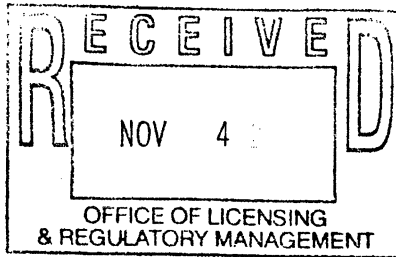
(c) Upon the revocation of a license in the instances described in subsections (a) and (b), or if the personal care home continues to operate without applying for a license as described in § 2600.262(h) (relating to penalties), residents shall be relocated.

Immediately? Within what time frame?

Original: 2294

NOV -7 AM 10

REGULATORY
REVIEW SUBMISSION



14-475(379)

Dear Teleta Nevius,

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

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

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

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

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

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

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

Sincerely,

Connie D. Lillwick

(724) 547-1890

(724) 837-6122

PETITION

Nerius
 TO: Teleta Nerius, Director of DOW
 Senators
 Representatives

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

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

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

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

NAME	ADDRESS	PHONE
<i>Catherine Termon</i>	<i>Harris House</i>	<i>571-1890</i>
<i>Janet Kauter</i>	<i>200 Elm Oak Dr, Mt-Pleasant Pa 15666</i>	<i>547-4351</i>
<i>Clare Williams</i>	<i>HARMON HOUSE</i>	<i>577-5589</i>
<i>Mary E Skolman</i>	<i>HARMON HOUSE</i>	<i>628-4543</i>
<i>Theresa Kellenger</i>		
<i>Russell C Bell</i>	<i>201 College Ave PA</i>	<i>547-8782</i>
<i>Carolyn Mages</i>	<i>206 Falcon Drive Cluville Pa. 15425</i>	<i>724-626-1518</i>
<i>Debra Overly</i>	<i>245 E. Main St. Mt. Pleasant, PA 15666</i>	
<i>David Smith</i>	<i>2455 DOLE PA 15679</i>	
<i>Anthony Bigg</i>	<i>Scottsdale, Pa. 15683</i>	<i>724-882-4521</i>
<i>Jack Bibb</i>	<i>Dawson Pa 15428</i>	<i>724-529-0917</i>
<i>Karen White</i>	<i>Box 32 Norvelt Pa 15674</i>	<i>724-423-2426</i>
<i>Victoria Szymanski</i>	<i>R.D.'s Mt. Pleasant, Pa 15666</i>	<i>724-423-5804</i>
<i>Elizabeth Catalano</i>	<i>RD16 Adamsburg Pa</i>	<i>724-523-0685</i>
<i>Patricia Nemeth</i>	<i>SOMERSET, Pa.</i>	<i>814-445-7662</i>
<i>Janet Porterfield</i>	<i>498 Beech Rocks Rd Aime, Pa 15610</i>	<i>724-547-5307</i>
<i>A. Mages</i>	<i>206 Falcon Drive Cluville Pa. 15425</i>	<i>724-626-1518</i>
<i>Clara Gozok</i>	<i>HARMON HOUSE</i>	<i>724-</i>
<i>Cococella Arico</i>	<i>HARMON HOUSE</i>	
<i>Beome Lonette</i>	<i>169 Rose Rd MT PLEASANT PA 15666</i>	<i>724-872-4931</i>
<i>MARIA Arico-Timmel</i>	<i>561 Bessemer Rd. Mt. Pleasant, Pa. 15666</i>	<i>724-547-1823</i>
<i>Lendy Barnhart</i>	<i>59 Poebaugh Lane Mt. Pleasant, Pa 15666</i>	<i>724-547-4918</i>
<i>Doreen Clark</i>	<i>RR1 Box 205 PA SMITHTON PA 15419</i>	<i>724-842-8916</i>
<i>Connie Lillak</i>	<i>1804 Washington St, Gbg, PA 15601</i>	<i>724-837-6222</i>

PETITION

Nerius
 TO: Teleta Nerius, Director of D^PW
 Senators
 Representatives

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

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

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

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

NAME	ADDRESS	PHONE
DIGA McCLOY	P.O. Box 654 HIGONIA, PA. 15658	(724) 238-2371
Rita Bibby	PO Box 242 Dawson Pa 15428	
JAMIC & BARRINGER	912 Hillcrest St. Wilkes Barre, Pa 18725	
Dorothy West	11663 Box 2241 Eric's Mills Pa	724-593-1880
Theresa Thompson	153 LIBERTY Street PA PROSANT PA	724 547-6116
Vera N. Spencer	6105 Church St Mt Pleasant Pa 15653	
	601 S. ...	

PETITION

TO: ^{Verius} Teleta Verius, Director of DPW
Senators
Representatives

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

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NAME	ADDRESS	PHONE
Chris Nicholson	441 BUCHANAN RD. JARMONVILLE PA 15461	724-455-2101
MARYANN KILKA	RD#1 0457 MT PLEASANT PA 15666	724-547-3203
Patty Hall	166 Cape Lane Dunbury Pa 15428	724-297-0717
Amica Kassay	1 Coen Mt Park, Ruffsdale, PA 15479	724-696-5439
Tekla Ritenour	RR#1 Box 39, A-Stahlstown, PA 15607	724-593-3186
Anda Husky	RR3 Box 350 Jarvis Pa 15658	724-696-5789
Andrew Tompa	601 S Church St, Mt Pleasant	724-547-1890
Tiffany Blum	615 Sand Hill Rd Mt Pleasant	724-547-6564
Shirley Ritz	RD#3 Mt. Pleasant Pa. 15666	724-696-5341
MARY S. WILSON	RR#1 Box 201 SCOTTSDALE, PA 15693	724-887-4550
Donald Hall	12 N. SILVER ST MT PLEASANT PA	724-542-7591
Jim Husky	Box 350 RD 3 Jarvis Pa 15658	724-696-5789
Marjorie Collette	138 E. 50. ST. CONNELLSVILLE, PA 15425	724-628-3885
Bernie Adams	1730 W Crawford Ave Connelldale, PA 15425	724-687-3941
Emil Pink	601 S. Church St Mt Pleasant, PA 15666	724-542-1890
John Mulvaney	19 Coen M H PK. Ruffsdale, PA 15479	724-696-3372
Bob Klunew	Verona Pub. Home Jaratic Pa	724-537708
Hubert Ritz	RR1 Box 39-A Stahlstown, Pa 15607	724-593-3186
BARB McGUIRE	1009 Inverness Dr. Jaratic Pa 15666	724-755-0373
Shirley Kaffen	110 Jennings Ave SCOTTSDALE PA	724-887-5309

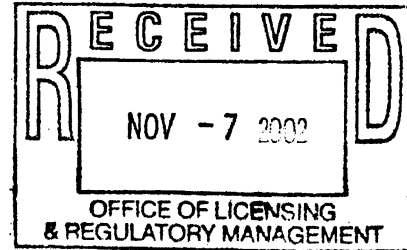


14-475
715

RECEIVED
NOV 12 PA 8400
INSURANCE DEPARTMENT
1326 STRAWBERRY SQUARE
HARRISBURG, PA 17120
THE COMMISSIONER

November 4, 2002

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



Re: Bash's Personal Care Home

Dear Mr. Bretzel:

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

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

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

Sincerely,

M. Diane Koken
Insurance Commissioner

Attachment

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

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

RECEIVED
OCT 28 2002
INSURANCE DEPARTMENT
COMMISSIONER'S OFFICE

Dear *Ms Faken*

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Sincerely,



Administrator
Bash's Personal Care

#14-475 (502) Nov 4, 2002

Dear State Representative

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

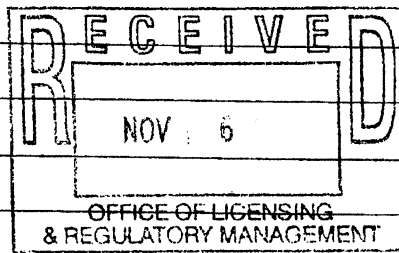
These laws will raise the cost to personal care home & many will close. The residents will



RECEIVED

be able to afford the care they
need. They do not need
special nursing care. That's
what nursing homes are for.
We need the personal care
homes to remain affordable
and a readily available option
for the families of Pennsylvania

Sincerely yours
Mary Sue Heberich
1106 Clark Rd.
Eton Valley, Pa 16120



14-475 (460)

Morales, Adabel

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

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

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

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

Dear Ellen,

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

1. Frequency of Inspections-

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

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

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

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

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

TV-04-02 18:02 FROM-BALANCED CARE CORPORATION

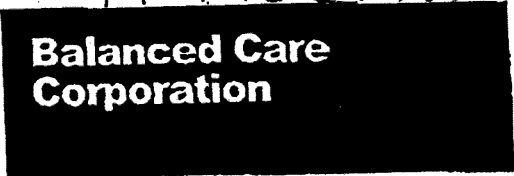
+7177866278

T-132 P.01/02 F-211

14-475 (498)

Original 2294
215 Minor Drive
Mechanicsburg, PA 17055

(717) 796-8172 - phone
(717) 796-8160 - fax



Fax

To: Office of Licensing & From: Mark Freeburn
 Fax: Regulatory Management Pages: 2 w/ cover
(717) 705-6955
 Phone: _____ Date: 11/4/02
 Re: Proposed Regulations CC: Sandy hauder
Chapter 2600
 Urgent For Review Please Comment Please Reply Please Recycle

• Comments:

RECEIVED
11/04/02

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

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

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

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

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

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

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

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

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

Sincerely,



Mark Freeburn
Regional Director of Operations,
Northeast Pennsylvania

Original: 2294



14-475
493

REVIEW COMMISSION

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

SECRETARY OF AGING

(717) 783-1550

November 4, 2002

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

Dear Ms. Nevius:

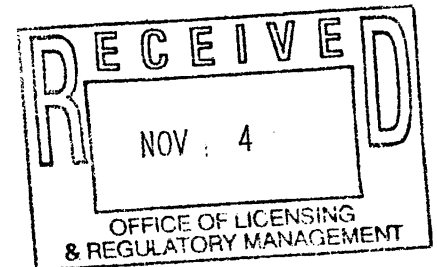
Enclosed are comments from the Pennsylvania Department of Aging in response to the proposed personal care home regulations – 55 PA Code Chapter 2600 – published in the PA Bulletin, October 5, 2002.

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

Sincerely,


Lori Gerhard
Acting Secretary

Enclosure



2600.2 Scope

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

2600.3 Inspections and Licenses or Inspections of Compliance

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

2600.4 Definitions

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

IADL – add “(vi) securing health care”

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

2600.5 Access Requirements

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

2600.11 Procedural Requirements for Licensure or Approval of Homes

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

2600.15 Abuse Reporting Covered by Statute

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

require submission of plan of “remediation” rather than
supervision

2600.16 Reportable Incidents

- (5) add "or elopement from a secured unit for any time."

Add "(19) Injury of unknown origin requiring medical treatment."

- (c) add to first sentence "and to the responsible party or legal representative of the resident."

2600.18 Applicable Health and Safety Laws

Replace "comply" with "be in compliance"

Add "to obtain and following issuance of a certificate of compliance."

2600.19 Waivers

- (c) in the first sentence add "resident responsible parties, resident legal representatives, and the local Ombudsman"

- (e) in the first sentence add "resident responsible parties, resident legal representatives, and the local Ombudsman"

- (f) in the first sentence replace "a periodic" with "annual"

2600.20 Resident Funds

- (4) in first sentence delete "if available"

- (6) replace "personal needs allowance" with "funds"

- (9) in second sentence add after the resident, "or designated representative"

- (12) add emergency relocation, voluntary closure

2600.24 Tasks of Daily Living

- (9) add "and medications"

2600.26 Resident-Home Contract: Information on Resident Rights

- (6) add "or voluntary departure from facility"

- (11) add "based on needs identified in the assessment and

addressed in the support plan

- 2600.27 Quality Management
- Add abuse/neglect reporting protocols
- 2600.28 SSI Recipients
- (e) Does the word "clothing", in the second and third sentences, obligate the home to provide clothing to the SSI recipients?
- 2600.29 Refunds
- (a) Thirty days is an unreasonable amount of time to provide refunds (a reasonable amount of time would be 14 days.)
- in the second sentence replace "discharge" with "upon departure."
- in the last sentence replace "within one week" to "upon departure"
- (d) in second sentence replace "within 30 days of death" with "upon request by the estate" after and
- (e) replace "discharge" with "departure"
- 2600.31 Notification of Rights and Complaint Procedures
- (a) add lodge complaints with "PCH, Department, and/or Ombudsman"
- (g) replace "14" with "7"
- last sentence add phone numbers "of all the above"
- 2600.32 Specific Rights
- (i) add "receive assistance as identified in assessment/support plan." Include accessing prescriptions.
- (w) We do agree with providing the right to appeal the items in this section. We do question the ability of the home to establish appeal procedures that would be fair and objective. DPW should establish an appeal process that provides for third party impartiality but preferably not utilizing the formal

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

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

2600.53 Qualifications for Administrators

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

2600.54 Direct Care Qualifications

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

2600.57 Administrator Training

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

2600.101 Resident Bedrooms

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

Suggest grandfathering existing facilities.

2600.102 Bathrooms

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

2600.104 Dining Room

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

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

2600.230 Mobility Standards

(c) replace "30" with "7"

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

14-475 (501)

Original: 2294

NOV-7 2002
RECEIVED

FAX COVER PAGE

DATE 4 November 2002

TIME 2:55 PM

TO Adabel Morales + Teleta Nevius

FAX# 717-705-6955

FROM Beverly Larvig + Mr. + Mrs. Byron Connor

FAX# (602) 843-5880 AZ

SUBJECT: Personal Home Care Homes

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

15014 N. 37th Ave.
Phoenix, AZ 85053

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

Dear Ms. Nevius,

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

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

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

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

Thank You Kindly,
Mr. & Mrs. Byron Connor

Mr. & Mrs. Byron Connor

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

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

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Page 2

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Thank You Kindly,
Mr. & Mrs. Byron Connor

Mrs. & Mrs. Byron Connor

Original: 2294

ATTN: Teleta Nevius

14-475 (499)

November 4th, 2002

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

To whom it may concern;

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

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

PHCA / CALM: Pat McNamara ; director

RCAP; Neil Robertson; President

Terry I. Bowser

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NOV 14 2002
14-475-499

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729

"SAME COMMENTER
AS # 496"

PO Box 689
Duncansville PA 16635
814-695-1665

Blair County Area Providers Association

November 4, 2002

Original: 2296

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

Re: Proposed Personal Care Home Regulations

Dear Ms. Nevius:

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

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

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

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

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

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

Sincerely,

Neil A Robertson
President, BCAP

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 administrated 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)?	

2600.58(f) Staff Training and Orientation	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.	
2600.59 Staff Training Plan	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.	
2600.60 Individual Staff Training Plan	Recommend deleting entire requirement. Individual staff training needs should just be addressed as they occur and/or during the staff member's performance evaluations.	
2600.90(b) Communication System	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.	
2600.98 (c) Indoor Activity Space	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".
2600.98(f) Indoor Activity Space	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.	
2600.107 (a,b) Internal and external disasters	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>	"The home shall have written emergency procedures that shall be approved by the local fire official and local emergency management office."
2600.107 (e) Internal and external disasters	An emergency plan should not include requirement for a 3-day supply of all residents' medications. Requirement should be	"The home shall have a plan for emergency medication delivery".

	<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..	

NOV 11 2002
11:11 AM
COMMISSIONER

November 4, 2002

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

Dear Ms. Nevius:

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

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

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

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

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

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

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

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

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

TBD= have not yet calculated cost

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

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

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

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

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

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

Sincerely,

Michael Barley
 President / Administrator
 Autumn House at Powder Mill

(717) 741-0961

Original: 2294

7-10-11-02
ZIMMER-7 AM 8:49
INDEPENDENT REGULATORY
REVIEW COMMISSION

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

November 3, 2002

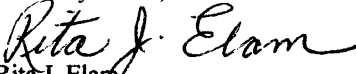
Dear Sir or Madam,

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

2002 NOV -3 AM 9:31

November 3, 2002

INDUSTRIAL LABORATORY
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

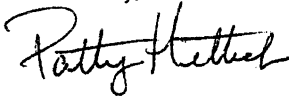
Dear Ms Nevius:

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?

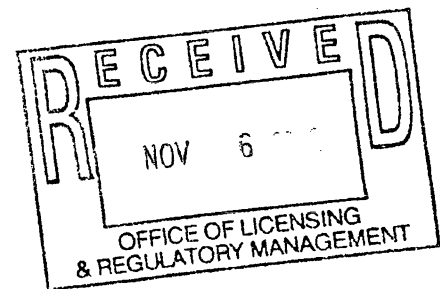
Tighter observations of "bad apple" personal care homes should be a priority and those personal care homes should be observed more closely. This would be the best way to ensure that residents are safe and cared for at all personal care homes.

Sincerely,



Patty Hettich

Owner



14-475
4108

Original: 2294

10150 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.

RECEIVED
 NOV 04 2002
 11:00 AM
 FAX

.....

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

#14-475 (571)

Kittanning, Pa.
November 3, 2002

NOV 03 2002
REVIEW COMMISSION

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

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.

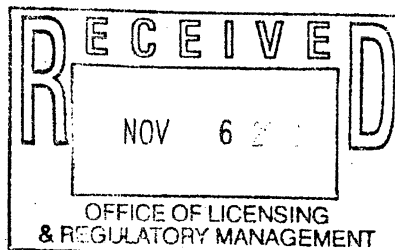
The home owners and family members and consumers feel that the new requirements for training is excessive, the regulations on passing medications are unnecessarily restrictive and costly to implement, and the additional paperwork requirements are unjustified in light of the sparse financial commitment 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
Dana Heggenstaller, Director
Partial Hospital Program
Psychiatric Rehabilitation Program



Original: 2294


14475
365

NOV -4 21 0:35
NEW YORK
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.

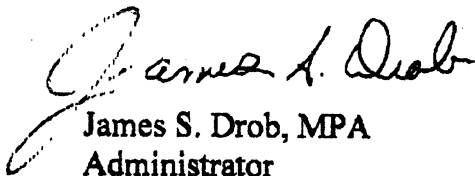
In conclusion, the need for updating the regulations is real. However, the State should be mindful of changes it makes to the definition of personal care. As stated above, the 'social model' of personal care homes is meeting

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