

November 18, 2002

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

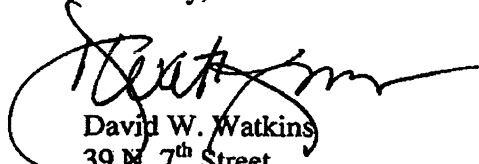
Dear Ms. Nevius:

I'm not in the habit of writing government officials but I feel compelled to do so because my family could be effected by new regulations being formed for Personal Care Homes. My Mother, C. S. Watkins is a resident at Victorian Gardens Personal Care Home here in Indiana, Pennsylvania. Her personal care home provides a controlled environment and supervised care for my 87 year old Mother, who though not ill, does need some help and supervision taking medication when due, preparing meals and observation in case of a fall.

I was recently informed that pending regulations could put this care beyond the means of my Brother, Sister and me. This could lead to the closure of Victorian Gardens. I have learned that some state officials think by increasing the number and skill level of personal care homes they could serve the residents better. (Currently my Mom has all the help she needs). These officials seem to have forgotten that extra help will mean greater costs to my Brother, Sister and me and we will be left without the care option that meets my Mother's needs and our budget. We couldn't pay 2 or 3 times more than we pay now.

I'm hoping my letter will help you see how the proposed changes in personal care home regulations will effect my Mom, Brother, Sister and me. I pray you will do your part to keep personal care homes, like Victorian Gardens and affordable option for families like mine whose Mother can no longer live alone.

Sincerely,


 David W. Watkins
 39 N. 7th Street
 Indiana, PA 15701

cc: Senator Donald White
 Representative Jeff Coleman
 Representative Sara Steelman

RECEIVED
 NOV 22 2002
 DIVISION OF LICENSING
 & REGULATORY MANAGEMENT

Original: 2294

Independent Regulatory Rev. Comm.
333 Market St. 14th Floor
Harrisburg, Pa 17101

2012 NOV 18 AM 8:59

11-10-02

INDEPENDENT REGULATORY
REVIEW COMMISSION

Dear Director:

I am writing with great concern with regard to the Proposed changes to the regulations for Assisted Living & Personal Care Homes.

My 90 year old Mother is in an Assisted Living Home and I might add very contented. She is getting three meals and a snack every day. Before she was placed I would check to see what did you eat today, 1/2 can Kidney Beans for lunch, then what did you have for dinner the other half of the Kidney beans.

She definitely doesn't qualify for nursing home care. Why are you trying to move her out?

I work and so do my brother & sisters. We purchased the needed items for her. Please do not take what she has found to be a good home with loving staff. She feels very comfortable with them.

I have been reviewing the proposed changes to the 2600 regulations. This one-size fits all approach will devastate the small Personal Care Homes. Please take more time and don't try to make a name for yourselves at the expense of the small (like home) Personal Care & Assisted Living Home.

It will add increased cost that will have to be passed on to the resident who already stretched at this time.

Thank you so much for the opportunity to communicate with your offices and the NAPCHAA. I feel you will put yourself on the line on behalf of my mother and all the other residents.

Sincerely
Dale Brudgers
Grace Brudgers

cc to:
Independent Reg. Rev. Comm.
George T. Kinney, Jr.
Harold F. Mowery, Jr.



PETITION

Verius
 TO: Teleta Verius, Director of DPW
 Senators
 Representatives

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

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

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

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

NAME	ADDRESS	PHONE
Chris Nicholson	441 BUCHANAN Rd. Normalville Pa 15461	724-455-2101
Maryann Kikha	RD#2 0457 Mt Pleasant Pa 15666	724-547-3203
Patty Hall	166 Cape Lane Dunbar Pa 15428	724-277-0717
Amitha Ragsdale	1 Coen Mt Park, Ruffalo Pa 15479	724-696-5439
Tekla Ritenour	RR#1 Box 39-A Stahlstown, PA 15687	724-593-3486
Lynda Kusky	RR3 Box 350 Jarvis Pa 15658	724-696-5789
Andrew Tomber	601 S Church St, Mt Pleasant	724-547-1890
Jiffrey Plute	615 Sand Hill Rd Mt Pleasant	724-547-6566
Shirley Rita	RD#3 Mt Pleasant Pa 15666	724-696-5341
MARK S. WILSON	RR#1 Box 201 Scottdale, PA 15693	724-887-4553
Donald C. Hall	17 N. SILVER ST MT PLEASANT PA	724-542-7591
Wim H. Gusk	Box 350 RD 3 Jarvis Pa 15658	724-696-5789
Marjorie Elliott	138 E. 50. ST CONNELLSVILLE, PA 15426	724-698-3885
Benny Adams	1730 W. Highland Ave Connellsville Pa 15426	724-698-3885
Walter J. Gidd	400 Evee Road, Scottdale, Pa	724-687-3941
Emil Kirk	601 S. Church St Mt Pleasant, PA 15666	724-547-1890
John Muller	19 Coen Mt Park, Ruffalo, PA 15479	724-696-3372
Bob Adams	Verona Ch Drive Jarvis Pa	724-537708
John Ritenour	RR1 Box 39-A Stahlstown, Pa 15687	724-5933486
BAGG McCreary	1009 Inwood Dr, Connellsville, PA 15426	724-755-0373
Shirley Kaffen	110 Jennings Ave Scottdale PA	724-887-5309

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>Patricia Kestner</i>	<i>200 Elm Oak Dr, Mt-Pleasant Pa 15666</i>	<i>547-1890</i>
<i>Janet Kestner</i>	<i>200 Elm Oak Dr, Mt-Pleasant Pa 15666</i>	<i>547-4351</i>
<i>Clara Wilkins</i>	<i>HARRISON HOUSE</i>	<i>577-5539</i>
<i>Mary E Skrabon</i>	<i>HARRISON HOUSE</i>	<i>628-4543</i>
<i>Theresa Killinger</i>		
<i>Russell C Dell</i>	<i>201 College Ave PA</i>	<i>547-8482</i>
<i>Carolyn Margis</i>	<i>206 Falcon Drive Clville Pa. 15425</i>	<i>724-626-1518</i>
<i>Deirda Overly</i>	<i>245 E. Main St. Mt. Pleasant, PA 15666</i>	
<i>Paul Smith</i>	<i>Ruffs Dale PA 15679</i>	
<i>Barbara Bigg</i>	<i>Scottsdale PA 15683</i>	<i>724-882-4521</i>
<i>Jack Bibb</i>	<i>Dawson Pa 15428</i>	<i>724-529-0417</i>
<i>Karen Allen</i>	<i>Box 32 Mifflin PA 15674</i>	<i>724-423-2426</i>
<i>Victoria Snyder</i>	<i>Rd 5 Mt. Pleasant, Pa 15666</i>	<i>724-423-5804</i>
<i>Elizabeth Catalano</i>	<i>RD 6 Adamsburg Pa</i>	<i>724-523-0685</i>
<i>PATRICIA Nemeth</i>	<i>SOMERSET, PA.</i>	<i>814-445-7662</i>
<i>Janet Porter-Jules</i>	<i>498 Beech Rocks Rd Gino, Pa 15610</i>	<i>724-547-5307</i>
<i>A. L. Magus</i>	<i>306 Falcon Drive Clville Pa. 15425</i>	<i>724-626-1518</i>
<i>Clara Goyet</i>	<i>HARRISON HOUSE</i>	<i>724-</i>
<i>Carrolla Arico</i>	<i>HARRISON HOUSE</i>	
<i>Bessie Smith</i>	<i>169 Rose Rd Mt Pleasant Pa 15666</i>	<i>724-572-4931</i>
<i>MARYA Arico</i>	<i>561 Bessemer Rd. Mt. Pleasant, Pa. 15666</i>	<i>724-547-1823</i>
<i>Brendy Barnhart</i>	<i>59 Poorbaugh Lane Mt. Pleasant, Pa 15666</i>	<i>724-547-4918</i>
<i>Dorain Odak</i>	<i>RR1 Box 205 P Smithton PA 15479</i>	<i>724-842-8916</i>
<i>Cornie Lillack</i>	<i>1804 Washington St, Ebz, PA 15601</i>	<i>724-837-6122</i>

RECEIVED
2002 NOV -8 AM 9:00
INDEPENDENT REGULATORY
REVIEW COMMISSION
November 5, 2002

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

Dear Sir:

My mother resides in a personal care home in Armstrong County. She has dementia and is unable to live alone. I reside in Ohio and am unable to take care of my mother. Pennsylvania has been her home all her life and she does not wish to leave her home state to move to Ohio with me. The personal care home she resides in gives her wonderful care. Because the facility is small, they can give her the individual attention that I do not believe she would receive in a large nursing home.

I was recently informed that some new pending regulations for personal care facilities could lead to the closure of many facilities in her area. Even facilities that did not close would be forced to raise prices significantly to cover the additional costs. My mother can not afford such an increase. Her social security check and black lung check barely cover the cost of care now. I believe these changes are unnecessary. My mother is receiving the care that she needs at a reasonable cost. Personal care facilities are not nursing homes and the patients in them do not require the same types of services. These new regulations will only be adding costs without adding any additional benefits to their patients.

Please remember that most of these patients have limited resources. When these resources are depleted, they will be forced to go on public assistance and many would be forced to nursing home facilities which are considerably more expensive. Why increase the cost if the patient is not in need of additional services. I urge you to do your part to keep personal care homes an affordable option for the people in need of their services.

Sincerely,

Neldene Johns

Neldene Johns

*Neldene Johns
8165 COUNTY Rd 55, Rd H9
Mansfield, OH 44904*

Nov. 5, 2002

To Whom It May Concern,

I am writing to you about the new regulations, regarding personal care homes.

Please stop the process and rethink the regulations.

These homes are affordable to the residents and to their families, and depriving these residents of decent, affordable care would be very, very sad.

The people, who live there, cannot afford to go to more expensive facilities, and many would wind up on the streets, homeless. That is what happened when ex-President Carter closed the mental hospitals. We do not need more homeless people. This would definitely happen, because the residents of these homes (which get their payments from the resident's social security checks) would have to pay \$3000+ to be taken care of in other facilities, and they cannot afford it.

(Next page)

2
These homes are not nursing homes. They are, as the name suggests, personal care homes, and they do not need an RN or LPN running them. The owners of these homes, also, do not need the extra red tape and paper work that is involved when the state or government takes over. They tend to devote their time and effort to taking care of their residents and facilities.

I am writing this letter, because I have a very personal interest in the outcome. My brother is a resident at the Colonial Gardens Guest Home in Truax, PA., and is very happy there. This is a wonderful home and run by a very terrific, caring woman, Mrs. Linda Mueller, and her wonderful staff.

No matter what time of day I visit, I always find it clean and comfortable. The meals are tasty, plentiful, and nutritious, and the residents are well-taken care of. They get their
(next page)

3 medicine on time, and have many activities). They are taken to a nearby shopping center almost every day, out to restaurants and bowling, and Mrs. Mueller will take them to nearby Butler if they need clothes and shoes. There is an annual (mas) party and summer picnic for the residents and their families. I think Dad every day that he is there and is well - taken care of.

Please take all that I have said into consideration and do not pass these regulations.

Please listen to the people who run them, and give them an audience, so you can hear first-hand about their plight. And please listen to the families of the residents. These residents and families have the most to lose.

I am requesting an answer from you about the regulations. Thank you for listening.

(Mrs.) Ruth Green
1100 Penn Center Blvd.
#217
Pittsburgh, PA. 15235

14-475 (491)

Dear Teleta Nevius,

We are writing to you on behalf of our entire family. Our desire was always to care for our mother at home. With all of us working, we were unable to do that.

Our mother is in overall good health but has dementia. She was no longer able to remember to take her medication or the last time she took a shower or when the last time was that she had eaten. This required that we place her in a WONDERFUL PERSONAL CARE HOME. We used community references to find the best place for her. We talked to family members of other residents, community agencies and neighbors. We did not use any government sources like your office.

Our mother lives in a wonderful environment. The personal care home has 15 other residents. It is family owned and operated. Not only are the husband and wife present, but their children are in and out. Our mother and other residents treat them as if they are their own grandchildren. They have pets, activities, good food and a professional staff. The care is of top quality and all are treated with respect and dignity.

We are writing to you about all of this because we are concerned about what will happen to our mother if these regulations pass. Our mother does not qualify for a nursing home, nor at this time of her life would we want to place her in a place where all the people require a lot of medical care. Who would she talk to? Would she get personal one on one attention all the time? The answer is clearly NO!! The home my mother lives in graciously accepts all SSI residents and will not turn them away because they can not pay private pay. My mother and only one other resident are private pay and we know they will not be able to pick up the extra 700.00 cost projected to cover the new regulations. This would mean the personal care home would have to close and these residents would have no other place to go. Why do you want to take this away from them?

We have gone over all of the new regulations with the owner and we are strongly opposed to them. My mother and all of the other residents have received excellent care and have always been safe. We were also informed that the current regulations were not enforced in instances that they should have been. I assure you that none of these issues have ever occurred in my mother's personal care home. Please don't punish the good home for just a few bad ones.

We appeal to you to cut the excessive regulations. Our administrator has shown us where many suggestions have been made to you, and they have been ignored. Why? Please take our comments seriously. Be reasonable and let the current regulations stand. Enforce them on the personal care homes that need it. Don't punish us for them.

Sincerely yours, *tes.*

Betty Zah

NOV 05 2002 16:51

Original: 2294

THE *Hickman*

400 North Walnut Street
West Chester, PA 19380-2487

RECEIVED
2002 NOV 12 AM 9:21

INDEPENDENT REGULATORY REVIEW COMMISSION

November 5, 2002

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

Dear Commissioners:

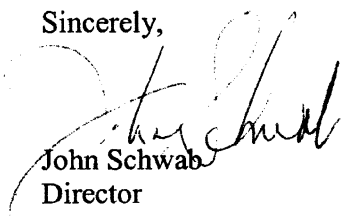
Enclosed, for your review and consideration, are comments regarding the proposed Personal Care Home regulations drafted by staff and residents of The Hickman, a not-for-profit, Quaker-sponsored licensed Personal Care Home located in West Chester, Pennsylvania. We sent these comments to the Department of Public Welfare on October 28, 2002. Each of us is totally committed to ensuring that Pennsylvania licensed Personal Care Homes provide only the highest quality services. When you read our comments regarding the proposed regulations, you will see we are troubled by several of the proposed provisions. I would appreciate the opportunity to personally discuss these concerns with you.

In the eighteen years that I have been a Personal Care Home director, I have been involved in a number of state and national committees related to Personal Care and Assisted Living. I have been a voting member of the Intra-Governmental Council on Long Term Care since its inception in 1988. I have been a voting member of DPW's Personal Care Home Advisory Committee since its inception, also in 1989. I was a Board member of the Pennsylvania Association for Non-Profit Homes for the Aging from 1991-2001. I served on the American Association of Homes and Services for the Aging's House of Delegates from 1994-2000. I currently serve as Vice-Chair of the Board of Friends Services for the Aging.

I hope you will agree that the thoroughness of our review combined with my extensive experience and leadership responsibilities in Personal Care uniquely qualify me to offer comments which could be helpful to the Independent Regulatory Review Commission members during the review period for these proposed regulations. I will call you next week to discuss a mutually agreeable time for us to meet.

Thank you for your time and consideration.

Sincerely,



John Schwab
Director

2002 NOV 12 AM 9:21

REGULATORY
REVIEW COMMISSION

October 28, 2002

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

Dear Ms. Nevius:

Enclosed are detailed comments regarding DPW's proposed rulemaking, compiled by residents and staff of The Hickman, a not-for-profit, Quaker-sponsored licensed Personal Care Home located in West Chester, Pennsylvania.

In reviewing the proposed regulations, we identified a number of areas where the changes will mean substantial costs to providers. We are concerned that these additional costs will force providers to increase board rates to a level where personal care services are no longer affordable to low and moderate income residents. According to DPW statistics, in Pennsylvania, 41% of PCHs have 20 beds or under, and 72% of all PCHs have 50 beds or under. These smaller facilities will be particularly affected, and may be forced to close because they and their residents will be unable to absorb the additional cost requirements.

The draft regulations do not take into account the under-funding of personal care residents unable to private pay. Cost analysis from 1996 showed us that the average PCH costs were at that time \$60.00 per day. Currently, PCH's receive approximately \$29.00 per day for those qualified for SSI. Without additional funding, and with additional costs, it will be increasingly impossible to care for the indigent citizens of Pennsylvania.

In September of 1996, the Pennsylvania Department of Aging compiled statistical information on persons aged 65 and older living alone, correlated to their income bracket. This data reveals that 80% of all persons in that category have an annual income of under \$20,000, or \$54.79 per day. Therefore, under the current regulations, a minimum of 80% of all individuals living alone aged 65 and older are unable to private pay from current income to live in a Personal Care Home. Considering the additional costs which would be incurred since 1996 and by the proposed regulations, an even greater percentage of Pennsylvania elderly will not be able to afford a PCH.

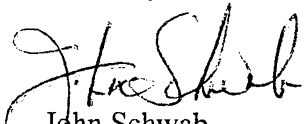
The proposed regulations also lean towards the creation of a medical model of care. Consumers have told us that they prefer the social, residential model provided by Personal Care Homes. Focusing on a medical model of care imposes unnecessary costs on providers and confuses the long term care consumer by making Personal Care Homes look very similar to skilled nursing facilities. This program was never intended to be all

things to all people. In addition, the proposed regulations make no attempt to define Assisted Living or to distinguish between Assisted Living and Personal Care, further confusing the consumer.

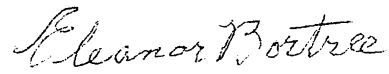
While we recognize and support the need for regulations in order to protect Pennsylvania elderly living in Personal Care Homes, the increased costs incurred by these proposed regulations will make it increasingly difficult to care for all but the elderly who are better off financially. As you review our concerns and suggestions, we hope that you will take into consideration the overwhelming numbers of low-income elderly living in the Commonwealth.


We thank you for the opportunity to provide our comments.

Sincerely,

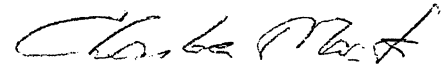

John Schwab
Director

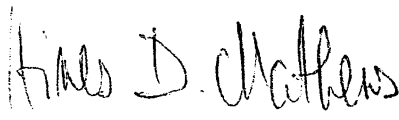

Susan Hartz
Assistant Director

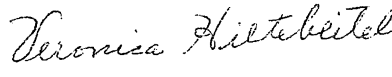


Eleanor Bortree
Resident

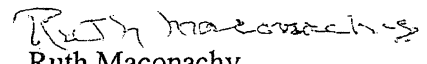

Donald H. Byerly
Resident

Veronica Hildebeitel
Resident



Charles Mack
Resident

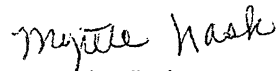

Hines Mathews
Resident

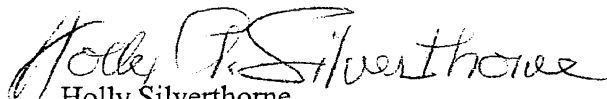


Rebecca McIlvain
Resident


Ruth Maconachy
Resident


Thomas W. Moore
Resident


Leroy Muller
Resident


Myrtle Nash
Resident


Holly Silverthorne
Resident

Suggested Modifications to:
Changes to 55 PA CODE CHAPTER 2600
Personal Care Homes

Submitted by: ***The Hickman***, a Personal Care Home with 72 Residents

Of Overall Importance are:

1. Considerable additional costs to providers and residents.
2. A faulty definition of *resident*.
3. Forcing PCHs either to go out of business or to add additional facilities or staff.
4. The importance of resident volunteers to both residents and providers.
5. Both residents and providers have the right to live with acceptable residents.

The details on later pages match these section numbers and appear in larger type.

1. Considerable costs to provider and residents. See the references on later pages:

a. One-time costs for residents: \$ 500 - **2600.101**, (k), (1): Fire-retardant mattress.
b. One-time costs for provider: \$ 500 - **2600.107**, (c), (4): 3-day drinking water supply.
Total one-time costs: \$ 1,000

c. Annual costs for provider: \$ 17,000 - **2600.27**: Quality management.
\$ 6,000 - **2600.57**, (e): Administrator 24 hours training.
\$ 6,500 - **2600.58**, (e): 24 hours training direct care staff.
\$ 40,000 - **2600.59** & **2600.60**, (2): Staff training.
\$ 135,000 - **2600.130**, (e) Alarm for hearing impaired.
\$ 14,400 - **2600.130**, (f) Monthly smoke detector test.
\$ 65,000 - **2600.181**, (e): Self-administration
\$ 20,000 - **2600.225**, (b), (3) & (b), (8): Assessments.
\$ 20,000 - **2600.226**, (a): Support plan.

Total annual costs for provider: \$ 323,900

- d. For each of our 72 residents that would mean a too-large annual increase of \$4,499, or monthly \$375 or daily \$12.

Other providers may have different estimates.

Continued Items of Overall Importance:

2. The faulty definition of *resident*: Section 2600.4.
3. It seems unfortunate that this document does not clearly state its apparent **intent** to extend the capabilities of PCHs to offer **more therapeutic care** than what is presently licensed, so that it can care for those residents who need more care than a PCH can currently offer, but who do not need the services of a licensed nursing home.
In pursuing this intent, in the proposed changes to 2600, DPW is forcing all PCHs to extend their capabilities, thereby forcing them to pass on the increased costs to residents. More appropriately, the proposed changes could have allowed some PCHs to remain in their present stance and permitted others to extend their therapeutic offerings as noted.
4. The importance of resident volunteers to both residents and providers:
2600.32, (q).
5. Both residents and providers have the right to not live with residents who are not acceptable to both: **2600.32, u.**

2600.4. Definitions. *Direct care staff*, 2nd sentence: **Replace:** *The term includes full and part time employees, temporary employees and volunteers.* **With:** *The term includes full and part time employees and temporary employees.* **Reason:** Volunteers are not part of direct care staff.

2600.4. Definitions. *Personal Care Home*, lines 3-4, uses the undefined term "licensed long-term care facility" and *Personal care resident*, line 3, uses the undefined term "long-term care facility". A suggested **solution:**

Rename the present *Long-term care nursing facility* as *Long-term care facility* (without the word *nursing*, which is used in its definition) and **use** that new name in *Personal care home* as follows:

Personal Care Home (home)-A premise in which food, shelter and personal assistance or supervision are provided for a period exceeding 24 hours, for four or more adults who are not relatives of the operator, who do not require the services in or of a *long-term care facility*, but who do require assistance or supervision in matters such as dressing, bathing, diet, financial management, evacuation of a home in the event of an emergency or medication prescribed for self-administration.

This lets *long-term care facility* be correct in the definition of *Personal care resident (resident)*.

2600.4. Definitions. *Personal care resident (resident)*, line 2: In order to match the definition of a PCH, **delete** the word *may* and **correct** the grammar. The definition then reads: *A person, unrelated to the licensee, who resides in a personal care home and who requires and receives personal care services but does not require the level of care provided by a hospital or long-term care facility.*

Alternatively, insert among the definitions: *Tenant: a paying occupant of a PCH who does not require personal care services.* There are over 2100 individuals living in PCHs who do not receive PC services. These people have elected to live in a PCH as a life choice and should not be burdened with the added cost associated with being a PC resident.

2600.4. Definitions. *Support plan-SP*, line 1: **After each insert personal care and after personal care resident insert needing and receiving 4 or more ADLs**, to read: *Support plan-SP – A written document for each personal care resident needing and receiving 4 or more ADLs describing the resident's care, service or treatment needs, and when the care, service or treatment will be provided, and by whom.* **Reason:** to emphasize the exclusion of those *not* needing and receiving much personal care. Support plans are very costly to develop and implement, and we suggest utilizing them for only the frailest residents.

2600.11. Procedural requirements for Licensure or Approval of homes, (b), line 2: **Replace** the second sentence **with:** *After initial approval, only those homes whose quality rating was in the bottom half of those inspected shall be inspected annually. The others shall be inspected in accordance with a plan that provides for the coverage of at least 75% of the licensed homes every two years and all the homes shall be inspected at least once every three years.* **Reason:** The better PCHs need the fewest inspections.

2600.14. Fire safety approval, (c), line 1: " ... *structurally renovated or altered* ..." needs clarification. We hope this does not include something like replacing a defective window.

2600.16. Reportable incidents, (a), (3), line 1: Since the error requires *treatment*, **omit** the word *serious*, so that the first sentence reads: *A physical bodily injury, trauma or medication error requiring treatment at a hospital or medical facility.*

2600.16. Reportable incidents, (a), (11): **Add** the italicized words: An incident requiring the services of an emergency management agency, fire department or law enforcement agency, *excluding false alarms.*

2600.17. Confidentiality of records: As stated, no member of the staff of a PCH may examine resident records. Stipulating which members of the staff *may* examine resident records will exclude the others. *Provider* added to the list would include *all* staff members.

2600.20. Resident funds (b), (4): **Change** the 2nd sentence to read: This service shall be offered on a daily basis *except on weekends or holidays.* **Reason:** Many PCHs have weekend and holiday staff who are not authorized to open the safe.

2600.26. Resident-home contract: information on resident rights, (a), (1), (ii), line 1; (a), (2), line 1: To eliminate unnecessary paper work, at the end of the first sentence **add**: *not included in the periodic monthly charge*. The first sentence then reads: *The actual amount of allowable resident charges for each service or item not included in the periodic monthly charge*.

2600.26. Resident-home contract: information on resident rights, (d), line 2: Because of leap years, replace *365 days a year* with *every day of the year*. (d) then becomes: *All service needs addressed in the resident's support plan shall be available to the resident every day of the year*.

2600.27. Quality management. The staff time requirements of this proposal would cost us \$17,000 annually.

2600.29. Refunds, (b): Because section 2600.26 does not tell about a resident giving notice of intent to leave, omit the italicized words in the first line: *in accordance with 2600.26*. (b) then reads: *After a resident gives notice of the intent to leave, and if the resident moves out of the home before the 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*.

2600.32. Specific rights, (g): Because of leap years, **replace** *365 days* **with** *every day of the year* so that (g) **becomes**: *A resident shall have the assurance that personal care homes shall be open every day of the year and shall provide the service needs identified in the resident's support plan*.

2600.32. Specific rights, (q), line 1: Since residents should have the basic right to volunteer their services, **insert** the words: *Unless done on a volunteer basis*, **at the beginning** of the first sentence, so that it **reads**: *Unless done on a volunteer basis, a resident shall be compensated in accordance with State and Federal labor statutes for labor performed on behalf of the personal care home*.

2600.32. Specific rights, (u): lists within (u) itself the three conditions for the right to remain in the home. These duplicate only 3 of the 6 items on **2600.228. Notification of termination**, (h): (1) through (6). **Add**: (7) *If the resident's conduct is absolutely incompatible with the provider's standards and unacceptable to both residents and provider* to **2600.228** and make **2600.32** agree with **2600.228** if the duplication is necessary. **Reason**: The residents of a PCH should expect the right to share the home with compatible people.

2600.53. Staff titles and qualifications for administrators, after (a), (4), **insert**: (5) *A mature person whose life experience demonstrates competence*.

2600.54. Staff titles and qualifications for direct care staff, (2): After "GED" **insert** *or proven competency*, so that it **reads**: *Have a high school diploma or GED or proven competency*.

2600.57. Administrator training and orientation, (e): As stated, the additional annual cost might be \$6,000 plus the cost of the trainer. We recommend **changing** 24 to 12, to save us \$3,000 annually plus the cost of the trainer. Even at 12, it's a doubling of present requirements. Proposed **new statement:** *An administrator shall have at least 12 hours of annual training relating to the job duties, which includes the following:*

2600.58. Staff training and orientation, (a): Since there are various categories of volunteers, on line 2, **after** *volunteers* **insert** the words, *used in lieu of staff* so that the full statement **reads:** *Prior to working with residents, all staff, including temporary staff, part-time staff and volunteers used in lieu of staff, shall have an orientation that includes the following:*

2600.58. Staff training and orientation, Append to the end of each of (a), (4) & (a), (5) **the words:** *appropriate to their position.* They will then **read:**

(4) Personnel policies and procedures appropriate to their position.

(5) General operation of the personal care home appropriate to their position.

2600.58. Staff training and orientation, (e): (1) *Direct care home staff* is not in the definitions on page 11. **Instead use** *direct care staff.* (2) *Experienced direct care staff* **hardly need** as many as 24 hours of annual training; **limit it** to 12 hours.

2600.58. Staff training and orientation, (e): Nearly doubling staff training time would add an annual **cost** of \$6,500 for direct care staff at our institution.

2600.59. Staff training plan. These additional provisions would likely add an annual **cost** of \$20,000 to our institution.

2600.60. Individual staff training plan. These additional provisions would likely add an annual **cost** of \$20,000 to our institution.

2600.82. Poisons, (c): **After** *Poisonous materials* **insert** *excluding housekeeping substances while in use.* The statement then **reads:** *Poisonous materials, excluding housekeeping substances while in use, shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.*

2600.85 Sanitation, Delete (d) as taking too much time and risking contamination with food when lifting the lid. **Alternatively,** exclude from this requirement those kitchens which empty their refuse promptly at the end of each meal.

2600.91. Emergency telephone numbers. In an area having the 911 emergency system, **posting** phones with the **911** number **suffices.**

2600.94. Landings and stairs, (b): We hope that this does not include walkways on public right-of-ways around the building.

2600.101. Resident bedrooms, (k), (1): Most residents use their own mattresses. Replacing them with fire-retardant ones would **cost** them \$500 or more.

2600.104. Dining room, (f), line 1: **Add** to the beginning of the first sentence: *Except at the request of the residents.* [See the next item.]

2600.104. Dining room, (f), line 3: **Omit** the word *temporary*. With both these changes, it will **read:** *Except at the request of the residents, midday and evening meals shall be served to residents in a dining room or dining area, except that service in the resident's room shall be available when the resident is unable to come to the dining room due to illness.*

2600.107. Internal and external disasters, (c), (4): Placing 2-gallon water storage containers in each resident's room might **cost** \$500. Additionally, such storage would impinge on the resident's very limited space. The **cost** of a collective water storage tank allowing for 1.5 gallons of water for our 72 residents would be much more.

2600.130. Smoke detectors and fire alarms, (e): Installing visible as well as audible fire alarms in individual rooms for our 72 present residents would likely **cost** \$135,000. (This figure is a contractor's quote for our 75,000 square foot facility.)

2600.130. Smoke detectors and fire alarms, (f): Italics represent changes in the first sentence: *The system of smoke detectors and all fire alarms shall be tested for operability at least monthly.* **Reason:** To test our 300 individual smoke detectors each year might **cost** \$14,400. Additionally, modern smoke detectors are self-testing.

2600.132. Fire drills, (e): On the advice of a medical doctor, the risk of physical damage to our frailer residents in case of a fire drill during sleeping hours is so great as to impel us to apply for an exempting waiver.

2600.141. Resident health exam and medical care, (a), (6), Immunization history: Delete this item, as it is almost impossible to be complete with records since childhood. Renumber the succeeding numbered items.

2600.141. Resident health exam and medical care, (a), presently (7): **After medications, delete and medication side effects.** It then **reads:** *Medication regimen, contraindicated medications.* **Reason:** Physicians are unlikely to comply and there are a number of other sources for this information.

2600.142. Physical and behavioral health, (a), line 3: **Insert annual before health exam** so that the first sentence **reads**: *Each home shall address in the resident's support plan the dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident or referrals for the resident to outside services if deemed necessary by the annual health exam.*

2600.143. Emergency medical plan, (d), (9): **Replace Power of attorney. with**: *Name of a power of attorney if there is one.*

2600.161. Nutritional adequacy, (g) would make a severe impact on the provider; as it is not feasible to offer beverages every 2 hours. **Change** the second sentence to: *Other beverages shall be available to the resident.*

2600.181. Self-administration, As stated, (e) would require an annual **expense** of \$65,000 to us for a 3rd shift LPN or RN, an exorbitant expense to smaller providers, if not to the largest, for someone whose duties would be minimal. Reference the Nurse Practice Act. It would be better to **replace** those 7 lines **with**: *Let medical doctors determine who can self-administer.*

2600.201. Safe management techniques, (a) Covers crisis management. **Omit** (b), since it is not the role of a PCH to provide treatment facilities to residents whose ongoing behavior endangers others. Under such circumstances, a PCH should promptly find a replacement establishment for such a resident.

2600.225. Initial assessment and annual assessment: These requirements, especially (b), (3): Social assessment, and (b), (8): Psychological assessment, are time-consuming and would require hiring an additional staff person. Annual **cost**: \$20,000 or more. The initial assessment is too detailed. The form to be used should be user-friendly and cost-effective.

2600.226. Development of the support plan, (a): This is a labor-intensive requirement requiring additional staff. Annual **cost**: \$20,000 or more. **Either omit** this item **or restrict** it to those who require assistance with four or more ADLs.

2600.228. Notification of termination. To (h) (1)-(6) **add** this seventh: *(7) If the resident's conduct is absolutely incompatible with the provider's standards and unacceptable to both residents and provider.* **2600.32** (u) has only 3 of these now 7 items. Make sure that all of the now seven in **2600.228** (h) are included in **2600.32**, (u) if the duplication is necessary. **Reason**: The residents of a PCH should expect the right to share the home with compatible people.

2600.228. Notification of termination, (h), (4): Omit the word *fundamental* to read: *If the resident's needs would require an alteration in facility program or building site.*

Reason: Any alteration which adds unreasonable cost, changes basic programs or modifies the nature of the institution should be sufficient cause.

2600.228. Notification of termination, (h), (5): Replace *If the resident has failed to pay or cooperate with efforts to obtain public funding.* with: *If a resident who is unable to pay is unwilling to cooperate with efforts to obtain other funding, including public funding, to a level acceptable to the provider.* **Reason:** A provider has the right and obligation to operate a financially responsible home.

2600.232. Content of records, (a), (3): Since a resident's appearance changes too little in 2 years, **change 2 years to 5 years**, so it reads: *A current photograph of the resident that is no more than 5 years old.*

Original: 2294

14-475 (489)

Dear Teleta Nevius,

We are writing to you as personal care home residents. We are all of good health, but need help figuring out what pills to take, cooking and cleaning. Our administrator has informed us of the new regulations and that they would have to close because of the increased cost. We are all on SSI. Most of us do not have family to take care of us. Where are we to go? These people are our family now and we are scared to move. They take good care of us and are very kind. When we aren't able to afford something, they make sure we get it. Please don't make us give up our home.

Pat Shitchain
Royer Bollm
Joyce Bish
Dorothy George
Johnson
Bob Myers
Eun White
Lorene Gress
Margaret Toth

NOV 7 2002
COMMUNICATIONS

JENNY'S PERSONAL CARE HOME, INC.

206 DIAMOND STREET
SLATINGTON, PA 18080

610-767-2466
FAX: 610-767-3116

Comments on the Proposed Chapter 2600 PCH Regulations:

Be aware the Proposed Chapter 2600 Regulations were drafted on the pretense of compliance with the **Governors Executive Order of Febraury 6, 1996**. Not only do the Proposed Chapter 2600 Regulations **fail** to meet the intent of the Executive Order ...they do the exact opposite.

PLEASE .. see attached copy of Exedutive Order of Febraury 6, 1996

General Requirements of Governor's Executive Order:

Listed in the February 6, 1996, Governor's Executive Order it very specifically lists **General Requirements** that all agencies must meet before regulations are drafted. I feel that the Proposed Chapter 2600 Personal Care Home Regulations **contradicts** nearly every item in the General Requirements for writing new regulations.

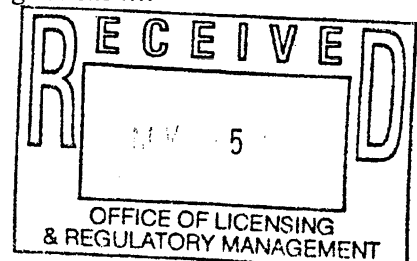
1. Regulations shall address a compelling public interest.
2. Costs of regulations shall not outweigh their benefits.
3. Regulations shall be written in clear, concise and when possible, non-technical language.
4. Regulations shall address definable public health, safety, or environmental risks.
5. Where federal regulations exist, Pennsylvania's regulations shall not exceed federal standards unless justified by a compelling and articulable Pennsylvania interest or required by state law.
6. Compliance shall be the goal of all regulations.
7. Where viable nonregulatory alternatives exist, they shall be preferred over regulations.
8. Regulations shall be drafted and promulgated with early and meaningful input from the regulated community.
9. Regulations shall not hamper Pennsylvania's ability to compete effectively with other states.
10. All agency heads shall be held directly accountable for regulations promulgated by their respective agencies.

Purpose of Regulations:

The Office of Licensing and Regulatory Management states that PCH's are a vital and important component of the continuum of community-based long term residential care services. In reality, **PCH's are an alternative rather than a part of the continuum.**

PCH's recieve **no** financial support from the budget of community-based residential services. The regulations **have changed** the current **purpose** of PCH from preventing unnecessary institutionalization to making PCHs institutions.

BE AWAREMany of the regulations are institutional and have been **extracted** from Health Care Regulations, including Mental Health Treatment Center Regulations !!!!



Cost Estimates:

The Proposed Regulations have **multiple ramifications** making it totally impossible to make any estimate of the cost. A typical PCH will find costs **doubled or tripled** ! How stupid do you think PCH owners are to see the following RAF statement that our costs will approximately be about \$680.00? According to the RAF (Regulatory Analysis Form) :

1. There will be **no additional costs associated with regulations to STATE Government** and;
 2. Only an **estimated cost of \$680.00 to each licensed PCH for the following:**
 - a. Printing costs for policies and procedures, personnel management, quality management and other necessary documents (approx. \$14.00);
 - b. Reimbursement of residents' personal needs allowance within 1 week of discharge;(\$300.00)
 - c. Annual furnace inspection (approx. \$100.00);
 - d. Additional annual training costs due to additional required hours of training for Administrators and staff (\$266.00 approx and depends on number of staff and administrators!.);
 - e. A home with possible fire-safety violations will incur additional costs to correct the violations;
 - f. Certification as a new personal care home administrator will require upgraded credentials, which may require additional salary. Training and competency based testing;
 - g. A facility with multiple buildings on the premises, that house four or more residents in each building, will need to meet new staffing requirements;
 - h. Physical site modifications to serve residents with physical disabilities;
 - i. Coliform water testing for homes not connected to a public water system;
 - j. Those applying to be personal care home administrators for the first time must meet new educational requirements, obtain hands-on experience, and complete and pass competency based testing prior to becoming an administrator;
 - k. Those applying to be personal care home administrators for the first time must meet increased certification hours from 40 to 60 hours;
 - l. Those applying to be personal care home administrators for the first time must pay cost associated with competency based testing for a new personal care home administrators.

Some of the above **Mandatory costs, Optional or possible costs and Individual choice to assume costs** as listed under "**PRIVATE SECTOR .. page 5 of 17 in the PA Bulletin Doc. No. 02-1769** will cost thousands of dollars **at the least** to PCHs, again depending on the size of the facility.

Let's assume the minimum cost to a PCH is \$680.00 what affect these ramifications will now have on our private **insurance costs** for PCHs ! ??? The insurance industry **does not** want to insure us with the current regulations we have !!!!!

With increased ramifications and increased costs ... this can only mean that because we will be required with more staffing and more training **Insurance Companies will increase our insurance premiums** **WE CANNOT get Insurance Companies to write us policies now ... how in the world will we get a policy with the new regulations !!!!!!!???????**

In conclusion, it is not true that the regulations will cost the government nothing. Given past experiences it will take years for DPW to develop new guidelines, new forms, and new agencies to

implement the proposed regulations. TIME is MONEY. All DPW personnel working on these regulations will be paid a salary.

The licensing staff will need to double the current staff of inspectors to enforce them. The relocation of the displaced residents will cost everyone. The drafting of these regulations has already been a costly venture. DPW staff has been working on these regulations since 1996. The regulations will cost more time and money before they are workable.

RESEARCH:

There is **NO** research to document the need for these changes to the current regulations. There is no documentation that these changes will improve the level of health and safety protection for the residents. There is no research to document that these regulations place the Commonwealth in line with other states and the personal care home industry nationwide.

Components of the Proposed Regulations that will increase costs:

1. Implementation of safe management techniques and the training for such and the expanded potential of being required to retain persons who need the services of a mental health treatment center.
2. Design and implement new resident contract, resident health forms and assessment forms.
3. The inability to use third party billing for personal care services for SSI recipients.
4. The potential need to refund money before a room is vacated.
5. The responsibility to insure access to medical, behavioral, rehabilitation services and dental treatment.
6. The responsibility to insure the resident has seasonal clothing that is age and gender appropriate.
7. The responsibility to relocate a resident who needs a higher level of care.
8. The limited ability to cancel a contract resident. A contract can only be terminated for nonpayment, higher level of care needs, or if the resident is certified by a doctor to be a danger to self or others.
9. Increased qualification for administrators and direct care staff.
10. Increased staff ration.
11. Increased training & continuing education requirements and the increased paperwork for staff training plan.
12. Removal of lead based paint.
13. A staff communication system-- intercom or two way radios.
14. Separate indoor activity space.
15. Plastic covered fire retardant mattress.
16. The potential need to relocate smoke detectors that have been placed to comply with L&I regulations.
17. Increased liability exposure and insurance policy costs
18. New and increased responsibility in providing transportation.
19. New assessment requirements that are not coordinated with assessment procedure already being done by local AAA.
20. A support plan that will increase responsibility and liability exposures.
21. Excessive record keeping requirements.

Comment on the Proposed Chapter 2600 PCH Regulations:

Let's all be realistic in looking at the proposed Chapter 2600 PCH Regulations !

1. **What is wrong with the current regulations ?** Maybe there is nothing so terribly wrong with the current regulations. Maybe we could identify the problem areas in the current regulations and work to make them right. Evidently the current regulations have worked for many years, it seems the **main problem** is possibly in the way the current regulations are being enforced by DPW.

So because DPW does not have appropriate staff to enforce the current regulations, all PCHs must suffer the consequence of DPW revising the current regulations to make themselves look good. Current PCHs did not create the problem of not enforcing current regulations!

DPW did not do their job ! Now they want to make themselves look good by feverishly trying to rewrite the current regulations, in an industry that prided itself by providing "PERSONAL CARE" instead of institutionalized care. These new regulations will cause DPW to hire more staff, but they will continue to be behind because they will now need to create all new forms, contracts. I will wager that DPW will still not be able to enforce the proposed Chapter 2600 PCH Regulations any better than the old.

DON'T destroy an industry that provides for many elderly residents in Pennsylvania a great service it is Personal Care not Institutional Care. Give the elderly citizens a choice !!!!!!!

AGAIN ...let's review....because DPW could not enforce the current regulations we need new ones ??? Somehow this does not make any sense.

2. Proposed Chapter 2600 PCH Regulations are filled with confusing language that could have been caused by the numerous changes in the personnel responsible for its drafting as well as the numerous changes in direction. It is evident that the authors had no prior experience in personal care or in writing regulations. It is very evident that **much** of the language is the result of "*cut and paste*" from other regulations. Some of the standards are totally **inappropriate** and are borrowed from regulations that receive public funds.

3. Could someone explain to me the **difference** between "Personal Care Homes" and "Assisted Living Facilities" ?

Approximately 6 years ago I opened my own Personal Care Home under the Commonwealth of Pennsylvania "Pennsylvania Code"-Title 55. Public Welfare-Department of Public Welfare Chapter 2620. Personal Care Home Licensing (current through 25 Pa.B.3082-July 29,1995) nowhere can I find under "Definitions"(2620.3) and "Introduction" (2620.1) the definition and usage of "Assisted Living Facility".

Maybe I am wrong but I do not think "Assisted Living Facility" is a legal title for Personal Care Homes to be using. Somehow I cannot find regulations and general provisions that govern and license Assisted Living Facilities.

As per Title 55.Chapter 2620. Personal Care Home Licensing Code "Assisted Living Facility" has **not** been defined.

So how can the title legally be used or licensed ??????

Response to Proposed Chapter 2620 Regulations:

2600.4 Definitions:

Nowhere in the list of definitions is "Assisted Living Facility" used. How can Assisted Living Facilities currently be licensed and governed when they are **not** even defined by the current Chapter 2620 Title 55 regulations and not addressed in the Proposed Chapter 2620 Regulations? In reality the **only** legal title that exists today is **Personal Care Home**. So by current law ... Assisted Living Facility is not a legal title and should not be used, because it is not defined in current regulations and proposed regulations !!

2600.20 Residents Funds:

Personal Care Homes are not financial advisors and we do not have the ability to provide financial assistance to residents. When an inspector visits for their annual inspection, they will tell you as an Administrator to **refuse** to handle and/or hold money for residents living in your facility. Handling residents funds is a major liability. An appointed guardian either by AAA or a family member should be responsible for handling residents funds.

PLEASE....give me a list of banking institutions that will offer an interest-bearing account on \$200.00.

2600.26 Resident Contract:

There is no research to show the need to make a change to the existing contract. The current contract approved by DPW was developed after years of research and works well in the current industry. A contract by definition should state: what you are buying and how much you are going to pay for it. Lengthening the contract only gets more confusing to the residents and family and does not allow them anymore information than they currently receive in the current contract being used.

2600.28 (e)SSI Recipients:

This regulation **prohibits** third party billing for personal care services. SSI is **not** adequate to pay for personal care services. Personal care homes should continue to seek private third party payment for a service that is not funded by public dollars. DPW has **no right** to restrict the **rights** of families to contribute to the wellbeing of their disabled family member. Third party payment for personal care services **permits** individuals that do not have personal resources the opportunity to live in a **quality** personal care home with access to services. DPW does not have the **right to discriminate** residents this way!

Tell me ... if this new regulation will allow third-party payments to be made on behalf of an SSI recipient and paid directly to the home....monies **may not** be used for **food, clothing, or shelter (ALL the things it needs to be used for)** therefore, **tell me** how and what should the SSI recipient do with the third party payment money? Maybe they should take a trip to the casino ??????

2600.29 Refunds (e):

This language in (e) makes no sense and is unacceptable. If a resident is identified as

needing a higher level of care, the home must provide a refund from the date of discharge, when the room is vacated or notification from the hospital. Hospital do not give notification to a PCH. The PCH does not have a contract with the hospital and the hospital should have nothing to do with giving a refund. A refund could be required, when the resident is transferred to a higher level of care and the room is vacated.

2600.42 Specific Rights:

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

I agree that every resident should receive assistance with adequate medical, behavioral health, rehab services and dental treatment. But the way this is written and stated in the regulations indicates that it would be an **expectation** that the personal care homes would be responsible.... is ludicrous. The insurance companies do not want to underwrite personal care homes anymore. This expectation would only increase our liability insurance. Where is the Personal Care Homes going to get these monies to pay for medical, behavioral health, rehab services and dental treatments for its residents? The responsibility for access to medical, behavioral health, rehabilitation services and dental treatment **should be** delegated to the advocates and the community social service agencies who get public funds to provide these services.

A personal care home is not intended to be the total provider of goods and services to the poor.

Assistance must be defined to limit the expectations of the PCH.

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

Section 2620.33 Tasks of daily living states that "a personal care home shall provide residents with assistance, as needed, with tasks of daily living, such as on or more of the following: Personal laundry- PCH will assist residents to do their laundry."

PCH **cannot** be responsible to provide seasonal clothing that is age and gender appropriate for residents. Providing clothing should be the residents' own responsibility and/or family members responsibility. If there is no family, this service should be delegated to the advocates and the community social service agencies.

A PCH **cannot** be the total provider of goods and services to the poor.

Assistance must be defined to limit the expectations of the PCH.

(n) A resident shall have the right to request and receive assistance, from the personal care home, in relocating to another facility:

Assistance in relocation **should not** be the responsibility of the PCH.

This responsibility should be delegated to a community social service agency or a qualified placement agency that is funded to provide this service. It is prohibitive for a PCH to be the case manager and placement agency for relocation of residents. PCH's can only refer residents to agencies, we cannot be completely responsible alone to relocate residents.

Assistance must be defined to limit the expectations of the PCH.

(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 non payment following a documented effort to obtain payment, higher level of care needed, or if the resident is a danger to himself or others.

PCH's are responsible to serve all the residents and the PCH's must retain the right to terminate the contract for the resident who is not appropriate for PCH. The cost and liability of not being able to terminate an agreement for a resident is not acceptable. Here is a list of some reasons an agreement may need to be terminated:

- a. Resident violates home rules
- b. Resident does not respect the rights and dignity of staff and other residents
- c. Resident creates a nuisance in the neighborhood
- d. Resident steals from staff, other resident or neighbors
- e. Resident does not get along with other residents
- f. Resident does not follow treatment plan
- g. Resident is destructive to the PCH and/or other residents property

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

A PCH is not a medical physician. A PCH does not have control over what medications a physician prescribes for a resident. A PCH cannot be responsible to provide this right to a resident.

Please .. assistance must be defined to explain what "excessive medications" means ?

SUBCHAPTER B. HEALTH AND SAFETY REQUIREMENTS

2600.53. Staff Titles and Qualifications for Administrators:

(a) The proposed qualifications for an administrator are as follows:

1. **A valid license as a registered nurse from the Commonwealth:** what PCH today can afford to hire and pay a registered nurses' salary ? No doubt it would be nice if every PCH had a person with medical knowledge on staff, this is not reality folks. Especially if PCH's receive not state and/or government funding ! Nurses who are currently working in PCH's are usually owners with little extra staff. Believe me these nurses could be working in community hospitals making three times the salary they are making owning PCH's.

2. **An associate's degree or 60 credit hours from an accredited college or university:** Some assistance must be defined to explain just what **type of courses** these Associate degree and/or 60 credit hours person need to be accredited in. The way it is written you could have your Associate's Degree in horticulture and still be eligible to be an administrator of PCH. Do we think without a **definition** of the type of courses these 60 hours should be, this is a realistic qualification?

Assistance must be used to define the "types" of courses an Associate Degree person or a 60 credit hours person would need?

Again, anyone with more than a high school diploma will want you to show them the

2600.54. Staff titles and qualifications for direct staff:

The proposed staff titles and qualification for direct care staff are not appropriate for a personal care setting. They will not improve the quality of care and will increase operational cost. There is no research to show that a high school diploma or a GED will improve the quality of care.

Be AwareDPW has long been advised that a major problem for the personal care home industry is the recruitment and the retention of qualified staff. The pay scale with or without a high school diploma and/or GED is only a small step above minimum wage. Without staff there will be no caregivers. It is not acceptable to increase the burden beyond the current regulations without doing a cost impact study and providing the resources to pay for the changes.

2600.56. Staffing:

- (a) Staff should be available to provide the care and services to meet the needs of all residents. The words "resident with special needs" alone could easily double the cost of care.

Please define ... "resident with special needs"?

2600.58. Staff Training and orientation:

No research is available to provide information that increased training and orientation in the proposed 2600 regulations, out weighs the current 2620 personal care home regulations. The level of training is not appropriate for the population served in personal care homes. I would recommend a cost impact study and if necessary to increase training and orientation, then some type of resources will need to be provided to pay for these changes. The average personal care home depends on private funds from the elderly to pay for their care. If all these proposed 2600 changes to the regulations go into affect, this cost will be passed on to the elderly. How are they to pay for these increases? You are forcing viable elderly persons into nursing homes. How unfair !

2600.59. Staff Training Plan:

No research is available to support a comprehensive staff training plan. This again is an increased cost and diverts time away from staff and administrator to provide personal care to residents.

I recommend a cost impact study and funding to help pay for these changes.

2600.60. Individual Staff Training Plan:

No research is available to support an annual written individual staff training plan for each employee.

I recommend a cost impact study and proof that this will help make the care given to residents will be improved. Again increased paperwork ...increased operational costs gets passed on to who.....THE ELDERLY. Is an individual staff training plan a reality for personal care home employees ?

2600.85. Sanitation:

Sewage systems are monitored by various municipalities. DPW inspectors do not need to be involved with sanitation. Municipalities do not typically provide a letter confirming compliance.

2600.90. Communication System:

No research to support that a communication system of any kind, will make a major impact on the care given to residents of a personal care home.

I recommend a **cost impact study** and **funding** to support this requirement.

Remember..... a personal care home is a HOME, not an institution !

Again this is a cost to the personal care home that gets passed on to the resident.

2600.96. First Aid Supplies:

What research has been done to show why specifically **syrup of ipecac** was designated to be added to first aid supplies? If **syrup of ipecac** plays such a major role in first aid, why is it not sold in First Aid Kits ?

Additional research needed to define the significance and effectiveness that syrup of ipecac will play in first aid kits of personal care homes.

2600.98. Indoor Activity Space:

Personal care homes are just that homes, houses like the ones you and I live in. Smaller personal care homes use family rooms for activities, recreation, reading, etc. There is no reason to require "one room" large enough for every resident. Dining and living room areas are interchangeable, as they are in your own private home. It is unreasonable to have one room big enough for residents and families. The largest room (as specified in (f)), may not be the best room to place the TV. The TV may be more suitable in a smaller room. Not many elderly enjoy watching TV anyway.

This should be deleted for it serves no real or proven purpose.

2600.101. Resident Bedrooms:

Grandfathering for existing homes needs to be addressed.

(k) (1): Most resident bring their own beds and mattresses into a personal care home when they come to live. Again this is what a personal care home is all about. This would be an expense to the resident and should not be the responsibility of the personal care home. Most personal care homes are "smoke-free" and/or have designated smoking areas. What good is a fire retardant mattress for a personal care resident ? What about the incontinent residents? A resident that has incontinence with bowel and bladder will need a plastic cover over the mattress to protect it anyway.

The kind of mattress is determined by the kind of resident served.

Remember ... again this is an expensive cost to the personal care home that gets passed on to the Elderly residents on fixed incomes.

Cost study would be recommended along with pros and cons.

(r) The personal care home should provide a chair that provides a reasonable standard of comfort if the resident does not bring their own from home. It is not appropriate to make

the personal care home responsible for providing a specific chair in a regulation. If the resident "shall determine what type of chair is comfortable" that means an added expense for the personal care home.

There is no documentation to support this in the regulations.

2600.102. Bathrooms:

(f) (g) I agree that SSI recipients are still personal care homes responsibility to provide shampoo, toothpaste, soap, deodorant, comb and hairbrush.

It is the responsibility of a private pay resident to provide their own personal hygiene supplies. This is not the responsibility of the personal care home. Making personal care homes responsible for these items has not been proven cost effective.

Research and cost study needs to be completed.

2600.109: Firearms and Weapons:

PLEASE . . . is there any documentation to support this addition to regulations. In the world we live in today, why would firearms, weapons and ammunition be permitted in a personal care environment. Are they permitted in nursing home, MHMR institutions ? Then why would this need to be in the regulations for personal care homes.

Firearms, weapons and ammunition should be **restricted !**

Please show me research that would support this part of the proposed chapter 2600 regulations.

DELETE !!

2600.126. Furnaces:

(b) This should be deleted. This is not acceptable language. The language should read that a "furnace should be inspected and cleaned by a professional or trained maintenance staff persona and documentation of the inspection and cleaning kept."

2600.130. Smoke Detectors and fire alarms:

The Pennsylvania Department of Labor and Industry and the Fire and Panic Act of 1927 regulates the installation, location and type of smoke detectors, heat sensors and fire alarms in personal care homes. It is not appropriate for DPW to include a regulation regarding the placement of smoke detectors and fire alarms.

These regulatory changes must come from L & I. Will all DPW inspectors have education in the installation, location and type of smoke detectors, etc. like L&I inspectors ?

2600.131. Fire Extinguishers:

The Pennsylvania Department of Labor and Industry and the Fire and Panic Act of 1927 regulates the installation, location of fire extinguishers in Personal care homes. The regulatory changes must come from L&I.

Again will DPW inspectors be trained and licensed to give appropriate expertise in this area ?

2600.141. Resident Health Exam and Medical Care:

Years have been spent on designing the current Medical Evaluation Form (MA51) which is used not only by personal care homes, but institutions like nursing homes.

This medical evaluation tool works very well and meets the needs of the residents and the personal care home.

Please provide research that shows otherwise.

Personal Care Homes **cannot** be responsible to monitor what the physician puts on the medical evaluation form. The medical evaluation form (MA51) is not the appropriate form to use for physician 's orders. At best it will only include orders that exist at the time of the evaluation. The evaluation may have been done before the entrance to the personal care home.

The medical evaluation form is not the appropriate tool to use for specific precautions to be taken if the resident has a communicable disease. A communicable disease would be listed in the diagnosis. Specific precautions would be given as treatment instructions or physician's orders.

The PCH cannot be responsible to ensure access to any medical care. The PCH can assist with securing an appointment, assisting in arranging transportation and reminding the resident that they have an appointment. In case of an emergency the PCH can call the ambulance and arrange immediate transportation to the hospital. Access to medical care is dependent on the insurance company. PCH residents have very limited access to mental health and drug and alcohol services.

Assistance must be defined to limit the expectations of the PCH.

2600.142. Physical and behavioral Health:

It is not appropriate for a personal care home to provide dental, vision, hearing and mental health or other behavioral services. This standard should be deleted until the role and responsibility of Community Services Agencies are defined. The Personal care homes have very limited ability to assure any access to any service.

The Personal care home shall **assist** in scheduling appointments and reminding the resident of appointments. Personal Care homes are not guardians and should not be obligated to provide the function of a guardian.

It is not appropriate to require the personal care homes to obtain consent for health care treatment. The health care vendor should obtain his or her own consent.

A resident that refuses health care could be referred to Adult Protective Services or the Ombudsman. A guardianship program is needed for residents who is not able to make appropriate treatment decisions.

2600.143. Emergency Medical Plan:

The only addition needed would be the requirement that the location of the personal care home should include reasonable access to ambulance services. The current regulation regarding emergency care is adequate and meets the needs of the personal care home resident.

2600.145. Supervised Care:

Define for me "appropriate assessment agency".

Until this agency exists, this regulation cannot be implemented.

2600.161. Nutritional Adequacy:

(f) Definition of Therapeutic Diet needs to be addressed.

Dieticians are not part of a personal care homes staff, due to the fact they require a very large salary. Not all residents take all their meals at the personal care home. They are free to come and go as they want and eat where they want to eat. So how can a Therapeutic diet be enforced daily.

(g) The requirement that a "beverage" be offered every two hours, should be deleted And replaced with unlimited access to drinking water, unless restricted by a physician's order.

The personal care home should be responsible to assist a resident obtain liquids if the resident is unable to access water independently. A personal care home can only encourage and can not require that residents drink an adequate amount of liquids.

2600.162. Meal Preparation:

It is the responsibility of the resident to notify the personal care home if they are going to miss a meal. That missed meal will be saved for the resident. Meals are served at scheduled times.

2600.171. Transportation:

This regulation is not reasonable and should be deleted. Personal care homes do not choose to provide transportation. Personal care homes do it because there is nothing else available for the residents. Lack of appropriate transportation is a big problem for personal care homes that DPW has ignored. In the past few years it has even become a greater problem. Residents have come to expect personal care homes to provide transportation because the funded transportation is so poor.

This medical transportation funded with public money, requires the resident to leave the home several hours before their scheduled appointment and return several hours after their appointment. A 10 mile ride could be a two hour ride and an eight hour event.

If a resident with a valid driver's license should have the right to provide a ride to other residents in the home.

Medications

Medication training certification currently accepted for staff in residential programs serving persons with mental retardation should be required and accepted for staff in personal care homes.

2600.201. Safe Management Techniques:

This regulation should be deleted.

Residents with behavior that endangers other residents, staff or others belong in a treatment center and are not appropriate for a personal care home. Homes that need to use Safe Management Techniques to manage their residents should be licensed as a mental

health treatment facility. This regulation will make it more difficult to relocate a resident who is not appropriate for a personal care home and should be totally deleted.

This regulation has been extracted from institutional regulations of mental health treatment centers and could cost several hundred dollars per day.

2600.202. Prohibition on the use of seclusion and restraints:

This language should be deleted. It has no place in personal care home regulations. Individuals requiring this level of care belong in a treatment center.

2600.222. Community Social Services:

Define the role of the community social service agencies and a description of the services that they will and can offer the residents of a personal care home. A personal care home can encourage and assist residents to use these services.

2600.223. Description of services:

The screening instrument defines the resident needs and the services the personal care home will provide. There is no need for the requirement of a written procedure for the delivery and management of services from admission to discharge. It is an unnecessary burden for a small home. The time spent on this added paperwork could be used more appropriately in providing care to the resident.

2600.224. Preadmission screening tool:

A local assessment agency needs to be developed before a regulation can require a personal care home to refer an applicant whose needs cannot be met.

2600.225. Initial intake assessment and annual assessment:

This requirement needs to be coordinated with the Options Assessment by the Office of Aging for SSI residents.

2600.226. Development of the Support Plan:

There is no documentation or proof that the current screening and assessment tool being used is not effective.

Support plans are not appropriate for PCH. They change the purpose and goal of a PCH. A support plan will not improve the quality of care and divert staff time away from residents. Support plans are institutional and should be deleted.

Cost impact study needs to be completed.

2600.228. Notification of Termination:

- (a) The word relocate needs to be deleted. PCH are not responsible to relocate the resident to a home that meets his needs. PCH shall help to give information and assist the resident with finding a new home, but the PCH is not a placement agency and should not have this responsibility.

A **30 day notice** should not be required if persons have witnessed a dangerous behavior and/or have filed a petition for an involuntary commitment and/or have involved the police.

The PCH must have the right to refuse to accept a resident back into the facility if the administrator is concerned about the health and safety of the other residents, staff and/or the neighborhood. It is not appropriate to require that **“a physician certifies that the resident would jeopardize the health and safety of the residents or others in the home”** before the home can waive the 30 day notice.

There are many reasons why a resident would lose his right to remain in a PCH. In order to function and provide services to all residents it is essential that the PCH does not lose the right to cancel the contract for the person who is not appropriate for the PCH. Examples of residents who could lose the right to remain in the home include but are not limited to the following:

- The resident violates the home rules.
- The resident who does not respect the rights and dignity of staff and other residents.
- The resident who creates a nuisance in the neighborhood.
- The resident who steals from staff, other residents or the neighbors.
- The resident who cannot get along with the other residents.
- The resident who does not follow their treatment plan.
- The resident who is destructive to the home and other people's property.

2600.241. Mobility Standards:

This standard should be expanded to include three levels of mobility as stated on the screening tool we currently use: The three levels should include:

1. Independent mobile
2. Mobile with assistance
3. Immobile. Specific requirements for the care, health and safety and notification of a new admission of an immobile resident should be immediately and not 30 days.

The 30 day grace period is acceptable for a resident who becomes immobile.

2600.261. Classification of violations:

I recommend adding a **Class IV**. Class IV would state **“violations are minor violations, which have no adverse effect upon the health, safety or well being of a resident.**

2600.262. Penalties:

Penalties for violations of reasonable regulations that have an effect on the health, safety and wellbeing of the resident are appropriate.

There should be **no** penalty for violations that do not effect the health, safety and wellbeing of the residents or if they can be corrected in a reasonable time.

2600.264. Policies, plans and procedures of the Personal Care Home:

TOO wide a standard. Policies, plans and procedures need to be defined.

This could be a very large expense to a PCH depending on type of policy, plans and procedures. Cost impact study needs to be completed. We could eventually be over taken by manuals. Small home with 5 or under staff would truly find this to be a costly expense and possible have no impact on the care a resident is already receiving.

2600.264 was thrown in here so that DPW can institute anything they want. This is not fair. The exact policies, plans and procedures should be defined and listed.

Prepared by: Jennifer Kern RN, Adm and Owner
Jenny's Personal Care Home, Inc
206 Diamond Street
Slatington, PA 18080
November 2, 2002

Original: 2294

14-475

490

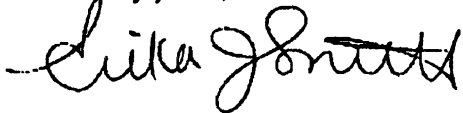
Dear Teleta Nevius,

I am writing to you as a personal care home owner. I am the administrator and also a registered nurse. I take great pride in caring for my residents and do my best to ensure they get the best care possible. I also work on an as needed basis at a nursing home. The regulations you have proposed are tougher then those imposed on nursing homes. The residents I care for don't even come close to needing the kind of care that the residents in the nursing home require. I have had good inspections and don't feel that I should be punished for those who don't. The current regulations are sufficient if they are enforced.

The new regulations would force me to close. I have a tight budget as it is because I run my home on SSI rates. I work here a lot as it is to keep things running smoothly. The increased cost in liability insurance has caused me to tighten up even more. I will not be able to afford to implement the new regulations. My residents have become part of my family. I know that these residents do not have family to care for them and would have no place to go. They are not eligible for nursing home, nor do they belong there. Most have mental illness and would not function well in larger populated personal care homes. They would not get the personal attention they receive here. We are able to see when there mental status is decreasing and are able to communicate this to the doctor before things get too bad. You and I both know this would not happen in a larger facility.

I don't know what the outcome will be, but I hope it is for what benefits the residents most and I don't feel the new regulations do.

Sincerely yours,



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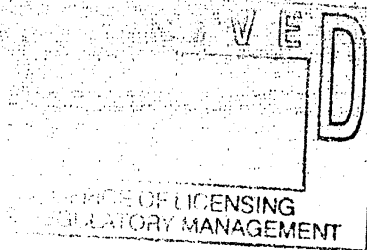
Dear Mr. Nevius,
I am writing to you about the new regulations that are pending, regarding personal care homes.

These homes are affordable to the residents and to their families, and depriving these residents of decent, affordable care would be very sad.

The people, who live here, cannot afford to go to more expensive facilities, and many would wind up on the streets, homeless. That's what happened when ex-President Carter closed the mental hospitals. We do not need more homeless people. This would happen, because the residents of these homes (which get their payments from the residents' social security checks) would have to pay \$3000+ to be taken care of in other facilities, and they cannot afford it.

These homes are not nursing homes. They are, as the name suggests, personal care homes,
(next page)

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2 And they do not need an RN
or LPN running them. The owners
of these homes, also, do not need
the extra red tape and extra
paper work that is involved
when the state or government
takes over. They need to devote
their time and effort to taking
good care of their residents and
facility.

I am writing this letter, be-
cause I have a very personal
interest in the outcome. My
brother is a resident at the
Colonial Gardens Guest Home
in Nixon, PA., and is very,
very happy there. This is a
wonderful home. It is run
by a terrific and caring woman,
Mrs. Jerda Mueller, and her
caring staff. No matter what
time of the day I come to visit,
I always find it clean and
comfortable. The residents have
tasty and nutritious meals,
and are well-taken care of.
They get their medicines on time
and have alot of activities.
They are taken to on nearby
(next page)

shopping center to go shopping and to a Mac Donald's a few times a week. They go to restaurants and go bowling, and Mrs. Mueller will take them shopping for clothes and shoes into Butler, PA., when they need to go. There is an annual Xmas party and a summer picnic for the residents and their families.

I thank D-d every day that he is there and is well-taken care of.

Please take all that I have said into consideration and do not sign the new regulation bill. Please listen to the people who run them, and to the families of the residents, who live there. And please give and audience to the care-givers, so you can hear first-hand about their plight.

Thank you for listening,
(Mrs.) Ruth Green #
1100 Penn Center Blvd. 217
Pittsburgh, PA.
15235

2021 NOV - 7 11:11:33
LABORATORY
REVIEW COMMISSION

14-475 Oct. 29, 02

(547)

Dear State Representative

I am not in the habit of writing
or calling members of state or local
government but at this time I feel
compelled to do so for my 90 year old
Aunt that Mrs. Clara Powers of North
say & payee for 14 years. She has
been in three different Personal
Care Homes because of cost to keep
her there. She had a stroke affected
part of brain speech but she can
feed, dress herself, go to bath
room on her own, walk, for her
needs. She does need small amount
of help & supervision of which the
Home provided. The Home showed
their patients doctors foot doc-
ors come to Home. When she needed
to be taken to the Emergency Room
(not far from Home) the Home took
her but the patient had to pay
^{ambulance} & understand. This is then
"Home" tell the good Lord call her.
I visit her when I can. I'm older
myself now, I have
health problems. My widow
live in low income. Having
development, income is further

S.S. there is "No" way that I could
take care of her, anyway, the Flou-
ing would not allow it, but at my
apart^{ment} ~~ment~~ just received from Lussell Case
Floue Act 24, or about the pending regu-
lative it will be beyond my Aunt's income.
You know we are all going to get
old someday.

I was at "Meeting" that the Globe
where my Aunt is went last week.
They are facing crisis may put 33
Personal Care home out of business with their
new regulations. I feel sorry for the
owners (not owners), that is what has been
their living work, paper work, patients
up keep, stuff so much involved.
We know their home since 1979 when
my mother was patient. They go all
out for the patients & their families.

Hoping this letter will enlighten
you to propose changes & it your
part to help keep Personal Care home
affordable & readily available option
for families that want to be able
to frequently visit loved ones
with a little extra help.

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NOV 5
OFFICE OF LICENSING
& REGULATORY MANAGEMENT

Thank you
Sincerely
Thelma L. Carver
1728 Lufkinburg Hwy
P.O. Box 814
North Apollo, La
15623-0814

Morales, Adabel

From: Gentry, Ellen
Sent: Tuesday, November 05, 2002 8:33 AM
To: Morales, Adabel
Subject: FW: PA Codes

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NOV 05 2002
REVIEW COMMISSION

Please process comments.

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

From: CARGAMBLE@aol.com [mailto:CARGAMBLE@aol.com]
Sent: Monday, November 04, 2002 9:54 PM
To: egentry@state.pa.us
Subject: PA Codes

From: Carol Gamble
To: Gentry, Ellen
Sent: Monday, November 04, 2002 9:30 PM
Subject: Pch suggestions

Dear Ellen,

These are some 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 at least once of year. I'm afraid that conditions could deteriorate tremendously without this.

2. Indoor Activities: (d) The program shall provide social, physical, mental, spiritual, 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. Many of the homes will point to the code saying that once a week is all that is necessary.

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

4. I believe that bathing should be addressed. Some homes have elected to go two weeks without giving the people sanitary bathing.

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

Thank you.
Carol Gamble

BLANK ROME COMISKY & MCCAULEY LLP

Original: 2294

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burde@blankrome.com

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HOUSE OF REPRESENTATIVES
REVIEW COMMISSION

December 31, 2002

Howard Ulan, Esquire
Senior Assistant Counsel
Commonwealth of Pennsylvania
Department of Public Welfare
Health & Welfare Building, 3rd Floor West
7th & Forster Streets
Harrisburg, PA 17120

RE: Personal Care Home Regulations

Dear Howard:

Thank you for agreeing to review this letter as the Department of Public Welfare responds to comments submitted regarding the proposed Personal Care Home Regulation, 55 Pa. Code Chapter 2600.

We represent the Rapid Patient Monitoring company, which developed, and now manufactures in Pennsylvania, the MediSure Medication Dispensing System. This system is designed to use computer technology to dispense the appropriate medications to patients, at the appropriate time and with the necessary instructions. I have attached a brief description of the MediSure system for your review.

The development of the MediSure system represents an exciting innovation which will help the elderly and chronically ill to take their medications correctly. However, the proposed Personal Care Home regulations may inadvertently make the MediSure system unavailable to residents of personal care homes.

After a brief description of the MediSure system, I will describe the proposed regulatory impediments to use of this innovative and safe method of dispensing medications, and propose alternative language.

The MediSure Medication Dispensing System

The MediSure system consists of a small home unit, approximately the size of a phone book, that accepts a medication cassette filled at a participating pharmacy. The cassette contains the appropriate medications, along with dosing and patient information

Howard Ulan, Esquire
December 31, 2002
Page 2

that is stored in the embedded computer memory chip. The MediSure unit audibly and visually prompts the patient to take the medication at the correct time along with instructions for administration (i.e., with or without food, the necessary amount of water, etc.) as noted by the pharmacist. The patient accesses the medications by pressing a blinking button, which releases a pill drawer. The unit also stores all compliance information, and sends it through secure link to a central station where it can be accessed by designated physicians, family members, even the appropriate personnel at a personal care home. The medications are not accessible except through the timing device within the MediSure Unit. For added security, there is also a "safety cap" version, where a tamper proof, laser encrypted key is required to allow the home unit to dose. This records the time the medication was taken and the person who administered it. In the event that someone tries to force the lid open or forcibly remove the medication cassette, an alert will be generated, and the central station will be notified.

Proposed Regulatory Impediments

Unfortunately, several provisions of the proposed Regulation could be interpreted to prohibit the use of the MediSure System in a personal care home. We address these problems below.

1. The regulation regarding self-administration of medications mandates that "(a) home shall provide residents with assistance, as needed, with medication prescribed for the resident's self-administration. This assistance includes helping the resident to remember the schedule for taking the medication, storing the medication in a secure place and offering the resident the medication at the prescribed times." 55 Pa.Code §2600.181(a).

The MediSure system accomplishes all of these goals without human help. In order to permit personal care home residents to benefit from the MediSure system, we request that DPW add new language to Section 2600.181(a) in this section stating that "This assistance may be either by person's employed or engaged by the home, or by a computerized system for secure storage and timely dispensing of medications." In the alternative, language in the preamble recognizing use of the MediSure system, or other systems which provide its benefits, as compliant with the regulation would also serve the purpose of making the system available to personal care home residents.

2. The regulation regarding storage and disposal of medications, §2600.182(a), requires that "medications... shall be kept in their original labeled containers and shall not be removed more than 2 hours in advance of the scheduled administration." 55 Pa.Code §2600.182(a).

Howard Ulan, Esquire
December 31, 2002
Page 3

We propose clarifying language that states that "original labeled container" could include any "secure system for the storage and distribution of medications which includes a description of the medications and instructions for their administration." In the alternative, we propose the inclusion of language in the preamble indicating that the Department will recognize the MediSure system, as well as other secure systems for the dispensing of medications, as compliant with Section 2600.182(a).

3. The regulation regarding labeling of medications requires labels which will not exist in the same manner as those contained in a pill bottle. Again, language in the regulation recognizing the MediSure system as an "original container" or in the preamble recognizing that the MediSure System will be recognized as compliant with Section 2600.183 would satisfy our concerns and make the system available to residents of personal care homes.

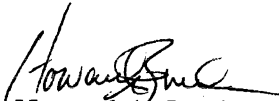
4. Section 2600.184, regarding the accountability of medication and controlled substances, states, in relevant part, "(1)(d)ocumentation of the receipt and administration of controlled substances and prescription medications" and "... (3)(l)imited access to medication storage areas." The MediSure System provides both documentation of receipt and administration and limited access. Again, reference in the preamble to the MediSure system, or other secure systems for the dispensing of medications along with documentation of receipt and administration as satisfying Section 2600.184 would make this devise available to personal care home residents.

Conclusion

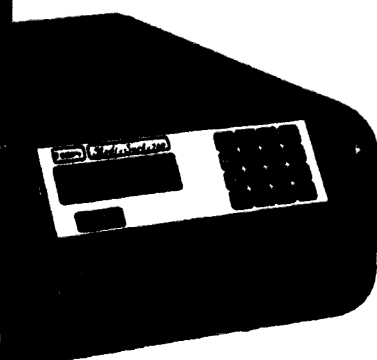
We appreciate the Department's consideration of our concerns. The MediSure system represents a significant development for the safety and well being of personal care home residents. The changes referenced above will ensure that the MediSure dispensing system will be available in such homes.

If you have any questions, please call me.

Sincerely yours,


Howard A. Burde

HAB:mhb
cc: Mary S. Wyatte, Esq.



MediSure™ – The System

- Medi-Sure consists of three primary components.
 - **The Home Unit:** Consists of a base and a medication cassette which comes loaded with medication, and instructions in an embedded electronic chip.
 - **The Pharmacy Unit:** Comes with a Medi-Sure loader with a serial PC connection. In many cases, the existing PC can be used with no further hardware required.
 - **The Central Station:** Monitors the proper functioning of the Home Unit at specified intervals.
- Medi-Sure can prevent overdosing and underdosing of medication, a common problem in medication self-administration.
- Medi-Sure prompts patients with both visual and audible messages to reinforce compliance.
- Medi-Sure can notify patients in different rooms either audibly or visually through the use of optional modules.
- Medi-Sure is multi-lingual, and uses Language Bridge (patent pending), a system that delivers the correct message to the patient in their language, even if the pharmacist's language is different.
- Medication Compliance can be monitored and reviewed by all components:
 - the Home Unit via a scroll function,
 - the Pharmacy via a print out report, and
 - the Health Care Continuum via the Central Station Reporting mechanism.

Rapid Patient Monitoring, L.L.C.

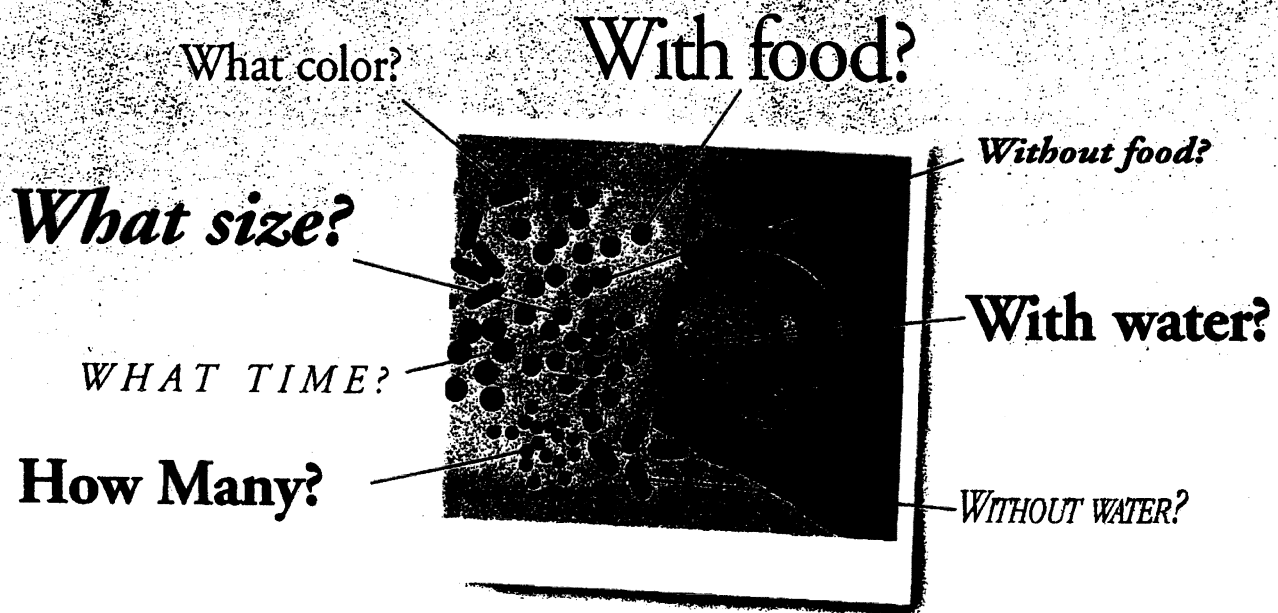
Lindenwold, New Jersey

Tel: 856-435-8462 Fax: 856-782-1674

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3. Johnson JA, Bootman JL. Drug-related morbidity and mortality: a cost of illness model. *Arch Intern Med*. 1995; 155: 1949-56.
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Non-Compliance With Prescription Medications



The Problem of Medication Non-Compliance

- As reported by the Journal of the American Medical Association, 100 million Americans have chronic medical conditions, of which 82 million have at least one chronic condition and are taking a prescription medication.⁴
- 50% of the 82 million people are Non-Compliant with their medication.^{4,4}
- Medication Non-Compliance is a \$100 billion dollar per year problem that cuts across all ages and socioeconomic groups. The elderly are affected most by this dilemma.^{1,2}
- Medication Non-Compliance causes additional ER visits, hospitalizations, doctor visits, and even death.^{1,3}

The Need – Improve Medication Compliance

- Enhance the dispensing of multiple medications.
- Have the medications pre-filled by a Pharmacist in an effort to decrease medication errors.
- Provide comprehensive medication monitoring in a remote setting by communicating easily with multiple healthcare providers. This will become very significant when prospective payments to Home Care companies comes into fruition in the fall of 2000.
- Enable patients with visual, hearing or mobility impairments to take their medications correctly.
- Provide comprehensive medication monitoring in high risk patients by providing prompts both on time, and instructions for proper medication administration.
- Demonstrate savings by decreasing Emergency Room visits and hospitalizations.
- Improve the overall cost-effectiveness of drug therapy.