

THE *Hickman*

400 North Walnut Street
West Chester, PA 19380-2487

RECEIVED - 11/26/02

INDEPENDENT REGULATORY
REVIEW COMMISSION

November 26, 2002

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

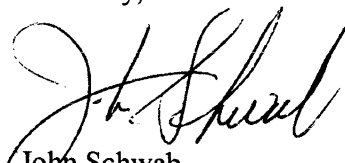
Dear Ms. Harris:

On behalf of Sue Hartz, Holly Silverthorne, Roy Muller, Don Byerly and myself, thank you for allowing us the opportunity to discuss the proposed DPW regulations with you and your colleagues on Monday.

We continue to be troubled about the emphasis on a medical model of Personal Care inherent in the proposed regulations. Along that line, we remain concerned about the potential loss of the residents' right to volunteer in the Personal Care Home, an activity which both promotes community and helps to maintain a sense of self-worth. We would like to suggest that medication training for Personal Care Aides would eliminate the need for additional licensed staff, lowering potential costs and reducing the emphasis on a medical model of care. Additionally, we want to stress our overall concern that compliance with the proposed regulations would incur an unmanageable amount of additional costs to Personal Care Homes and their residents.

We appreciated your thoughtful attention to our concerns during our visit, and ask that you keep these concerns in mind when reviewing the proposed regulations. Thank you again for your time and consideration.

Sincerely,



John Schwab
Director

Original: 2294

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

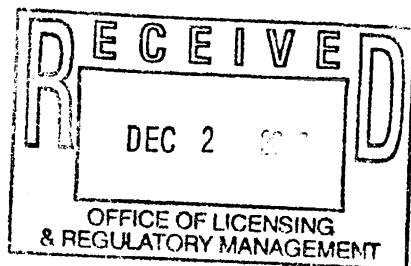
November 26, 2002

If we are to do everything possible to give the best health care to our elderly loved ones then you cannot even conceive the possibility of allowing fewer Personal Care Homes than those that are currently in operation.

Since the No. 1 concern is the health and well-being of each person involved, every consideration has to be given in order to provide a longer and happy life and especially so at a time when this care is most needed.

To visualize a time when any one of us could be in this very situation, the most important thing we all would want is to have close and constant contact with family and friends, since warm family ties can be a therapeutic help as well as any needed medication. To be able to achieve this support all Personal Care Homes must be close and accessible.

Therefore, it is essential to not reverse, or lessen, the amount of care and attention that is now given by so many dedicated hard-working people at each Personal Care Home. I feel to jeopardize any portion of this vital care would be a detriment to each one of us.




Elsie J. Bryan, daughter of
Leola E. Pinchock

CARMELLA'S HOUSE
CEMETERY RD.
CRABTREE, PA 15624

We fully concur with the above
comments,

Mahlon G. Pinchock, son
Donald E. Pinchock, son

 DONALD E. PINCHOCK
357 Old Wm. Penn Hwy.
Blairsville, PA 15717

Original: 2294

Patrice M. Gammon
711 S. Hutchinson Street
Philadelphia PA 19147

Independent Regulatory Review Commission
333 Market Street - 14th floor
Harrisburg PA 17101

November 23, 2002

Dear Independent Regulatory Review Commission:

Re: Welfare Personal Care Home Regulations

I am writing to comment on the current draft of the Pennsylvania Department of Public Welfare's Personal Care Home Regulations. My mother has a severe mental illness and lives in a personal care home. As a daughter and a citizen, I urge you review the regulations. Although the draft contains improvements, there are still problems which compromise human safety and dignity. Although I have many concerns, some of my main ones are:

- The draft requires inspection every three years, instead of yearly. This is a step backwards, since the current regulations require yearly inspections!
- DPW has very lax requirements for homes that want to have "secured units". DPW doesn't even have to inspect and approve secured units before they are allowed to admit residents, so there is almost no protection for residents living in these units.
- Some of the language about training requirements for administrators and staff is vague. For example trainers should have appropriate training and competency themselves, and they should be approved by DPW to give trainings.
- Perhaps most frightening, there are absolutely no provisions for improved enforcement of the new regulations, even though the Personal Care Home Advisory Committee unanimously recommended many ways to improve enforcement. What's the point of new regulations if they won't be effectively enforced?

I urge you to consider this and other public feedback. As a public official, you can profoundly improve the lives of thousands of vulnerable residents who have no where else to live by taking steps to strengthen these regulations. Please don't ignore this opportunity.

With respect,


Patrice M. Gammon

cc: Teleta Nevius, Director, DPW, Office of Licensing and Regulatory Management
Hon. George T. Kenney, Jr., Chair, House Health and Human Services Committee
Hon. Frank L. Oliver, Democratic Chair, House Health and Human Services Committee
Hon. Howard Mowery Jr., Chair, Senate Health and Welfare Committee
Hon. Timothy Murphy, Vice Chair, Senate Health and Welfare Committee
Hon. Vincent Hughes, Minority Chair, Senate Health and Welfare Committee
Hon. Vince Fumo
Hon. Babette Josephs

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
2002 NOV 26 PM 3:30 OFFICE OF GENERAL COUNSEL

INDEPENDENT REGULATORY
REVIEW COMMISSION

DATE: November 25, 2002

SUBJECT: **Public Comments**
Personal Care Homes - #14-475

TO: Robert E. Nyce
Executive Director
Independent Regulatory Review Commission

FROM: Ruth O'Brien *R O'Brien*
Senior Assistant Counsel

Attached are public comments received regarding the proposed Personal Care Homes Regulation.

Attachments

cc: Scott Johnson
Niles Schore
Melanie Brown
Sandra Bennett

Original: 2294

2002 NOV 23 11:51:21

RECEIVED COMMISSION

November 23, 2002

505 S. Baltimore St.
Dillsburg, PA 17019

John R. McGinley, Chairman
Independent Regulatory Review Commission
333 Market Street
Harrisburg, PA 17101

Dear Chairman McGinley,

I am writing regarding the Department of Public Welfare's regulations governing Personal Care Homes.

These regulations are putting too much bureaucracy and red-tape on personal care homes--homes that operate in the best interest of the residents because they operate as family. These regulations will force personal care homes to become more like medical-facilities, and will put an incredible amount of other responsibility on the personal care homes that is now the responsibility of social service agencies. Finally, these regulations will require more staffing in personal care homes because of these new requirements.

I am a volunteer at Paxton Ministries and I know that Paxton Ministries operate in the best interest of the residents because they operate as a family. I hope that these regulations would be turned down by the legislative committees and other bodies that have oversight, or that the problematic sections would be changed.

Thank you for your time concerning this important matter.

Sincerely,

Rachel A. Hennigh

Rachel A. Hennigh

Original: 2294



ESTATES AND MANAGEMENT CORPORATION

PERSONAL CARE & ASSISTED LIVING

**CORPORATE
OFFICE**

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

SOMERSET

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

LIGONIER

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

NEW STANTON

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

LAKESIDE

Lakefront Resort
Community
724-755-1070
Adjacent New Stanton

November 22, 2002

Mary Lou Harris
IRRC
VIA FACSIMILE 717-783-2664

Dear Ms. Harris:

Do you know?

That on October 24, 2002 at the Advisory Committee Meeting when the DPW Secretary Gannon was told that the DPW Cost Estimate as stated in the Regulatory Analysis Form is phony.

Mr. Gannon said he is not surprised!

Do you know?

The regulations 2600 was distributed to the stakeholder on six working days prior to the public comment period expiration of November 4. It was dated October 21, 2002 and received October 25, 2002 when the comment Period started October 5, 2002.

Do you know?

The stakeholders' copy is a different version then as was published October 5, 2002 at the start of the Comment Period. The format is not just different but the content, wording and numbering is different. This just made for more confusion when commenting to the IRRC and DPW.

Do you know?

At the October 24, 2002 Advisory committee meeting DPW Secretary Gannon has accepted the proposition to correct their cost estimate. As it pertains to "Regulatory Analysis Form" Cost to resident, PCH and state it will dramatically increase (5 fold).

Do you know?

At the November 14, 2002 Advisory Committee Meeting he still had no revised cost estimate, and he still has no revisions as of today. The cost estimate that I submitted took two days to complete and I am willing to back it!

NOV 22 11:15 AM
ADVISORY COMMITTEE

Do you know?

The so called White Paper that is the product of the Pennsylvania Health Law Project was published and released to the DPW in February 2002 and only recently released to the public on the last days of October 2002. Why was it kept a secret for 9 months? Is it because it would not be able to stand up to the scrutiny of the providers and public?

Do you know?

You would, if you read the white paper. It is written well but it is vicious and misleading against an entire industry. The number of residents relocated due to the department action (DPW Statistic) "is less then"

2002 One/1000 Residents

2001 1.32/1000 Residents

Do you know?

Legal action successfully taken by DPW against PCH's

2002 7/1759 Homes

2001 10/1807 Homes

Do you know?

That the DPW advisory Board at its October 24, 2002 meeting wanted to ask the secretary of DPW to abandon 2600 (new Regulation) and to keep 2620 (old Regulation). Secretary Gannon insisted on scheduling another meeting on November 14, 2002. He has silenced the chair by bringing in the Bureau of Management Consulting to conduct the meeting on Nov. 14th. At both of the meetings, October 24th and November 14th to oppose 2600 was disallowed and to bring it to a vote was disallowed.

Do you know?

At the above meeting most items were "parked." That was the term for items that were not agreed to by no one!

Do you know?

That most items were not agreed to despite that the committee was railroaded by there handlers to do so. We should congratulate all who had the courage to item by item oppose all the points (too many) which made no sense.

Do you know?

The newly established rules of the Advisory Committee meeting were; although it was a public meeting; the public was silenced. Only committee members were permitted to oppose.

Do you know?

That Harvey Everett, the Chair of DPW's Advisory Committee attended and chaired the Pennsylvania PCH providers and provider associations ad havoc meeting held on October 23, 2002 at Somerset PA. Those at the meeting created a document which requests to drop 2600 (New Regulation) in favor of 2620 (existing regulation.).

Do you know?

Among those who signed it from across the state was Harvey Everett the chair of the DPW's own advisory Board!

Do you know?

That the white paper called PCH's the "black hole"... "dumping ground of the long term care market".

Do you know?

That residents from PCH's will be forced to go to nursing homes, but not the other way around. PCH's are forced to dump the poor; Nursing homes are government subsidized!

Do you know?

PCH's violations are statistically far less, and less severe than long term care facilities violations.

Do you know?

PCH's private pay residents enjoy 1/5 of the cost than at a nursing home Medicare pays!

Do you know?

The State appropriates to your mother and father as a SSI resident 1/11th the amount than it does at a nursing home.

Do you know?

That the state requires that from \$29.00/day for a SSI resident that you provide :

- 1 or 2 hours of direct care labor
- 1 Administrator
- 1 social worker
- 1 or 2 cooks
- 1 cleaning person
- 1 driver to doctor/shopping
- A roof overhead
- Laundry
- Clothing appropriate for gender and season
- Toiletry
- Nourishment and medically appropriate food
- Utilities
- Insurance
- Property and Business taxes

Do you know?

If you would contemplate the above, you would have already figured it out that the state is in the "slavery" business!

Do you know?

The consequence of trying to provide all of the above for a SSI resident is what causes the "Black Hole". There is nobody who has the courage to tell the truth.

Do you know?

That more regulations do not solve the slavery issue.

Do you know?

That for \$29.00 per day the DPW can't find a place for a resident to stay. Therefore, the Area Agency on Aging will option them to the nursing home.

Do you know?

That in one year, (DPW Statistics) the number of SSI residents dropped 5% or 520 people. Even though the DPW states the number of elderly is rapidly growing.

Do you know?

To transfer the poor without a medical need to a nursing home is "MEDICARE FRAUD"! That is why the DPW is reluctant to close up the so called "Black Holes".

Do you know?

That I attend each DPW advisory committee meeting and served on all the subcommittees to try and fix 2600.

Do you know?

2600 makes no sense to me as it was published.

Do you know?

It was distorted on purpose by whom I don't know. There were many agreements made with the DPW in the subcommittee meetings but they did not appear in the October 5th proposal as issued by Teleta Nevius. Ms. Nevius was reluctant to discuss the 2600 regulations and its inception and development with the House of Representatives Public Hearing on November 15th. Ms. Nevius and her assistant Ellen Gentry spent a day at my three facilities. They thanked me for my participation and for speaking out against 2600. They said to me, they categorically oppose 2600 as is. I wonder who forced them to write it?

Do you know?

That I administer 3 large facilities. Since 2600 will kill all the small facilities, why am I speaking out against 2600.

Do you know?

The cost of 2600 will hurt the resident population. It will cause them to spend down their funds quicker. They will be applying for SSI in herds. Ultimately becoming the State's responsibility.

Do you know?

That it is up to you to **KILL REGULATION 2600!**

Sincerely,



Istvan Upor
President

Ann
enforcement
**Recommendations on
Personal Care Home Licensing and Enforcement Reform
by the Licensing and Legislative Subcommittee
of the DPW PCH Advisory Committee**

(215) 625-9111
March 14, 2002

The Licensing and Legislative Subcommittee of the DPW PCH Advisory Committee met three times, on November 28 and December 14, 2001 and January 8, 2002. The purpose was to address the issues raised by the Auditor General's October 2001 report on "Oversight of Personal Care Homes in Pennsylvania" and other concerns about the licensure and regulation of personal care homes. The group explored the current regulatory and enforcement system to determine what changes should be made in order to ensure the health and safety of personal care home residents.

The Subcommittee included the following participants: Pam Walz (Chair), Community Legal Services; William Gannon, DPW-OSP; Patsy Taylor-Moore, DPW-OSP; Ann Torregrossa, Pennsylvania Health Law Project; Alissa Halperin, Pennsylvania Health Law Project; Christine Klejbuk, PANPHA; Lynn Fosnight, PALA; Beth Greenberg, PANPHA; Dale Laninga, Inter-Governmental Council on Long Term Care; Clarence Smith, CERCA; Pat McNamara, PHCA/CALM; Cindy Boyne, State Ombudsman.

The Subcommittee makes the following recommendations:

I. Licensing:

The subcommittee recommends changes to the licensing process to ensure that facilities which are out of compliance with regulatory standards do not receive new or renewed licenses.

Overview of Recommended Licensing Process:

1. Step 1: Facility applies for license. If applying to renew existing license, it will apply 2-3 months prior to expiration of current license.
2. Step 2: DPW makes unannounced inspection visit.
3. Step 3:
 - If facility is in full compliance (meaning no Class I, II or III violations), it will be issued a full license.
 - If facility is in substantial compliance (meaning it has Class III violations and has had an acceptable plan of correction approved), it will be issued a provisional license. If correction of violations is demonstrated prior to expiration of current license, full license will be issued.
 - If facility is in non-compliance (meaning that Class I or II violations exist), no license will be issued unless the facility submits an acceptable plan of correction and provides verification that violations have in fact been corrected prior to the end of the licensure period.

Additional Licensing Recommendations

4. Newly opened facilities which are found in full compliance should be issued a full "new" license (not a provisional license as is currently the practice), with a notation for a six month period stating that the license is "new". DPW should reinspect newly opened facilities within 3 months to check for compliance with requirements which can only be inspected once a facility is in operation and has admitted residents.

5. DPW should differentiate between a new facility license and a full license in providing information to the public. It should be made clear that a facility with a new license has no resident history and that there is thus no measure of its performance on resident-related aspects of the regulations. At the end of the new license period, a facility must be in full compliance in order to get a regular license.

6. Provisional licenses should be issued only in cases where Class III violations exist and the facility has submitted an acceptable plan of correction.

7. DPW should not issue second and subsequent provisional licenses if violations which resulted in the previous provisional license have not been corrected or if the same violations have been repeated. A facility could be issued a subsequent provisional license if new and different Class 3 violations occurred.

8. If a facility which has had four consecutive provisional licenses is not in full compliance prior to the beginning of the next licensing period, no license should be issued.

9. When the Department denies or revokes a license, it should issue an emergency order to relocate residents while any appeal proceeds.

10. The Department should interpret the requirement that applicants for a license be "responsible persons", 62 P.S. §1007, to prohibit transfer of license or issuance of new license for a facility to family members, friends, business associates, etc., where it appears that the purpose of the change in license holder is to avoid licensing action or if it appears that the former owner will continue to have involvement in the facility or business. Regulations should be promulgated to state this explicitly.

11. Licensure inspections should be unannounced and conducted annually.

12. Inspections should include review of whether past violations have been and continue to be corrected.

13. At the inspection visit, opportunity should be provided for the provider to develop a plan of correction (which may be in collaboration with licensing representative) to submit for approval during the visit.

II. Classification of Violations

1. The statutory classification system for violations set forth at 62 P.S. §1085 should be implemented and utilized, and fines should be imposed as required by 62 P.S. §1086.

2. The subcommittee recognized that the existing classification system could be improved to make it more workable, and would like to work with the Department to develop a classification system which would facilitate more effective enforcement action and address the Department's past concerns.

3. The current guidelines for classifying violations in the DPW Procedural Manual for Licensing Staff should be reviewed and amended by a work group including the Ombudsman,

Protective Services and Department staff. The guidelines should direct that in classifying violations, consideration be given to the number and frequency of violations, and the circumstances surrounding and consequences of violations.

4. After revision, the guidelines should be added as an appendix to the regulations in order to increase consistency of enforcement and certainty about the penalty for a particular violation.

5. The statutory provision at 62 P.S. §1085 should be amended to provide that a violation which "has caused or has a substantial probability of causing death or serious mental or physical harm to any resident" constitutes a Class 1 violation.

6. The term "serious mental harm" in 62 P.S. §1085 (defining Class 1 violations) should be interpreted to include the harm resulting from abandonment or financial exploitation.

7. The Department should enforce compliance with 62 P.S. §1057.3(a)(4), which requires that each resident be provided by the administrator with notice of any Class 1 or 2 violations which remain uncorrected after five days.

III. Fines

1. Fines should be imposed for failure to comply with a plan of correction or for false documentation of compliance with a plan of correction.

2. There should be a rebuttable presumption that a violation still exists (resulting in the continued imposition of fines) unless and until the provider demonstrates that it has been corrected. Notices of violations or of imposition of a fine should state that the fines will continue to accrue each day until the facility demonstrates to the Department that the violation has been corrected. Any revision of the personal care home regulations should explicitly state this presumption.

3. In certain circumstances, fines should be imposed irrespective of whether the violation(s) have been corrected. If the provider fails to correct the violation, additional fines should be imposed. The Department should seek the statutory change which appears necessary to implement this recommendation.

IV. Plans of Correction

1. For a plan of correction to be considered acceptable, it should address how the facility will correct the root cause of the violation and not just the resulting symptoms. For example, if a facility is cited for having bulging cans of food, the plan of correction should not just state that the bulging cans will be thrown away, but also provide a system for ensuring that the facility does not have bulging cans in the future (e.g., provider will check the cans at periodic intervals).

2. When a plan of correction is submitted, the Department should promptly determine and notify the provider whether it is acceptable as a tool which, upon implementation, will bring the facility into compliance.

3. The Department should facilitate the joint development of plans of correction by providers and licensing representatives, as well as approval, at the time of an inspection.

4. Once a plan of correction has been approved, the provider must demonstrate implementation of the plan and provide verification to the Department that compliance has been achieved. This must take place before expiration of a license in order for the license to be

renewed and within the time frames for correction set forth in 62 P.S. §1086 in order to avoid a fine.

5. When a violation recurs after having supposedly been resolved by a plan of correction, requirements for further plans of correction should be more prescriptive and stringent in order to ensure that the violation does not recur. For a first violation, the provider should determine how s/he will achieve compliance. The proposed plan of correction must reflect the provider's understanding of the health and safety risks posed by the violation. If there is a recurrence of the violation, the Department will direct what steps the facility must take in its plan of correction. The steps outlined in the first plan of correction should not be considered sufficient the second time because they failed to achieve sustained compliance.

6. The Department should develop uniform acceptable corrective measures for each type of violation which facilities can select on a first violation and which facilities will be required to follow on a subsequent violation. These measures should include protocols for correcting the violation, the anticipated effect on residents, and time frames for completion.

7. The Department should promptly respond to a request for approval of a plan of correction (we recommend within 2 to 3 business days).

8. After the above changes are implemented, supervisory-level staff within the Department should oversee approval of plans of correction for an initial period of time in order to ensure uniformity.

9. Demonstration that a violation has been corrected shall be consistent with the nature and seriousness of the violation and may include: revisit by inspector (should be required for all Class 1 and 2 violations), submission of receipts or photographs, or certification by the administrator.

10. Failure to meet deadlines for compliance with plans of correction should result in revocation of full licensure status. There may be situations in which compliance is not within the provider's control (e.g., getting physician's signature). In such cases, proof of acceptable efforts to comply (e.g., copies of certified letters sent to physician requesting the signature) should be treated as compliance. If, at next inspection, the violation is still uncorrected (e.g., physician signature still not obtained), more strenuous efforts will be expected of the facility (e.g., facility may be required to change to a more responsive house physician).

V. Appeals

1. A facility's appeal of a license revocation or denial of license renewal should not permit the facility to continue business as usual (admitting new residents, ongoing poor care and/or conditions) for long periods of time, as is currently the case. Where a facility appeals the loss of its license, the Department should take the following actions as necessary to protect the residents:

- a. appoint a master pursuant to 62 P.S. §1057.1(b);
- b. seek an injunction against new admissions or continued operation of the facility pursuant to 62 P.S. §1055; and
- c. oppose any request for supersedeas.

2. The subcommittee has been informed that the Department considers an adverse licensing action only a "recommendation", not a "decision", until BHA has denied the provider's appeal. The result of this interpretation has been that the Department assumes that it cannot halt

a facility's admissions or operation until the matter has gone to Commonwealth Court, a step which currently takes years to reach. The subcommittee disagrees very strongly and questions the legal basis for this interpretation. A revocation or denial of a license is a decision of the Department, giving the Department the right and the duty to prevent further harm to residents while an appeal is pending. To this end, the Department should in appropriate cases relocate residents, ban new admissions and oppose supersedeas from the moment it revokes or denies renewal of a license. Supersedeas should not be granted during administrative appeals or at the Commonwealth Court level unless the provider can show a substantial likelihood of success on the merits.

3. BHA should make PCH appeals a top priority where residents are still in the facility. Hearing decisions should be issued within 90 days of the filing of an appeal, and reconsideration requests to the Secretary should be decided within 60 days.

4. The Department's Office of Legal Counsel needs to have adequate staff dedicated to PCH issues to be able to handle appeals with reasonable promptness.

5. Appeals should not routinely be settled with poorly performing providers, as currently appears to be the case. Settlements should only be used if they a) are specific as to what will be required from the provider and b) the terms are enforceable by the imposition of financial and/or licensure consequences if the provider does not comply.

6. To avoid giving an advantage to non-compliant providers, any settlement agreement must require the provider to do more than simply comply with the regulatory requirements which they were supposed to comply with in the first place; the provider must offer additional efforts above and beyond the baseline requirements.

7. All settlement agreements should provide that the facility waives the right to appeal citations for violations of anything they promised to do or not to do in the settlement agreement.

8. In licensing action appeals involving the worst actors, the Department should coordinate efforts with Protective Services and ombudsmen and seek amicus briefs from consumer advocates to help educate the courts about the harm caused by egregiously bad PCHs.

9. Providers who appeal fines are required to submit the assessed penalty, up to a maximum of \$500, to the Department for placement in an escrow account. A higher payment, dependent on the severity of the violation, should be required in order to cut down on frivolous appeals. An escrow payment should also be required in appeals of license revocations.

10. The statute or regulations should be clarified to provide that a reviewing court should not sustain an appeal on the ground that the facility, although out of compliance at the time it was cited, is now in compliance unless the facility can show by a preponderance of the evidence that its procedures, policies and staff resources do and will continue to ensure full compliance in the future.

VI. Disclosure of Information to the Public

1. The public needs more and better information about PCHs in order to make knowledgeable decisions. Accordingly, the following should be added to the Department's web site: a) which facilities have secured unit waivers, b) whether the reason a facility has a provisional license is that it is new or that it has been reduced from a full license, c) number of consecutive provisional licenses a facility has had, d) types of violations found in recent

inspections, e) plans of correction, and f) information about the facility's legal entity.

2. Any changes to the licensing and enforcement process should be communicated to providers and consumers in a timely manner and should be memorialized in the DPW Procedure Manual for Licensing Staff and/or Department bulletins. These operating instructions should be available to the public.

3. All inspection and redacted complaint reports should be made available as public records, especially monitoring records during cease and desist and other litigation.

4. When residents are relocated by the Department, they should never be placed into facilities with less than full licensure status.

5. Referral sources (hospital social workers, etc.) need more information about the licensing status of facilities.

VII. Department Administrative and Technological Resources

1. The Department should resolve coordination problems between OLRM and the Office of Social Programs which have led to delays in the scheduling of inspections and completion of the licensing process. Notification of upcoming license renewal and inspections should be sent to providers sufficiently in advance to allow time for the license application to be returned, inspections to be conducted, and plans of correction to be submitted and implemented prior to the end of the licensing period.

2. For renewals of licenses, the Department should explore creating a presumption that the provider intends to reapply. Facilities would be required to have their pre-licensure survey and census ready and available during the last three months of the licensure period so that they are prepared when inspectors arrive.

3. Licensing offices should be allocated sufficient staff and resources to carry out their functions effectively.

4. Licensing staffing levels should reflect growth or decline in the size of the industry, with staffing in each regional office determined taking into consideration the region's facility demographics, number of beds in each facility, concentration of facilities with high numbers of complaints, geographic distance between facilities which licensing representatives must travel, and presence of special needs populations. We recommend that a licensing representative should never handle more than 60 homes, with 50 being preferable.

5. Delays in entering licensing status changes into computer systems have created delays in the licensing process and confusion. Adequate technological resources should be made available to provide for "real time licensing".

6. The Department should use technology and photography to demonstrate and provide evidence of violations to support its actions in appeals.

VIII. Complaint System

1. Licensing representatives are not adequately trained in investigative techniques and do not necessarily possess the skills needed to investigate complaints. In addition, licensing reps tend to develop a cooperative relationship with the facilities they license which may interfere with their ability to investigate a complaint with objectivity. The subcommittee therefore recommends that separate complaint investigation teams be created, composed of different staff

than the licensing reps. It is recommended that the teams be multi-disciplinary, including members with different knowledge bases.

2. Complaint investigations should take place in accordance with the DPW Procedure Manual for Licensing Staff, which sets forth different time frames depending on whether a complaint involves an immediate threat, a potential threat, or no threat. For the purpose of determining which of these three categories is applicable, the facts alleged should be taken as true.

3. Complaint investigations should focus not just on the individual circumstances of the complainant, but also on whether a systemic problem may exist which threatens harm to additional residents. For example, even if the complainant is hospitalized, consideration should be given to whether the facts as alleged reflect a threat to other residents who are still in the facility. If so, the complaint should be considered an immediate or potential threat even though the complainant is no longer in the facility.

4. The Department should create protocols articulating what steps a complaint investigation should include, how it is to proceed and at what point it will be considered completed. The protocols should specify the types of individuals who should be interviewed. All person with information pertinent to the complaint should be interviewed. This may include other residents, family, physicians and others. Investigators should make sure to speak with enough people to get both sides of the story. Interviews should be conducted confidentially. Where residents' rights violations are alleged, confidential interviews should be conducted with other residents in order to determine whether the alleged violations are occurring.

5. The Department should develop criteria for circumstances in which a complaint investigation may be performed by telephone and those in which there should be a site visit.

6. Site visits for complaint investigations should be unannounced except where immediate telephone contact with the provider is needed to avert an imminent risk to residents.

7. The Department should follow up after the investigation to verify that the conditions complained of have been corrected. Depending on the circumstances, this follow-up could take the form of calling the resident back to check whether the problem is resolved, making a site visit to verify compliance, etc.

8. The Department should notify the complainant in writing of its investigation findings, whether the complaint was founded, and any resulting actions which will take place.

9. During licensing inspections, attention should be paid to issues which have been the subject of complaints in a facility.

10. The Department should utilize a data base to track complaints better. Specifically, the Pennsylvania Automated Complaint Tracking System (PACTS) should promptly be made available to licensing staff. Complaint records should document, in a retrievable form, the nature of each complaint, actions and follow-up monitoring performed by the Department, and issues to be monitored at the next inspection.

IX. Waivers, Immobile Residents

1. No regulation which address the health, safety or well-being of residents (including residents' rights) should ever be waivable.

2. The Department should adopt the Personal Care Home Advisory Committee's

previous recommendations concerning waivers.

3. The Department should promulgate regulatory requirements for facilities housing immobile residents, including cognitively impaired residents. The areas which should be addressed in regulation include increased staffing, appropriate training and activities, environmental needs of physically immobile and cognitively impaired residents, ease of egress for emergency evacuation, and fire safety.

Original: 2294

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

November 26, 2002

If we are to do everything possible to give the best health care to our elderly loved ones then you cannot even conceive the possibility of allowing fewer Personal Care Homes than those that are currently in operation.

Since the No. 1 concern is the health and well-being of each person involved, every consideration has to be given in order to provide a longer and happy life and especially so at a time when this care is most needed.

To visualize a time when any one of us could be in this very situation, the most important thing we all would want is to have close and constant contact with family and friends, since warm family ties can be a therapeutic help as well as any needed medication. To be able to achieve this support all Personal Care Homes must be close and accessible.

Therefore, it is essential to not reverse, or lessen, the amount of care and attention that is now given by so many dedicated hard-working people at each Personal Care Home. I feel to jeopardize any portion of this vital care would be a detriment to each one of us.

Elsie J. Bryan, daughter of
Leola E. Pinchock

CARMELLA'S HOUSE
CEMETERY RD.
CRABTREE, PA 15624



DONALD E. PINCHOCK
357 Old Wm. Penn Hwy.
Blairsville, PA 15717

We fully concur with the above
comments,

Mahlon G. Pinchock, son
Donald E. Pinchock, son

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

November 26, 2002

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Leola E. Pinchock

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CEMETERY RD.
CRABTREE, PA 15624

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Donald E. Pinchock, son

I volunteer at Colonial Gardens. I cook, bake, make them things for the resident's. I help them put their shoes on, button there shirt's or help them with whatever they need done. I help serve lunch, dinner, give them snacks. I enjoy working there. I am here for the resident's and I care about them. They are my family. If you take away the home I won't have any place to go and volunteer services.

Thank You

Rebecca a. Leroy

Rebecca A. Leroy

14-475 (751)

I am the assistant administrator at Colonial Gardens Butler. First, their needs to be some changes in the "state law" but you went over board this time. The homes you had trouble with or weren't the best doesn't mean we all should pay for it. You should look around and see all the good homes we have in Pennsylvania. They are all not bad. Second, the more paper work you make us do, the less time we have for our residents care. Resident care must and should be the state's number one issue and it is our issue. We care about our residents. They are our famines. Third, the medicine is a big issue. Resident's should have the right to ask for Tylenol, coldmedicine, etc., do you "the state people" have that in your home? Are we allowed to tell you no you can't have it. Do you have a nurse or a doctor in your home to give it to you? The answer is no. Personal Care Homes are the resident's home. They should have a right to do the same as in your own home. We do our very best we can. You need to look around and see if is a different way to help us. You need to listen to us because it's our job to take care of them. Maybe you should come stay with us and see what we really do. We care, do you? Our resident's rights are being taken away. Can we take you rights away? If this bill passes you are also putting a lot of people out of business and work. Pretty soon the good old U.S.A. will be like the middle east. No jobs, no business, fighting, war zone. Is that what we really want. No we want the best and give the best to our resident's. What more do you want.

Kim Leroy

Kim M. Leroy

Original: 2294-11111111

NOV 25 AM 9:03

INDEPENDENT REGULATORY
REVIEW COMMISSION



The Independent Mission
300 Second Street Monongahela, PA 15063
Rev. Dr. Paul Spence, Pastor
(724)258-8743

To The Independent Regulatory Review Commission

Mrs. Mary Lou Harris—

I am Pastor of the Independent Mission. I also hold a Doctor's Degree in Divinity. Among the labours I perform here at the Independent Mission, I am presently the Chaplain of over 30 Personal Care Homes in Washington, Fayette, Greene, and Allegheny Counties. During the course of my work this past year, it has been a real grief of mind to read all of the new regulations that you are trying to pass along to the licensed Personal Care Homes in the state of Pennsylvania. In my years of experience in the many Homes I have visited, I have seen excellent care given, even in the smaller Homes. These smaller Homes are having a hard time handling the rising costs of insurance. If they will be put under more regulations by you, many of them, sad to say, will be forced to shut down. As I said, I have been delighted to see and talk with many residents who are very content in these Homes. It is very hard for these elderly people to be sent to a new home. Relocation is hard for all of us, but *specially* hard for these dear elderly who so much love to stay in one place of residence.

I am *pleading* with you today to reconsider all of the extra regulations that Pennsylvania's Personal Care Homes may have to face. Is there any *real* need here? Why not simply go after *the bad homes*? Many people cannot afford to pay higher rates for their loved ones, and many excellent Personal Care Home facilities will be forced to close their doors forever if these regulations pass because of these fees. I would urge you to at least take a look around in some of the Homes to see and speak with residents about their care and contentment. I have. I can tell you in truth that the overall care I have seen throughout the years that I have ministered to over 50 Homes in Allegheny, Westmoreland, Greene, Fayette and Washington Counties has been very

good. If there are any bad Homes, they certainly should not pass the rigorous inspections that are already on the books. Please make it easier for the good Homes to survive by being fair to all! Thank you for your consideration.

Sincerely,

A handwritten signature in cursive script that reads "Paul Spence". The signature is written in black ink and is positioned below the word "Sincerely,".

Dr. Paul Spence
Chaplain, Pastor

At The Independent Mission. November 21st, 2002. Thursday.

P.S. Personal Care Homes are not nursing homes or hospitals. Needs, therefore, are much less in these facilities. Since the residents in these facilities do not need so much medical attention, so much medical background is unnecessary. Please consider these well-operated family businesses. I have seen nothing but very good care in these Homes! It would be a real pity to end something precious.

Original: 2294

#14-475 (768)

11/1-10-2-2020- new group
I be handling Mr. Berns

RECEIVED

numerous
letters?

NOV 12 2002

BUREAU OF POLICY, BUDGET
AND PLANNING

Thanks

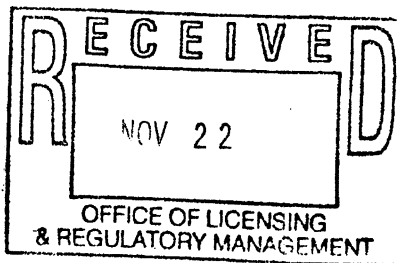
Carol

Carol - Send original
to Ellen Gentry in APR
keep copy in file.

Enclosed are some suggestions on the
personal care regulations.

Thanks,


Bob Berns.



Comments on Personal Care Home Regulations:

2600.15 Use of the word "immediately." It seems obvious but I am more comfortable with a specific period of time, like within X hours of the first report of the abuse. Immediate seems to have many meanings to different people.

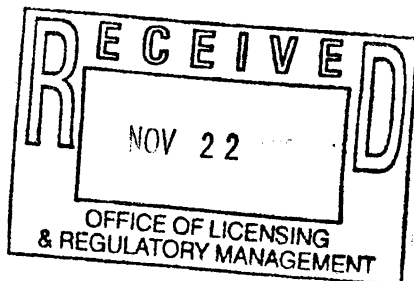
2600.6 18b Should the personal care home be developing these policies or in the matter of reporting, notification and investigation following a prescribed procedure.

2600.20 Think people should have more than an "annual" accounting of their finances. Would prefer monthly. Also number 11 and 12 seem contradictory. One has them holding funds for thirty days(this is repeated later) and one has then giving the funds as the person leaves???

2600.23 Under personnel management there is no evaluation of performance required. Should have an evaluation instrument.

2600.27 Who does this quality management assessment?? It mentions resident and family councils, but it is not clear who is responsible for quality assurance?

2600.42 Rights. Do you just have the right, or does the facility have to insure your ability to have these rights. Like I have the right to practice my faith, but if I never have the opportunity to get to a church of my choice, so what does the right mean? Where is the private communication which is guaranteed to take place---have you been in personal care homes, not a lot of private space.



2600.56 Staffing requirements are too vague. Words like "sufficient number" don't belong in regulations. What specific ratios are required for every possible scenario?

2600.58 14d concern that training for ancillary staff is limited to specific job function and the regulation does not REQUIRE all staff to be trained in CPR and First Aid. This should certainly be a minimum qualification.

2600.101 Size of resident rooms. Two people would need a 12x20 room. I would like to see this enforced????

2600.105 "all lint will be removed from clothes"—who comes up with this stuff.

2600.144 If smoking is permitted, the ventilation has to be adequate to insure the well being of no-smokers as well as the smokers.

2600.161 Concern about special diets. My understanding is that these are not followed in many personal care homes.

2600.181 Section b suggests that for every individual incapable of self-administration or taking a medication not included in the self-administration plan, the medication must be administered by one of the personnel listed. Who determines ability to self-administer??? Is there a medication log—it is not indicated anywhere and I am wondering how you keep track of meds without a log. This is another area where homes are asked to develop procedures---why not just define a procedure that is uniform for all facilities in an area as important as this. This whole area is wide open to violations.

2600.221 The transportation section requires only that residents be transported to medical appointments, if necessary. How do they access community resources, recreational resources, etc??

2600.238 What does "mentally immobile" mean????? It is a term I have never heard.

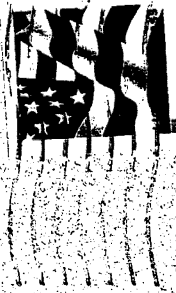
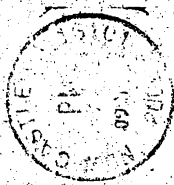
2600.252 Would add religious affiliation, if any, a social history which would give the staff basic background info on who this person is, copy of advanced directive, living will, power of attorney.

2660.262 Much too vague. If a violation is found when is a plan of correction due? Who will follow up on the plan? The \$ penalties in no way reflect the seriousness of the responsibility of these facilities or the potential danger to the residents in these violations. The enforcement section puts the pages and pages of regulations in perspective. Rules are useless unless adequately enforced.

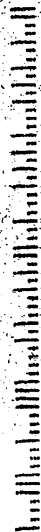


GRAPEVINE CENTER

140 North Elm Street - Suite B
Butler, PA 16001 - 4820



*Suzanne Love
P.O. Box 2675
Harrisburg, PA 17105-2675*

17105+2675 

IRRCORIGINAL: 2294

From: Patrice Gammon
Sent: Thursday, November 21, 2002 11:19 AM
To: IRRC
Subject: Personal Care Home Regulations
Dear Independent Regulatory Review Commission:

Re: Personal Care Home Regulations

I am writing to comment on the current draft of the Pennsylvania Department of Public Welfare's Personal Care Home Regulations. My mother has a severe mental illness and lives in a personal care home. As a daughter and a citizen, I urge you to review the regulations. Although the draft contains improvements, there are still problems which compromise human safety and dignity. Although I have many concerns, some of my main ones are:

- The draft requires inspection every three years, instead of yearly. This is a step backwards, since the current regulations require yearly inspections!
- DPW has very lax requirements for homes that want to have "secured units". DPW doesn't even have to inspect and approve secured units before they are allowed to admit residents, so there is almost no protection for residents living in these units.
- Some of the language about training requirements for administrators and staff is vague. For example trainers should have appropriate training and competency themselves, and they should be approved by DPW to give trainings.
- Perhaps most frightening, there are absolutely no provisions for improved enforcement of the new regulations, even though the Personal Care Home Advisory Committee unanimously recommended many ways to improve enforcement. What's the point of new regulations if they won't be effectively enforced?

I urge you to consider this and other public feedback. As an elected official, you can profoundly improve the lives of thousands of vulnerable residents who have no where else to live by taking steps to strengthen these regulations. Please don't ignore this opportunity.

With respect,
Patrice M. Gammon
711 S. Hutchinson Street
Philadelphia PA 19147
215-629-4870

cc: Teleta Nevius, Director, DPW, Office of Licensing and Regulatory Management
Hon. George T. Kenney, Jr., Chair, House Health and Human Services Committee
Hon. Frank L. Oliver, Democratic Chair, House Health and Human Services Committee
Hon. Howard Mowery Jr., Chair, Senate Health and Welfare Committee
Hon. Timothy Murphy, Vice Chair, Senate Health and Welfare Committee
Hon. Vincent Hughes, Minority Chair, Senate Health and Welfare Committee
Hon. Babette Josephs
Hon. Vince Fumo

11/21/2002

Original: 2294

Patrice M. Gammon
711 S. Hutchinson Street
Philadelphia PA 19147

14-475

776

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

November 21, 2002

RECEIVED
2002 DEC -6 AM 11:12
NEW COMMISSION

Dear Ms. Nevius:

Re: Welfare Personal Care Home Regulations

I am writing to comment on the current draft of the Pennsylvania Department of Public Welfare's Personal Care Home Regulations. My mother has a severe mental illness and lives in a personal care home. As a daughter and a citizen, I urge you review the regulations. Although the draft contains improvements, there are still problems which compromise human safety and dignity. Although I have many concerns, some of my main ones are:

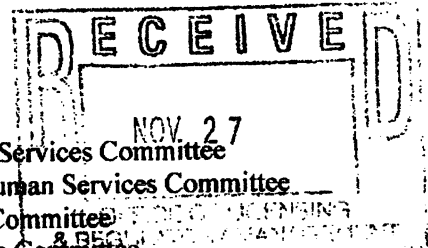
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cc: Independent Regulatory Review Commission
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Hon. Frank L. Oliver, Democratic Chair, House Health and Human Services Committee
Hon. Howard Mowery Jr., Chair, Senate Health and Welfare Committee
Hon. Timothy Murphy, Vice Chair, Senate Health and Welfare Committee
Hon. Vincent Hughes, Minority Chair, Senate Health and Welfare Committee
Hon. Vince Fumo
Hon. Babette Josephs



20021107 19 AM 9:03

INDEPENDENT REGULATORY REVIEW COMMISSION

*Independent Regulatory Review Commission
353 Market St.
14th Floor
Harrisburg, Pa. 17101*

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

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

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

Sincerely Yours

*Seraldine Mangaman
113 Lower Hayes Run Rd.
Rethamming, Pa. 16201*

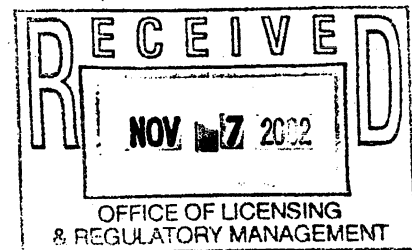
141 Evergreen Ave
Pgh PA 15209
14-475 (646)

To Whom It May Concern:

Enclosed you will find 27 letters from residents at Evergreen Assisted Living, a 30 bed personal care home in Millvale, close to Pittsburgh. When informed about the threats inherent in the newly proposed personal care home regulations, they wanted to write to people and have their voices be heard. These 27 letters were dictated to staff at Evergreen and are to be read and hopefully responded to. Thank you.

Debora Geyer
Raymond Worst
Ian Baird
Perkins Harris
Daniel Wisniewski
Alfred Nepudzianski
Lois Ramsey
Allen Mandell
William Stitzman
Brenda Dean
Howard Ward
Paul Fitzgerald
Melanie Looney
Pasquale Berrillo

Robert Mikulan
Kenneth Foulkes
Kenneth Barone
James Bobby
Robert Munz
Samuel Shreve
John Lanning
George Herron
John McKee
Marian Wokutch
Nellie McCants
David Lopez
Myrna Adamson



Evergreen currently has 3 empty beds. Out of the above 27 persons, all but two are on SSI. The other two don't make very much more per month. All 27 of these individuals are residents of Pennsylvania and have been all their lives. Unfortunately, they are not able to take care of themselves and live independently. Most of them have failed repeatedly at independent living. They are not nursing home candidates. Most of them are not even 50 years old yet. Most of these folks have a mental illness and several are also mentally retarded. They may never qualify for nursing home. They do not need nursing care. They are happy where they live. Many of them have lived at Evergreen for several years. Evergreen is their home. It is not an institution. They would all like to know the reason why they might not have a home in the future. They each would like a response from the Department of Welfare and the Office of Licensing and Regulatory Management. They want to know if the Department is going to be able to prevent them from going to an institution if the new regulations make it too expensive for Evergreen to stay open. They like living in a smaller home. They cannot afford any increase in rent because of the source of their income, which is fixed. They have no assets beyond their clothing. They represent several thousand personal care home residents in Pennsylvania who are facing the same potential crisis. It is within the power of our state government to prevent this tragedy. It will create homelessness and institutionalization among this population. With one voice, they are asking for the proposed personal care home regulations to be stopped because they are excessive and unreasonable. If the SSI supplement cannot be increased beyond 2\$ a day (which didn't cover the increase in the cost of their toilet paper and shampoo) they at least want reasonable changes made by reasonable, knowledgeable people. They want the current proposed regulations stopped.

November 16, 2002

Ms. Gwendolyn Young-El
4432 North Marshall Street
Philadelphia, PA 19140

Independent Regulatory review Commission
333 Market Street 14th floor
Harrisburg, PA 17101

Dear Sirs,

I would like to draw your attention to Personal care Regulation #2600.251-253 Enforcement. There were penalties imposed which I feel appear to be reasonable but non of them have been included in this section. They are as follows:

(d) The department shall assess a penalty of \$100.00 per resident per day for each class I violation.

(e) The department shall assess a minimum of \$50.00 per resident per day for each class II violation.

(g) Failure to correct a class III violation within fifteen days shall result in a penalty assessment of \$25.00 per resident per day for each class III violation retroactive to the date of the citation.

(h) If a home is found to be operating without a license, a penalty of \$2,500.00 will be assessed – after fourteen days, if a home operating without a license fails to file an application for a license the department will assess an additional \$100.00 per resident for each day during which the home operator fails to apply.

Thank you for your time and I ask that you please support the efforts of the advocates who are working to ensure the safety and welfare of the residents of personal care homes both in Philadelphia and throughout the state.

Yours truly,

Gwen Young-El

Ms. Gwen young-El

RECEIVED
INDEPENDENT REGULATORY REVIEW COMMISSION
2002 DEC 12 AM 8:40

November 16, 2002

We the consumers would like to say that there are a lot of things that need to be addressed pertaining to the safety and personal welfare of the residents who reside in Personal Care Homes run by The department of Public welfare. There is a particular regulation, #2600-251-253, enforcement that we the undersigned would like to be enforced. Please except this letter from the consumers who care! We feel if these penalties are implemented, then we will have a better chance of living in a clean, safe, healthy environment.

1. Steve Schmidt
2. Mr. A.
3. Mike Rapp
4. Adam B.
5. Emory Cook
6. Janice Barr
7. Pat Thur
- 8.
- 9.
10. [Signature]
11. Terry Mc [Signature]
12. James Mc [Signature]
13. Linda [Signature]
14. [Signature]
15. [Signature]
- 16.
- 17.
- 18.
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- 25.

RECEIVED
NOV 20 2002
6801 FRANKFORD AVENUE
PHILADELPHIA, PA 19135

NECC - NORTHEAST CONSUMER CENTER
6801 Frankford Avenue
(Charles Street Entrance)
Philadelphia, PA 19135

11/15/02

Dear Sir: -

I went over all the Rules and Regulations proposed by the Department of Welfare and fully agree and recommend with my fellow residents, that the changes for a Personal Care Residence should be made as we have stated.

They would be a great benefit to both Residents, Staff, and Employees at our facility. It would also keep our personal costs more reasonable, and keep Personal Care Homes a place of comfort to spend our ageing years.

We all thank you for your consideration to us.

Eleanor K. Bortree

The Hickman

400 North Walnut Street

West Chester PA 19380-2487

Sincerely,

Eleanor K. Bortree

Changes to 53 Par. Code Chapter 2600

Sellers, Dotty

14-475 (770) Page 1 of 2

'Same commenter as
3,24 & 769'

From: Royeby@aol.com
Sent: Monday, October 14, 2002 8:48 PM

To: cdent@pasen.gov; eholl@pasen.gov; jcont@pasen.gov; jearll@pasen.gov; mwaugh@pasen.gov; mwhite@pasen.gov; house97@epix.net; Parep160@aol.com; rbunt@pahousegop; habay30@naut.com; jorie@pahousegop; jcorman@pasen.gov; hmowery@pasen.gov; tmurphy@pasen.gov; nwenger@pasen.gov; kboyes@pahousegop; pcymer@pahousegop; jgerlach@pasen.gov; clemmond@pasen.gov; rmadigan@pasen.gov; jpicola@pasen.gov; jrhoades@pasen.gov; rrobbins@pasen.gov; mcivera@pahousegop; jmp@pahousegop.com; costa@dem.pasen.gov; musto@dem.pasen.gov; stout@dem.pasen.gov; rthompson@pasen.gov; dleh@pahousegop.com; pzug@pahousegop.com; garmstrong@pasen.gov; bodack@dem.pasen.gov; sgreenleaf@pasen.gov; hughes@dem.pasen.gov; rjubelirer@pasen.gov; mellow@dem.pasen.gov; wagner@dem.pasen.gov; jorie@pahousegop.com; rwilt@pahousegop.com; cbard@pahousegop.com; rbunt@pahousegop.com; cross@pahousegop.com; boscola@dem.pasen.gov; dbrightbill@pasen.gov; Senator_Fumo@fumo.com; kitchen@dem.pasen.gov; wozniak@dem.pasen.gov; pvance@pahousegop.com; mbaker@pahousegop.com; bsmith@pahousegop.com; ballen@pahousegop.com; jbaker@pahousegop.com; icohen@pahousegop.com; mdaily@pahousegop.com; aegolf@pahousegop.com; jevans@pahousegop.com; bfeese@pahousegop.com; igabig@pahousegop.com; rgeist@pahousegop.com; ghasay@pahousegop.com; ekrebs@pahousegop.com; klewis@pahousegop.com; jlynch@pahousegop.com; jmaher@pahousegop.com; smajor@pahousegop.com; JPippy@aol.com

Subject: Proposed Chapter 2600 Personal Care Home Regulations

To: All State Legislators Date: 10/14/2002

RE: Proposed Chapter 2600 Personal Care Home Regulations

This plea is a request for all state legislators to provide comments to the DPW before November 4, 2002 on the proposed Chapter 2600 Regulations. If implemented these regulations will eliminate small personal care homes that provide a social model of safe residential care for poor people, including former mental health patients, and will displace more than 10,500 SSI recipients. These regulations were drafted on the pretense of compliance with the Governors Executive Order to reduce regulations. Instead the proposed regulations far exceed current regulations. Many of the regulations are institutional and have been extracted from health care regulations, including mental health treatment center regulations.

COST ESTIMATE

Because of the multiple ramifications of the proposed regulations, it is not possible to provide any estimate. Not only will the regulations displace poor people; it will double or triple operational costs. There is no basis for the estimate that the regulations will only cost the homes \$680. Likewise, it is not true that the regulations will cost the government nothing. Given past experience it will take years for DPW to develop new guidelines, new forms, and new agencies to implement the proposed regulations and double the current staff of inspectors to enforce them.

RESEARCH

There is no research to document the need for the changes or to determine that the changes will improve the level of health and safety protection for the residents. There is no research to document that it places the Commonwealth in line with other states and the personal care home industry nationwide.

PURPOSE OF REGULATION

The Office of Licensing and Regulatory Management states that PCHs are a vital and important component of the continuum of community-based long-term residential care services. In reality, PCHs are an alternative rather than a part of the continuum. PCHs receive no financial support from the budget of community-based residential services.

COMPONENTS OF THE PROPOSED REGULATIONS THAT WILL INCREASE OPERATIONAL COST

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.

10/15/2002

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 ratio.
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.

From: Margaret Eby, Director Personal Care Resource Center
41 Londonvale Road, Gordonville, PA 17529

November 15, 2002

Independent Regulatory Review Commission
333Market St., 14th floor
Harrisburg. Pa. 17101

NOV 19 10 54 02

RECEIVED
INDEPENDENT REGULATORY REVIEW COMMISSION

Dear Commission Members,

In regard to pending regulations that will effect personal care homes, I have a brother who is a V.A. out -patient who lives at Colonial Gardens in Butler County, PA. My brother is Thomas E. Ruffner, and is a Vietnam Veteran who has been in V.A. care for ~ 30 years. (In - Patient and Out - Patient) He has been at Colonial Gardens Guest House for 7 years and has been the happiest and most content we have seen him in recent times.

Colonial Gardens is a very clean facility and is staffed by people who are kind, considerate and caring of the 40 men that live there. My family and I have attended many functions there, such as, Xmas parties, picnics, in addition to our regular visits with Tom.

Please stop the process of the new regulations that are being considered that I feel would put a hardship on smaller P.C. Homes , perhaps even putting them out of business. They provide jobs for people in the local communities. I feel that this is an attempt to get rid of the smaller homes so that the larger (BIG BUSINESS) nursing facilities can take over care for these unfortunate individuals & drive up the cost of personal care to line their own pockets.

Sincerely,



Charles.L.Ruffner
283 Yosemite Dr.
Pgh.Pa.15235
412-795-3343
crruff@stargate.net

14-475 (769) Page 1 of 1
'Same commenter as
3, 24''

Sellers, Dotty

Original: 2294

From: Royeby@aol.com

Sent: Tuesday, October 15, 2002 1:44 PM

To: cdent@pasen.gov; eholl@pasen.gov; jconti@pasen.gov; jearll@pasen.gov; mwaugh@pasen.gov; mwhite@pasen.gov; house97@epix.net; Parep160@aol.com; rbunt@pahousegop; habay30@naut.com; jorie@pahousegop; jcorman@pasen.gov; hmowery@pasen.gov; tmurphy@pasen.gov; nwenger@pasen.gov; kboyes@pahousegop; pcymer@pahousegop; jgerlach@pasen.gov; clemmond@pasen.gov; rmadigan@pasen.gov; jpicola@pasen.gov; jrhoades@pasen.gov; rrobbins@pasen.gov; mcivera@pahousegop; jmp@pahousegop.com; costa@dem.pasen.gov; musto@dem.pasen.gov; stout@dem.pasen.gov; rthompson@pasen.gov; dieh@pahousegop.com; pzug@pahousegop.com; garmstrong@pasen.gov; bodack@dem.pasen.gov; sgreenleaf@pasen.gov; hughes@dem.pasen.gov; rjubelirer@pasen.gov; mellow@dem.pasen.gov; wagner@dem.pasen.gov; jorie@pahousegop.com; rwilt@pahousegop.com; cbard@pahousegop.com; rbunt@pahousegop.com; cross@pahousegop.com; boscola@dem.pasen.gov; dbrightbill@pasen.gov; Senator_Fumo@fumo.com; kitchen@dem.pasen.gov; wozniak@dem.pasen.gov; pvance@pahousegop.com; mbaker@pahousegop.com; bsmith@pahousegop.com; ballen@pahousegop.com; jbaker@pahousegop.com; icohen@pahousegop.com; mdaily@pahousegop.com; aegolf@pahousegop.com; jevans@pahousegop.com; bfeese@pahousegop.com; igabig@pahousegop.com; rgeist@pahousegop.com; ghasay@pahousegop.com; ekrebs@pahousegop.com; klewis@pahousegop.com; jlynch@pahousegop.com; jmaher@pahousegop.com; smajor@pahousegop.com; JPippy@aol.com

Subject: Proposed Chapter 2600 PCH Regulations

I have completed my review of the proposed Chapter 2600 PCH Regulations and am providing you with a copy of my comments.

If you have any questions please call me at 717-768-7271.

Thank you.

Margaret Eby, Director

Personal Care Resource Center

41 Londonvale Road, Gordonville, PA 17529

RECEIVED
OCT 25 PM 3:50
NEW YORK COMMISSION

10/15/2002

COMMENTS ON THE PROPOSED CHAPTER 2600 PCH REGULATIONS

The proposed Chapter 2600 Regulations were drafted on the pretense of compliance with the Governors Executive Order of February 6, 1996. Not only do the Proposed Chapter 2600 Regulations fail to meet the intent of the Executive Order; they do the exact opposite.

EXECUTIVE ORDER OF FEBRUARY 6, 1996

Whereas the volume and scope of regulations have grown at an alarming rate in recent years; and Whereas, a regulation should be promulgated only after a determination that it is necessary to address a compelling public interest; and, Whereas, political subdivisions and the private sector have often been asked to comply with regulations that were drafted and promulgated without meaningful input from these members of the regulated community; and Whereas, burdensome regulations have placed undue restrictions on the regulated community and have hampered Pennsylvania's ability to compete effectively with other states; and Whereas, despite the increasing volume and burden of regulations, they remain an appropriate and necessary means of protecting the public health and safety.

GENERAL REQUIREMENTS OF GOVERNOR'S EXECUTIVE ORDER

The Governor's Executive Order also established very specific General Requirements that all agencies must meet before regulations are drafted. It is my position that the Proposed Chapter 2600 Personal Care Home Regulations contradicts nearly every item in the General Requirements for writing new regulations.

- Regulations shall address a compelling public interest.*
- Costs of regulations shall not outweigh their benefits. ...*
- Regulations shall be written in clear, concise, and when possible, non-technical language.*
- Regulations shall address definable public health, safety or environmental risks.*
- Where federal laws exist, Pennsylvania's regulations shall not exceed federal standards*
- Compliance shall be the goal of all regulations.*
- Where viable non-regulatory alternatives exist; they shall be preferred over regulations.*
- Regulations shall be drafted and promulgated with early and meaningful input from the regulated community.*
- Regulations shall not hamper Pennsylvania's ability to compete effectively with other states.*
- All agency heads shall be held directly accountable for regulations promulgated by their respective agencies.*

PURPOSE OF REGULATION

The Office of Licensing and Regulatory Management states that PCHs are a vital and important component of the continuum of community-based long-term residential care services. In reality, PCHs are an alternative rather than a part of the continuum. PCHs receive 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. Many of the regulations are institutional and have been extracted from health care regulations, including mental health treatment center regulations.

COST ESTIMATE

The proposed regulations have multiple ramifications making it totally impossible to make any estimate of cost. It will double or triple operational costs of a typical home. There is no basis for the estimate that the regulations will only cost the homes \$680. Likewise, it is not true that the regulations will cost the government nothing. Given past experience 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 COST

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.
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20. A support plan that will increase responsibility and liability exposures.
21. Excessive record keeping requirements.

COMMENTS ON THE PROPOSED CHAPTER 2600 PCH REGULATIONS

Much of the confusing language of the regulations 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 apparent that the authors had no prior experience in personal care or in writing regulations. It appears 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.

The Proposed Chapter 2600 PCH Regulations are so flawed that it was difficult to comment on the individual standards. What I have prepared is only a partial list of problems and concerns. I recommend that instead of trying to fix the proposed regulations, we go back to the current regulations and identify problem areas. It will be much better to fix the current regulations than to try and make the proposed regulations work. Most of the current regulations are appropriate. It is wrong to totally change the entire regulation and destroy what is good and what is working. There is no reason to “throw the baby out with the bath water.”

2600.20 Resident funds

The language for financial management is not appropriate for the level of financial assistance that a PCH provides. PCHs are not financial advisors and should not be providing financial counseling sessions. The PCH should only control the funds entrusted to the PCH to ensure that they are used for the resident's own benefit. To give **immediately** upon request any fund less than \$10 is not appropriate unless there is an emergency. Interest bearing accounts for a deposit of \$200 is out-dated and should be deleted. There are no financial institutions offering this service. Since there is no guardianship program, the home and/or the administrator should have the option of providing this service.

2600.26 Resident Contract

It would be very costly to write new contracts for every resident. A contract should state clearly what you are buying and how much you are going to pay. The contract proposed by the regulations would be very long and have a lot of information not appropriate for a resident agreement. It is not appropriate to list the personal care services in the agreement or forms and documents required for the resident's records in the contract. The current DPW approved contract was developed after years of research. It serves the industry and the resident population well. There is no research to show the need make a change to the existing contract.

2600.28(d) (3) SSI Recipient

This regulation prohibits third party billing for personal care service. SSI is not adequate to pay for personal care services. PCHs should continue to seek private third party payment for a service that is not funded by public dollars. DPW should not restrict the right 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.

2600.29 (e) Refunds

This language has the potential of requiring the home to give a refund upon notification from the facility where the resident is transferred to before the room is vacated.

2600.32 Specific Rights -

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

It is cost prohibitive for a PCH to be responsible to assure the residents receives these services. Behavioral health, rehabilitation services and dental treatment are not available or accessible to many PCH residents. The responsibility to insure this right should be delegated to the advocates and the community social service agencies that receive public funds to provide those services. **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.

It is cost prohibitive for a PCH to be responsible for residents clothing. A PCH can not 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 home in relocating.

It is cost prohibitive for a PCH to be the case-manager and placement agency for relocation of residents. This responsibility should be delegated to a community social service agency or a qualified placement agency that is funded to provide this service. **Assistance must be defined to limit the expectations of the PCH.**

(u) **A resident shall have the right to remain in the home, as long as it is operating with a licensee, except in the circumstances of nonpayment following a documented effort to obtain payment, higher level of care needs, or if the resident is a danger to self or others.**

The cost and liability of not being able to terminate an agreement for a resident who will not adhere to home rules, will not respect the rights and dignity of staff and other resident, who physically, sexually or verbally abuses staff and other residents, who is a nuisance in the neighborhood, steals from staff, other residents or the neighbors, is incompatible with other residents, and refuses to follow or cooperate with a treatment plan, is not acceptable.

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

The PCH has no control over the amount of medication that is prescribed by the doctor and cannot be responsible to provide this right.

2600.53 Staff titles and qualification for administrators

This requirement of the administrator to have 60 credit hours from an accredited college will more than double the cost of an administrator. Small independently operated homes that are providing a social model PCH do not need this education level for an administrator. The increased cost would force many homes to close and would displace many low-income residents.

2600.54 Staff titles and qualification for direct care staff

The proposed staff titles and qualification for direct care staff are not appropriate for a personal care. 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.

2600.56 Staff Ratio

The increase in staff ratio is not appropriate for a personal care home. 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.

2600.58 Staff Training and Orientation & Continuing Education

The level of training proposed is not appropriate for the population served in personal care homes. It would divert time from resident care and increase the liability and the insurance premiums for the PCH.

2600.59 Staff Training Plan

There is no basis to determine the need for a staff-training plan with so many requirements. The increase in paperwork for a staff-training plan will increase operational cost and divert valuable time away from resident care.

2600.60 Individual staff training plan

There is no need for an annual written individual staff-training plan for each employee, appropriate to that employee's skill level with a plan to identify the subject areas and the potential training resource. The increase in paperwork for an individual staff training plan will increase operational costs and will diverts time from resident care.

2600.85 Sanitation

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

2600.88 Surfaces

The expense of removing lead base paint is not justified because it would be extremely rare that a PCH would get a referral of a resident that eats paint. It would be more cost effective to make eating paint an “**exclusionary factor.**” A resident who eats paint should be accepted only if the home is free of lead based paints. .

2600.90 Communication system

Portable radios beepers and intercom systems are costly and not appropriate for many small homes. This is a home and not an institution. There may be times when the staff cannot communicate with one another. It is totally unacceptable to have staff carry a two-way radio.

2600.96 First Aid Supplies

It is not appropriate for a PCH to have syrup of ipecac with the first aid supplies.

2600.98 Indoor activity space

Dining areas, living areas can be used for activity space. It is not necessary to have activity space be large enough with sufficient chairs and tables for all residents and their families. It is highly unlikely that all families will visit at the same time. It is not appropriate to require that the TV be located in “largest” living room. Residents may be better served if the “largest” room is used to socialize and a smaller room used for TV. Separate indoor activity space is an added and unnecessary expense to the home.

2600.101 Resident Bedroom

(k) (3) Plastic covered fire retardant mattress are not appropriate for residents who have bowel and bladder control. The kind of mattress is determined by the kind of resident served.

(r) The home should provide a chair that provides a reasonable standard of comfort. It is not appropriate to have a regulation where the resident can select the type of chair they want and expect the home to pay for it.

2600.102 Bathrooms

The requirement to provide each resident with a towel, washcloth, soap, toothbrush, toothpaste, shampoo, deodorant, comb and hairbrush is out-dated and should be deleted. The personal needs allowance was increased to \$60 so that residents would have the resources to buy personal needs supplies. Being able to make responsible and personal choices is essential to promoting independence and self-determination.

2600.104 Dining room

A family pet can be very important to PCH residents. Delete the requirement that no animals are permitted in the dining room.

2600.105 Laundry

The PCH should have the option to provide a non-coin operated washer and dryer with detergent for those residents who desire to do their own laundry.

2600.123 Emergency Evacuation

Fire safety regulations for immobile residents should be the responsibility of L&I.

2600.126 Furnaces

The requirement that a furnace be cleaned according to manufacturer instruction is not acceptable. The language should be changed to read “that a furnace should be inspected and cleaned by a professional or trained maintenance staff person and documentation of the inspection and cleaning shall be 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 and Fire Alarms in PCHs. It is not appropriate for DPW to include a regulation regarding the placement of smoke detectors and fire alarms.

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 PCHs. It is not appropriate for DPW to include regulations about fire extinguishers.

2600.141 Resident health exam and medical care

The Office of Income Maintenance spent years designing the current medical evaluation form (MA51). It works well and meets the needs of the resident and the home. There is no reason to change it. It is not reasonable to expect the PCH to monitor what the physician puts on the medical evaluation. The medical evaluation 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 into the 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 PCH to provide dental, vision, hearing and mental health or other behavioral services. Providers of these services should be licensed as a health care facility. The PCH should assist in scheduling appointments and reminding the resident of appointments. It is not appropriate to require the PCH to train residents about the need for health care. It is not appropriate to require the PCH to obtain consent for Health care treatment. The health care vendor should obtain his or her own consent. Personal care homes are not guardians and should not provide the function of the guardian. 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 PCH can provide first aid and call an ambulance but it cannot ensure immediate and direct access to emergency medical care and treatment.

2600.145 Supervised care

An appropriate assessment agency to which the PCH shall make referrals for residents whose needs cannot be met in the PCH must be established before a regulation requiring it can be implemented. At this time, no such agency exists.

2600.161 Nutritional Adequacy

(f) **Therapeutic diets** – Not every personal care home can provide every service. A PCH that does not have a dietitian on staff could elect not to accept a resident who requires a monitored therapeutic diet. PCH residents have the right to come and go at will and the PCH has no way to ensure that the therapeutic diet is followed.

(g) The requirement that a beverage be offered every two hours should be deleted. Many PCH residents are independent and capable of getting their own beverages.

2600.162 Meal preparation

It is not reasonable to require the home to provide meals whenever a resident misses a meal. Meals are served at scheduled times. The home should require the Resident to notify the home if they will not be there at mealtime and request that a meal is saved for them.

2600.171 Transportation

It is not reasonable to have a regulation regarding transportation. Many PCHs provide transportation **only** because DPW fails to meet their promise and obligation to provide medical transportation. DPW should fix their transportation problem before they try to regulate the people who are doing their job. Poor medical transportation for PCH residents is a big problem that DPW continues to ignore. In recent years, it has grown worse instead of better. In some situations, transportation vendors are paid more to provide routine transportation than the home is paid to provide round-the-clock care. However, they will not provide non-routine transportation that is off their route. If the PCH provides the transportation at best, they are paid 12 cents – 35 cents per mile. They can expect nothing for the time. Residents have come to expect the PCH to provide transportation because public funded transportation is so poor. It 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. There is no reason to prohibit a resident with a valid driver's license from providing a ride to other residents in the home.

MEDICATION

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 has been extracted from institutional regulations of mental health treatment centers and could cost several hundred dollars per day. Residents with behavior that endangers other residents, staff or others belong in a mental health 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.

2600.221 Community social services

The role of Community social service agencies and a description of the services that they can offer the resident needs to be defined before the PCH can encourage and assist residents to use the services.

2600.223 Description of services.

The screening instrument defines the resident needs and the services the PCH 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 Pre-admission screening tool

A local assessment agency needs to be developed before a regulation can require a PCH to refer an applicant whose needs can not 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

Support plans are not appropriate for PCH. They change the purpose and goal of the PCH. There is no documentation regarding the need to change the screening and assessment tools currently used. A support plan will not improve the quality of care and divert staff time away from resident care. Support plans are institutional, very costly and should be deleted.

2600.228 Notification of termination

Delete the requirement that infers that the PCH is responsible to **relocate the resident to a home that meets his needs**. The PCH is not a placement agency and should not have this responsibility.

2600.222 Description of services

A written description of services and activities provided is included in the resident's contract. A written procedure for the delivery and management of services from admission to discharge homes is not needed. It will not improve the quality of care and the added financial burden is not warranted.

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.

As previously stated 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.

2600.229 Mobility standards

This standard is out-dated and should be expanded to include three level of mobility, i.e., I

1. Independently 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 days grace period is acceptable for a resident who becomes immobile.

2600.241 Resident records.

There is no documented need to increase the current record keeping requirements. Excessive paperwork detracts from resident care. Duplication of paperwork causes confusion. PCH records should not contain a lot of highly confidential information and should not be subjected to regulations as such.

2600.242 Contents of records

There is no documented need to increase the current record keeping requirements. Excessive paperwork detracts from resident care. Duplication of paperwork causes confusion. The purpose of a recent photo in the resident's record may be needed in large homes for identification purposes. This could be an option but it should not be a regulation. It could be offensive to the resident. Not everyone likes having his or her picture taken. Physician's examinations and medical evaluation forms should be retained in the record until the resident leaves the PCH. Medical transfer & hospital discharge summaries should be provided to the PCH on the "need to know" basis. Medical records should be provided to the medical personnel who will be providing treatment to the resident and have the ability to interpret the information. The extensive record keeping required by the proposed regulations will move the PCH caregiver from resident care to a record keeper.

2600.243 Record retention and disposal

PCH records are not medical records and should not be subject to these requirements.

2600.244 Record access and security

PCH records are not medical records and do not contain highly confidential information. There should be no reason to lock records in a secure location.

2600.251 Classification of violations

The violations of regulations can not be classified into three categories of classes. There needs to be a fourth class for the many potential violations that would have not have any adverse effect on the health, safety or well being of the resident.

2600.252 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.

2600.253 Revocation or non-renewal of licenses

Many of the proposed regulations do not meet the standard of reasonable. Revocation should only be implemented for violation of uncorrected regulations that have an effect on the health, safety and wellbeing of the resident.

2600.254 Policies, plans and procedures of the home

The purpose of a written policy and procedure manual is to insure the smooth operation of the home and to insure that the residents get the quality of care they need. A written manual is essential for large PCHs with changing staff. Whereas, a manual is an added burden that does nothing to improve the quality of care, for a small home with few staff and little turn over. A policy and procedure manual may make it easier for the inspector, but the time spent organizing it will take away from resident care. This requirement will move the administrator away from resident care to that of a record keeper making a paper trail.

Prepared by: Margaret Eby
Personal Care Resource Center
October, 2002

2002 NOV 25 AM 9:09

INDEPENDENT REGULATORY
REVIEW COMMISSION

November 13, 2002

Hon. Frank Oliver, Democratic Chair
House Health and Human Services Committee
34 East Wing
Harrisburg, PA 17120-2020

Dear Representative Oliver,

A number of advocacy and consumer groups have submitted recommendations that should be acted upon to ensure that thousands of our most vulnerable citizens live in homes that meet an acceptable standard of care. There should be no further delay in implementing regulations that will work to ensure the health and wellbeing of the residents. DPW should be held accountable for enforcing penalties for code violations as improved regulations will only be effective if enforcement is strictly adhered to.

I am attaching a copy of the regulation that is of major concern to me, as well as language changes that should be incorporated into the regulations.

Please support the efforts of the advocates throughout the state to provide residents of personal care homes with a safe and healthy environment. Thank you for your consideration in this matter.

Sincerely,



Corbitt D. Banks,
Outreach Advocacy Coordinator
MHASP

cc:

Teleta Nevius
Hon. George T. Kenney, Jr.
Hon. Harold Mowery, Jr.
Hon. Timothy Murphy
Hon. Vincent Hughes
Independent Regulatory Review

1211 Chestnut Street, 11th Floor • Philadelphia, PA 19107 • 215.751.1800 • Fax: 215. 636.6300
Website: www.mhasp.org • Email: mha@mhasp.org

A United Way Agency



2600.229-Secured Units Requirements

I am extremely concerned that the proposed regulation offer little or no safeguards for residents who may be admitted to secured unit, what disclosure must be made, and what DPW oversight there will be of secured units. In fact, the proposed regulations leave out any requirement that DPW inspect and be satisfied that the secured units meets these requirements prior to the secured unit opening and admitting residents. All the requirements must be met prior to the facility receiving approval as a secured unit.

The section should begin with a paragraph saying that:

Secured Units to serve residents with confirmed cognitive impairments and a need for restrictions on their mobility are permissible for homes that meet all licensure requirements of this chapter and this section. Prior to opening operating a secured unit, the Department shall confirm that all requirements are met and certify in writing that the home has met the requirements and is authorized to operate a secured unit.

In addition a number of additions should be made to subsections (c) (5), (f), (g) and (j) as follows:

(c)(5) The home shall maintain a written agreement containing everything required in the agreement section of these regulations plus a full disclosure of the regulatory requirements of this section (22600.229) and certification that the PCBH has met these secured unit requirements.

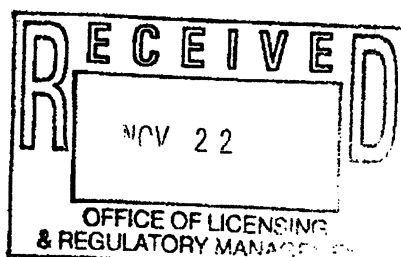
(f) And (g) should specify how many additional hours of orientation and training must be completed.

(j)(I) 60 days prior to desired date of the secured unit becoming operational for the first time, the legal entity shall submit to the appropriate Department Regional Office in writing a request for approval of secured unit indicating the home's need or desire to implement a secured unit with the home.

14-475 (767)

Dolores Hixson
107 Kathy Drive
Hunker, PA 15639
November 13, 2002

Teleta Nervius, Director
Department of Public Welfare
Room 16, Health & Welfare Bldg.
PO Box 2675
Harrisburg, PA 17210



Dear Teleta Nevius,

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

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

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

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

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

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

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

Sincerely,

Dolores Hixson

Original: 2294

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November 12, 2002

INDEPENDENT REGULATORY
REVIEW COMMISSION

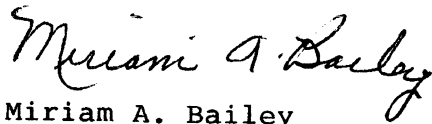
Independent Regulatory Commission
333 MARKET St., 14th floor
Harrisburg, PA 17101

Dear Sirs:

I am writing about the regulations regarding small nursing homes. The proposal regulation will be putting the small homes out of business because of the inability of the smaller homes to keep pace with the large operations.

My Son is now at Colonial Gardens out of Butler, PA. He is very happy there and is receiving good care. In fact, this is his home. There are 40 Veterans there who are his family. He would be unable to care for himself. Please stop these unrealistic regulations and send me an answer regarding these regulations.

Sincerely.

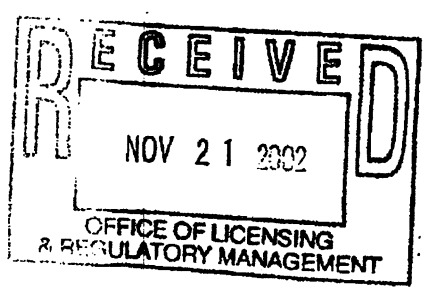


Ms Miriam A. Bailey
5401 Bethany Way #7
Lakeland, FL 33810
Phone: 863-858-9310

14-475 (766)



Original: 2294



November 13, 2002

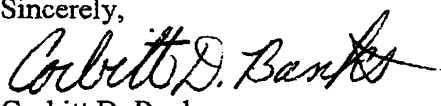
Hon. Frank Oliver, Democratic Chair
House Health and Human Services Committee
34 East Wing
Harrisburg, PA 17120-2020

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Sincerely,

Corbitt D. Banks,
Outreach Advocacy Coordinator
MHASP

cc:
Teleta Nevius
Hon. George T. Kenney, Jr.
Hon. Harold Mowery, Jr.
Hon. Timothy Murphy
Hon. Vincent Hughes
Independent Regulatory Review

1211 Chestnut Street, 11th Floor • Philadelphia, PA 19107 • 215.751.1800 • Fax: 215. 636.6300
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Original: 2294



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LABORATORY
REVIEW COMMISSION



November 12, 2002

Contact: Patricia A. McNamara
Phone: 717-221-7934/ E-mail: pmcnamara@phca.org

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

Re: Proposed Personal Care Home Regulation Comments -- *via e-mail and hand delivery*

Dear Ms. Nevius:

The Center for Assisted Living Management (CALM), affiliate of the Pennsylvania Health Care Association (PHCA), representing more than 100 personal care homes with more than 6500 beds, respectfully submits the attached comments on the draft personal care home (PCH) regulations.

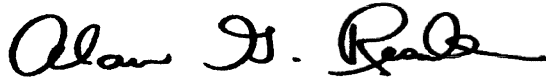
We have attached general overview comments and observations and also line-by-line comments for only the areas in the proposed regulations where would like to see changes made.

It is our hope that we can continue to work together to fashion an updated set of regulations that will:

- Embody a philosophy of regulation that reflects the elements of personal choice and assumption of risk inherent in personal care homes today.
- Protect small and large operators from financial ruin so that access to care is preserved.
- Protect frail seniors as they "age in the *appropriate* place" and as their care needs grow.
- Establish the predicate for greater public funding for personal care homes residents in PA.
- Preserve the social, home-like model of personal care that meets the preferences of the consumer.
- Establish a "quality improvement" rather than a "punishment" model of oversight (for example, the state should consider creating an Office of Technical Assistance for providers that is funded in part by the fines they collect from enforcement).

We appreciate the opportunity to comment and look forward to working together to modify the proposed regulations further to meet all of our goals.

Sincerely,

A handwritten signature in black ink, appearing to read "Alan G. Rosenbloom". The signature is fluid and cursive, with the first name "Alan" being the most prominent.

Alan G. Rosenbloom
President

CC: Robert E. Nyce, Executive Director, IRRC
Senate Public Health and Welfare Committee
House Health & Human Services Committee

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

Economic or fiscal impact of the regulation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Conclusion

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

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

Specific Comments and Language Change Suggestions in the Proposed Regulations

Key:

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

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

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

PROPOSED RULEMAKING

DEPARTMENT OF
PUBLIC WELFARE

[55 PA. CODE CHS. 2600 AND 2620]

Personal Care Homes

GENERAL PROVISIONS

§ 2600.4. Definitions.

Direct care staff--

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

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

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

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

Personal care resident or resident--A person, unrelated to the licensee, who resides in a personal care home and who may require and receive personal care services but does not require the level of care provided by a hospital or long-term care facility. In references to the resident's involvement in decision-making, this term may also refer to the resident's power of attorney or legal representative or responsible party if the resident is incapable of understanding or making decisions on their own behalf.

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

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

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

GENERAL REQUIREMENTS

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

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

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

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

§ 2600.16. Reportable incidents.

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

(18) A final termination notice from a utility.

§ 2600.17. Confidentiality of records.

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

§ 2600.19. Waivers.

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

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

§ 2600.20. Resident funds.

- (12) Upon discharge or transfer of the resident, the administrator shall ~~immediately~~ return the resident's funds being managed or being stored by the home to the resident in accordance with the terms outlined in the resident contract, not to exceed 30 days.

(Rationale: The home should be given a reasonable amount of time to determine whether the resident has outstanding charges and also nursing facility requirements in PA allow for a 60 day refund period.)

§ 2600.24. Tasks of daily living.

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

§ 2600.25. Personal hygiene.

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

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

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

- (3) The resident, or a designee, or the home, has the right to rescind the contract for up to 72 hours after the initial dated signature of the contract. Rescission of the contract shall be in writing addressed to the home, or the resident or a designee. *The home sometimes discovers within three days that the resident's assessment was not accurate and in fact the resident cannot be cared for by that particular home and therefore should be permitted to rescind the contract as well, giving the resident sufficient time to*

find alternative placement but not the full 30 days they would otherwise have. This is for the welfare of the resident as well.

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

§ 2600.29. Refunds.

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

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

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

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

RESIDENT RIGHTS

§ 2600.41. Notification of rights and complaint procedures.

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

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

§ 2600.42. Specific rights.

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

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

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

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

Please add:

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

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

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

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

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

STAFFING

§ 2600.53. Staff titles and qualifications for administrators.

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

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

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

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

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

Direct care staff shall have the following qualifications:

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

Please add:

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

§ 2600.55. Exceptions for staff qualifications.

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

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

§ 2600.56. Staffing.

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

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

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

§ 2600.57. Administrator training and orientation.

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

IRRC

From: Stephens, Michael J.
Sent: Tuesday, November 12, 2002 12:44 PM
To: IRRC
Cc: Harris, Mary Lou; Jewett, John H.; Klein, Elizabeth
Subject: FW: comment letter

2002 NOV 12 PM 12:57

INDUSTRIAL LABORATORY
REVIEW COMMISSION



PHCA CALM
Comments on Proposed

Here is CALM/PHCA's official comment document.

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

From: Pat McNamara [mailto:PMcNamara@PHCA.ORG]
Sent: Monday, November 11, 2002 9:57 AM
To: Stephens, Michael J.
Subject: RE: comment letter

Sorry for the confusion Mike. Attached is our final comment document. We must have inadvertently sent an earlier version. Thanks for checking.

Patricia A. McNamara
Director of Assisted Living
PHCA/CALM
315 North Second Street
Harrisburg, PA 17101
Ph: 717-221-7934 Fax: 717-221-8687
Visit us on-line at www.phca.org/calm!

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

From: Stephens, Michael J. [mailto:Mstephens@IRRC.STATE.PA.US]
Sent: Friday, November 08, 2002 2:43 PM
To: PMcNamara@PHCA.ORG
Subject: comment letter

Pat,

I tried to call you, but your message said you are out of the office today (and Brinda was not available either). We received a comment letter from your organization (dated November 1, 2002), signed by Alan Rosenbloom, from the Dept. However, the top of the document has a header that says "Draft Only." Do you intend for this to be considered as official comments from your organization? Keep in mind that any document that we receive is considered public information. If you would not like for this included in the public record file (and therefore not considered official comments by your organization), please let me know as soon as possible.

Sincerely,

Mike Stephens
Regulatory Analyst
IRRC
787-8491

PETITION

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

Thank you in advance in this cause.

NAME	ADDRESS	PHONE
Juanita Nelson	163 Spring Grove Rd, Pgh PA (unlisted)	
Jim Durkan	180 Penn Leav Dr, Monroeville, PA 15116	
Lanane Halfeder RN	3044 Leechburg Rd, Town Burnett 15065	
Camille Williams	100 Carriageway Pitta Pa 15229	
Ronald Carter, MD, DRC	2923 Amy Drive South Park, PA 15129 (unlisted)	
David P. Crowley Jr	1112 Holmes St McKees Rocks PA 15136	
Pauline Kambashi	401 Lammwood Ave, Pgh Pa 15227	
GITA MASOAI	502 Lenox Ave Pgh, PA 15221	
Deborah Blasingame	1449 Folger St Pgh PA 15221	412-944-9901
May Ann Carter	1508 Patricia Lane Versailles PA	823-2385
Derek Hassim	North Versailles PA	488-6065
Sherry Waring	Northside	412 231 9373
ERIC BROWN	GREENTREE	344-95452
Jana Kline	100 Blyn Main St	412 871-2488
Maen Dante	504 Chicon St.	412-823-6401
Christopher Krebs	27303 Evergreen Ln Imperial	724-695-8458
Kathleen Lewis	5 Edinburg Dr Pgh Pa	412 22-8674
C. Kerns	7439 McClure St Pgh Pa	15218
Ramona Watkins	1715 Weiler St	412-829-2562
E. Gamm	731 Braddock Rd	412 247-7542
Jean D. J. J. J.	224 Thackeria Dr.	
Dorothy Edelmann	224 E. Main St.	
Constance Ruffe	243 Penn Dr. Pgh Pa	15221

2001 NOV 12 AM 9:22

REVIEW COMMISSION

11-1-02

The Dept of Public Welfare
to whom it may concern:

I do not agree with the
new regulations proposed
for personal care homes

Sincerely,
Dana McKline

Dana McKline
100 Bryn Mawr Ct Apt 215
Pittsburgh PA 15221

Dear Legislator,

RECEIVED
2011 NOV 12 AM 9:22

REVIEW COMMISSION

I fully agree that there need to be some changes in health care. I don't agree that the changes need to be the meds being passed by Registered nurses. If you get Registered nurses or LPNs' to pass meds that's just a waste of money when all you have to hire is more caregivers get the caregivers the training they need and hire them. If there are changes that help the elderly it's a good thing not to go and hinder them. Some people don't seem to understand that the elderly need help so why don't you give them good things to look forward to and if raising the cost of living and changing the way of living to best suit you well I think that the changes need to start right at the top.



Ketisha Lewis

5 Edenburg Drive
Penn Hills Pa
15235

October 31, 2002

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

RECEIVED
21 NOV 12 AM 9:22
REVIEW COMMISSION

Dear Teleta Nevius:

My uncle lives in a personal care home, which accepts SSI as full payment. He has no assets and very little family. The staff at the home take excellent care of Jerry, but I'm very concerned about the new regulations which have been proposed.

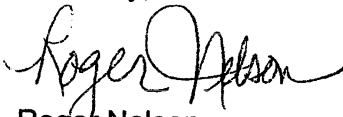
As I understand it, you have said there will be no cost to actually enacting these regulations, but I see major issues in the few areas I am familiar with.

Because of the increased training requirement, the requirement for an RN or LPN to pass meds, the provision for free local phone calls, and the support plans, there will be increased costs. It is irresponsible for you to say otherwise.

And why is it that the owners and managers of the personal care homes were not a part of the group actually writing the regulations? If my uncle's facility should have to close when and if these regulations are enacted, where should he go then? What arrangements are being made for the 10,000 + SSI residents in this state?

Please respond.

Sincerely,



Roger Nelson
3703 Gun Club Road
Murrysville, PA15668

October 31, 2002

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

RECEIVED
21 NOV 12 AM 9:22
ADMINISTRATIVE SERVICES
REVIEW COMMISSION

Dear Teleta Nevius:

I am the Director of Environmental Services for an Assisted Living facility.

I am amazed that you have written new regulations for the industry without the continuing input of the people who work with the everyday. This is just not smart. Who knows more about the actual problems and issues of the everyday operation of personal care homes.

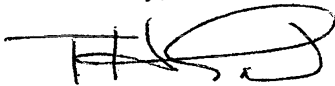
Why did you not visit homes and ask about the problems before the process ever started? We are aware of the actual problems which need changed, but no one has asked our opinion.

To require 40 hours training before a staff person begins the job is ridiculous. Many times, staff walks off after a few short hours on the job once they realize exactly what is require of them. Think of the lost income.

And to actually state that there is no cost to implement the new regulations is irresponsible.

Please respond.

Sincerely,



Tom Huhn
451 College Park Drive
Monroeville, PA 15146

October 31, 2002

RECEIVED
2002 NOV 12 AM 9:22
HARRISBURG
REVIEW COMMISSION

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

Dear Teleta Nevius:

I am a housekeeper for an assisted living facility.

The new regulations (which our administrator encouraged use to read) are really too restrictive and costly.

Our uncle lives in an SSI facility, which will have to close if these regulations are enacted. Where should he go then? Will you be arranging to take in the 19 people who are housed in his facility?

Please respond.

Sincerely,



Diane Nelson
3703 Gun Club Road
Murrysville, PA 15668

Oct. 29, 2002

2002 NOV 12 AM 9:22

Dear Legislator,

INDUSTRY LABORATORY
REVIEW COMMISSION

I am writing this letter in response to the new regulations that have been proposed. I work in the health care industry and the changes are only going to make it harder for us to care for our residents. I feel it would be very costly to require a licensed nurse only be able to pass medications. It would take away from being able to hire more caregivers and make sure they are trained properly. There are changes that need to be made, however this is not the area.

Sincerely,

Marquetta J. Calderini
Marquetta J. Calderini

76 Oliver Court
Pittsburgh, PA 15239

October 30, 2002

NOV 12 AM 9:22

INDUSTRIAL/ASSISTED LIVING
REVIEW/COMMISSION

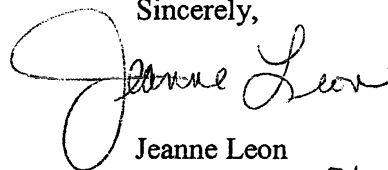
Dear Legislator,

I am writing to you on behalf of some of the proposed changes that may be occurring in the Personal Care/ Assisted Living industry. As an employee in an Assisted Living facility, I feel that I need to express a concern that I have over an issue that may affect our nurturing environment.

It has been brought to my attention that the Legislature would like to pass new laws concerning the distribution of medication to the homes' residents. If all of the Personal Care homes were to require C.N.A.'s or L.P.N.'s to distribute the residents' medications, that in turn would increase the cost of the individuals stay at any facility. I assure you that there is a L.P.N. on staff at all times, but she cannot be in all places at all times. This is why we have Care Givers that are well trained and professional in manner that distributes our residents' medications under the supervision of our Director of Nursing.

I hope that you have taken notice to the fact that I have been referring to our occupants as residents, and NOT patients! These wonderful people that stay in our facility are still mentally alert, and for the most part, mobile. They do not require round-the-clock care, such as someone in a hospital or nursing home environment. This is the type of environment that the individual and their family feel is the best for the loved one in question. If the Legislature changes some of the state's regulations to make our daily operations more costly then it will turn into a NO WIN situation for all parties concerned!

Sincerely,



Jeanne Leon

135 Jackson Rd

Pgh, PA 15239

October 30, 2002

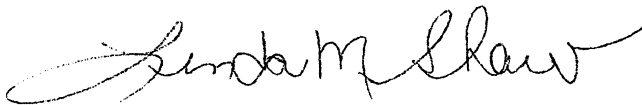
Dear Legislator

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

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

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

Sincerely,



Linda M. Shaw
49 PerryNew Ave
PCH PA 15214

October 30, 2002

Dear Legislator,

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

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

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

Sincerely,

Claudette Simmons

Claudette Simmons

805 Rose St.

N. Braddock Pa 15104



107 Fall Run Road
Pittsburgh, PA 15221
T (412) 244-9901 F (412) 244-1548

November 3, 2002

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

Dear Teleta Nevius:

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

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

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

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

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

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

Please consider these issues and respond. Thank you,


Phyllis N. Mrosco
Administrator

Phyllis N. Mrosco
R.D.#1, Box 261P
New Stanton, PA 15672-9608
412-580-6940

RECEIVED
2002 NOV 12 AM 9:22
INDIANAPOLIS REGULATORY
REVIEW COMMISSION

October 22, 2002

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

Dear Teleta Nevius:

According to section 2600.161 Nutritional adequacy (g) "Drinking water shall be available to the residents at all times. Other beverages shall be available and offered to the resident at least every 2 hours."

Can you tell me what the requirements are for a nursing home? Is it possible you assume staff, which is actually caring for the residents are not offering water? But to "require" staff to offer beverages every 2 hours seems a bit extreme.

Sincerely,



Phyllis N. Mrosco

Phyllis N. Mrosco
R.D.#1, Box 261P
New Stanton, PA 15672-9608
412-580-6940

2011 NOV 12 AM 9:22
HARRISBURG REGULATORY
REVIEW COMMISSION

October 22, 2002

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

Dear Teleta Nevius:

I am not opposed to additional training for the employees of personal care homes. But it needs to be reasonable, goal oriented and hands on. As administrators, we understand that we are getting residents who need far more care than we were originally equipped to handle.

We also understand that there are some homes, which should be closed. But we need to work together to accomplish new regulations, which make sense for all of us.

I look forward to working with you to rewrite these regulations .

Sincerely,



Phyllis N. Mrosco

Phyllis N. Mrosco
R.D.#1, Box 261P
New Stanton, PA 15672-9608
412-580-6940

2002 NOV 12 AM 9:22
REGULATORY
REVIEW COMMISSION

October 22, 2002

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

Dear Teleta Nevius:

I cannot believe you are not having hearings for these many, many changes in the currently proposed regulations. The enormous impact these regulations will have on all the personal care/assisted living facilities in the state is worthy of hearings. The elderly population, which is served by the PCH/AL facilities, remains unaware that the new proposed regulations will raise prices.

While Feather Houston has publicly announced, "those proposed rulemaking would strengthen health and safety requirements". In addition, under General Public the statement reads, "There will be no costs to the general public as a result of this proposed rulemaking". Because I am aware of the finances of the personal care home, which my uncle lives in, I know these changes will in fact cause a huge increase in their budget, causing my uncle to be displaced.

So, should I be considered a "stakeholder"? Why are not those people who take care of the finances of those residents involved? Why no public hearings? Please respond!

I can be reached anytime at the above phone number or daily at my office, 412-244-9901. You can also fax me at 412-244-1548 or e-mail me at pmrosco@grane.com.

Thank you for your time in responding to my concerns.

Sincerely,


Phyllis N. Mrosco

Phyllis N. Mrosco
R.D.#1, Box 261P
New Stanton, PA 15672-9608
412-580-6940

RECEIVED
OCT 22 2002
HARRISBURG
DEPARTMENT OF PUBLIC WELFARE
REGULATORY
REVIEW COMMISSION

October 22, 2002

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

Dear Teleta Nevius:

2600.53 Staff titles and qualifications for administrators: You require the following:

- (a) The administrator shall have one of the following qualifications:
 - (1) A valid license as a registered nurse, from this commonwealth.
 - (2) An associate's degree or 60 credit hours from an accredited college or university.
 - (3) A valid license as a licensed practical nurse, from this commonwealth and one year of work related experience in a related field.
 - (4) A valid license as a nursing home administrator from this commonwealth.

I have a very serious problem with this regulation. The entire personal care/assisted living system is based on a social model. Both as a personal care home administrator and as a consumer (I am POA for my uncle, who lives in an SSI personal care home) I strongly oppose this requirement.

I am qualified under the proposed regulations. But many, many of the administrators who I work with would not be. The administrator of the home where my uncle resides would be forced to close.

There are acceptable options to these requirements. Please explain why those options have not been explored. I await your response.

Sincerely,


Phyllis N. Mrosco

Phyllis N. Mrosco
R.D.#1, Box 261P
New Stanton, PA 15672-9608
412-580-6940

RECEIVED
OCT 22 12 34 PM '02
NEW STANTON, PA
RECEIVED

October 22, 2002

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

Dear Teleta Nevius:

According to the proposed regulations, 2600.32 (e), "the personal care home must provide local phone service for the resident". Why? This is a cost to the facility and they should be allowed to collect for these costs.

Please provide your thought process on this matter.

I can be reached anytime at the above phone number or daily at my office, 412-244-9901. You can also fax me at 412-244-1548 or e-mail me at pmrosco@grane.com.

Thank you for your time in responding to my concerns.

Sincerely,


Phyllis N. Mrosco

Phyllis N. Mrosco
R.D.#1, Box 261P
New Stanton, PA 15672-9608
412-580-6940

RECEIVED
OCT 22 2002
HARRISBURG, PA

October 22, 2002

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

Dear Teleta Nevius:

Regarding 2600.15(b) the reporting of abuse of a resident shouldn't there also be a requirement added to report family abuse.

I can be reached anytime at the above phone number or daily at my office, 412-244-9901. You can also fax me at 412-244-1548 or e-mail me at pmrosco@grane.com.

Thank you for your time in responding to my concerns.

Sincerely,


Phyllis N. Mrosco

Phyllis N. Mrosco
R.D.#1, Box 261P
New Stanton, PA 15672-9608
412-580-6940

RECEIVED
OCTOBER 22 AM 9:12
HARRISBURG
REVIEW COMMISSION

October 22, 2002

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

Dear Teleta Nevius:

While I appreciate the need to be sure our staff is of the highest caliber possible, there are many fine employees who do not have a high school diploma or GED. This should not rule them out as a potential employee. We are constantly struggling with keeping a full staff ratio as it is.

Please respond with your rationale for this.

I can be reached anytime at the above phone number or daily at my office, 412-244-9901. You can also fax me at 412-244-1548 or e-mail me at pmrosco@grane.com.

Thank you for your time in responding to my concerns.

Sincerely,


Phyllis N. Mrosco

Phyllis N. Mrosco
R.D.#1, Box 261P
New Stanton, PA 15672-9608
412-580-6940

RECEIVED
2002 NOV 12 AM 9:22
HARRISBURG, PA
REVIEW COMMISSION

October 31, 2002

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

Dear Teleta Nevius:

Beyond the rationale for requiring staff to have a GED or high school diploma, where are you going with the requirement that all direct care staff be 18 years of age? In many of the rural areas, there are many wonderful 16 and 17 year olds who want to work and are good workers who can supplement the care staff.

In many cases, the staff become like family to the resident. What possible reason can there be for this requirement?

I can be reached anytime at the above phone number or daily at my office, 412-244-9901. You can also fax me at 412-244-1548 or e-mail me at pmrosco@grane.com.

Thank you for your time in responding to my concerns.

Sincerely,


Phyllis N. Mrosco

Phyllis N. Mrosco
R.D.#1, Box 261P
New Stanton, PA 15672-9608
412-580-6940

NOV 12 AM 9:22

REVIEW COMMISSION

October 22, 2002

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

Dear Teleta Nevius:

Under 2600.56 Staffing (c) ".....The administrator shall be present in the personal care home an average of at least 20 hours per week, or in the alternative, a designee shall meet all of the qualifications and training for an administrator under 2600.53(relating to staff titles and qualifications for administrators.)

My understanding of this is that all facilities will have to have at least 2 administrators. This is incredible! You are attempting to redefine what the requirements are for being an administrator, putting many homes at risk for one administrator and now it appears we will need even more administrators in each facilities.

Can you be serious about this? Who will pay for these additional expenses? (Oh, I forgot---these new regulations will not cost the personal care home operators any additional monies.) Can you actually be serious about this?

I look forward to your answers.

I can be reached anytime at the above phone number or daily at my office, 412-244-9901. You can also fax me at 412-244-1548 or e-mail me at pmrosco@grane.com.

Thank you for your time in responding to my concerns.

Sincerely,


Phyllis N. Mrosco