

# Venango VNA Private Duty

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DEPARTMENT OF HEALTH

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OFFICE OF LEGAL COUNSEL

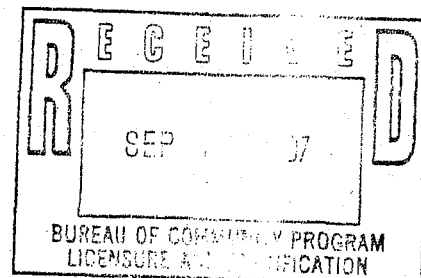
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2007.09.06

Janice Staloski, Director  
Pennsylvania Department of Health  
Bureau of Community Program Licensure and Certification  
132 Kline Plaza  
Suite A  
Harrisburg, PA 171041579

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Dear Ms. Staloski:

Greetings from Northwest Pennsylvania!

INDEPENDENT REGULATORY  
REVIEW COMMISSION

As nurse manager of a private duty home health enterprise, I would like to take a moment to comment on the final draft regulations amending the Health Care Facilities Act, which provide for the licensure of home care agencies and registries.

While I agree in principle with the goal of providing oversight of the private care industry via licensure requirements, I have a few reservations about the final draft contents as follows:

#### Section 611.32 – Retention of records

I believe the wording of this section should be changed from “on site” to “reasonably accessible”. Many agencies in this information age do not store records on site, but have reasonable access to an off site data mine or data warehouse.

#### Section 611.51

The department should clarify subsection (a) (2) to define exactly what constitutes a “satisfactory reference”. This requirement should clearly state that it applies to individuals hired AFTER the implementation of this legislation; those hired before implementation should not be required to retroactively meet this requirement.

#### Section 611.53 – Child Abuse Clearance:

I believe this section will result in a serious burden to agencies and registries by requiring all staff to have child abuse clearance, whether or not they have direct access to a child receiving services. As a result, many agencies may refuse to provide private duty care for minor age clients. This would be an unfortunate loss of service for this already under served population.

#### Section 611.55 – Training

I believe that some of the requirements of this section are extraordinary for those providing basic assistance with activities of daily living. The mandate of this legislation is to pursue a social, rather than a medical model. Yet the training requirements seem to contradict that mandate.

Specifically, I believe the required training should include subsections 1-9 only.

Section 611.56 – Health Evaluations

I believe that employers should be able to accept proof of health screening from another agency or provider, provided the screening was completed within 1 year of present hire date.

I also believe the conditions itemized as (1) through (5) in this section are completely spurious. Why is Hepatitis A singled out, among all the hepatitis family? How did “Shiga toxin producing E. Coli make this list? How many of the literally hundreds of causes of diarrhea should be “screened” for?

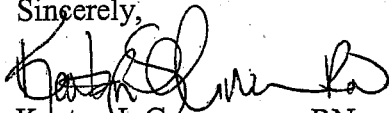
What other health care agency is required to meet such requirements, and what would be the point? What constitutes a “screening?” The paragraph that lists specific “communicable diseases and conditions” should be reconsidered, and possibly discarded altogether. I do not believe it would be possible for any agency or registry to meet this requirement as it is currently worded.

Section 611.57 – Consumer Protections

Subsection (C) is unnecessarily burdensome. This section should at least provide that the information required may initially be provided verbally, with a reasonable window for providing the information in writing – perhaps five days. Otherwise services will be unnecessarily delayed for many clients.

I applaud the Department of Health for recognizing homecare as a vital and desirable service for many Pennsylvania residents. Thank you for your kind attention to the concerns I have expressed.

Sincerely,



Kenton J. Commesser, RN  
Nurse Manager