

2712

14-514

L-28

Comments on Proposed Assisted Living Regulations

2800.11

We would like to question the high licensure application/renewal fee of \$500 and the \$105 per bed fee. Our current license fee is \$30 and will increase to \$9320. This increase will be a hardship to our facility as a non-profit, government entity. We currently subsidize approximately 63% of our residents.

2800.16

(a) (3)

We are questioning the need to report an illness requiring treatment at a hospital. Many individuals are treated for illness in this population. If a resident has a chronic condition or experiences an acute illness, they often require hospitalization. We do not think this should be considered a reportable event.

(a) (20)

An absence of staff or inadequate staff to supervise residents. Does this require a reportable incident for any staff absence?

2800.22

(a)(2)

Medical evaluation completed 60 days prior to or 15 days after admission on a form specified by the Department. We would like to question the need to have the medical evaluation within 15 days of admission. We would like to see the time extended to 30 days due to the difficulty of having appointments scheduled and changing insurance coverage to a local primary physician often requires 30 days.

2800.25

(b)

We would like to question the contract being terminated with only 14 days notice by the resident. The residence is required to give 30 days notice. It is a standard practice to give 30 days unless there is a level of care change. We would like to see this maintained.

2800.23

(a)(b)

We are unsure how these are related to activities.

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2800.25

(e)

The resident has the right to rescind the contract up to 72 hours or upon receipt of the initial support plan. This would give the resident up to 30 days to rescind the contract based on the completion of the initial support plan.

2800.25

(i)

Supplemental health care services must be package, contracted and priced separately. Can you explain this further?

2800.56

(a)(b)

40-hour requirement per each week seems high. Designee shall have same training required of administrator. This may make it difficult to attend training if two people need the same education. Could be a hardship for small facilities. Will PCH administrators be grandfathered in or will we need to complete all new training?

2800.61

(e)

Residence shall have a dietician on staff or under contract. This could prove to be a financial hardship. This would require hiring a high salary individual.

2800.63

(a)

There shall be sufficient staff trained – What is considered sufficient staff?

2800.101

(2)

Each living unit must have at least 175 feet square footage with an additional 80 square feet for share room. Our facility is almost all shared rooms with none meeting these square footage requirements. Will we be eligible to be grandfathered?

(4)(c)

Two residents may voluntarily agree to share one living unit if the agreement is in writing and contained in each of the resident-residence contract of those residents. Does the contract need to name the other resident by name? Do we issue a new contract each time the resident moves to another room? What happens if a resident refuses to agree to live with another resident?

(d)(2)

Existing facilities must meet the following requirements related to kitchen capacity

Our facility will be unable to provide any kitchen in any of our existing rooms. Will this make us ineligible to become an Assisted Living Facility or can we be grandfathered in?

2800.142

(a)

A residence may require residents to use providers of supplemental health care services approved or designated by the residence. Is this a violation of resident rights?

If the resident has health care coverage for the supplemental health care services, such approval shall not be unreasonably withheld. – We are unsure what this means.

If a staff person has train the trainer for the nurse aid program, does that qualify them to do any train the trainer for any non-licensed PCH/Assisted Living staff?

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