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OF THE DIOCESE OF CENTRAL PENNSYLVANIA

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INDEPENDENT REGULATORY
REVIEW COMMISSION

September 3, 2008

Mr. Arthur Coccodrilli, Chairman
Independent Regulatory Review Commission
333 Market St. 14th Floor
Harrisburg, PA 17101

Dear Mr. Coccodrilli:

Enclosed you will find a list of several concerns about proposed Regulation 14-514, Assisted Living Regulations. The regulations present some advantages and yet provide stringent regulations which will add to the financial burden of caring for residents with more needs while receiving no additional funding. As a nonprofit provider of services for more than 80 years, presently 40% of The Episcopal Home population is receiving benevolence. The proposed Assisted Living Regulations will impede The Episcopal Home's ability to provide care for the aging in the Cumberland Valley.

The Episcopal Home's residents whose average age is 89 years old and present with two to three chronic conditions, have outlived family members or never had children, and are not taking care of themselves physically, mentally, and socially can no longer live alone. Aging individuals whose life becomes too difficult to care for themselves and are not in need of nursing home services, come to a personal care home for assistance of daily tasks of living including medication supervision. They are no longer able to safely use kitchen facilities, take baths alone, and other daily activities.

In order for facilities to meet these regulations, there must be adjustments made in the attached areas and a well thought reimbursement plan.

Sincerely,

Mary Grace Shearer, MSW
Executive Director

Comments to IRRC

Subject: Proposed Assisted Living Regulations

2800.96 – Suggest requirement be for one AED per building. At this point, there is no regulation requiring AED placement in public places. AED price range from \$1600 to \$3000.

2800.98 – 15 square feet required per resident for activity seems high. If a facility has 50 percent of residents participating in activities, that is tremendous. For a facility to expect to have activity space for all residents at all times is a waste of space, heat, and electricity especially for a facility trying to be environmental.

2800.101(d1) – Kitchen requirement – Where is the requirement for an exhaust fan? Microwave and refrigerator are sufficient for aging individuals who want a choice of meal time and meal selection. How does a facility or the medical community determine what and when an individual is eating? Isn't this part of basic care?

2800.102 – Informed Consent – What does this do to the liability and property insurance premiums of a facility? Does this mean insurance requirements should be mandated for the residents and their units?

2800.142 – The provider should have the ability to suggest health care providers who come into the facility. Who is ultimately responsible for the care and specifically quality of care?

2800.171 – Handicap Accessible Van – It forces some facilities who cannot afford a handicap van to stop transporting and escorting residents. The increasing cost of transportation makes utilizing larger handicap accessibility vans extremely expensive especially if one resident is being transported. A facility should be required to arrange for transportation for social and medical appointments through private transportation.

The fees are much too high. A small facility of 32 beds would be paying----- per year for licensure.

2800.30(b)(1) – “Cognitively impaired residents - The ombudsman shall be automatically notified by the licensee.” If there is no responsible party I understand this; if POA or relative, why do we need to notify the ombudsman?

2800.56 – Administrator coverage – Does alternate need DPW licensing with the specific Administrator course of study? Also, will current PC Administrators and NHAs be grandfathered as Assisted Living Administrators? This is also a financial burden as we have two Licensed Nursing Home Administrators, neither administrators have a Personal Care License.

2800.60(d) – “nurse on call at all times” – What are the specifics? Does the nurse need to be within a specific drive time? Mileage? Available to answer questions via telephone? What are the expectations?

2800.101(d)(2)(i)(ii) – Microwave and refrigerator – This is a financial burden. Who is going to keep the refrigerator and microwave clean? Many of the cognitive issues. This is also a safety issue. If these items are removed from the residents’ rooms, the facility must have additional storage space to store them until used again. Again, additional cost to facilities without any reimbursement.

2800.101(j)(1) – Fire retardant mattress – Currently we allow our retirement living residents to bring their own bed and mattress. This would take away this right.

2800.130(e) – Smoke detectors and fire alarms tested once per month - This is very labor intensive and costly, thereby placing an additional financial burden on the facility and is not necessary with an addressable system. Again, no reimbursement forthcoming for additional cost expectations.