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INDEPENDENT REGULATORY
REVIEW COMMISSION

September 10, 2008

Kim Kaufman
Independent Regulatory Review Commission
33 Market Street 14th Floor
Harrisburg PA 17101

RE: DEPARTMENT OF PUBLIC WELFARE
ASSISTED LIVING RESIDENCES 2800 REGULATIONS

I am writing in response to Regulations 2800 on behalf of the Westmoreland County Personal Care Home Administrator's Association. Our membership extends to surrounding counties and is open to the state. The majority of our membership are small family owned and operated Personal Care Homes. This Association has been active before the inception of Regulation 2600 and was very involved during that process with DPW, IRRRC, and statewide associations. Many of our homes will not be able to become Assisted Living facilities. The 2800 regulations raise a host of questions beyond the following key points.

I. COST

2800.11 the licensure application / renewal fee

2800.96 the AED in each first aid kit and vehicle

2800.63 sufficient staff this is not defined and adds to payroll and training cost

2800.220(C7) transportation; many small facilities do not have vehicles and the cost of liability would be a hardship

2800.101(d) refrigerators and microwaves in each living area

II. ADMINISTRATOR

2800. the educational requirements for a PCH administrator may consider the persons experience in the business and life experiences

2800.56 forty hours per week and the designees to have the same training and qualifications (this is also a cost factor)

2800.60 the administrator or designee to be on site and / or available 24-7 what large company has a CEO or senior management 24-7

III. PHYSICAL PLANT

2800.101 each living unit must have 175 square footage and shared rooms require additional 80 square feet many of the current facilities continue operating with 60 sq ft or 80 sq ft for private room these requirement are more than double

2800.101(d) kitchen area smaller facilities have home kitchens

IV. BUSINESS OPERATIONS

2800.12 Medical evaluations These evaluations are forms not medical records and the other forms such as assessment support plans, etc are not medical records. The medical evaluation does not provide the residents daily needs.

2800.16 Why is an illness considered a reportable incident and is there guidelines to define illness, is this the illness at time of admission, something that develops, an illness such as colds, etc.

2800.25 Why does the resident have 14 days to rescind the contract but the facility only has what the law states which is 3 days. Additionally, the resident could have up to 30 days based on the completion of the support plan.

2800.63 Staffing ; please clarify sufficient staffing.

2800.69 Training why is dementia training required if that is not the population being served?

2800.220 Supplemental health care services how do we price this as the facility does not provide, how would this be part of an agreement if a third party is involved? How is a facility staff member to be included in the supplemental services, such as transportation?

2800.224(b) Denying admission to a resident is generally because of the inability for a Home to provide adequate care. A Home should be able to maintain their own population and often a small facility seems to have a particular "nitch" that serves the residents.

While we always support changes that are in the best interest of those whom we serve, we strive for quality care and continued opportunities to maintain our businesses. These regulations have created grave questions about *what is the definition of Personal Care Homes* and the roles that PCH will have in the future of this profession.

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