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WINDY HILL
VILLAGE

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A not-for-profit Retirement Community
Presbyterian Homes in the Presbytery of Huntington

INDEPENDENT REGULATORY
REVIEW COMMISSION

Date September 8, 2008

Dear Arthur Coccodrilli,

As the Executive Director of Windy Hill Village of the Presbyterian Homes in Philipsburg, PA. I have some serious concerns regarding the impact of the proposed Assisted Living Regulations on my facility "The Heights" and the residents we serve. While I support the concept of aging in place and allowing our residents to make choices regarding the services they receive, the proposed regulations would impose such a financial burden on our facility that we may not be able to continue to serve residents needing this level of care.

The Heights currently provides care and services to 20 residents a year, with 71% of them requiring us to subsidize a portion of their monthly fee because they do not have the income to pay the full rate, this equated to \$230,000 in 2007. I am concerned that we will not be able to provide the level of subsidy we are able to provide today because of our dramatically increased costs. This would have the consequence of reducing seniors' access to care, rather than increasing it as the regulations intended.

One significant area of cost increase is the physical plant. The services we provide to our residents are very necessary and in demand, as evidenced by our percentage of occupancy which is consistently above 95%. While we do not provide skilled services, we do provide a wide range of services that allow our residents to age-in-place appropriately and delay admission to a nursing home. Our residents are very pleased with our facility, however, because of the physical plant requirements in the proposed regulations, we will not be able to serve those same residents tomorrow that we serve today. And, because of the cost-prohibitive nature of the physical plant changes we would have to make, the cost to the resident of this enhanced level of care will make it out of reach of most people with modest and low incomes.

To bring The Heights into compliance with the proposed regulations would cost our facility approximately \$111,490. The financial impact would be so adverse that the effect on the seniors we serve and those who may need our services in the future are going to be negatively impacted.

I have attached specific comments detailing other areas of concern to me, particularly those that have a dramatic cost impact, and ask that you please consider these comments in formulating a decision. The effect on seniors in my community and many others are going to be very negatively impacted if these regulations are approved without change.

1. Administrator staffing and Direct care staffing

2800.56 and 2800.57

The intent of this regulation as written appears to require a licensed administrator 24 hours per day/7 days per week which not only dramatically increases our costs, but is also well beyond the requirements of skilled nursing facilities. A more reasonable requirement is to have qualified back-up in the case of an extended absence by the administrator. In addition, the requirement for 40 hours per week of on-site administrator is double the current requirement, higher than skilled nursing, and does not allow for any vacation or education time. This increased administrative requirement is the equivalent of more than 12 direct caregivers who could not be hired to provide hands-on care to our residents.

2. Additional staffing

2800.60

The requirement for a nurse on-call essentially requires a facility to have a nurse employed 24 hours per day since these professionals are not likely to allow their license to be jeopardized through a contractual arrangement they have no direct control over. This just becomes one more cost that will reduce our ability to provide quality care to lower income seniors.

3. Pharmacy and Prescription Drug Accountability

The facility should be permitted to dictate the manner in which prescription drugs are delivered and packaged by a pharmacy. The facility must be able to ensure the integrity of its medication administration regimen, and to deviate from that system is to pave the way for medication administration errors. Accordingly, if a pharmacy refuses to package prescription drugs in a manner consistent with the facility's operation, the facility should not be forced to accept drugs from that source. To allow deviation from this standard is contrary to enhanced resident care and enhanced acuity. This is an issue of safety.

4. Initial and annual assessment

2800.225

This requirements requires an RN to complete the assessment and support plan which are not clinically necessary and is a mandate that simply increases the cost profile of delivering care. Our community currently provides a higher standard of care by ensuring completion and/or input by an LPN, so the additional cost of having an RN complete these versus the benefit is not balanced.

5. Dementia-specific training

2800.65(e) and 2800.69

The intent of this regulation is consistent with our facility's practice to provide appropriate training on dementia, however, the requirement that dementia care-centered education be in addition to the already mandated educational requirement does not contribute to improved resident care. Dementia care education can easily be incorporated into the already robust educational requirement, not in addition to it. As this regulation stands, direct care workers are being asked to obtain more CEU's than RNs which is unnecessary and costly.

6. Bundling of core services

2800.25c and 2800.220

The portion of this regulation of most concern is the requirement to have all vehicles be handicapped accessible if we provide transportation. While our campus has at least one handicapped accessible vehicle, we would not be able to provide transportation services if required to replace our other non-handicapped vehicles. The current complement of vehicles on our campus meets the needs of our residents, while this regulation is arbitrary and will reduce services.

7. Discharge of Residents

The facility must be permitted to maintain control over the transfer and discharge of its residents to ensure that residents are being appropriately care for. The proposed regulation curtails that power, and inserts the Long-Term Care Ombudsman as an active participant. While we recognize the need for the resident to be able to access the Ombudsman, we feel it is inappropriate for the Ombudsman to take an active role in negotiations or in the disposition of informed consent agreements or in discharge proceedings. The Ombudsman should provide a counseling role for the resident, not act as a legal advisor.

8. Licensing Fee

2800.11

The dramatic increase in licensing fee is an administrative cost that does not have a direct effect on improving care provided to residents, and will serve to decrease care due to our having to either cut resources and charitable care or increase costs to residents.

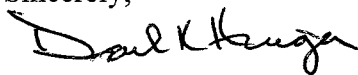
9. First aid kits

2800.96 and 2800.171

These two requirements appear to mandate an AED in each first aid kit and in each vehicle. Our facility currently provides more than the regulatory-required number of first aid kits because we believe that will enhance resident care. However, if we are required to provide AEDs in each of these kits, we will have no choice but to reduce the number of first aid kits on our campus. In addition, the requirement to have an AED in each vehicle will be cost-prohibitive and will contribute to our reduced ability to provide needed transportation services. While AEDs are an important component of care provided, it should be noted that in ALL successful outcomes that have been studied, the use of an AED typically doesn't occur for between 1.7 and 2.5 minutes – which is more time than it takes our staff to respond.

Thank you for your attention to this matter.

Sincerely,



Daniel K Krieger MBA, NHA
Executive Director