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# GREEN RIDGE VILLAGE

A not-for-profit Presbyterian Homes Retirement Community

Gail Weidman  
Office Of Long Term Care Living  
Bureau of Policy and Strategic Planning  
PO Box 2675  
Harrisburg, PA 17105

September 9, 2008

Dear Ms. Weidman,

As the Personal Care Administrator of Green Ridge Village in Newville, PA, I have some serious concerns regarding the impact of the proposed Assisted Living Regulations on my facility 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.

Green Ridge Village currently provides care and services to 63 residents a year, with 20% of them requiring us to subsidize a portion of their monthly fee because they do not have the income to pay the full rate. 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 estimated costs for Green Ridge Village to comply with the regulations would be **\$728,255.00**. The services we provide to our residents are very necessary and in demand, as evidenced by our percentage of occupancy which is consistently above 86%. While we do not provide skilled services, in our personal care facility, we do provide a wide range of services that allow our residents to age-in-place appropriately and delay or avert admission to a nursing home. Our residents are very pleased with our community, however, because of the physical plant requirements in the proposed Assisted Living 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.


If these regulations are approved without change, the negative effect on Seniors in my community will be severe. I have attached specific comments detailing a prioritized list of concerns to our community, particularly those that have a dramatic cost impact, and ask that you please consider these comments in formulating a decision. Thank you for your attention to this matter.

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[www.greenridgevillage.org](http://www.greenridgevillage.org)

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Sincerely,  
  
Renea Kreamer  
Personal Care Administrator

### **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. The cost implication for our community is \$ 7600.00.

### **Initial and annual assessment**

#### **2800.225**

This requirement 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 communities currently provide 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. For our community, the impact of this regulation alone is \$ 87,000 per year which will dramatically increase costs to our residents or reduce the amount of charitable care we are able to provide.

### **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. The \$12,445.00 price tag for our community means that many residents may not be able to receive charitable care.

### **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 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 in our buildings. 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. The cost impact for our community to provide AEDs in each of our vehicles and in each of our first aid kits would be \$32,2000. 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 – more than enough time for even one of our larger communities to have staff respond.

## **Dining Room**

### **2800.104**

This regulation requires that there must be at least 15 square feet per person for residents scheduled for meals at any one time. In order for our community to meet this requirement we would have to complete a **\$500,000** renovation project to ensure that we could meet this standard. For our community, the impact of this regulation alone will dramatically increase costs to our residents or reduce the amount of charitable care we are able to provide.

## **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. Our facility recently completed a transition to a medication administration process that we feel improves the safety of medication administration, particularly when medications are administered by unlicensed staff. To allow deviation from this standard is contrary to enhanced resident care and enhanced acuity. This is an issue of safety.

## **Dementia-specific training**

### **2800.65(e) and 2800.69**

The intent of this regulation is consistent with our facilities' 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.

## **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 community 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 price tag for this conversion is well over \$300,000 which would eliminate our ability to spend our dollars on other meaningful resident care and facility upgrades. The current complement of vehicles in our community meets the needs of our residents, while this regulation is arbitrary and will reduce services.

## **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.