

44-514

L-62

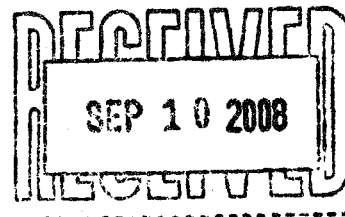
RECEIVED

2712

2008 SEP 12 PM 3:11

INDEPENDENT REGULATORY
REVIEW COMMISSION

September 8, 2008



Ms. Gail Weidman
Office of Long-Term Care Living
Bureau of Policy and Strategic Planning
P.O. Box 2675
Harrisburg, PA 17105

Dear Ms. Weidman:

I have reviewed the Assisted Living Regulations with a view toward an expansion project adjacent to the site of our current facility. However, it is difficult to evaluate the financial feasibility of the project without reimbursement projections. My overall impression is that these regulations are based on a medical model. Some aspects of the new regulations seem more stringent than services we currently provide in our skilled facility. Our projected assisted living operating expenses, especially staffing, required by the medical model outlined in these regulations does not appear to make our project financially feasible.

I wish to submit the following comments with reference to the Assisted Living Regulations No 14-814, for your consideration

Section 2800.16 (3) Reportable Incidents and conditions

In this section it states "illness" as a reportable incident or condition that would be considered a reportable incident. If for example a resident goes to the hospital for pneumonia and gets treatment that would be a reportable incident? We feel that "illness" is too vague a term to be used and feel it should be more specific or removed.

Section 2800.56 (a) (b) Administrator staffing

Feel that the hour requirement could be reduced as well as the requirements for the administrator designee.

Section 2800.60 (b) Additional staffing based on needs of the resident

The time frame that additional staffing is required needs defined into specific terms i.e. shift, day etc.

Section 2800.64 Administrator training and orientation

We feel that there should be a provision applied to current NHA's and their ability to be qualified to run this type of facility.

Section 2800.98 Indoor Activity space – Section 2800.104 (a) D/R requirements

We feel that the requirements under this section could make existing facilities difficult to convert over to meet this regulation. In addition, the dining room could be used a universal space outside of meal time and could meet the indoor activity space requirements instead of having so many separate rooms.

Section 2800.101 (d) (1) Kitchen Capacity

Having an additional sink in one unit will not be easy to retro fit an existing structure or efficient way to construct new units.

Section 2800.131 (a) Fire Extinguishers

Since the residents will be fire safe, we feel that a fire extinguisher in every apartment will be more of a problem than it would be good for an emergency situation. We feel it's safer for the resident to leave their area instead of trying (or having the idea) to handle an emergency themselves.

Section 2800.141 (a) Resident medical evaluation and health care

Should give consideration to having post admission time period (specific amount of time) to allow medical evaluation to occur. Situations arise that 60 days prior is not practical or feasible.

Section 2800.162 (f) (g) Meals

These two paragraphs talks about assistance and cuing. What level of assistance and cuing are allowed and is there a required training to do either action?

Section 2800.182 (b) (1) Medication administration

Currently under the PC regulations an aide can pass meds as long as they are certified to do so. What about the consideration of the same arrangements or having some type of medication tech pass the medication?

Section 2800.228 (a) Transfer and Discharge

Allowing the resident to participate in the decision making process for this situation should be based on the residents cognitive ability to make sound decisions. This could put a heavy burden on the residence in placement of care, transfer or discharge.

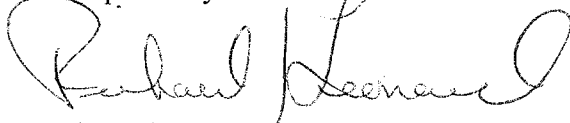
Section 2800.228 (b) (2) Transfer and Discharge

This paragraph is one sided towards the resident and doesn't allow the facility to have a say so in the type of care it will provide. The residence cannot be placed in a position which jeopardizes the care and safety of residents. This could also lead to liability issues for the facility by not referring a resident to a higher acuity resource than it can handle or provide. The paragraph interprets that a facility would have to keep a resident regardless of their condition. However, in section 2800.229 (b) it states a residence may not retain an individual that 2800.229 (b) (7) needs continuous skilled nursing care 24 hours a day. There is no reference in 2800.228 (b) (2) of excludable conditions.

Section 2800.234 (d) Resident Care

Consider changing the requirements from quarterly assessments to semi- annual assessments. Quarterly appears to be more of the medical version of doing assessments. If the focus of these regulations continues to be the medical model, reimbursement must include a medical component. If our goal is to provide an "age-in-place" model, reimbursement, or lack thereof, will jeopardize the ability of an "Assisted Living Residence" to be economically feasible.

Respectfully Submitted,

A handwritten signature in black ink, appearing to read "Richard J. Leonard". The signature is written in a cursive style with a large initial "R" and "L".

Richard J. Leonard, NHA
Loyalhanna Care Center