PRESBYTERIAN HOME
AT WILLIAMSPORT

A not-for-profit Presbyterian Homes Assisted Living Residence

#2712

Independent Regulatory Review Commission
c/o Arthur Coccodrilli, Chairman
333 Market St. 4th Floor
Harrisburg, PA 17101

September 11, 2008

Dear Mr. Coccodrilli,

As the Executive Director of Presbyterian Home at Williamsport in Williamsport, 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 be unable to continue to serve residents needing this level of care. Please understand we have been serving our community and its residents for over forty (40) years. This community relies on our ability to continue to care for our elders in a safe, caring environment in an affordable manner.

Presbyterian Home at Williamsport provides care and services to an average of 42 residents per 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 consequences of reducing seniors' access to care, rather than increasing it as the regulations intended.

One significant area of concern is the increased cost of the physical plant. The services we provide to our residents are very necessary and in demand. 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 due to the cost-prohibitive nature of the impending physical plant changes, the cost to the resident will be far more than the modest and low income residents can afford.

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.

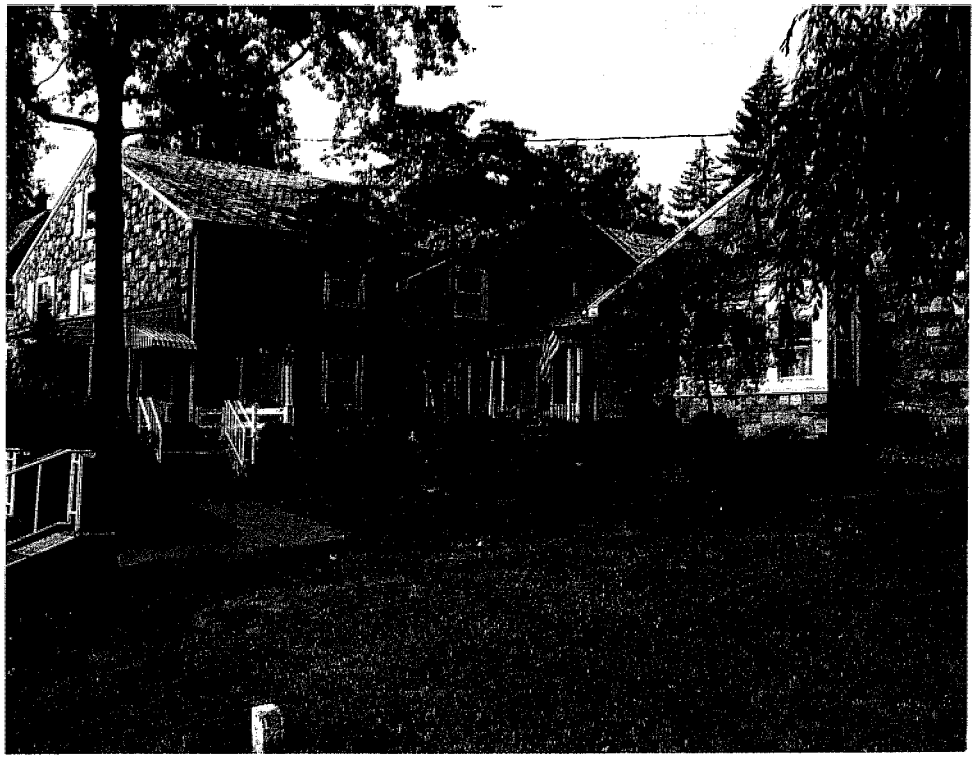
Also enclosed are pictures of Presbyterian Home at Williamsport so you can appreciate the beauty of this home.

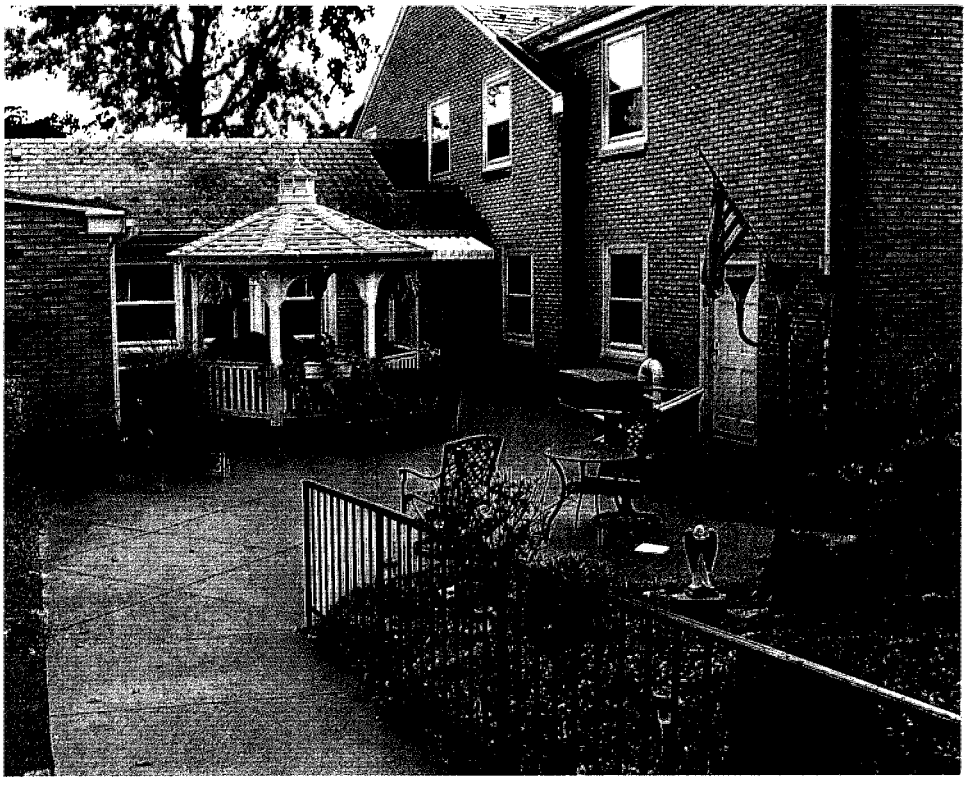
Thank you for your attention to this matter.

Sincerely,

Michele Brague, NHA, MHA
Executive Director

cc: Gail Weidman, Office of Long-Term Care living
Senator Roger Madigan
Representative Garth Everett
Representative Steven Cappelli
PANPHA
PHI





1. Physical Plant issues
2800.98, 2800.101,2800.102,2800.104
These regulations are of the greatest concern to our communities and their ability to even be able to participate in this new level of care and services. The minimum square footage, as well as the requirement to have a bath or shower in the resident's bathroom, will result our facility not being able to be a licensed assisted living without having renovations costing in excess of $495,000. The current assisted living legislation only required a private bathroom, not a private tub/shower. I am concerned that these proposed regulations have exceeded the scope of the legislation and will severely limit seniors' access to assisted living. As written, these regulations will ensure that low-income individuals will not be able to buy their way into an Assisted Living facility in vast expanses of the Commonwealth. It is the care and services we provide that enhances the life of our residents, not arbitrary building requirements.

2. 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 communities is $29,821. which will reduce the number of residents able to receive charitable care by 25% or result in 2 fewer direct care employees staff to care for our residents.

3. Additional staffing
2800.60
The requirement for a nurse on-call essentially requires a facility to employ nurses 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. While our facility currently employs a nurse during at least a portion of each day, this requirement for additional nurse staffing increases our cost to residents by $175,539. As an isolated cost, we may be able to incorporate this as an acknowledgement of the increased level of care however, with the other cost of these regulations, it just becomes one more cost that will reduce our ability to provide quality care to lower income seniors.

4. 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 facilities 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.

5. 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. For our facility, the impact of this regulation alone is $3000 which will dramatically increase costs to our residents or reduce the amount of charitable care we are able to provide.

6. 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.

7. 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 facility has access to 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 $15,000 which would eliminate our ability to spend our dollars on other meaningful resident care and facility upgrades. The current vehicle on our campus meets the needs of our residents. Tthis regulation is arbitrary and will reduce services.

8. 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 cared 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.

9. Licensing fee
2800.11
The dramatic increase in the 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 $3,230 price tag for our facility is just one more unnecessary expense that will more than likely be passed onto the residents.

10. 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 facilities currently provide more than the regulatorily-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. While AED's 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 staff to respond.

September 10, 2008
Presbyterian Home at Williamsport