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INDEPENDENT REGULATORY
REVIEW COMMISSION

September 8, 2008

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BUR OF LTC PGMS
REFER TO _____

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

RE: Department of Public Welfare-Assisted Living Regulations,
55Pa. Code Chapter 2800

Dear Ms. Weidman,

I am writing to voice my many concerns over the proposed Assisted Living regulations currently up for review in the State of Pennsylvania. As the Assistant Administrator of a 100 plus bed personal care home, I have many doubts about our facility being able to efficiently and effectively offer care and services at the Assisted Living level. These new regulations would be tremendously costly to institute and may prohibit us from continuing to serve the low to middle income seniors our facility has as our mission to serve.

The proposed licensure fee structure alone would cause a significant burden on our facility. With the possibility of turning a forty one bed unit into an Assisted Living facility, the newly assessed licensure fees would be \$4,805, an expense that would take away vital dollars from resident care.

I have several concerns regarding the draft regulations on requirements for an Administrator. I have worked in this facility for 10 years, the last four as the certified PCH Administrator for the personal care buildings. I feel that the requirement of the 100 hour training class for an AL certification plus four more hours in dementia training is unnecessary as the new AL regulations so closely mirror the current PCH regulations. It would seem that an individual should be able to serve as a PCH Administrator and an AL Administrator if the two care settings are under the same roof. The number of required on-site hours for the Administrator in the proposed regulations gives no consideration to time spent in continuing education, vacation time, or any community involvement advocating for our residents. Not allowing someone with an NHA license to fill in as an administrator makes no sense as they have already received a higher level of training in long-term care and services. Having to hire and train a second person as an administrator again would be an added expense of approximately \$26,000 annually that would shift money and time away from direct resident care.

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The proposed square footage requirements (2800.101 b) for single and especially double occupancy rooms for existing buildings are unacceptable. To meet the requirement of a full bathroom as well as a kitchen area in each room, our facility would have to re-build the interior of our entire building and would be cost-prohibitive to us and to our consumers. Twenty five percent of our residents receive either the state Personal Care Home supplement or other benevolent care subsidy to live in our facility. We would not be able to house and serve these residents in an Assisted Living level of care due to the increased costs created by these requirements. These square footage regulations would limit our ability to admit anyone receiving the SSI supplement and others with minimal resources, and we would have to discharge our own PCH residents when they run out of funds. Where will these residents with little or no assets go? Who is going to be able to offer services to the poorest and often most needy of our seniors?

Safety concerns are raised by the newly proposed requirement for a refrigerator, microwave, and fire extinguisher in each apartment. These items are unsafe for our residents with dementia, as most would be unable to use a microwave or a fire extinguisher in an appropriate manner and would be at risk of burns from hot foods or injury from misuse of a fire extinguisher. Food safety and infection control would be issues for refrigerators in many residents' rooms. The cost alone of adding this equipment is steep, estimated at \$12,500, which would have to be reflected in increased costs to resident.

Transportation services have always been provided for an additional fee for those who choose to use our vans. To include transportation in the core bundle, we would add the cost of a second handicapped accessible van, full time driver and escort, an AED in the vehicle's first aid kit, as well as maintenance/ usage costs. Again these would cause our monthly fees to be beyond what most low to middle income seniors could afford, and would cause us to deny admission to residents on the PCH SSI supplement program. We understand that accommodations must be made for those residents who physically or cognitively need the supports, but many residents at this level of care may not need all of these services. We would ask that you please reconsider these elements in the regulations.

The language in 2800.25c and 2800.200 on bundling of core services is unclear. The core services package for residents in Personal Care at Barnabas Court includes all those listed except the transportation. Our current rates run from \$102 to \$107 per day for a single room depending on apartment amenities. It runs \$87 per day for those who share a room due to limited resources. We accept \$34.07 per day for each of our SSI residents. With the addition of transportation and the other costs associated with these requirements, our rates would have to be a minimum of \$125- \$135 per day with only single apartments available due to the square foot requirements. These would be our rates without having to do major physical reconstruction of the building. Any major construction would have an even greater effect on our rates. Again, we would no longer be able to serve residents receiving SSI and would in fact have to discharge many of our residents because we could no longer afford to provide care for them.

Many questions concerning liability surface when reviewing section 2800.228. These regulations as proposed would severely limit our facility's control over approving who provides services to residents within our facility. When family member caregivers and other caregivers chosen by residents provide care within our facility, what will their training requirements be and who is liable for their actions and possible injuries? This section of regulation would also limit our facility's ability to discharge a resident who would require more care than can be provided within our facility. The regulations as proposed involve the Long-term Care Ombudsman as an active participant instead of as a counselor or advocate and we question this as an appropriate role.

One additional concern would be the ability of facilities across the state to educate our residents' physicians on these new regulations and how they are to determine just what level of care these seniors should be given. We wonder if there will be clear distinctions between the levels of care so that the physicians we work with will be able to help residents and their families find appropriate placement.

While it is clear that the proposed Assisted Living regulations are attempting to address and protect residents' rights, they also seem to be taking away the ability of low to middle income seniors with few resources to access the care that they may need at this level. Because of the financial impact of these regulations, most facilities that now care for those with low income will not be able to do so within the scope of the new requirements. Our facility is a member of PANPHA and we have had the opportunity to review their concerns and proposed changes to the wording of many of the regulations. They make many strong points and suggestions toward reworking and improving the regulations. We would ask that you take into consideration our concerns as well as those you will receive from PANPHA and that you would direct that the regulations be re-worked to address the needs of the consumers and as well as the facilities that would serve them.

Sincerely,

A handwritten signature in cursive script, appearing to read "Jean LaFuria".

Jean LaFuria,
Assistant Administrator
BREVILLIER VILLAGE