September 9, 2008

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Bureau of Policy and Strategic Planning
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Independent Regulatory Review Commission % Arthur Coccodrilli, Chairman 333 Market Street, 14th Floor Harrisburg, PA 17101

Representative Steven W. Cappelli 460 Market Street Williamsport, PA 17701

Reference: Proposed 2800 regulations IRRC #14-514

Dear Madams and Sirs:

As the personal care administrator 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 would not be able to continue to serve residents needing this level of care.

One significant area of cost increase is the physical plant. The estimated cost for Presbyterian Home At Williamsport to comply with the regulations would be \$716,590. 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.

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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Singerely

Personal Care Administrator



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INDEPENDENT REGULATORY
REVIEW COMMISSION

2800.11(c) The proposed licensure fees are exorbitant. We currently pay \$20 per year and this would increase to \$3,230. The cost will increase room and board for our residents.

2800.25(c) Laundry and transportation should not be included in the core services for private paying residents. The resident and family should have a choice which will reduce costs.

2800.56 The regulation places extraordinary burden on the residence and will certainly raise the cost to our residents. If the intent of these regulations is to provide a less institutional setting than a nursing home, why are higher standards being required? Our facility cannot afford to have 2 individuals trained under the ALR regulation at a price tag of \$29,821.

2800.96 The Department needs to consider broadening the requirement of a first aid kit to permit first aid supplies that are maintained in a designated location. We currently have 3 first aid kits in the building and one in our vehicle. The cost is prohibitive at \$10,000 for our facility. The requirement for an AED should be limited to one in a residence to allow for additional first aid kits throughout the residence.

2800.101(b) This is probably the most problematic of the proposed regulations. Our residence has 100% of our rooms with less than 175 sq ft when the bathrooms and closets are excluded. Our rooms are comfortable and adequate. Renovation costs and lost revenue would be staggering for our residence costing \$390,000.

2800.101(d) The costs associated with equipping each resident room with a sink with plumbing for the kitchen capable of delivering hot and cold water will not be insignificant. The cost implication for our facility is \$105,000.

2800.101(j) I recommend that an exception to the fire retardant mattress requirement be allowed for individuals who wish to provide their own. To replace all existing mattresses would be a huge cost.

2800.131(a) Fire extinguishers should not be placed in each living unit. Residents should not attempt to fight a fire themselves. Staff are trained in extinguisher usage.

2800.141(a) The medical evaluation should be permitted to be completed within 15 days post admission to allow for emergency circumstances.

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 act as a legal advisor.