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Project Rainbow
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Holy Redeemer
Hospital and
Medical Center
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Holy Redeemer
Physician and
Ambulatory
Services
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The
Lafayette-Redeemer
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Redeemer Village
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St. Joseph's Manor
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Holy Redeemer
Active and
Retirement Living
Communitites
•
Holy Redeemer
Home Care

ST. JOSEPH'S MANOR

September 10, 2008

Gail Weidman
Office of Long Term Care
Box 2675
Harrisburg, PA 18104

Arthur Coccodrilli, Chairman
Independent Review Commission
333 Market Street, 14th Floor
Harrisburg, PA 17101

The Honorable Leanna M. Washington
184 Capitol Bldg.
Senate Box 203004
Harrisburg, PA 17120-3004

The Honorable Josh Shapiro
105 B East Wing
PO Box 202153
Harrisburg, PA 17120-2153

**REFERENCE: DPW Proposed Regulation #14-514 (#2712),
Assisted Living Residences**

Dear Sirs and Madams:

I write to you as the Administrator of St. Joseph Manor, a not-for profit personal care home, owned and operated by the Sisters of Holy Redeemer. St. Joseph Manor has served the long-term care needs of the Northeast Philadelphia community and its surrounding counties since 1936. We are licensed to provide for the personal care needs of 69 residents whose average age is 87.

We have built a strong reputation for providing an affordable, warm, supportive, compassionate, homelike environment which enables our residents to function at their highest level and age in place, preserving their dignity and emotional and functional independence. We are staffed with licensed nurses on the day and evening shifts, and consequently, have been able to provide our residents with supplemental health care and oversight in addition to core personal care services.

1616 HUNTINGDON PIKE • MEADOWBROOK, PA 19046
215-938-4000 • FAX: 215-938-4122 • www.sjm@holyredeemer.com

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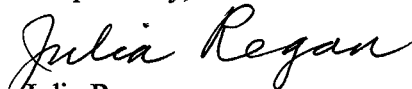
INDEPENDENT REGULATORY
REVIEW COMMISSION

The proposed DPW regulations for Assisted Living Residences would impose significant new costs and would eliminate St. Joseph Manor from Assisted Living licensure. The attached comments will highlight the specific points of elimination. The emphasis on physical plant found in the proposed regulations misses the “true” care needs of the resident-population that we serve. Additionally, the regulations, as proposed, would prevent a personal care home from providing the supplemental health care services we now provide, creating an unacceptable disruptive impact on specific residents.

One of the greatest challenges that we, as providers and our residents and families as consumers have had to face over my 15 years in long term care, the last 9 years as an administrator in Personal Care, is to meet the financial challenge of paying the cost of remaining in an environment that most appropriately meets the resident’s needs, both physically and emotionally. These proposed regulations will do nothing to assist residents who will remain in Personal Care homes to meet this financial challenge, and; will make it financially more difficult for Personal Care homes to coexist with Assisted Living Residences.

Please consider the attached comments on the proposed regulations.

Respectfully,

A handwritten signature in cursive script that reads "Julia Regan".

Julia Regan
Personal Care Administrator
St. Joseph Manor
1616 Huntingdon Pike
Meadowbrook, PA 19046

**ST. JOSEPH MANOR
COMMENTS ON
DPW PROPOSED REGULATION #14-514 (#2712), ASSISTED LIVING RESIDENCES**

PROPOSED REGULATIONS	COMMENTS
<p>2800.4. Definitions. Transfer; Movement of a resident within the assisted living residence or to a temporary placement outside the assisted living residence.</p> <p>2800. 228. Transfer and Discharge. (b) If the residence initiates a transfer or discharge of a resident, or if the legal entity chooses to close the residence, the residence shall provide a 30-day advance written notice to the resident, the resident's family or designated person and the referral agent citing the reasons for the transfer or discharge. This shall be stipulated in the resident-residence contract.</p>	<p>The words transfer and discharge are being used interchangeably in 2800.228. The proposed regulation is requiring a 30-day notice for both transfer/discharge. This requirement for transfer would restrict the continuity of service that prompts a transfer.</p> <p>Based on the definition, do we need to give a 30-day notice also if we transfer a resident from one living unit to another within the residence? Please clarify.</p>
<p>2800.11. Procedural requirement for licensure or approval of assisted living residence. (c) After the Department determines that a residence meets the requirement for a license, the Department's issuance of renewal of a license to a residence is contingent upon receipt by the Department of the following fees based on the number of beds in the residence as follows: (1) A \$500 license application or renewal fee (2) A \$105 per bed fee that may be adjusted by the Department annually at a rate not to exceed the Consumer Price Index. The Department will publish a notice in the Pennsylvania Bulletin when the per bed fee is increased.</p>	<p>St Joseph Manor is a 69-bed personal care residence. Currently, we pay \$30 for the annual renewal of our license. With the proposed regulation, our cost will significantly increase from \$30 to \$7,745 (\$500 for license and \$7,245 for bed assessment) Financial Impact: This would be an increase of \$7,715 for licensure and would be cost prohibitive for us as a residence. The only way our facility can afford this is to pass the cost to our residents.</p>
<p>2800.16. Reportable incidents and conditions. (a) A reportable incident or condition includes the following (3) An injury, illness or trauma requiring treatment at a hospital or medical facility. This does not include minor injuries such as sprains or minor cuts.</p>	<p>Please remove "illness" as a reportable incident. If we will be reporting every time we send a resident for "illness" to the hospital, we will be spending at least an hour each time to complete the entire process - time that we should be spending with residents. Impact: If we were following this proposed regulations this year, we would have had to report at least 80 illnesses, resulting in at least 80 hours of man power to meet the initial reporting procedure and required duplication/placement of report.</p>

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COMMENTS ON
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PROPOSED REGULATIONS	COMMENTS
<p>2800.22. Application and Admission.</p> <p>(b) Upon application for residency and prior to admission to the residence, the licensee must provide each potential resident or potential resident's designated person with written disclosures that include:</p> <ul style="list-style-type: none"> (1) A list of nonwaivable resident rights. (2) A copy of the agreement the resident will be asked to sign. (3) A copy of residence rules and resident handbook. The resident handbook shall be approved by the Department. (4) Specific information about: <ul style="list-style-type: none"> (i) What services are offered by the residence (ii) The cost of those services to the potential resident (iii) The contact information for the Department (iv) The licensing status of the most recent inspection reports and instructions for access to the Department's public website for information on the residence's most recent inspection reports. (v) Disclosure of any waivers that have been approved for the residence and are still in effect. 	<p>Recommend removal of " Upon application for residency" from the proposed regulation.</p> <p>This proposed regulation requires at the time of application an extensive amount of written materials be provided for potential applicants who would not necessarily even become residents. At present, a brochure identifying services and charges are provided at time of application. At time of commitment, more extensive materials are provided including a copy of the contract which includes resident rights, services provided and charges for services as well as written guidelines for smooth transition which include contact numbers for facility employees.</p> <p>Impact: If this regulation is not changed, this will cause an excessive financial burden to us to provide all these written materials to every potential resident or potential resident's designated person.</p>
<p>2800.25. Resident-residence contract.</p> <p>(b) The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident' designated person if any, if the resident agrees. The contract shall run month-to-month with automatic renewal unless terminated by the resident with 14 days notice or by the residence with 30 days' notice in accordance with 2800.228 (relating to transfer and discharge)</p> <p>(c) At a minimum, the contract must specify the following:</p> <ul style="list-style-type: none"> (2) A fee schedule that lists the actual amount of charges for the residence's core AL services that the individual is purchasing (v) transportation in accordance with 2800.171 	<p>Recommend that resident must also give the facility 30 days notice when terminating contract not 14 days.</p> <p>Transportation is included in the residence's core assisted living services with one core service rate (the language is unclear as to whether coordination of or actual provision of transportation is required).</p> <p>Currently, transportation is not required and we assist the</p>

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<p>(e) The resident, or a designated person, has the right to rescind the contract for up to 72 hours after the initial dated signature of the contract or upon receipt of the initial support plan. The resident shall pay only for the services received. Rescission of the contract must be in writing addressed to the residence.</p>	<p>residents in coordinating their transportation. The bulk of transportation is to medical appointments within the campus and transportation is done via wheelchair by a system employee (approximately 1 hr. per day). The other source of transportation is family.</p> <p>Impact: If the actual provision of transportation is required within the core assisted living services, there will be a significant rate increase for all residents, regardless of whether they use the service or not.. Currently our average core package rate per day is \$90.00.</p> <p>Admission is a process that involves significant administrative cost. As the personal care administrator, I will spend a lot of time completing the prescreening assessment for the potential resident which is required by the regulations. There is administrative time involved in completing the resident-residence contract, securing medical evaluation, securing the medications and setting up medication administration records, preparing the room for the new resident to move in as well as completing all mandatory assessment forms and completing the support plan with the input of the resident and the designated person, to name some of the costs. If after all these processes are completed and the resident may simply rescind the contract, the cost involved with these processes will certainly increase the average cost of operating a residence and will be passed on to all residents in increase rates.</p>

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<p>2800.56. Administrator staffing.</p> <p>(a) The administrator shall be present in the residence an average of 40 hours or more per week, in each calendar month. At least 30 hours per month shall be during normal business hours.</p> <p>(b) The administrator shall designate a staff person to supervise the residence in the administrator's absence. The designee shall have the same training required for the administrator.</p>	<p>Currently, I work 40 hours or more (although 2600 only requires an administrator to be in the residence 20 hours per week). I am on call 24/7. I assign a designee when I am on vacation. With this proposed regulation, does it mean that I need a designee present in the facility 24/7? This needs to be clarified.</p> <p>I am a Personal Care Home Administrator. With this proposed regulation, does it mean that my designee needs to have the same exact credentials as me?</p> <p>Impact: If we are required to have an Administrator or designee 24/7 with the same training and qualifications, the addition of 3.2 FTE's (We need 4.2 FTE's to cover 24/7) will cause a very significant financial burden on a small residence like us and will completely prohibit us in even thinking of applying as an Assisted Living residence.</p>
<p>2800.60. Additional staffing based on needs of residents.</p> <p>(d) In addition to the staffing requirements set forth in this chapter the residence shall have a nurse on call at all times. The on-call nurse shall either be an employee of the residence or under contract with the residence.</p> <p>(e) The residence shall have a dietitian on staff or under contract to provide for any special dietary needs of a resident as indicated in his support plan.</p>	<p>At present, we are staffed with an LPN during the day and evening.</p> <p>Impact: With this provision, an additional on-call nurse must be added and this will require additional cost for salaries and benefits.</p> <p>Can the dietitian be "available" rather than on staff or under contract? This needs further clarification.</p> <p>Impact: If this will be a required provision, this will cause another financial burden to the residence and we would have no choice but to pass the cost on to the residents.</p>

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<p>2800.64. Administrator training and orientation. (a) Prior to initial employment as an administrator, a candidate shall successfully complete the following: (2) A 100-hour standardized Department-approved administrator training course. The training provided for in 2800.69 (relating to additional dementia-specific training) shall be in addition to the 100-hour training course.</p> <p>(d) Annual training shall be provided by Department-approved training sources listed in the Department's assisted living residence training resource directory or by an accredited college or university.</p>	<p>The way this proposed regulation is written, it seems that even an experienced Personal Care Home Administrator as I am, needs to complete the 100-hour training course.</p> <p>Impact: Financial burden would be tremendous and in addition, this will require me to be out of the building for these courses. It also impacts on the strict implementation of 2800.56 (a). If this applies as written, my back up would have to be a Personal Care Home administrator when I am out for the 100+ hours of training. The cost of the 100-hr course is approximately \$2000 for each (the Administrator and designees)</p> <p>Recommend to add exception to current Personal Care Home Administrators.</p> <p>Recommend to include courses approved by professional boards also.</p>
<p>2800.69. Additional dementia-specific training. Administrative staff, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall receive at least 4 hours of dementia-specific training within 30 days of hire and at least 2 hours of dementia-specific training annually thereafter in addition to the training requirements of this chapter.</p>	<p>There should be a more reasonable time frame in completing the initial 4 hours dementia-specific training - such as completing it within the first year of employment.</p> <p>The annual 2 hours of dementia-specific training should be included as part of the training requirements of this chapter not an addition.</p> <p>Impact: Should this be a required provision, this will add to the already significant burden of the residence (added cost of trainer and salaries for all staff - be it regular pay or overtime).</p>

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<p>2800.83. Temperature. (b) A residence in existence prior to _____, shall provide central air conditioning. If central air conditioning is not feasible or cost prohibitive window air conditioning units shall be provided. The residence shall submit justification to the Department for the use of window air conditioning units.</p>	<p>We use a combination of central air and window air conditioning units.</p> <p>Impact: This facility would have to submit justification for the use of window air conditioning.</p>
<p>2800.96. First aid kit. (a) The residence shall have a first aid kit that includes an automatic electronic defibrillation device, nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometers, adhesive tape, scissors, breathing shield, eye coverings and tweezers.</p>	<p>At present, there is an AED located on the first floor of the building in an open location. There are no AEDs in the two first aid kits that are kept in the resident living areas.</p> <p>Impact: If the residence needs to have an AED in each first aid kit, this will be an additional financial burden - each AED can cost a minimum of \$1,500.00</p>
<p>2800.101. Resident living units. (b)(2) For residences in existence prior to _____, each living unit must have at least 175 square feet measured wall to wall, excluding bathrooms and closet space. If two residents share a living unit, there must be an additional 80 square feet in the living unit.</p> <p>(d) Kitchen capacity. (2) Existing facilities. Facilities that convert to residences after _____, must meet the following requirements related to kitchen capacity: (i) The residence shall provide a small refrigerator in each</p>	<p>The residence overall would not meet the square footage requirement. At present, 56 rooms have 125 sq. ft., 7 have 175 sq. ft. and 3 have 255 sq ft. (i.e. 10 rooms (15%) would meet the sq. footage requirement). The entrance doors to our living units are wheelchair accessible but the doors to the bathrooms are not. Please consider the adequacy of 125 sq. ft. for an individual resident room.</p> <p>Impact: Cost of renovation, converting existing rooms etc, will be cost prohibitive at this time</p> <p>At present, residents bring their own small refrigerator and microwave if they want too.</p>

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<p>living unit.</p> <p>(ii) The residence shall provide a microwave oven in each living unit.</p> <p>(iii) The residence shall provide access to a sink for dishes, a stove top for hot food preparation and a food preparation area in a common area. A common resident kitchen shall not include the kitchen used by the residence staff for the preparation of resident or employee meals, or the storage of goods.</p>	<p>There is a common kitchen on each floor which would need to be adapted with a stove top.</p> <p>Impact: Should this provision be required, our facility will have additional expense in providing a stovetop adaptation for two common kitchens and also cost for refrigerators and micro-waves for all the living units.</p>
<p>2800.102. Bathrooms.</p> <p>(a) There shall be one functioning flush toilet in the bathroom in the living unit</p> <p>(b) There shall be at least one sink and wall mirror in the bathroom of the living unit.</p> <p>(c) There shall be at least one bathtub or shower in the bathroom of the living unit.</p> <p>(d) Toilet and bath areas in the living unit must have grab bars, hand rails or assist bars. Bathtubs and showers must have slip resistant surfaces.</p>	<p>At present, 58 living units share toilet rooms and/or bathrooms (88%) and 8 living units have private rooms (12%).</p> <p>Impact: Cost of converting existing rooms, reduction of living units due to conversion. There will be a reduction of affordable rooms for potential residents as well as increased cost for residents.</p>
<p>2800.131. Fire extinguishers,</p> <p>(a) There shall be at least one operable fire extinguisher with a minimum 2-A rating for each floor and living unit, including the basement and attic.</p>	<p>It is cost prohibitive to put fire extinguishers in all 66 living units. With the provision of 3 meals a day, there is no need of cooking and the risks involved in having such equipment powered. If the risk is removed, then a fire extinguisher in each living unit is not warranted.</p>
<p>2800.141. Resident medical evaluation and health care.</p> <p>(a) A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission.</p>	<p>Recommend to add a timeframe of 30 days after admission as proposed requirement is not always feasible or practical. Current PCH regulations allow us to do this.</p>

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<p>2800.220. Assisted living residence services.</p> <p>(b) Core Services. The residence must, at a minimum, provide the following:</p> <ul style="list-style-type: none"> (1) Nutritious meals and snacks (2) Laundry services (3) A daily program of social and recreational activities (4) Assistance with performing ADLs and IADLs as indicated in the resident's assessment and support plan (5) Assistance with self administration of medication or medication administration as indicated in the resident's assessment and support plan (6) Household services essential for the health, safety and comfort of the resident based upon the resident's needs and preferences. (7) Transportation in accordance with 2800.171 (relating to transportation) 	<p>The core services as described except for transportation are the core services we currently provide. In addition, we do additional supportive services for the residents as needed. Currently, we charge an average of \$90 per day for the core services plus additional cost for some supportive services.</p> <p>At present, we coordinate transportation, but do not guarantee provision of transportation.</p> <p>Impact: If the actual provision of transportation is required within the core assisted living services, there will be a significant rate increase for all residents, regardless of whether they use the service or not.</p>
<p>2800.224. Preadmission screening.</p> <p>(b) A potential resident whose needs cannot be met by the residence shall be provided with a written decision denying their admission and provide a basis for their denial. The potential resident shall then be referred to a local appropriate agency.</p>	<p>Please consider all the issues that a residence must consider when deciding if an applicant is appropriate for the residence. To ensure the well-being of the existing residents, there are times when decisions to deny admissions may be appropriate, yet not be appropriate to document (i.e., if the potential resident has socially inappropriate behaviors that would impact the quality of life of the existing residents, he or she may consider it insulting to see that in writing).</p>
<p>2800.225. Initial and annual assessment.</p> <p>(a) A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or licensed practical nurse, under the supervision of a registered nurse, may complete the initial assessment.</p>	<p>At present these assessments are done by an interdisciplinary team. The team includes an LPN. An RN is not on the staff.</p> <p>Financial Impact: At least 0.5 FTE for RN (minimum \$33,000 salary annually), possibly 1 FTE (minimum salary of \$66,650) plus benefits.</p>

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<p>2800.226. Mobility criteria. (c) The administrator shall notify the Department within 30 days after a resident with mobility needs is admitted to the residence or the date when a resident develops mobility needs.</p>	<p>Since the Department (through the LMI of 8/26/2008) has decided that personal care homes no longer are to send notice to them when a resident is admitted with mobility needs or when a mobility need develops, I recommend that this regulation also be changed to require that the residence be required to maintain a list.</p>
<p>2800.227. Development of the support plan. (b) A residence may use its own support plan if it includes the same information as the Department's support plan form. A licensed practical nurse under the supervision of a registered nurse, must review and approve the support plan. (k) The residence shall give a copy of the support plan to the resident and the resident's designated person.</p>	<p>At present the support plans are done by an interdisciplinary team. The team includes an LPN. An RN is not on the staff. Financial Impact: At least 0.5 FTE for RN (minimum \$33,000 salary annually), possibly 1 FTE (minimum salary of \$66,650) plus benefits. Could the mandatory requirement to provide a copy be changed to upon resident request or designated person's request?</p>
<p>2800.229. Excludable conditions; exceptions. (c) Submission, review and determination of an exception request. (2) The Department will review the exception request in consultation with a certified registered nurse practitioner or a physician, with experience caring for the elderly and disabled in long term living settings.</p>	<p>Recommend to specify number of years of experience (like 5 yrs) requirement for professional making the determination</p>
<p>2800.251. Resident records. (e) Resident records shall be made available to the resident and the resident's designated party during normal working hours. Resident records shall be made available upon request to the resident and the family members.</p>	<p>Recommend adding language that asks for written notification and specifying time frame for compliance of request (like within 48 hours of receipt of written request).</p>