



St. John Specialty  
Care Center

September 11, 2008

#2712

Gail Weidman  
Office of Long Term Living  
Department of Public Welfare  
6<sup>th</sup> Floor, Bertolino Building  
Harrisburg, PA 17102

Dear Mrs. Weidman,

The proposed regulations will impose significant new costs on homes and new construction in most cases. The cost will then need to be absorbed some how and most likely be passed onto the resident. The proposed regulations which increase the costs of care will not improve the health or safety of the residents. The impact will be significant and negative, impacting the availability of low-income Pennsylvanians who need care provided by Assisted Living Residence. Proposed regulations also ask for unreasonable operational functions. The regulations that are being disputed are as follows:

1. Licensure Fees (2800.11): The proposed licensure fee structure as proposed is excessive and will create an economic hardship on facilities.  
**Recommendation:** Proposed fees should fall in line with the current Personal Care Home structure.  
**Cost: .29 PPD**
2. Administrator Staffing (2800.56) (a): The proposed Administrator hours are excessive leaving no time to meet additional obligations.  
(2800.56) (b) mandates that the administrator shall designate a staff person to supervise the residence in the administrator's absence, and that the designee shall have the same training required for an administrator. This will create an economic hardship in that it will require facilities to hire two administrators.  
**Cost: 6.56 PPD**
3. Additional staffing based on the needs of the residents. (2800.60) (d): The mandate of a nurse at all times will create a financial burden on the provider.  
**Recommendation:** The provider in review of the resident's needs should determine the Staffing needs. Current Licensure is sufficient.  
**Cost: 5.94 PPD**

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INDEPENDENT REGULATORY  
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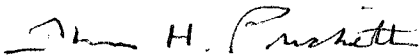
4. Substitute personnel (2800.61): “When regularly scheduled direct care staff persons are absent” - This language implies that every absence is replaced, creating possible economic hardship.  
**Recommendation:** The administrator shall arrange for coverage by substitute personnel who meet the direct care staff qualifications and training etc.  
**Cost: 2.67 PPD**
5. Financial Management (2800.20) (a): The current language does not provide for a Power of Attorney, nor does it address if the individual has dementia.
6. Application and admission (2800.22) (b-3): Is it necessary for the resident handbook to be approved by the department, and if it is, how often? Would it be with every change? This could become a department burden.
7. Resident Living Units (2800.101) Kitchenette for new build and square footage requirements would equate to: \$556,000.  
**Cost: 50.81 PPD an increase of \$556,000**
8. Dining Room (2800.104) (c): The availability of condiments at the dining table should be at the discretion of the facility, particularly if they are resident’s with cognitive impairment.
9. Laundry (2800.105) (f): The request for providing the resident’s clean clothing to be returned within a 24 hour period after laundering will be impossible to meet if this service is outsourced.  
**Recommendation:** A more reasonable amount of time may be a 72 hour time frame.
10. Fire extinguishers (2800.131) (c): The requirement of an extinguisher in both the kitchen and living areas creates an economic hardship.  
**Recommendation:** 1. If the intent is for the residents to use, these are individuals who have come to Assisted Living needing assistance in their ADL’s and IADL’s and may be lacking the strength, mobility, cognitive skills and judgment to execute such a procedure particularly if these are resident’s with a cognitive impairment.  
  
If the resident does not have the kitchen appliances connected and they are removed as provided for in (2800.101) (d1) then placement of a fire extinguisher in the kitchen would not be required.  
**Cost: .27PPD**

11. Resident medical evaluation and health care (2800.141): This requirement states that a resident shall have a medical evaluation within 60 days prior to admission.  
**Recommendation:** Requirement should correspond with those that are under the (2800.22) stating 60 days prior to or 15 days after admission.
12. Self-administration: For safety of the resident, we believe that the facility should be permitted to dictate the manner in which prescription drugs are packaged and delivered by a pharmacy. A facility should not be forced to accept medication from any source that does not practice in a manner consistent with the facility's operation.
13. Mobility criteria (2800.226) (c): States that 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.  
**Recommendation:** Under (2800.238) for Special Care Units, it is stated that each resident "shall be considered to be a resident with mobility needs". Is it therefore necessary to notify the department of each admission?
14. Development of the support plan (2800.227) (b): The mandate of having an RN supervise assessments and support plan development will only serve to increase the cost of care to the consumer as it is not clinically necessary.  
**Cost: 2.98PPD**
15. Transfer and discharge (2800.228) (b-2): The facility should be permitted to maintain control over the transfer and discharge of its residents. Supplemental services provided by family to maintain a resident beyond the intent of service provided by the facility infringes upon the community aesthetics changing the milieu from what others entered into upon their admission.
16. Admission (2800.231) (c): The 72 hours prior to admission to a special care unit requirement of a written cognitive preadmission screening would create excessive expense and staff time.  
**Recommendation:** This is a repetitive process. The physician should already be documenting a diagnosis of Dementia on the medical evaluation as stated in (2800.22) and (2800.141).

17. Doors, locks and alarms (2800.233) (c): There is no provision under this code to prevent unsafe egress by those who maintain the cognitive ability to read, yet are not cognitively safe to be out of an area, which could occur by posting the directions.
18. Program (2800.237)(a & b): The mandating of specific programs on a weekly basis does not leave time for flexibility and spontaneity within a schedule to accommodate a resident's wishes, wants and desires.
19. Reportable Incidents (2800.16) Mandates reporting for every injury. Time consuming would be very overwhelming for the Department.
20. Automatic Defibrillators (2800.96) Costly for first aide kit and every vehicle.  
**Cost: .46 PPD**

Total cost annualized without new construction guidelines is a PPD of 19.17 for a 30 bed unit or \$209,911 per calendar year. Including the changes needed for a building for new construction for a 30 bed building is 69.98 PPD or annualized \$766,281. Neither dollar amount is insignificant.

Sincerely,



Thomas H. Prickett, NHA  
Executive Director



Amy L. Ohl, NHA  
Associate Director