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# MERCY CENTER RECEIVED

**Nursing Unit, Inc.  
Personal Care**

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INDEPENDENT REGULATORY  
REVIEW COMMISSION

September 11, 2008

Gail Weidman  
Office of Long Term Care Planning  
Bureau of Policy and Strategic Planning  
P. O. Box 2675  
Harrisburg, PA 17105

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SEP 12 2008

Independent Regulatory Review Commission  
C/O Arthur Coccodrilli, Chair  
333 Market Street, 4<sup>th</sup> floor  
Harrisburg, PA 17101

Ref: \_\_\_\_\_

Dear Madam and Sir:

I am the administrator of Mercy Center Personal Care Unit, a not-for-profit personal care home sponsored by the Religious Sisters of Mercy, in Dallas Pennsylvania. I have worked in long term care for 10 years and been the administrator here for eight years.

Mercy Center Personal Care is licensed for 92 residents and is presently using all 81 rooms as private rooms. The average age of the residents is 87. Approximately 50% of the residents are Religious Sisters of Mercy who view Mercy Center as their final home and whose choice is to age in place.

Mercy Center Personal Care Unit operates with an RN Supervisor and licensed staff around the clock. We provide a high quality of care and attempt to give our residents a value-based environment.

While I see the value in looking at an increased focus on the care of the residents, I believe that the new 2800 regulations are problematic in some areas.

1. 2800.11(c) The Cost of Annual Licensure for Mercy Center is approximately \$10,000. We serve many residents who are on SSI and some who are on the veteran's benefit, neither of which cover the actual cost of care here at Mercy Center. This burden of payment would have to be passed along to the residents. It is also interesting to realize that the annual licensing fee for a 59 bed skilled unit is \$250.
2. 2800.25 (c) (iii and v) Bundling of Services While bundling of some services is helpful, to include laundry and transportation in the bundle guarantees higher rates for families who desire to perform these services themselves. Each facility needs to make this determination based on what it can provide, and the type of residents served.
3. 2800.56 Administrator/designee hours. It seems unrealistic to assume that all AL designated beds/rooms/units should have the same administrator hours. In addition, it has been my understanding that Personal Care Homes and AL Residences could be dually licensed. If that is so, and the Administrator or designee must be in the facility for the hours stated, the cost of educating, paying and providing benefits for Administrators will be prohibitive.

4. 2811.64 (d) Annual Administrator Training In 2800.53, the qualifications for an Assisted Living Administrator name RN's and NHA's as qualified, yet in this section no allowance is made for the extensive annual education requirements these licenses already have. In addition, since Act 56 recognized dual licensure with Personal Care Homes, a Personal Care Home Administrator should be considered qualified. Indeed, many of the regulations are identical to those of Personal Care.
5. 2800.96 AED At a cost of more than \$2000, to expect an AED in each first aid kit and each vehicle used for transportation would be cost prohibitive
6. 2800.101 (b,d)Physical Plant The square footage requirement of 175 sq.ft. for an existing facility puts a burden on facilities already struggling to break even and provide quality care for the residents. In addition, increasing square footage increases the distances in a room, thereby increasing the risk for falls. Since these regulations cover a higher level of care than personal care, kitchen facilities may be redundant and unsafe. Many of the personal care residents are in personal care because they no longer can safely prepare their own food due to sensory or cognitive issues. This may also increase fire risk.
7. 2800.101 Fire extinguishers in each room This requirement seems to indicate that each resident would be able to and encouraged to use the extinguisher in case of fire. I believe that in a properly smoke alarmed and sprinkled building, the presence of an extinguisher might cause the resident to delay evacuation in favor of fighting the fire.
8. 2800.101 (j) Fire retardant mattress This is extremely expensive for a facility and precludes the resident's right to bring his/her own bed.
9. 2800.102 Private Bath Residents at this level of care need their own lavatory (sink and toilet), but it is highly likely that they will need significant assistance with bathing. Providing specialized tubs and/or showers in each room would be space and cost prohibitive. This regulation does not exist in skilled facilities.
10. 2800.171 (a,d) Transportation To provide transportation to social appointments would severely hamper the ability of the transportation department to coordinate transportation to necessary medical appointments. It is unrealistic to expect every vehicle to be handicapped accessible. Many of the residents will be able to get in and out of cars and should be encouraged to maintain the skill so that family transportation remains possible for home visits, etc.

There are several ways to afford the ramifications of these regulations. The first is to pass the cost to the residents. This will decrease the number of residents who can afford the care and will ensure that even more people in need will be underserved. The second option is to decrease staffing to dangerous levels, but still be within the regulation guidelines. This will decrease the quality of care and increase the potential for adverse resident outcomes, including abuse, falls, open areas, weight loss, Emergency Room visits/hospital admissions, and infections.

Respectfully submitted,

*Antoinette Manley RSM*

Sister Antoinette Manley, RSM, RN, MS, MSN  
Administrator  
Mercy Center Personal Care Unit