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# The Williamsport Home

INDEPENDENT REGULATORY  
REVIEW COMMISSION

September 12, 2008

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BUREAU OF LTC PGMS  
REFER TO \_\_\_\_\_

Reference: Purposed 2800 regulations, IRRC#14-514

Dear Madams:

The Williamsport Home is an independent non-profit Continuing Care Retirement Community. The Williamsport Home has two Personal Care Home licenses. One license offers suites and the other license offers apartments. The Woodland Vista (suites) is licensed for 16 residents and the Apartments are licensed for 126 residents. I appreciate the opportunity to comment on the proposed regulations. After reviewing the new proposed Assisted Living regulations, these following areas caused concerns:

**2800.11 -Licensure Fees:** - I feel that these fees will be an undue burden that would be passed on to our residents and from current dollars that are used for our residents' care. Our current annual fees are \$15 and \$50 and would be \$15910 as proposed for our licenses.

**2800.16 (a)(3) – Reportable** - I question the definition of illness, I can require treatment at a hospital or medical facility for such illnesses as a cold or flu like symptoms. In this requirement that situation would appear to be reportable. Our goal would not to be increase the paperwork for both the Department and facility but to maintain our resident's quality of care at the highest possible standard. Our residents are elderly and frail and do experience illnesses.

**2800.19 (a) - Waivers** – it would appear that the wording is inconclusive in saying “may grant a waiver of a specific requirement of this chapter if the following conditions are met”. Would it be appropriate to have a timeframe for the Department to notify facility of approval or denial of a waiver within receipt of the waiver? Also, should there be stated an applicable appeal process for waivers.

2800.22(b) – (b) (3) – **Application and Admission**- Currently our potential residents are visiting all the areas facilities (which we encourage) to see which facility can best meet their individual needs. This would appear to be a very cumbersome and expense requirement. Our current Admission Agreement is 19 pages in length. I feel it is inappropriate to have the Department approve or disapprove of our handbook; what would be the turnaround to get these approvals and what of changes or addendums?

~~2800.25(b) (e) (v) (e) – **Resident-residence contract** -A 14 day notice of termination of contract by the resident appear inadequate especially when facilities are required a 30 day notice. That 30 days notice gives the families and facility time to make arrangements for services needed, apartment/suite clearing of personal items and for facility to maintain a budgeted census. Transportation and laundry should be a separate charge, not included in the core services. The bundling of these costs will raise the cost to all residents without allowing personal preference and choice. Also, these draft regulations require that each vehicle must be handicapped accessible. We do have a handicapped accessible bus, but we also use a regular van for transportation of those residents that are able to be transported safely in a non handicapped accessible vehicle. The initial support plan is not required for 30 days after admission; to state that the contract maybe rescind up to 30 days appears excessive for rescinding the resident contract; I believe 72 hours after signing is standard.~~

2800.28 (b) – **Refunds** -14 days is neither appropriate nor sufficient time for a notice of termination and discharge as stated above.

2800.30 (d) (2) (i) – **Informed consent meeting** – Please consider reducing the degree of risk and harm that permits a residence to initiate an informed consent process. There are circumstances where a resident chooses to direct his/her care in a manner that is against the advise of the residence and has risk of harm possibly not imminent, but may be long term and significant. Please consider inserting, “the resident shall cease the actions and/or behaviors that prompted the initiation of the negotiation.” Please consider rewording (i) to: Execution of an informed consent agreement shall release the provider from liability for adverse outcomes resulting from actions consistent with the terms of the informed consent agreement. It is imperative that the right of the residence to make the final decision as to whether or not it can accept the burden of liability. The residence should not be forced to provide a service when they are not able to.

2800.53 and 2800.54 – **Qualifications and responsibilities of administrators – Qualifications for direct care staff persons** - Should there be consideration to “grandfather” or set a date of compliance which would be appropriate with the implementation of the regulations?

2800.56 (a) (b) - **Administrator Staffing** - Being present in the residence and average of 40 hours per week will make the mandatory continuing education requirements and any other off site obligation impossible, not to mention sick, vacation and holiday time. 40 hours is excessive and perhaps 20 hours per week would be more appropriate; to ensure residents are receiving quality care provided by the most qualified staff. Please delete,

“The designee shall have the same training required for an administrator. How is that possible? And how would our small facility be able to afford two or more qualified administrators? The 100 hour course is approximately \$2000 with the additional requirement of 24 credit hours per year being close to another \$400 per year.

2800.60 (d) (e) **Additional staffing based on needs of the residents** – On call nurse at all times and dietician on staff appears to be excessive and very costly; even on a consultant bases there would be a financial hardship and that could adversely effect the residents.

2800.64 (d) **Administrator training and orientation** - Does not include and give consideration to NHA licensed administrators or NCERS/NAB approved credits.

2800.83 (b) 2800.83 (c) **Temperature** – Mandating central air conditioning seems very excessive and expensive, to retrofit to our current buildings. We received a proposal for our apartment building to be equipped with central air conditioning of over \$500,000. I am not aware of any problems with the window air conditioning units.

2800.96 **First aid kit** – mandating of Automatic External Defibrillators in each first aid kit is very costly. I believe an AED is approximately \$2300. We have a 1<sup>st</sup> aid kit in the facility, one in the apartment kitchen and one each of the two vehicles that transport residents. The requirement would mean five AEDs at a cost of \$11,500.

2800.98 **Indoor activity space** – Could one of the rooms required be the dining room?

2800.101 (b) (2) (I) (II) (d) (j) (1) **Resident living units** – Our residents enjoy their suites and apartments; but do not spend the majority of their day there. They are involved in activities and social programs throughout the residence. The rooms are comfortable and adequate for our residents and their furnishings. We provide three meals in our dining rooms. It is hard to imagine an advantage to having a refrigerator and microwave in their suite. The dining room is only a short distance from each resident’s suite and they may use our refrigerator and/or microwave. Should a resident be required to furnish their suite or apartment with a fire retardant mattress? Many elderly wish to move their own personal mattress along with their other furnishing to our suites or apartments which they find comfortable; but may not be compliant with this section.

2800.131(a) (e) **Fire Extinguishers** – Have one in each resident’s room – is that encouraging our residents to be heroic? We want our residents to be safe and quickly exit in response to a fire emergency. Are residents are not trained on the operation of a fire extinguisher. Locked – that would place additional risk on residents in an emergency situation where seconds count.

2800.141 (a) **Resident medical evaluations and health care** – Currently on PC regulations the requirement includes within 30 days after admission, please consider permitting that timeframe.

2800.162 (g) **Meals** - ? if provided on the support plan, should that be included?

2800.171 (a) (b) (5) (b) (7) (d) **Transportation** – Requiring facilities to transport residents to social appointments; could be extremely expensive. First aid kit requirement of an AED has been addressed above – the expense. Additional staffing on appointments would be a hardship and undue expense along with the noted above all transportation provided on handicap vehicles when we currently use a van safely for those residents that are appropriate.

2800.220 (c) (7) **Assisted Living residence services** – As stated directly above; escort and/or additional staffing while transporting should not be required only if necessary for the safety of the resident.

2800.224 (b) **Preadmission screening** – Does a written basis of denial conflict with current Fair Housing standards or ADA? Please consider the complications that a residence must consider to determine if an applicant is appropriate while ensuring the well being of their current population.

2800.227 (b) (c) **Development of the support plan** – RN requirement is costly and with the shortage of RN in long term care, this regulation appears very impractical to require RN staff. I question the necessity of quarterly support plans perhaps add significant change or semi-annual.

2800.229-c3 **Excludable conditions; exceptions** – with 5 days appears to be a long time to wait for Department response to an exception, especially applying this to a current resident that has experienced a change in medical condition.

Respectfully submitted,



Denise C. Bower  
Associate Director

Cc: The Honorable Steven Cappelli  
The Honorable Roger Madigan