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September 11, 2008

2008 SEP 17 PM 2:06

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P.O. Box 2675
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INDEPENDENT REGULATORY
REVIEW COMMISSION

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REFER TO _____

Kim Kaufman, Executive Director
Independent Regulatory Review Commission
333 Market Street, 14th Floor
Harrisburg, PA 17101

Reference: Proposed 2800 regulations, IRRC #14-514

Dear Madam and Sir:

I am the Administrator of the Tunkhannock Campus Personal Care Facility operated by the United Methodist Homes. The Tunkhannock Campus is a not-for-profit facility that offers 37 private rooms to the senior population of our communities who need various levels of assistance with their activities of daily living.

It was with much anticipation and hopes that we awaited the proposed regulations for the Assisted Living Licensure Act, an act that we were certain, if done correctly and with common sense, would be one of the greatest initiatives created for our growing elderly populations. This was to be the initiative that would finally provide access opportunities to our senior populations with lower income levels by providing much needed financial support which is significantly insufficient in the personal care setting. As personal care currently stands, the lack of financial support available to those seniors with lower incomes presents an enormous barrier to this level of care. This was the initiative that would allow our elderly populations to age in place in our homelike setting by focusing on the provision of additional care services.

Unfortunately, upon reviewing the regulations as proposed it is apparent that they were not created with the frail elderly in mind. It also appears there is more focus on the structural amenities which will do little to improve service delivery and care available to the consumer while significantly increasing our costs of operation, increased costs that once again, most seniors will not be able to afford.

While disappointing as it may be, I do understand how this may have occurred. Let's face it, the frail elderly certainly do not have as "loud" a voice as say, the younger persons with disabilities population, a population that these regulations appear to be geared to. However, through my comments and suggestions below I hope to be a voice for the elderly population and I appreciate the opportunity to do so.

COMMENTS AND SUGGESTIONS

2800.11(C): The licensure fees proposed under these regulations is excessive and would make Pennsylvania the highest cost state in the nation. Since we are licensed for 42 beds our licensure fee would go from the current \$30.00 per year to \$5,000.00 per year. This additional cost would have to be made up by either passing it on to the residents, decreasing services or cutting valuable staff hours.

How will this exorbitant fee help to improve care or facilitate access to this care?

2800.16(a) (3): As previously mentioned, we serve the frail elderly, many of whom experience routine illnesses that require treatment in a hospital. Requiring us to notify the Department in each case will increase the time our nurses spend documenting and reduce the time they have to provide the compassionate hands on care. I also believe this may violate the resident's privacy rights under HIPAA. I would suggest applying the same reporting requirements now found under the 2600 Personal Care Home Regulations.

2800.22(b): Requiring a facility to provide all of the printed materials listed in 22(b) will be unnecessarily costly and should only be required upon admission.

2800.22(b) (3): There is simply no reason the Department should be required to approve a facilities Resident Handbook. Would they then need to approve any additions and/or modifications as well? This would certainly be a waste of the Departments already limited time.

2800.25(c) (v): Transportation should not be required to be part of the core services offered by the facility. In order to be fair to all residents the facility should be allowed to charge separately for this service since many residents will not require this or may choose to have a friend or relative transport them in order to save money. Requiring this to be part of the core package would only increase the costs for everyone.

2800.56: The requirement of having a designated administrator on site for 40 hours or more per week is unrealistic if one considers the training requirements also identified in these regulations. An administrator must be allotted time to receive this annual training as well as attend additional training, seminars, corporate meetings, etc. What's more, to require another person with the same qualifications of an administrator to be on site in the absence of the designated administrator is certainly not feasible. The way this sounds the facility would need to employ a minimum of 4 administrators, one for each shift and one to cover the other's days off. The increased cost of this requirement would be incredible since they would rightfully expect the same pay if they are required to have the same qualifications. Applying a very low salary of \$40,000.00/yr per administrator would add an additional \$120,000.00 for the 3 additional administrators. Once again this would have to be made up by either cutting staff, decreasing services or raising the resident's daily rate. As is common in skilled nursing and personal care, a facility should only be required to employ one administrator for each facility, anything more will increase operating costs without providing any benefit to the consumer.

2800.60 (d) (e): A facility should not be required to employ or contract and RN or Registered Dietician if one is not needed. We are already required to “meet the needs of the resident as specified in the resident’s assessment and support plan” as stated in 2800.60(a). If the support plan and/or assessment does not require the service from one or both of these professionals, maintaining them on the payroll “at all times” will be another waste of money.

~~2800.83: To mandate the requirement for central air conditioning or even window units for every resident certainly does not take into consideration the needs or desires of the elderly. As previously noted, we have 37 private rooms. Throughout this summer we have had 100% occupancy and out of the 37 residents only 10 (less than a third) requested the installation of a window air conditioner. Even on the hottest days when the outside temperatures reach the 90’s I receive “complaints” about the central air conditioning we have in our common areas and dining room, often times completely shutting them off at the resident’s request. At an average of \$300.00 per unit this would be an unnecessary expense of more than \$11,000.00.~~

2800.101(b): While sharing these proposed regulations with our residents through several educational sessions we held, this regulation had them madder than any other. Out of the 37 rooms we have, 30 of them have square foot measurements of 150 sq. ft. not including bathroom and closet space. These 30 residents love their private rooms and they are very satisfied with the size. Some of the comments I received included, “I don’t want a bigger room.” and “My room is perfect, I don’t need more space.” The fact that we continually have high occupancy also proves that the size of these 30 rooms is more than adequate. I put a requirement on room size once again takes away consumer choice. My suggestion would be to allow the market demand dictate what room size is desired.

If the 175sq. ft. requirement remains in place we simply will not be able to pursue the Assisted Living License since we have no room to expand our facility.

2800.101(d): For safety’s sake, please remove this regulation. Our elderly residents already receive 3 balanced meals per day with snacks always available. The residents or our facility stated they have no need or desire to prepare their own meals. More importantly, think of the dangers this will present. I am concerned that even our healthiest resident might cause a catastrophic event cooking behind closed doors. Think of what might happen if someone were to make a simple mistake such as leaving a “twisty tie” (the ones with the little piece of wire coated by plastic) on a loaf of bread they wanted to defrost. It catches the plastic on fire!!

This is too serious and life threatening to even worry about cost since the ultimate cost is going to be human lives.

If this regulation is left in tact, I only hope too many lives won’t be lost before it is removed.

28131(a): Requiring each living unit to have a fire extinguisher also gives rise to resident safety. The potential for misuse by a resident is too great. It’s also unnecessary since we

train all of our employees upon hire and annually thereafter, in accordance with the 2600 personal care regulations, on the proper use of a fire extinguisher and to respond to the fire emergency location with one in hand. When we conduct our monthly fire drills we routinely have 5 or more extinguishers on the scene within 15 seconds. Having one more in the room isn't going to make a difference.

2800.171(a): Please consider removing "social appointments" from this requirement. A facility should only be responsible for coordinating and providing transportation to medical appointments. Since the term "social appointments" is so broad it may be impossible to meet. What if on a given day 10 different residents wanted to go to separate functions at the same time? What if a resident wished to go to a family reunion in another state?

2800.171(d): Also along the lines of transportation, it is unnecessary to require all of a facility's vehicles to be handicap accessible. We have two vehicles we use for transportation. One is a wheelchair accessible mini bus and one is a traditional mini van and we more than adequately meet the transportation needs of the residents.

Considering the cost of a wheelchair accessible vehicle at around \$55,000.00 this would be cost prohibitive.

Thank you for allowing me the opportunity to share my thoughts in consideration to the proposed Assisted Living Regulations. I truly hope you will consider the unnecessary cost many of these regulations, as written, would force upon the providers. More importantly, please consider the fact that just about all of the increased costs identified will do nothing to improve the care a resident receives and in fact may have a negative impact on care by forcing providers to either cut staff or services to afford these costs.

Respectfully Submitted,



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