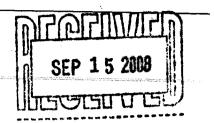


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INDEPENDENT REGULATORY REVIEW COMMISSION

September 12, 2008



Gail Weidman
Office of Long Term Living
Department of Public Welfare
6th Floor, Bertolino Building Harrisburg, PA

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

Reference: Proposed 2800 regulations, IRRC #14-514

The overall opinion of the proposed 2800 regulations is that in many cases, though the intent of some of the regulations may be positive, the reality does not reflect the needs of the population that we serve. All of our residents have private bedroom. Should the regulations be finalized with the current square footage requirements for "living units" we will not be able to apply for licensure as assisted living due to the size of some of our rooms. Since we would not be able to provide supplemental health services as a personal care residence,

Specifically, I have comments about the following regulations:

2800.11(c) The proposed licensure fees are significantly higher. As a personal care residence with a capacity 75 residents Our current annual fee \$50. If these fees were to become final it would cost \$8,375 annually The cost of room and board will inevitably increase to our residents'.

2800.16 (a)(3) Our residents move into residences like ours due to failing health and are frequently hospitalized for treatment of their illnesses our residents whenever they note a concern or change of condition. Making this reportable will place undue burden on both the residence and the licensing office. Our licensed nurses contact the primary care physician and very often the physician asks that they be seen at the hospital for evaluation.

2800.25 (b) Since our ability to operate efficiently is dependent upon having our rooms occupied, requiring only 14 day notice for a resident to terminate the residency agreement, When a resident gives 30 days notice this allows up appropriate time to fill the room without too many days of vacancy.

2800.56 (a) It appears that this does not allow for reasonable vacation time, attendance at conference, sick leave and attendance for education requirements

2800.64 (g) A "grandfather" clause for current Personal Care Administrators is absent.

2800.96 We do currently have an AED that is in the personal care unit To have to store it inside a "kit" will only slow access. I ask that the requirement for an AED be limited to one in the personal care unit

2800.101 (b) Our residence has 75% of our rooms with less than 175 sq ft when the bathrooms and closets are excluded. Our elderly residents have lovely private rooms that are comfortable and adequate. Many of the residents choose to bring their own furniture and have been able to do so in these rooms. They do not spend most of the day in their rooms as they are involved in social activities throughout our residence. If this square footage is not reduced St Anne's will not be able to apply to be an assisted living residence. Size of the rooms should be a market consideration.

2800.101(j) (1) Please consider a provision that allows an individual to bring his/her own mattress if desired. Also please consider a phase in for current personal care residences that wish to convert to assist living. Since the 2600 regs do not require this for homes that were licensed prior to 10/24/2005, it places another huge cost of the residence to replace all existing mattresses

2800.131 (a) Please reconsider the requirement for a fire extinguisher

in each living unit. The staff is trained bring an extinguisher to the location of a fire Our residents should not attempt to fight a fire themselves.

2800.141 (a) Please consider permitting the medical evaluation to be completed within 15 days post admission to allow for emergency circumstances.

2800.171 (b) (5) Please do not require AED's to be in the first aid kits in residence vehicles. The average current cost of an AED is \$2000.00 and we have 5 vehicles

2800.226 (c) Since the Department has decided that personal care residences no longer are to send notice to them when a resident is admitted with mobility needs or when mobility needs develop, I suggest that this regulation also be changed to require that the residence be required to maintain a list.

2800.227 (b) The clause which states that a support plan that is developed must be reviewed by a licensed practical nurse **under the supervision of a registered nurse** is unrealistic for most facilities, since they are not required to staff with registered nurses. This will present a financial burden on facilities.

Respectfully Submitted,

Dan Lvtle

St. Anne's Retirement Community