



WRC SENIOR SERVICES
Providing Choices for Generations

14-514

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2008 SEP 19 AM 9:32

Laurelbrooke Landing

Skilled Nursing/Rehabilitation

McKinley Health Center
at Laurelbrooke Landing

September 11, 2008

2712

INDEPENDENT REGULATORY
REVIEW COMMISSION

Assisted Living

Edgewood Heights

Highland Oaks

Laurelbrooke Assisted Living
at Laurelbrooke Landing

Ridgmont Assisted Living

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

Independent Regulatory Review Commission
C/o Arthur Coccodrilli, Chairman
333 Market Street
4th Floor
Harrisburg, PA 17101

RECEIVED
08 SEP 15 AM 10:43
BUR OF LTC PGMS
REFER TO _____

**Continuing Care
Retirement Community**

The Laurels

Reference: Proposed 2800 regulations, IRRC #14-514

To Whom It May Concern:

Residential Living

North Fork Heights

The Village
at Laurelbrooke Landing

I am the Director of Personal Care and Assisted Living Services of WRC Senior Services, a not-for-profit organization that offers all levels of care. I have spent most of my career working in long-term care. I started as a nurse's aide and went on to become an LPN in 1980. I was a Resident Care Coordinator for two years, and I have been a Personal Care Administrator for the past 13 years.

WRC Senior Services operate four assisted living communities in rural Western Pennsylvania. Laurelbrooke Assisted Living is licensed for 50 residents, which includes 20 residents in a secured memory support unit. Highland Oaks is licensed for 59 residents. Edgewood Heights is licensed for 71 residents. Ridgmont is licensed for 54 residents.

Home Care

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The majority of our residents are over the age of 85 and are considered frail elderly. At WRC Senior Services, we strive to be The Best Place to Live and The Best Place to work. We are very proud of each of our communities, and we know that without them, our residents would not be enjoying the high quality of life and care that they are currently.

133 Laurelbrooke Drive • Brookville, PA 15825
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My 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.

These are some regulations that we have specific concerns about:

2800.11(c) The proposed licensure fees are astronomical in comparison to the current personal care home fees. With 234 residents at our four assisted living communities, our current annual fee is \$110. If the proposed fees were to become final, it would cost \$26,570 per year for licensure. This cost increase will make it necessary to raise the cost of room and board for our residents. We have always staffed at nearly double the required hours of direct care per day. However, with this additional cost, it would no longer be possible. This would greatly impact our residents' quality of life.

2800.16 (a)(3) Our residents typically come to us because they are frail. They have health problems and are frequently hospitalized for treatment. Whenever we have a concern or note a change in condition, we contact the resident's physician, who most asks that they go to the hospital for evaluation. This regulation would require that every time a resident goes to the hospital or a medical facility for treatment of an illness, it would have to be reported to the licensing agency. This increase in paperwork and time would place an undue burden on our staff and the licensing agency.

2800.25(e) The language of this regulation is confusing. It sounds like there are two different times a resident can rescind their contract – after the first 72 hours of signing it and after the first 30 days of admission. I can understand being able to rescind after the first 72 hours, but allowing a contract to be rescinded after having received the initial support plan, which is not required to be completed until 30 days after admission, places a financial burden on our communities. Each admission is a process which involves significant administrative cost. To name a few, there is the time and cost involved in completing a pre-assessment screening, completing all the contracts, securing the medical evaluation, securing the medications, setting up medication administration records, preparing the room for the new resident to move in, completing the mandatory assessment form and completing the support plan with the input of the resident and his/her designated person. If after all these processes are completed the resident may simply rescind the contract, the costs involved with these processes will certainly increase the average cost of operating our communities and in turn our room rates.

2800.56 I am concerned about the standard of 40 hours per week that the administrator must average in the residence in every calendar month. This doesn't allow for the administrator to attend meetings or educational conferences or to be ill, take vacations or holiday time.

In addition, I am concerned about the requirement that the designated person to supervise in the administrator's absence must have the same training requirements as the administrator. The cost of the 100 hour course is approximately \$2000.00 for each of our communities, and there would be additional training costs for the 24 hours of annual training in Department approved courses. Due to our rural location, there is considerable travel costs associated with

this. Also due to our rural location, the available educational conferences are limited. The administrator and designee may need to attend the same conferences.

Also, in the case of a designated staff persons leaving employment here, the 100 hour course mandated by the regulations is not offered in all parts of the state frequently enough to train a new hire to ensure compliance.

2800.64 (d) It is very important that the Department accept credits from courses used to retain licensures for nurses, nursing home administrators and personal care administrators. Otherwise, many of our staff will have to complete their existing annual requirements to retain those licensures, in addition to the 24 hours per year that the regulations require of Department approved courses. This would translate into higher training costs, resulting in higher daily rates.

2800.101 (b) This proposed regulation is of great concern. 80% of our rooms have less than 175 sq ft when the bathrooms and closets are excluded. Our residents have beautiful rooms that are comfortable and adequate for their needs. Many of the residents choose to bring their own furniture and have room to do so. Also, they are frequently out of their room, involved in activities or socialization in the living areas in our communities. If the regulations are finalized with the current square footage requirements, we will not be able to apply for licensure due to the size of some of our rooms. This would also be true of the other assisted living communities in our region. Since we would no longer be able to provide the supplemental health services that many of our residents would need, what would happen to them? They would have to go to a nursing home, return to their own home with 24 hour private duty care, or they would have to move hundreds of miles away from family and friends to the closest assisted living community. This would place an undue hardship on the frail elderly and seriously limit their access to assisted living care.

2800.101 (d) Please reconsider the requirement for kitchen capacity in an assisted living unit. Our residents are served delicious, nutritionally balanced meals three times a day in our dining room. Having a refrigerator and microwave should be a matter of choice. To purchase these units to place in every room would cost a considerable amount for something that may not even be used by the resident. Also if assisted living is intended for residents who are frailer and with greater care needs, would it be safe or appropriate for these residents to have microwaves? This could be a safety hazard.

2800.101(j) (1) In some of our communities, we do not have individual thermostats for heating and cooling in resident rooms. The design of our buildings would make this a very difficult and costly change.

Please consider a provision that a resident can bring their own mattress if desired. Also please consider a phase-in for this purchase for current personal care communities. It would be a large expense to do this immediately.

2800.131 (a) Please reconsider the requirement for a fire extinguisher in each resident room. We have fire extinguishers, strategically located in the community, for easy staff access. Also, with the fire extinguisher located in the room, a resident may feel inclined to try to fight a fire, which is very dangerous.

2800.141 (a) There are situations in which a medical evaluation cannot be done this quickly. The regulations should allow for emergency situations.

2800.220 (c)(7) Please clarify that escort service is only required when indicated by the support plan or by resident request.

2800.226 (c) According to the personal care regulations, we do not have to send notice to the Department when a resident is admitted with mobility needs or when mobility needs develop. I suggest that this regulation also be changed to require that we maintain a list in-house.


2800.228 (a) If a competent resident, a designated person, power of attorney or guardian, is making the decision for a transfer or discharge, we cannot ensure that the transfer or discharge is appropriate to meet the needs of the resident. Please consider changing this wording to requiring that we fully inform the resident, designated person, etc. of the possible consequences and to inform the local Protective Services.

2800.231 (e) A resident with dementia or other cognitive impairment, due to the nature of their impairment, may not be able to truly consent to admission. Requiring them to sign the agreement isn't logical. In most case, they won't understand what they are signing.

800.231 (f) and 2800.234 (d) Please consider making the assessment semi annually rather than quarterly. The amount of time spent in paperwork detracts from the quality time spent in caring for the resident.

Thank you for your consideration of these comments.

Respectfully submitted,



Robin Knight, LPN, PCA
Director of Personal Care Services