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July 9, 2009

Office of Long Term Living
Bureau of Policy and Strategic Planning
P.O. Box 2675
Harrisburg, PA 17105
Attention: Bill White

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INDEPENDENT REGULATORY
REVIEW COMMISSION

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REFER TO

Dear Mr. White,

Please accept our comments regarding the draft copy of the proposed final-form regulation for Assisted Living Residences (55 Pa.Code Chapter 2800). Our comments are a joint effort between our two affiliate facilities: Artman Lutheran Home in Ambler, PA and Paul's Run Retirement Community located in Philadelphia, PA.

Keys areas of concerns and questions on the proposed regulations include:

A. 2800.11 - Licensure Fees

- The new fee structure of \$300 licensure fee plus \$75 per bed will have is going to have especially financial burden for both our facilities:
 - Based upon our licensed capacity of 136 for Artman it would be \$ 10,500 including the \$ 300 licensure fee.
 - Based upon our licensed capacity of 170 for Paul's Run it would be \$ 13,050 including the \$ 300 licensure fee.
- Although these are the numbers for our "Licensed Capacity" – Artman only utilizes 123 beds and Paul Run utilizes 70 beds. Would the fee be accessed upon licensed capacity or utilized census?
- Since we are both Not for Profit facilities the burden of these fees would need to be passed on to our residents as a part of the cost of running our business and thus reflected in the annual room rate increase.

B. 2800.16 – Reportable Illnesses

- The language in the regulation has changed to include "illness" that requires treatment at a hospital or medical facility. Given the acuity of our residents, it is our feeling the Department of Public Welfare would be flooded with daily incidents of these types of hospital treatments. Not only is it additional paperwork for the Department but additional mandate reporting for the Facilities.

C. 2800.22 & 2800.141 – Medical Evaluation

- The language in each of these sections regarding the Medical Evaluation is contradictory.
 - In 2800.22 – it states "Medical Evaluation completed within 60 days prior to or 15 days after admission"
 - In 2800.141 – it states "Medical Evaluation within 60 prior to admission."
- Our question - what is the correct timeframe?



- In addition, the overall timeframes in which some of the documents have been shortened thus creating an additional burden on the facility to ensure timely completion as well as less time to complete a more *accurate* assessment as the facility gets to know the resident better.
- D. 2800.25
- The language in the contract reflects that the resident need only give 14 days notice of termination yet the facility must give 30 days notice. It seems that in general practice most contracts reflect a 30 day termination for either party. We feel that a 30 day notice by either party is fair and reasonable.
- E. 2800.56
- The regulation states that an administrator or designee must be present an average of 40 hours per week. As well, the designee shall have the same training required for an administrator.
 - This language stipulates that essentially the designee have the same qualifications as the administrator. For our facility this would be costly and burdensome as essentially we would need to have “two” administrators with the same qualifications. And essentially there would be times that both administrators may not be “present” for various things as offsite meetings and educational trainings for CEU requirements.
- F. 2800.63
- The language that stipulates there shall be one staff person trained in First Aid and CPR for every 20 residents would require us to unnecessarily increase our staffing for all shifts. We currently maintain a staffing level that is exceedingly higher than mandated by the state. Having to increase our staff for CPR requirements would be very costly for our facility. We request that the language remain the same as the Personal Care Chapter 2600 regulations which states one staff person for every 50.
- G. 2800.65
- The language of 18 hours of training prior to performing unsupervised ADL’s would increase the amount of training required at time of orientation. Typically all Licensed Professional Nurses and Certified Nursing Assistants have already received this training as part of their licensure or certification.
- H. 2800.96
- Purchase of an AED machine is costly.
- I. 2800.98
- The requirement of having two indoor wheelchair accessible common rooms with at least 750 square feet could not be adhered to without major costly renovations. To accommodate this at our Paul’s Run facility would require the elimination of resident rooms.
- J. 2800.101
- The square footage requirement of 175 square feet for existing living units completely dismisses our ability to be in compliance with Chapter 2800. Several of our existing rooms do not meet this requirement and would require excessive cost to renovate for compliance.

- Providing a cooking appliances, sink, food cupboard and microwave for each living unit would be very costly to our facilities and would require massive renovations.

K. 2800.102

- The requirement of a tub or shower within each living unit completely dismisses our ability to be in compliance with Chapter 2800. We have several rooms that utilize a common shower room; compliance with this regulation would require costly and massive renovations. It may preclude us from seeking the Assisted Living licensure.

L. 2800.171

- The requirement of providing or arrange transportation for “social” appointments would prove to be a costly and extensive burden for our staff. Currently we are staffed to assist in arranging or providing for medical appointments only. We do not have the vehicle capability nor the staff to provide or arrange for social appointments as these types of events could be excessively scheduled by residents wanting to go to social appointments.

M. 2800.224

- We have concerns regarding the written denial of admission.
- The development of a Preliminary Support Plan 30 days prior to admission will be labor intensive and may not capture all the residents needs as we are not familiar with the resident.

N. 2800.225

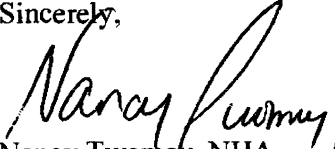
- Having an LPN complete the additional assessments under the supervision of a RN will post staffing issues for us. It is our belief that a Licensed Practical Nurse has the clinical skills that are more than adequate to complete assessments. Many of our LPN’s have well over 20 years of nursing experience.


Other questions and/or concerns:


- Is it possible to only license under Chapter 2800 a partial part of the building?
- Just a clerical item – page 9 – under Common Living area – “Dinning Room’ is spelled wrong – should be “Dining Room”

Thank you for your consideration.

Sincerely,


 Nancy Twomey, NHA
 Support Services Admin
 Liberty Lutheran Services


 Betty Bebian, RN, NHA
 Personal Care Administrator
 Artman Lutheran Home


 Linda Curto, NHA
 Personal Care Administrator
 Paul’s Run Retirement Comm

cc: Mark Miller, Regulatory Affairs Manager, PANPHA
 Mary Ellen Keller, PALA