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## Assisted Living Draft Regulations Comments

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INDEPENDENT REGULATORY  
REVIEW COMMISSION

2800.11 (g) Many existing personal care homes have varying room/suite sizes within a given wing or distinct part. Those rooms/suites that comply with the physical requirements of the regulations or could be readily renovated as such should not be precluded from AL licensure.

2800.11 (g)1 Should third party funding be made available to only one portion of a dually licensed facility, residents that would qualify for and would benefit from this funding should not be prevented from transfer to a licensed unit with such funding.

2800.11 (g) 2 Sharing administrator roles should be permitted for PC homes, AL residences and long term care facilities, particularly for those facilities of smaller size that have multiple levels of care. This currently is not permitted for PC homes of any size.

2800.14 (e) This requirement is not needed since section 2800.14 (c) is included.

2800.22 (a) 3 The preliminary support plan should be required within 30 days of the initial assessment. In cases where a resident fails to visit the facility sooner than a day or two before the admission date to have the initial assessment completed, the facility must have sufficient time to complete a support plan after that initial assessment.

2800.22 (d) Many modern facilities are designed to protect-in-place due to the impracticality and potential danger of evacuating certain residents in all conditions. This should be taken into consideration in the regulations rather than to expect resident evacuation regardless of the circumstances.

2800.54 (a) 4 An inability to communicate in the language of the prospective resident should be a permitted reason for denial of admission. Due to the growing diversity in our country, AL staff cannot be expected to communicate in every possible language residents might commonly use.

2800.60 This section is too open-ended and may open the door for "required" staffing beyond that of a long term care facility. AL residences are unable to take this open-ended risk, especially in light of no funding program to meet the true cost of care that may eventually be required by aging-in-place.

2800.60 (d) This requirement should be dropped for those facilities that include an LPN in their on-site staffing.

2800.63 (a) This is an excessive requirement beyond that of long term care facilities.

2800.64 The orientation and testing requirements are not needed for those having licensure in long term care administration. The exception added (g) should include all such licensed NHA's since they have the skills and qualifications to administer a long term care facility.

2800.83 (b) The term "central" should be removed from "central air-conditioning". Today's engineering does not require nor does every building and living space best benefit from a centralized system. Use of the term "air conditioned" or "cooling system" should suffice. Some "central" system do not allow individual room control of temperature either.

2800.85 (d) Covered trash container are not essential to cleanliness in toilet rooms, resident rooms or common spaces. In fact, they can lend themselves to inconvenience, difficulty in operation and more limited use with covers. Such covered containers are not required in long term care facilities.

2800.96 (a) The defibrillation requirement is excessive and beyond what is required for long term care facilities.

2800.98 (b) The requirement to seat all residents in one space is excessive for large facilities, especially in light of the household model that is gaining wide standing success. Why is it important that all residents in a large facility be together at one time?

2800.101 The square footage and kitchenette requirements are excessive for both new and existing facilities. Existing facilities should be grandfathered regardless of size. . . market forces are already weeding out the unsuitable accommodations. Smaller accommodations and fewer amenities give residents more choice (a key goal of this regulation) than forcing the large size and cost upon all AL residents. Let the consumer determine what size and features they deem important and worthy of their dollars. The regulations are too prescriptive to be true to their purpose and such abundant size has little to do with quality of care or quality of life for any of us.

2800.108 (d) An exception would be for an educational or historic program on firearms, etc. Is this requirement really necessary?

2800.123 Consideration should be made for modern buildings that are designed for protection-in-place. Evacuation is not always warranted or advisable considering the design and features of modern healthcare construction.

2800.129 Modern gas fireplaces do not require frequent cleaning and inspection. This requirement is excessive.

2800.162 (a) The prescriptive time frames do not always permit flexibility and choice on the part of residents that may choose to sleep in or have a late breakfast or other such variable meal times.

- 2800.171 All the prescriptive requirements for timing of transportation is excessive and does not consider circumstances of medical appointment delays, traffic implications, vehicle breakdowns, etc. No such requirements are necessary for long term care facilities.
- 2800.182 Any medication that is suitable for self-administration should also be suitable for administration by assisted living staff. Requiring licensed staff persons is often an unnecessary and costly requirement that offers little benefit for the resident for the cost incurred.
- 2800.220 The listing of service package services required is beyond the scope of practical regulation and consumer choice. Let the consumer determine what services they need and are willing to pay for. Such predetermined packages are arbitrary and do not consider the unique care needs and individual abilities and interests of each resident.

General Notes:

By this point in reviewing the regulations, one becomes overwhelmed at their complexity and extent. They go above and beyond the regulations of long term care facilities in so many ways despite that fact that long term care facilities care for persons with more complex medical and care needs than those intended for assisted living. The remainder of the regulations continue this prescriptive approach and often forget the principles of consumer choice, new household models, and the more freestyle approach of home and community based service models. How the State of Pennsylvania can recommend such complex regulations that essentially serve the same population as personal care homes serve today, yet offer no funding program to cover costs that will nearly match if not exceed those of a long term care (\$200+/day) is beyond comprehension. The capital cost alone to build such a facility would exceed \$200,000 per bed. Few, if any personal care home providers that operate with common sense and cost-consciousness in serving those of moderate financial resources would consider licensure under these regulations.

If so many older adults can be well-served in a home and community based setting where only a fraction of the services described in these regulations are available, much less required, and still warrant the level of funding support that is afforded to home and community based service providers (80% of the current cost of a long term care bed), why should persons in facility-based care settings require such extensive support services, prescriptive regulations and staffing requirements? Regulations such as these have priced facility-based care out of the market for many older adults and have created a "system" that appeal to very few.