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2712 L36
*Services also provided at:
Masonic Village at Elizabethtown
Masonic Village at Sewickley
Masonic Village at Warminster*

A COMMUNITY OF THE MASONIC VILLAGES OF THE GRAND LODGE OF PENNSYLVANIA

RECEIVED

July 24, 2009

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Office of Long-Term Care Living
Bureau of Policy and Strategic Planning
PO Box 2675
Harrisburg, PA 17105
Attention: Bill White

INDEPENDENT REGULATORY
REVIEW COMMISSION

RE: Proposed Assisted Living Residence Regulatory Package

To Whom It May Concern:

We appreciate the opportunity to comment on the proposed assisted living regulations. In summary, we are currently providing assisted living services to our residents under the personal care regulations, and we feel that these personal care regulations more adequately cover our senior population, while the new proposed assisted living regulations are both unnecessary and costly. Over 50% of our current personal care residents are unable to pay for the cost of their care, and during these tough economic times it becomes exceedingly difficult for us to subsidize these residents who do not have funds. Why should we be faced with new regulations that are more costly than personal care and not adequately funded, which would force the Masonic Villages to decide whether to give less benevolent care to license as assisted living, or to remain personal care and miss out on some future potential assisted living funding which is not available today? At the present time we will not be applying for assisted living licensure. These are our comments on the proposed assisted living regulations:

2800.3(c) Inspections and licenses.

Why remove the language that allows an abbreviated survey if an assisted living resident has established a history of exemplary compliance? This will save the Commonwealth dollars while still protecting residents.

2800.11(c) Procedural requirements for licensure or approval of assisted living residences; special care designation and dual licensure.

Licensing fees are exorbitant. Currently our personal care license fee is \$50. Under the proposed assisted living regulations our licensing costs would go to \$4,800 per year.

2800.11(g)

The issue of dual licensure by distinct part means if a resident in personal care needs assisted living services they would need to physically move to a new location to receive those services rather than allowing a resident to receive the services they need without physically moving. One

of the purposes of these new regulations was to allow an individual to age in place. This is contrary to this purpose.

2800.22(a) Application and admission.

Why has the addition of an initial assessment and preliminary support plan been added when it increases the amount of paperwork required without improving the quality of care? Having an assessment completed within 15 days after admission and a support plan developed and implemented with 30 days after admission is more in tune with the ever changing health needs of assisted living residents.

2800.22(b.1)

Redundant wording is not required. Admission to the facility assumes resident needs will be met as required by regulation.

2800.22(b.3)

This is a violation of Fair Housing statutes and does not meet the standards for permissible discrimination.

2800.63(a) First aid, CPR, and obstructed airway training.

One staff person trained in first aid and CPR for every 20 residents would significantly raise the number of staff needed on our 11-7 shift without benefit to the safety of our residents. Per these regulations, since at least 75% of the assisted living service hours must be available during waking hours, this in turn significantly increases staffing on 7-3 and 3-11 shifts to meet this regulation at significant cost.

2800.64(g) Administrator training and orientation.

A certified personal care home administrator should be exempt as is the NHA from the 100 hour training course and should only be required to pass the competency test.

2800.65 (c.7) Staff orientation and [Direct] direct care staff person training and orientation.

Every direct care staff person should not need to be trained in CPR as there are a significant number of residents who have "do not resuscitate" (DNR) orders. Having all staff trained in CPR is a significant expense that does not contribute to the health, safety and well being of our residents.

2800.65(f)

Why would direct care staff in assisted living be required to have more hours of annual training (18) than a certified nursing assistant in a nursing facility (12)?

2800.101(b) Resident living units.

We favor acceptable square footage for existing facilities be lowered to a minimum of 125 square feet. Our experience through resident survey shows it is not necessary to define a level of care on square footage to have satisfied residents.

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2800.101(d)

We strongly disagree that any kitchen capacity be included in these regulations. Our experience and surveys show this does not contribute to a satisfied senior population and does not belong in regulation.

2800.142(b)(iii) Assistance with [health] medical care and supplemental health care services.

Act 56 clearly states the assisted living residence may require residents to use providers of supplemental health care services designated by the residence. It is not appropriate and could have a detrimental effect on the health and safety of residents, if providers cannot adequately control health care services coming into their residences.

2800.171 Transportation.

This is unrealistic in how DPW will determine compliance.

2800.227(c) Development of the final support plan.

It is excessive to require quarterly updates to a support plan when any resident condition change also requires a support plan change. Annual review with modification is sufficient.

Thank you for the opportunity to comment on these regulations.

Sincerely,

Adrienne M. Staudenmayer, NHA
Executive Director

AMS:tlp

C: Representative Phyllis Mundy, Chair, Aging & Older Adult Services Committee
Senator Patricia H. Vance, Chair, Aging & Youth Committee
Senator Robert P. Casey, Jr.
Senator Arlen Specter
Representative Allyson Y. Schwartz
Ronald Barth, CEO, PANPHA