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September 11, 2008

Mr. Arthur Coccodrilli
Independent Regulatory Review Commission
333 Market Street, 14th Floor
Harrisburg, PA 17110

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INDEPENDENT REGULATORY
REVIEW COMMISSION

Dear Mr. Coccodrilli:

Thank you for this opportunity to present the views of the Pennsylvania State Nurses Association (PSNA) in regard to the proposed assisted living regulations. PSNA encourages the Board to consider the following recommendations:

1. In §2800.60 (d) strike “shall have a nurse on call at all times” and replace with “shall have at least one licensed nurse in the facility at all times”

Rationale: Since direct care workers are not educated or qualified to perform specific acts of nursing care, a licensed nurse must be in the facility at all times for the safety and advocacy of the patient.

2. PSNA feels that §2800.64 (b)(2) should state that a successful completion of this “medication procedures, medication effects and side effects, universal precautions and personal hygiene” course shall not authorize an assisted living facility administrator to administer medications in any form.

Rationale: PSNA strongly advocates the administration of medication be limited to licensed nurses that have the appropriate education and licensure to do so in accordance with Title 49 §21.14.

3. Strike §2800.65 (d)(3)(vi)

Rationale: Implementation of initial assessments, annual assessments and support plans should only be performed by a licensed nurse, preferably a registered nurse. This is clearly not in the scope of practice for a direct care worker and this section must be eliminated.

4. In §2800.65 (f)(1) should list what the medication self-administration course training entails

Rationale: Again, the administration of medicine must be done by a licensed nurse. There should be no confusion in regard to this issue.

5. §2800.67 (b) (5) should specifically state the qualifications for these instructors

Rationale: This would alleviate confusion in regard to the ambiguity of this section, PSNA strongly urges documentation of the qualifications of course instructors.

6. §2800.142(a) needs to specify who in the residence is responsible for the documentation of the resident's need for medical care, updating the resident's assessment and updating the resident's support plan

Rationale: This documentation of need for medical care MUST be completed by licensed personnel, preferably a registered nurse who may also consult and work cooperatively with other health disciplines in developing and/or revising a patient's plan of care.

7. PSNA recommends that you strike §2800.182(b)(4)

Rationale: Under no circumstance should an unlicensed person be authorized to administer medication. A mere medication education training course is not adequate for this skill set. This is an infringement on the scope of practice of licensed nurses and compromises the safety of residents in the facility and misleads the public and family of those being cared for.

8. PSNA recommends that you strike the following lines in §2800.186(c): "by nurses in accordance with regulations of the Department of State." The lines should be replaced with "by licensed nurses in accordance with regulations of the Department of State.

Rationale: These changes add clarity to this section and are in the best interest of the residents.

9. §2800.190 needs to be completely struck

Rationale: Again, under no circumstance should an unlicensed staff person of an assisted living facility be allowed to administer medication. Consider changing the title of this course to the Medication Education Program, delete administration since this is a function of a licensed nurse.

10. Language must be added to §2800.225 specifying that an administrator or designee is NOT authorized to complete an initial assessments or additional assessments, even if under the supervision of a RN

Rationale: Assessments MUST be done by a registered nurse or an LPN, under the supervision of an RN. It is unethical and unsafe to allow otherwise. Registered nurses are highly educated and have the educational background and skill set necessary to perform patient assessments.

11. §2800.227 does not specify who develops the written support plan, PSNA recommends that this is done by an interdisciplinary team. This support plan should be reviewed by an LPN who is responsible for the care of the resident, under the supervision of an RN. The Initial group of healthcare providers that developed the support plan should review the resident's support plan on a regular basis and modify as necessary to meet the resident's needs.

Rationale: A support plan is a critical factor to the well-being and outcomes of the resident and should be conducted by qualified professional healthcare providers.

If you have any questions in regard to these regulations, please feel free to contact me at (717) 657-1222 ext 200 or by email at bsnook@panurses.org.

Sincerely,

A handwritten signature in black ink that reads "Betsy Snook". The signature is written in a cursive, flowing style.

Betsy Snook M.Ed., BSN, RN
Chief Executive Officer
PA State Nurses Association