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A not-for-profit Presbyterian Homes Retirement Community

\$2712

NOEFFIDENT REGULATORY
RELIEF COLLINSON

September 8, 2008

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

To the IRRC:

As the administrator of The Village House at St. Andrew's Village in Indiana, PA, I have some serious concerns regarding the impact of the proposed Assisted Living Regulations on my facility and the residents we serve. While I support the concept of aging in place and allowing our residents to make choices regarding the services they receive, the proposed regulations would impose such a financial burden on our facility that we may not be able to continue to serve residents needing this level of care.

The Village House currently provides care and services to 23 residents, with nearly 20% of them requiring us to subsidize a portion of their monthly fee because they do not have the income to pay the full rate. I am concerned that we will not be able to provide the level of subsidy we are able to provide today because of our dramatically increased costs. This would have the consequence of reducing seniors' access to care, rather than increasing it as the regulations intended.

One significant area of cost increase is the physical plant. The estimated costs for The Village House to comply with the regulations would be \$464,453.00. The services we provide to our residents are very necessary and in demand, as evidenced by our percentage of occupancy which is consistently at 100%. While we do not provide skilled services, we do provide a wide range of services that allow our residents to age-in-place appropriately and delay admission to a nursing home. Our residents are very pleased with our facility, however, because of the physical plant requirements in the proposed regulations, we will not be able to serve those same residents tomorrow that we serve today. And, because of the cost-prohibitive nature of the physical plant changes we would have to make, the cost to the resident of this enhanced level of care will make it out of reach of most people with modest and low incomes.

With the significant amount of funds needed for renovations at The Village House the effect on seniors in my community and many others are going to be very negatively impacted if these regulations are approved without change.

Thank you for your attention to this matter.

Sincerely.

You should LOVE where you LIVE ™

Morma Malek

Personal Care Administrator

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I have provided my concerns to Proposed 2800 regulations, IRRC #14-514 detailing specific regulations which will have the greatest negative impact on our ability to provide care and service to our residents:

Licensure Fees 2800.11(c) The fees that are proposed for licensure are exorbitant. As a personal care residence with 24 residents, our current annual fee is \$50. If these fees were to become finalized it would cost \$4,910 annually - a 98% increase!. This is a cost which will inevitably have to be passed directly on to the residents through the cost of room and board and would prohibit many from being able to obtain the service they need

Bundling of Services 2800.25(c) (iii and v) We are currently charging separately for transportation as this service is more frequently utilized by some residents than others, and therefore is paid only by those residents who use this service. Since some residents still drive, some use public transportation, while others have family who provide transportation, the bundling of these services will unfairly increase the costs for all residents, and result in a charge to residents who do not utilize this service at all.

Administrator Requirement 2800.56 This regulation would place extraordinary burden on staff and residents of The Village House. I have great concern about a requirement that a staff person must be designated to supervise the residence during the administrator's absence with the same training requirements as the administrator. If this is to be interrupted as 24 hours a day, it is truly not feasible. The cost to train staff in the 100 hour course and meet the required CEU requirements of 24 yearly is approximately \$2,500 per staff member. To cover the unit 24 hours would require that a minimum of 6 staff be trained, or at total cost of \$15,000, another cost which would have to be passed on to private pay residents with an increase of \$750 per resident. Of further concern is that the 100 hour course mandated by the regulation is not offered in all parts of the commonwealth frequently enough to allow a residence with a vacancy to train a new hire in a timely fashion to ensure compliance.

2800.64 (d) The language in this section appears to conflict with the regulation in .56, however it is very important that the Department accept credits from courses that are approved by the National Association of Boards of Examiners of Long Term Care Administration (NAB). The most logical Administrator designee for our CCRC is one of the NHAs already on campus, who retain their licensure and attend 48 hours of NAB approved credits every two years to do so. To require an additional 24 hours per year at Department approved courses would be cost prohibitive and would also require additional time out of the residence. Also, unfortunately, the Department approved courses are not always NAB approved courses and for our residence this would amount to approximately \$8,800 of additional annual costs. As stated so many times in these costs by necessity will add to the daily rates of our residents. Grandfathered - Omitted from the proposed regulations is the section under 2600.64(g) that states a licensed nursing home administrator who was hired prior to a specified date was exempt from the training and education requirements of the chapter. An NHA hired after that date was required to pass the Department Approved competency test (which still does not exist). I request that this be included in the 2800 regulations. The qualifications for NHA are far more rigorous than that of these regulations and this level of licensure should qualify an individual as an assisted living administrator.

2800.96 I would ask that the Department consider limiting the AEDs to one per facility and allow for additional first aid kits throughout the residence.

2800.101 (b) This is the most troublesome of the proposed regulations. Our residence has 2 rooms with less than 175 sq ft when the bathrooms and closets are excluded which are lovely private rooms that are comfortable and adequate. Many of the residents choose to bring their own furniture and have been able to do so in these rooms. They do not spend most of the day in their rooms as they are involved in social activities both on and off campus. If this square footage is not reduced The Village House will not be able to apply to be an assisted living residence. We will not be permitted to provide the supplemental health services that our residents require and our residents will be forced to make other living arrangements. This is grossly unfair to them. Size of the rooms should be a market consideration. The Village House averaged 100% occupancy over the past few years due to our reputation for the quality of care and life and our residents truly are at home here. I ask that the Department remove this requirement or give consideration to application for waiver or exception for existing communities, and if this is put into place, it be required for new construction only.

2800.101 (d) Please reconsider the requirement for kitchen capacity in an assisted living unit. Our residents (again average age 88) are served high quality, nutritionally balanced meals in a fine dining setting which encourages socialization. Out of 24 residents only 3 have chosen to have refrigerators in their room and no one has chosen to have a microwave. This should be a matter of choice. To purchase these units to place in every room and to undergo the construction to retrofit plumbing and electrical outlets would cost us \$66,000 dollars and to spend this kind of money for something that would not be used is unreasonable.

2800.131 (a) We are extremely concerned about residents attempting to fight a fire themselves, especially when all of our staff have been trained to bring an extinguisher to the location of a fire and on the proper procedure to extinguish a fire. Additionally, this would result in another \$5500 in unnecessary expense. Please reconsider the requirement for a fire extinguisher in each living unit.

2800.171 (b) (5) Please do not require AEDs to be in the first aid kits in residence vehicles. This would cost another \$6000 as the average current cost of an AED is \$2000.00 and we have three vehicles. Additionally, this would require additional direct care staff who are trained on the use of an AED and would increase our costs unnecessarily.

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

2800.228 (a) The requirement that the residence ensure a transfer or discharge is appropriate to meet the needs of the resident is not always possible. A competent

resident, a designated person, power of attorney or guardian, may be the person making this choice. Please consider changing this wording and placing the burden on the residence to fully inform the resident, designated person, etc. of the possible consequences and to inform the local Protective Services.

2800.231 (e) Please permit a legal POA to provide consent. Requiring a resident with dementia, or another significant cognitive impairment to document agreement to admission to a specialized unit is not logical. The nature of some cognitive impairment makes it impossible to truly consent and provide a meaningful signature.

Respectfully Submitted

Harma Malek

Norma Malek Administrator