

14-514

L-170

BEECHWOOD COURT
at LAFAYETTE MANOR

2008 SEP 19 PM 3:13

INDEPENDENT REGULATORY
REVIEW COMMISSION

September 11, 2008

2712

RECEIVED
08 SEP 17 AM 11:35
LIC PGMS
REFER TO

Gail Weidman
Office of Long-Term Care Living
Bureau of Policy and Strategic Planning
P.O. Box 2675
Harrisburg, PA 17105

Re: Regulation # 14-514

Dear Ms. Weidman,

Thank you for the opportunity to submit comments, suggestions and observations on the proposed Assisted Living rulemaking. Beechwood Court is a 52 unit (64 bed) assisted living located in Uniontown Pennsylvania and licensed by the DPW under the 2600 personal care regulations. I am respectfully submitting the following comments for your consideration in developing final regulations.

2800.56. Administrator staffing

(a) "the requirement that the administrator shall be present in the residence an average of 40 hours or more per week."

This seems a little unrealistic. There are often legitimate administrative duties that require the administrator to be out of the building such as: continuing education, meetings with families, evaluations of potential residents etc. Regardless of their physical presence the administrator is always on call. This requirement would result in the need for two licensed administrators.

2800.60 Additional staffing based on the needs of the residents

(d) "the residence shall have a nurse on call at all times."

This statement needs some clarification. Is this requirement for an RN or LPN, Does this "nurse" have to be available to come to the residence. If so, does this require a 24 hour on-call nurse. Does the nurse have to be employed by the facility or could a home health nurse be the on-call. The requirement for an on-call nurse to be available to come in would require on-call pay.



2800.11 License Fee

Beechwood Court's current annual fee for license is \$30. Under the ALR the annual fee would be a minimum of \$6065.

2800.10 (d) Kitchen capacity.

Beechwood Court currently provides a refrigerator, sink, and microwave in each unit. The requirement to provide a cook top in a common kitchen seems out of line. Even residents that appear to have the capacity to use the microwave currently have difficulty at times resulting in a fire alarm situation due to smoke. Beechwood Court had such an incident recently and the resident council is very concerned. They are interested in having microwaves removed from certain apartments. A cook top would probably result in fire alarms related to actual fires. The resident council is opposed to cook tops. We currently have a cook top in the secured dementia unit, however it was made inoperable to prevent fire risks. I think more thought should be given to allowing the resident to choose what type of kitchen if any that they want in their unit.

2800.227 (c)

"A licensed practical nurse under the supervision of a registered nurse must review and approve the support plan." This would require clarification. Is it a requirement to have a nurse on staff? Currently the support plans a BWC are done by a direct care staff person and the administrator/ LPN employed by the facility. This process is manageable with the annual requirement, a quarterly review requirement would require the addition of at least 1 FTE. In addition there is still the question of whether an RN would have to be hired. Even a contracted RN (if available) would still be cost prohibitive.

These are just a few of my many concerns. I appreciate the opportunity to comment on these proposed regulations and I thank you for your time and consideration.

Sincerely,

A handwritten signature in black ink that reads "Cynthia S. Trimmer". The signature is written in a cursive, flowing style.

Cynthia S. Trimmer, Administrator
Beechwood Court



Pennsylvania Homecare Association

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14-514

L-177

RECEIVED

2008 SEP 19 PM 3:13

INDEPENDENT REGULATORY REVIEW COMMISSION

September 15, 2008

Gail Weidman
Office of Long-Term Care Living
Bureau of Policy and Strategic Planning
P. O. Box 2675
Harrisburg, PA 17105

Arthur Coccodrilli, Chair
Independent Regulatory Review Commission
333 Market St, 14th Floor
Harrisburg, PA 17101

RECEIVED
08 SEP 17 AM 11:30
OFF OF LTC PGM'S
REFER TO _____

RE: Draft regulations by the Department of Public Welfare, providing for the licensure of assisted living residences - # 14-514.

Dear Ms. Weidman and Chairman Coccodrilli:

The Pennsylvania Homecare Association represents more than 400 agencies that deliver care and support directly in the homes of more than one million elderly and disabled citizens in the state of Pennsylvania, including thousands of individuals that currently reside in assisted living facilities. Our members provide a wide array of services including home health care, personal care and hospice care.

On behalf of our association's member agencies, we commend you and others in the Department of Public Welfare for working with various stakeholders to compose these draft regulations. If Pennsylvania is to continue with its efforts to create a long-term care system that promotes independence by adding assisted living to its array of home and community-based services; these regulations must offer choices to consumers while providing fair and reasonable expectations of a more "home-like" setting than an inpatient facility.

Our members' primary concerns are guaranteeing consumers' choice in regard to supplemental health care and ensuring that health care services are provided by the appropriately licensed health care provider.

§ 2800.142 – Assistance with health care and supplemental health care services. Assisted Living residents and those who would consider entering an assisted living residence (ALR) want to retain their freedom, choice and autonomy. This includes the ability to direct their own health care and select their own health care providers. If assisted living is truly intended to be the consumer's home, the freedom to make choices must be preserved. Notably, even in nursing facilities, consumers retain choice of pharmacy and doctors.

Your partner in bringing care home

Consumers should not be required to surrender their choice of physicians, specialists, psychiatrists and supplemental health care providers by virtue of moving into an ALR. While it may be convenient for the ALR to assist residents in securing medical care and supplemental health care services, ALRs should not mandate that consumers use only those health care providers that are approved or designated by the residence.

Again, if ALRs are to be another option for long-term care, which will enable individuals to age in place, we must ensure that consumers have the same freedom to manage their own supplemental health care services as individuals do living in their own homes.

Currently, several homecare agencies provide homecare aide services to individuals living in assisted living residences. These arrangements are between the consumer and agency and are usually paid for privately or through a long-term care insurance policy. There is no involvement with the actual residence. In fact, many agencies report that they have followed consumers from one facility to another and have maintained an ongoing relationship for several years.

§ 2800.220(c) – Supplemental Services. The definition of supplemental health care services under § 2800.4 in the proposed regulations states that these types of services are *any type of health care service... except for any service that is required by law to be provided by a health care facility under the Health Care Facilities Act*. Therefore, the listing of supplemental health care services should not include the following services: home health, hospice and home care agency or home care registry, because these services must be delivered by health care facilities licensed under the Health Care Facilities Act.

Other concerns with the proposed regulations are listed below:

§ 2800.22 – Application and Admission. As proposed, a consumer would have to move in, sign a contract and begin payment to the residence before the facility would be required to identify the consumer's needs, explain how it proposes to meet those needs or even how much the consumer's needs would cost. Although the rules provide for a short-term, pre-screening checklist to determine whether the consumer could be safely admitted to an ALR or if they have conditions or needs that would require exclusion from the facility, an ALR is only required to perform a comprehensive screening "within 15 days" after admission to the facility. In addition, the facility has until 30 days after admission to develop the resident's actual care plan.

As Pennsylvania attempts to build its continuum of long-term care, which will provide consumers with various options, it is important to ensure consistent standards across the continuum for such things as staff training and assessments. Nursing homes, home health and home care agencies all have mandatory and strict timeframes for doing consumer/patient assessments and a similar requirement should be followed for ALRs.

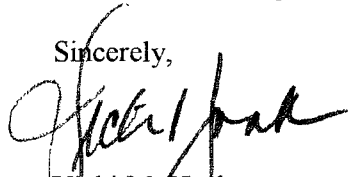
By giving the ALR 15 days to do the assessment and 30 days to develop a plan of care, consumers are put in the untenable position of having to move into a facility without knowing for certain if the ALR can meet their current or future needs and if they will be able to remain at the facility. An ALR should be required to perform a comprehensive assessment of a potential resident prior to admission in order to determine whether they can live in the facility successfully, what type of care is needed, whether the care needs can be met at that facility while integrating consumer choice and the costs associated with meeting those care needs at the ALR. These principals are the same for someone applying for other long-term care services.

§ 2800.25 – Resident-Residence Contract. The contract must make reference to a core package of benefits that is included in the base price of admission. The core package of benefits must be uniform from facility to facility. This is not currently in the proposed regulations and must be added. See additional comments under § 2800.220.

§ 2800.220 – Services. The regulations need to be clear 1) what are all the assisted living services that each facility must be equipped to provide and 2) what is the minimum core package of benefits that each consumer can expect to receive as part of their monthly fee. Each residence must provide a base core package of services that residents must purchase and can trust they will receive. We add several services to the list of “assisted living services” and we specifically recommend language for what should be contained in the base core package of services, allowing, of course, for facilities to provide enhanced packages or ala carte extra services on top of the base core package.

Thank you for considering our members’ concerns and recommendations for revisions to the ALR draft regulations. These changes are necessary in order for ALR residents to maintain their freedom, choice and autonomy while providing fair and reasonable expectations of a more “home-like” setting than an inpatient facility.

Sincerely,



Vicki M. Hoak
Executive Director