

14-514

L-145

# 2712

RECEIVED

2008 SEP 19 AM 9:52

INDEPENDENT REGULATORY  
ELECTIONS

September 15, 2008

Office of Long Term Care Living  
Bureau of Policy and Strategic Planning  
Department of Public Welfare  
P.O. Box 2675  
Harrisburg, PA 17105

Dear Ms. Weidman,

I am writing in response to the Department of Public Welfare proposed Assisted Living Residence Regulations 2800 # 14-514 (#2712). I have been the Executive Director for Harrison Senior Living of Coatesville (currently licensed as a Personal Care Home) for the past 10 years. Our facility has been serving the residents of our community, many of which have limited financial resources, for over 23 years. I am concerned that the proposed regulations for Assisted Living will bring severe financial hardship to older facilities such as ours and ultimately limit access to care for many individuals with limited means. I offer the following comments on the proposed regulations.

**2800.11 Procedural requirements for licensure or approval of ALR**

- (1) A \$500 license application or renewal fee
- (2) A \$105 per bed fee that may be adjusted by the Department annually at a rate not to exceed the consumer price index. The Department shall publish a notice in the PA Bulletin when the per bed fee is increased.

**Comment:** The proposed licensure and per bed fee will create a severe financial hardship for our facility. Under the current 2600 PCH regulations, our 65 bed personal care home pays \$30.00, Under the 2800 regulations, the same facility would pay the \$500 licensure fee and the \$105 bed fee times 65 beds would be a total expenditure of \$7,325. This increase in fee structure would make Pennsylvania's fee structure for assisted living residences twice as expensive as the current fees in other states such as Florida. This excessive fee structure will limit the number of personal care homes from becoming assisted living residences and therefore limit access to care.

**2800.101 Resident living unit**

**2800.102 Bathrooms**

- (b) (1) New construction - **250** sq. ft. (excluding bathroom and closet)  
Shared rooms require an additional **80** sq. ft
- (2) Existing homes - require **175** sq. ft. (excluding bathroom and closet.)  
Shared rooms require an additional **80** sq. ft.
- (c) There shall be at least one bathtub or shower in the bathroom of the living unit.

**Comment:** Our facility does not currently meet the 175 sq. ft. for all our rooms, or the

requirement for the bathtub or shower in the bathroom of each living unit. The square footage requirement of 175 sq. ft. for an existing residence and 250 sq. ft. for new construction with an additional 80 sq. ft. for a shared room would require significant structural changes to our facility that are cost prohibitive. As a result, we will ultimately not be able to qualify as an Assisted Living Facility thereby reducing access to such services to individuals with limited funds.

### **2800.101 (d) Kitchen Capacity**

(1) New construction The kitchen capacity at a minimum shall contain a small refrigerator with freezer compartment, a cabinet for food storage, a small bar-type sink with hot and cold running water and space with electrical outlets for small cooking appliances such as a microwave.

(3) Existing Facilities that convert to residences after \_\_\_\_\_ (effective date) must meet the following requirements:

The residence shall provide a small refrigerator and microwave oven in each living unit. The residence shall provide access to a sink for dishes, a stovetop for hot food preparation and a food preparation area in a common area. The common resident kitchen shall not include the kitchen used by the residence staff for the preparation of resident or employee meals or the storage of goods.

**Comment:** New Construction requires a "kitchen" which again increases the cost for providers and is in many cases an amenity that most seniors will not use. The majority of individuals who reside in senior facilities have chosen this life style because they do not want to cook meals and recognize that their daily nutritional needs are better met if the facility provides three meals a day and snacks. A "country kitchen" would suffice for those residents in either existing or new construction assisted living residences.

### **2800.56 Administrator Staffing**

(a) The administrator shall be present in the residence an average of 40 hours or more per week, in each calendar month. At least 30 hours per month shall be during normal business hours

(b) The administrator shall designate a staff person to supervise the residence in the administrator's absence. The designee shall have the same training required for an administrator.

**Comment:** The number of on-site hours should be given serious consideration. The requirement that the administrator be present an average of 40 hours or more is double what the current PCH 2600 regulations mandates as 20 hours per week. Both PCH 2600 and ALR 2800 require the administrator to maintain 24 continuing education hours per year. Consideration has not been given to those homes that choose to operate simultaneously as a personal care home and also have a specific number of assisted living residence beds. In that case, provisions should be considered as to the requirements for the administrator. Furthermore, the requirement for the designee to have the same training as the administrator (specified in 2800.64 Administrator training and orientation) creates further financial hardship.

### **2800.25 Resident Residence Contract and 2800.220 Assisted Living Residence Services**

- (a) Services. The residence must provide core services as specified in subsection (b).
- (b) Core Services. The residence must at a minimum, provide the following services:
  - (1) Meals and snacks
  - (2) Laundry services
  - (3) Social and recreational activities
  - (4) Assistance with performing ADL's and IADL's
  - (5) Assistance with self-administration of medication or medication administration as indicated in the resident's assessment and support plan
  - (6) Household services
  - (7) Transportation

**Comment:** This fee schedule and bundling of Core Service is open for interpretation as written. The question remains as to whether the fee schedule for services and accompanying charges for the services to the resident will be permitted. It does not address if the residence has the option to bundle or unbundle specific core services.

### **2800.171 Transportation**

- (a) A residence shall be required to provide transportation or coordinate transportation to and from medical and social appointments
- (d) If a residence supplies its own vehicle for transporting residents to and from medical and social appointments, any vehicle used for this purpose shall be accessible to resident wheelchair users and any other assistive equipment the resident may need.

**Comment:** Transportation, in the 2600 PCH states: 2600.171 (a) A home may not be required to provide transportation. In the ALR 2800, transportation is to be provided by the home and that each vehicle must be handicapped accessible. If the residence is required to provide transportation, not all vehicles used by the home should be handicapped. This is an unnecessary expense for the residence. Referencing 2800.171, one would assume the majority of residences will opt to "coordinate" transportation versus provide transportation.

### **2800.225 Initial and Annual Assessment**

- (a) A resident shall have a written initial assessment that is documented on the Department assessment form within 15 days of admission. The administrator or designee, or LPN, under the supervision of a registered nurse may complete the initial assessment.

### **2800.227 Development of the Support Plan**

- (b) A residence may use its own support plan for if it includes the same information as the Department's support plan form A licensed practical nurse, under the supervision of a registered nurse, must review and approve the support plan.

**Comment:** The requirement that an Assessment and Support Plan must be completed by an LPN under direct supervision of a Registered Nurse is an unnecessary additional cost for the residence that will ultimately have to be absorbed by the residents.

### **2800.228 Transfer and Discharge**

(h) (3) If the residence determines that a resident's functional level has advanced or declined so that the resident's needs cannot be met in the residence, the residence shall notify the resident, designated person and the local ombudsman.

**Comment:** The residence must be permitted to maintain control of transfers and discharges of its residents. Involvement of the ombudsman as an active participant is inappropriate. The ombudsman should be a resource for the resident and not their legal representative.

Sincerely,

Jean Bryan  
Executive Director

cc: Arthur Coccodrilli, Chairman Independent Regulatory Review Commission