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A not-for-profit Presbyterian Homes Retirement Community

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BUR OF LTC PGMS
REFER TO________

12 September 2008

Ms. Gail Weidman
Office of Long Term Living
Department of Public Welfare
6th Floor, Bertolino Building
Harrisburg, PA 17101

Dear Ms. Weidman:

Westminster Village Assisted Living has been providing high quality health care and housing services to our aging population for many years.

I am writing to you today to comment on the proposed Assisted Living Regulations. We believe that many of the new proposed changes will jeopardize older adults' abilities to access quality care at an affordable rate.

The enclosed pages list our concerns.

Respectfully submitted,

Cathy Berkheiser, LPN
Assisted Living Administrator
Westminster Village - Allentown

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INDEPENDENT REGULATORY
REVIEW COMMISSION

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Pharmacy and Prescription Drug Accountability: The facility should be permitted to dictate the manner in which prescription drugs are delivered and packaged by a pharmacy. The facility must be able to ensure the integrity of its medication administration regimen, and to deviate from that system is to pave the way for medication administration errors. Accordingly, if a pharmacy refuses to package prescription drugs in a manner consistent with the facility's operation, the facility should not be forced to accept drugs from that source. Our facility recently completed a transition to a medication administration process that we feel improves the safety of medication administration, particularly when medications are administered by unlicensed staff. To allow deviation from this standard is contrary to enhanced resident care and enhanced acuity. This is an issue of safety.

Dementia-Specific Training (2800.65(e) and 2800.69: The intent of this regulation is consistent with our facilities' practice to provide appropriate training on dementia, however, the requirement that dementia care-centered education be in addition to the already mandated educational requirement does not contribute to improved resident care. Dementia care education can easily be incorporated into the already robust educational requirement, not in addition to it. As this regulation stands, direct care workers are being asked to obtain more CEU's than RNs which is unnecessary and costly.

Discharge of Residents: The facility must be permitted to maintain control over the transfer and discharge of its residents to ensure that residents are being appropriately cared for. The proposed regulation curtails that power, and inserts the Long-Term Care Ombudsman as an active participant. While we recognize the need for the resident to be able to access the Ombudsman, we feel it is inappropriate for the Ombudsman to take an active role in negotiations or in the disposition of informed consent agreements or in discharge proceedings. The Ombudsman should provide a counseling role for the resident, not act as legal advisor.

Administrator Staffing and Direct Care Staffing (2800.56 and 2800.57): The intent of this regulation as written appears to require a licensed administrator 24 hours per day/7 days per week which not only dramatically increases our costs, but is also well beyond the requirements of skilled nursing facilities. A more reasonable requirement is to have qualified back-up in the case of an extended absence by the administrator. In addition, the requirement for 40 hours per week of an on-site administrator is double the current requirement, higher than skilled nursing, and does not allow for any vacation or education time. The cost implication for our community is $13,300.

Initial and Annual Assessment: (2800.225): This requirement requires an RN to complete the assessment and support plan which are not clinically necessary and is a mandate that simply increases the cost profile of delivering care. Our communities currently provide a higher standard of care by ensuring completion and/or input by an LPN, so the additional cost of having an RN complete these versus the benefit is not balanced. For our community, the impact of this regulation alone is $60,000 per year which will dramatically increase costs to our residents or reduce the amount of charitable care we are able to provide.

Licensing Fee (2800.11): The dramatic increase in licensing fee is an administrative cost that does not have a direct effect on improving care provided to residents, and will serve to decrease care due to our having to either cut resources and charitable care or increase costs to residents. The $9,950 price tag for our community means that many residents may not be able to receive charitable care.

First Aid Kits (2800.96 and 2800.171): These two requirements appear to mandate an AED in each first aid kit and in each vehicle. Our facility currently provides more than the required number of first aid kits because we believe that will enhance resident care. However, if we are required to provide AEDs in each of these kits, we will have no choice but to reduce the number of first aid kits in our buildings. In addition, the requirement to have an AED in each vehicle will be cost-prohibitive and will contribute to our reduced ability to provide needed transportation services. The cost impact for our community to provide AEDs in each of our vehicles and in each of our first aid kits would be $19,500. While AEDs are an important component of care provided, it should be noted that in ALL successful outcomes that have been studied, the use of an AED typically doesn't occur for between 1.7 and 2.5 minutes - more than enough time for even one of our larger communities to have staff respond.