

3160

#14-540-(209)

**Kroh, Karen**

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**From:** Mochon, Julie  
**Sent:** Tuesday, December 20, 2016 2:37 PM  
**To:** Kroh, Karen  
**Subject:** FW:  
**Attachments:** Comments for IRRC.DOCX

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**Sent:** Tuesday, December 20, 2016 2:32 PM  
**To:** Mochon, Julie <[jmochon@pa.gov](mailto:jmochon@pa.gov)>  
**Subject:**

Attached our my comments. thanks

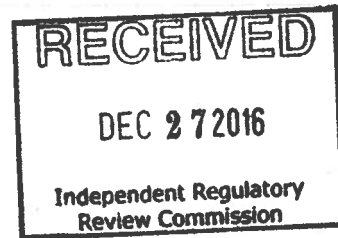
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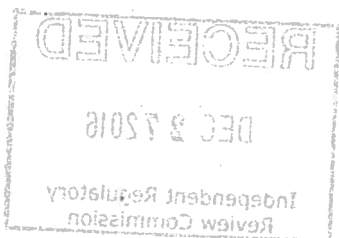
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3100



Niland-

Comments for IRRC

6100.43 (e) Regulatory Waivers	It would be more efficient for waivers to not expire. Having to go through the renewal process of something previously approved is a waste of resources and could easily be missed putting the agency at risk of citation or doing something in to benefit an individual.
6100.45 (1) Quality Management	Would like to see the this worded so that the progress of desired outcomes is done through the progress summaries and quarterly data, not at a Quality Management level. We are already ensuring plans are made for outcomes where individuals are not making progress, but this is on an individual to individual basis. A person's ability to do something should not play into an agency's quality of care and services if all efforts are being made.
6400.46 (b) Protective Services	Reads that the target cannot return to work unless the investigation is concluded as not confirmed. Because we investigate all questionable situations and allegations, there are times that investigations are inconclusive or where an act will fit under the definition of abuse or neglect without the intent. In these instances we have been successful in retraining. We would want to be able to continue to use the certified investigation process as a tool to help develop staff as long as there was no malicious intent and appropriate protective correction action measures have been implemented.
6400.46 (c) protective services	The EIM report should meet the notification needs for 3, 4, and 5 – correct? They all review and approve these reports.
6100.47 (b)	We need to clearly define the people who will need clearances and background checks to only those People with “direct contact” with our individuals ( <b>Direct contact should include bathing/ showering/ changing/ feeding/ passing meds</b> ). Other volunteers and friends who don't have “Direct Contact” and <b>who are not left alone</b> with the individuals should not have to have clearances and background checks. We would discourage bridge building and friend making if we had to get clearances for everyone who stopped by and wanted to volunteer (examples: Friends and volunteers that want to visit or do something nice for our individuals like read to them, or crochet with them or play piano, etc) should not have to get background checks and clearances. They are under supervision of a staff who has clearances and is trained in preventing abuse. Making friends with people in the community is easier without the stigma attached of having to get clearances and background checks for anyone who wants to stop by and visit.
6100.52 Rights Team	IM already determines how we review incidents. Also it would be resourcefully difficult for each individual to have their own Rights Team. The Human and Legal Rights committee meets the requirements to review any rights or restricted rights. Meeting once every 6 months is realistic, quarterly is overkill especially if there is nothing new.
6100.142 Orientation Program	We support the comments from PAR
6100.143 Annual Training	We support the comments from PAR
6100.402 (c) Incident	It would be a significant cost increase to increase the investigation categories

Investigations	to all that need reported in 6100.401. The list should remain as is and only for instances where there is an alleged abuse/neglect, suspected abuse/neglect, abuse or neglect, misuse of funds, suspicious death, missing person, rights violation.
6100.183 (g)	Access to a bedroom should be based on the assessment of the individual. This is a risk to many of our individuals based upon the level of medical care needed. A large percentage of our residential population requires total intellectual and physical care.
6100.183 (h)	Access to food based upon assessment for individual with prader willi or would this require a waiver?
6100.443 (e)	Staff authorized in PSP to have a key – can this be reworded so that any staff responsible for care. Again, in a program with total medical care needs we need to be able to enter the room and provide that care we are being paid to provide. In addition, if in the event of a fire we will need to be able to evacuate the individuals.
6100.444 Lease or ownership	Concerns that being in a “lease” allows the community to petition for a person to be evicted. This would be come a risk to the individuals.  Also, does this apply to transfers within an agency? Is it specific to an address or to the agency?
6100.462	Agree with opposition of standardizing this regulation suggested by PAR. We currently provide medication training for 6500 and unlicensed program staff to meet the safety needs of the individuals.
6100.571 c1	Market based approach – consider support needs of the individuals. What if support needs change more often than every 3 years?
6100.571 b	We support the comments from PAR strongly for this regulation.
6100.662 (2)	Maintaining a daily log seems unnecessary, especially in residential setting. We schedule the outings based on the individuals wants and needs so we know who is leaving when and where.
6500.105	Fire safety expert installation and inspection is overkill. Providers have installed their own stoves, this would be an unnecessary cost. We currently have a provider who has a heating stove outside the home that heats the house.
6500.125	TB testing every two years for all family members?