



From: [Holly Reedy](#)
To: [DH, LTCRegs](#)
Cc: advocacy@phca.org
Subject: [External] Re: Rulemaking 10-221 (Long-Term Care Facilities, Proposed Rulemaking 1)
Date: Monday, August 2, 2021 3:32:40 PM

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August 2, 2021

Department of Health
625 Forster Street
Harrisburg, PA 17120
Attn: Lori Gutierrez, Deputy Director
Office of Policy

Re: Rulemaking 10-221 (Long-Term Care Facilities, Proposed Rulemaking 1)

To Whom it May Concern,

Please accept this letter of comment on the recently proposed rule, "Department of Health, Title 28. Health and Safety, Part IV. Health Facilities, Subpart C. Long Term Care Facilities, 28 Pa. Code §§201.1-201.3: 211.12(i), Long Term Care Nursing Facilities".

This letter is being sent on behalf of the residents we serve and the direct care staff who work at Quality Life Services. As the Director of Care Coordination, I oversee 10 nursing homes, 7 personal care homes, 4 continuing care retirement care communities, and 1 physician practice (Quality Medical Associates) operating across the Commonwealth. Collectively, these facilities are licensed for approximately 1,100 beds, employ almost 1,200 employees and serve over 1,000 residents. Our organization is committed to providing high quality care and prioritizing the needs of the residents we serve each and every day.

After reviewing your proposed regulation, we have concerns regarding the mandatory increase of the minimum number of hours of general nursing care from 2.7 to 4.1 hours for each resident, which excludes other direct care provided by essential caregivers. Within our organization we employ other, non-nursing, but very dedicated and caring individuals that should be counted toward the overall hours of care per day for each resident that we have the privilege of caring for. Employees such as nursing administration staff, therapists (PT, OT and ST), and social service staff spend a great deal of time with the residents on a daily basis. These employees are more than qualified with various college level degrees and special certifications. These caring individuals should be counted toward the overall hours of care per day as they meet the residents' needs regularly in

addition to the primary, “hands on” nursing staff. These devoted employees are quite capable of answering call bells, assisting with Activities of Daily Living, spending 1:1 time with the residents to offer emotional support and provide compassion/care at any given time. Additionally, we employ other worthy individuals in our activity and dietary departments. They too, have specialized training and competency to perform their duties on a daily basis. Most importantly, they spend a great deal of time with the residents as well in meeting their needs and offering assistance as needed and permitted. These devoted employees should be counted toward the hours of care for each resident. Without all aforementioned committed employees (in addition to our wonderful nursing staff), our residents would not receive the top quality care that they do, nor would the overall patient satisfaction or successful outcomes be achieved. The residents’ needs would not be met nor would we be a success without each and every one of them.

Last, but not least, it is no surprise that the overall employment in this great nation is struggling. All employers across all industries are having the greatest challenge in finding people to fill their staffing vacancies. From the retail industry, to the food industry, to the labor industry, to the healthcare industry, we are all competing with the same “pool” of individuals to work. Prior to the pandemic we had to grapple with competitors in healthcare for the same employees. Post-pandemic we are finding that filling our vacant roles is an almost impossible task. With having said this, we admittedly have daily challenges in meeting the minimum staffing requirement. How does anyone think that we could possibly meet the requirement when the minimum staffing requirement gets raised to 4.1 hours per patient per day? The new mandate to raise the minimum staffing requirement unfortunately doesn’t magically create a new pool of employees to fill the already vacant positions nor does it magically create the funding to do so.

In conclusion, how realistic is this new mandate? To all of us working in healthcare, on the front lines, doing whatever we can day in and day out to meet the residents’ needs, this is not in the least realistic nor achievable. Please reconsider finalizing this proposed staffing rule.

Respectfully,

Holly Reedy

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