



**From:** [Jonathon Weiland](#)  
**To:** [DH\\_LTCRegs](#)  
**Cc:** [advocacy@phca.org](mailto:advocacy@phca.org)  
**Subject:** [External] Re: Rulemaking 10-221 (Long-Term Care Facilities, Proposed Rulemaking 1)  
**Date:** Monday, August 2, 2021 12:02:54 PM  
**Attachments:** [image001.png](#)

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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 of Complete Care at Lehigh. Our nursing facility is a 128 bed facility located in Macungie, Pennsylvania. We employ 140 employees and provide services to 128 residents. As the Administrator, I can attest to our facilities commitment to providing high quality care and prioritizing the needs of the residents we serve each and every day.

After reviewing the proposed regulation, we have grave concerns regarding the amendments to increase the required minimum number of hours of general nursing care from 2.7 to 4.1 hours for each resident and excluding other direct care provided by essential caregivers.

Some of the many areas of concern have to do with Workforce availability, funding challenges, agency staffing issues, competition with other workforce markets, and geographic location.

### **Workforce Availability**

Drive down any street in any community in our state and you will see "help wanted" signs everywhere. Until we address getting our population back to work, it is doubtful there will be enough workers to meet the current needs of healthcare institutions, let alone increasing them. Many staff are simply staying home on unemployment, because of the lucrative unemployment situation put in place as a result of the pandemic.

### **Funding Challenges**

Current reimbursement to our sector is not keeping up with the increased cost of doing business, especially the increasing wages necessary to maintain and increase the talent for our industry.

### **Agency Staffing Issues**

A large percentage of healthcare institutions are having to turn to staffing agency to fill their open positions. Many times we are contracting agency staff from other states, because our needs are not being met with the staff available in our market. We often struggle to fill open positions even when turning to agency. In addition care provided by these agency staff often does not match that of our own staff.

### **Competition**

Industries outside of healthcare are increasing wages to attract talent, often outpacing the wage scales of our direct care workers. This is causing some workers to leave our industry for higher paying jobs. We need increased funding so we can keep pace with increasing wages of these other industries. The availability of workers staying in healthcare is shrinking, we need to attract more workers to our sector.

### **Geographic Locations**

Our center is in a densely populated market with numerous employment alternatives. We have a large number of healthcare institutions drawing on an increasingly smaller number of workers. As previously stated increasing wages in other sectors is pulling lower income clinical staff away from healthcare.

Because of these and many other reasons I do not believe moving the minimum ppd from 2.7 to 4.1 is realistic under the current conditions. The only alternative that seems viable is to allow the ppd to include non-clinical staff that assist with the care and psychosocial well being of the residents that we serve.

Thanks,

**Jonathon Weiland, NHA**

Administrator

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