



Aug 5, 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 of Green Ridge Care Center. Our nursing facility is a 95 bed facility located in Lackawanna County, Scranton, Pennsylvania. We employ 120 employees and provide services to 90 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.

1. Although our nursing facility has a good retention rate, during the summer months especially, we are sometimes struggling to piece together a 2.7 PPD. There is a major shortage of nurses and aides in this area or tend to work for an agency or PRN rather than taking on a full time or part time role. Agency staff is not always readily available and in our experience when we do schedule them, 9/10 times they call off on their scheduled shift. We have numerous retention programs in place, as well as offering and raising sign on bonus continuously to gain a commitment to work in our facility. We are raising wages, offering bonuses, and working with our staff to care for our patients, but not to cause "burnout" for them.
2. Other departments in our facility, such as our therapy department, is here 7 days a week providing care to our residents. Feeding, transfers, walking, amongst other things to help in the rehabilitation of our residents. These therapist services should be considered in factoring a PPD for our facility. They are providing hands on care to our patients. Occupational therapy assists in basics ADL's such as bathing, dressing, and personal care to ensure they can do these things at home upon discharge. Our speech therapist works with our patients in feeding, assisting in the dining room for all meals, and completing assessments to ensure safety of dietary needs. Our social services department tend to the psychosocial and emotional needs of our residents. They may just be having a bad day and need someone to talk to, but we are mentally caring for

them in this aspect. Lastly, our MDS department is made up of RN's. They do assessments on all new residents, quarterly, sick changes, discharges to make sure that all needs of our residents are being met.

3. Green Ridge Care Center is a 95 bed facility. When our staffing patterns are met in full, our staff gives excellent care to our patients. We have run into situations where the staff has actually felt they were "falling over each other" trying to do their care with so many aides on the floor. Our retention rate for our nursing staff alone is over a 90% just over the last 8 months. Having more staff on the floor does not necessarily mean that residents will have better care. In our opinion you will have staff that are just there to collect a paycheck, not for the residents and do as minimal work as possible which would not be beneficial to the staff or fair to the residents.

4. Not every day will be perfect when working in a nursing facility. There will be times when census is low and not as much staff is needed. In these cases, we ask staff if they want a voluntary cut and let them leave for the day while still keeping our PPD above the 2.7 minimum around a 3.0 ratio. Other days, you may receive 5 admissions and not be adequately staffed for them. This is a time when a lot of our staff will stay late, come in early, or come in on their days off to help the others. You will have days when there are numerous call offs and your main concern will be making sure the residents are awake, clean, dressed, and fed. In cases of this, all of our ancillary department head staff has taken the PCA course. They go to the floor and help the nursing and therapy staff prepare the residents as best they can within a PCA scope.

5. While considering a raise in the minimum PPD to a 4.1 for nursing facilities, there should be taken into consideration staff that has worked in a care facility for so long. In example, a social services director who has been working in a long term care facility for over 25 years, is there or can a fast track course be considered to allow them to be tested as an aide or an LPN? Can long term care facilities be allowed to continue using PCA's after the COVID-19 pandemic?

Thank you for your time in reviewing and considering our comments. We are hopeful that the Department will amend the provisions contained in §211.12(i) in a manner that will address the concerns raised in our comments.

Sincerely,



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