



From: [PetersTwp492-Richmond,Christopher](#)
To: [DH, LTCRegs](#)
Cc: [advocacy@phca.org](#)
Subject: [External] Re: Rulemaking 10-221 (Long-Term Care Facilities, Proposed Rulemaking 1)
Date: Monday, August 9, 2021 4:29:45 PM
Attachments: [image001.png](#)
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August 9th, 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 ProMedica Skilled Nursing and Rehabilitation-Peters Township. Our nursing facility is a 140 bed facility located in Washington County, Pennsylvania. We employ 90 employees and provide services to 110 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.

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We are not supportive of this regulation, primarily due to the current staffing challenges we are encountering, despite our efforts to increase our staffing levels through increased hourly rates, sign on bonuses, enhanced work environments and schedules. All this while fishing in a pool of health care workers that had dried to a very minute puddle. We anticipate even greater challenges in the ability to reach a minimum of 4.1 hours of general nursing care per resident. Examples of these challenges include but are not limited to workforce availability, funding challenges, agency staffing issues and competition with other workforce markets. We have taken and continue to take steps to address these concerns through recruitment strategies, retention strategies and incentive programs.

We have an amount of direct care provided in our nursing facilities that is **not** considered general nursing and believe these other direct, essential care services should be factored into the state's staffing minimums. These direct care givers include, Certified Nurse Practitioners, Physical therapists, Occupational therapists, Speech Pathologists, dieticians, and activities directors.

We believe that more staff does not necessarily equal better quality of care for residents. Our good Quality of Care Outcomes are achieved utilizing the interdisciplinary staffing levels determined through the facility assessment process.

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,

Christopher Richmond, NHA MBA

Christopher Richmond, NHA MBA
Administrator

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