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August 16<sup>th</sup>, 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 remark 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".

After researching the projected regulation, we have severe apprehensions concerning the amendments to upsurge the mandatory 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.

This communication is being sent on behalf of the residents we serve and the direct care staff of ProMedica Skilled Nursing and Rehabilitation-North Hills. Our nursing facility is a 200-bed facility located in Pittsburgh, Pennsylvania and we employ 129 employees. As the Administrator, I can confirm to our facilities pledge to providing high quality care and prioritizing the needs of the residents we serve 24/7/365.

We are **not** supportive of this regulation, chiefly due to the current staffing trials we are coming across as we speak, especially since the pandemic and despite our exertions to grow our staffing levels through amplified hourly rates, sign on bonuses, improved work surroundings and schedules. All this while fishing in a pool of health care workers that had dried to a very minute puddle. We antedate even larger trials in the capability to reach a minimum of 4.1 hours of universal nursing care per resident. Instances of these tasks include but are not limited to workforce obtainability, capital challenges, agency staffing problems and opposition with other workforce markets. We have endured steps to address these concerns through Recruitment strategies, retention tactics and incentive curricula.

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,

Kara Ann Calandrelli, MHSA, LNHA  
Administrator