



From: Joanne Campagna
To: DH, LTCRegs
Cc: Joanne Campagna
Subject: [External] change in regulations
Date: Friday, August 13, 2021 11:09:03 AM

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Dear Ms. Gutierrez:

I am writing in response to the proposed changes for nursing home facilities. I find many of the changes to be of great concern, especially the staffing ratio.
1. The proposed regulations seeking to require nursing homes to increase staffing ratios from 2.7 Nursing Hours Per Patient Day (NHPPD) to 4.1 NHPPD on each shift is particularly troubling. Why not follow the federal government's approach to allow the facility assessment and resident care plans to determine appropriate staffing instead of 4.1 NHPPD, which does not necessarily equate to quality care.
2. The Staffing Crisis is probably the worst I've seen in my 30+ years in LTC. I'm not sure the DOH understands the realities of the current, and perhaps most devastating staffing crisis of our time. We have difficulty finding good team members, and then retaining them, due to the current employment difficulties. Quite frankly, we can't keep going to a well that is dry. With the traumatic effects of the Covid pandemic on recruitment there are very few candidates out there. Nursing homes are all competing for the same candidates, in addition to the competition of large hospital systems. We have all known for years there is a nursing shortage. Just where will these additional employees come from?
3. We are uncertain when the regulation will become effective and feel there is no time to prepare. Instead of just "springing" this on us, give us time, at least one year from publication of the final regulations, to comply with any increase in staffing minimums. The cost of this proposal is huge; even if you include the average salary cost, you would be missing the costs to recruit and the cost of benefits of adding additional positions.
4. Has the DOH considered that nurses and nurse aides are not the only employees that provide care to nursing home residents? Dining services, lifestyle engagement, and others provide care and services that add to the overall wellbeing of residents. The Centers for Medicare and Medicaid Services (CMS) even recognizes this in their definition of direct care staff. Consider modifying your proposal to include other team members that provide care and services to residents in the calculation of the 4.1 staffing ratio proposal.
5. Financing is a huge concern. Communities are already significantly underfunded and have not seen a Medical Assistance (MA) rate increase in seven years. Additionally, there is no recognition that we may need to raise private pay rates which would increase the number of individuals that spend down assets, which would result in increased Medical Assistance payments. Or an organization such as ours would need to increase our Benevolence funds to those who run out of money. Another financial burden.
6. It will be nearly impossible to implement a new minimum staffing number when we don't have information about what a staffing ratio might look like when it is introduced sometime in the future. Introducing these changes in phases is both unfair and unwise. You are shifting the focus from where it should be - our residents.
7. Finally, and most importantly, I am very concerned about access to quality care. Communities have been closing beds, selling to out of state providers with track records of providing inferior care, or in some cases, closing altogether. The Charles Morris Nursing Center here in Pittsburgh comes to mind. A highly rated, well respected provider, closed its doors earlier this year, causing trauma to residents and staff. Change for older adults is very difficult and confusing. Is this what we want? Lost businesses in Pennsylvania, poor care, expensive outcomes for those who entrust us to care for them at their most fragile time? I would think not!
I would respectfully ask that before any of these changes are made, that those who are responsible visit their constituents across the commonwealth. Go into nursing homes - see what is really being provided before you arbitrarily assign a new staffing ratio. Fully consider the effects, both in the short term and in years to come. Not just on the organization, but on who we should be advocating for - our residents.

Thank you, Joanne Campagna

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