



**From:** [Gallagher, Marie](#)  
**To:** [DH, LTCRegs](#)  
**Cc:** [advocacy@phca.org](#); [Craig Harris](#)  
**Subject:** [External] Re: Rulemaking 10-221 (Long-Term Care Facilities, Proposed Rulemaking 1)  
**Date:** Friday, August 13, 2021 4:35:39 PM

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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 Hopkins Center. Our nursing facility is a 106 bed facility located in Wyncote Pennsylvania. We employ 110 employees and provide services to 106 residents. As the Center Nurse Executive, 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.

As the Administrator we are under incredible challenges to fill open positions. We currently have 5 open full time CNA positions with a starting rate of \$15 an hour. We have not received any applications in over a year for these positions, despite our marketing and recruitment efforts including sign on bonus, generous benefits and the like. Thank God we are able to hire the temporary Aids to fill in some of these gaps, but as the state of emergency winds down we will not be able to keep some of these due to the criteria that CMS has placed on moving from Temp aide to Certified aide. Fortunately, we have not gone below the minimum staffing levels, but we have struggled to reach 3.0 HPPD at times. This unfunded mandate will be impossible to meet, given the current labor market.

Furthermore, we should consider other disciplines when factoring in HPPD. We have social workers, PT and OT therapists, CRNP's, Doctors, activities, etc. All of these disciplines further a resident's quality of life and assist the nursing department on a daily basis with

meeting the resident's needs.

In addition, there are multiple stories of centers that have 4.0 staffing, but their quality measures and outcomes are below the industry average. In terms of wound care and patient satisfaction. Building leadership has more of a direct impact on quality of care than a staffing number.

At our center we have and will continue to hold daily meetings with residents and staff to determine where weaknesses are to better improve systems and increase satisfaction and quality measures. Based on those meetings we continue to have education and training for staff to eliminate those areas and increase the positive outcomes we have been experiencing here and other centers around the commonwealth.

Finally, as center leadership we are able to allocate our scarce resources on a daily basis to ensure residents' needs are met daily. Placing an unfunded mandate on nursing facilities is not the panacea the Governor thinks it is. We are already struggling to meet current HPPDs and with no potential candidates in the pipeline this will exasperate an already trying time in the long term care industry.

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,  
Marie C. Gallagher, RN  
Center Nurse Executive

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Marie C. Gallagher, RN  
Senior Center Nurse Executive  
Hopkins Center  
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