



**From:** [M.H](#)  
**To:** [DH.LTCRegs](#)  
**Subject:** [External] Nursing Home regulations  
**Date:** Friday, August 13, 2021 1:55:07 AM

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Dear Dept. of Health,

I am writing to comment that I firmly support the increase of minimum hours of direct care per patient from 2.7 to 4.1. I support any additional measures to increase the standards of care in PA nursing facilities.

More than 20 years ago, I worked as a Nursing Assistant at a nursing homel across the border in New Jersey. The other CNAs/NA's and I were rushed off our feet every shift, and we could never spend enough time with each patient to meet their physical needs, much less to interact with them in a way to make them feel human. We simply had too many patients/residents per person to take care of.

We had patients that required a two-person lift or transfer, but I could never get anyone to help me because my coworkers were just as swamped as I was. The practice was for assistants to do unsafe lifts on their own, because asking a coworker for help meant that that person would get in trouble for not finishing with their own patients.

We were supposed to answer a patient's bell the minute it rang. How can one do that when he/she is in the middle of helping a resident to the toilet, and has an earlier bell that is still going off from another resident that rang a few minutes before? And then there goes a chair alarm from the lady down the hall who is a fall risk and got out of her wheelchair. There simply was not enough staff to go around and that was standard, not the exception.

We were trained to allow or assist residents to do whatever ADL's they could do by themselves, if possible. For example, we were taught to accompany and help Betty to dress herself, rather than doing it all for her. This is good policy because it helps Betty keep her physical ability, mental acuity, and basic quality of life.

But in practice, when I was first hired I got reprimanded for allowing "Betty" to participate in her own dressing, because there simply wasn't enough time. While I was helping Betty to pick out her clothes and put the shirt over her own head, Edna was lying in bed, waiting, late for breakfast.

I soon learned that to some degree I had to try, unsuccessfully, to divorce myself from caring about residents' feelings if I wanted to get everybody ready in time. We were encouraged to

basically treat everyone like a piece of meat, zipping this one in and out of bed, that one in and out of his clothes, another one on and off the toilet, like the residents were unwieldy infants with no agency or self actualization.

All in all, the job was terrible because I felt so bad for residents because of the poor care they received. And most of us CNAs/NAs - but not all - were doing our best. Unfortunately, those of us who cared the most were the most likely to leave the job. The workers who were most successful at staying were more able to emotionally compartmentalize, and to treat people with impatience and unconcern, even moderate roughness, and thereby be very quick.

I urge you to pass these regulations because it is the right thing to do. Or at least do it for your own sake, in case you end up in one of these places.

Sincerely,  
M.H.

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*Ubi caritas et amor, Jesus ibi est.*