



August 9th, 2021

Lori Gutierrez
Deputy Director, Office of Policy
625 Forster Street, Room 814
Health & Welfare Building
Harrisburg, PA 17120

RE: Proposed 4.1 NHPPD

Ms. Gutierrez,

As a lifelong resident of Pennsylvania, Long Term Care employee for the past 30 years and Licensed Nursing Home Administrator for the past 26 years, I have grave concerns regarding the proposed increase to 4.1 NHPPD. My concerns are MULTI-fold: 1) the industry's ability to secure adequate qualified personnel to meet the MINIMUM staffing requirement. 2) the departments misunderstanding that a specific PPD number equates to quality of care. 3) the impact that such a proposal will have upon facilities remaining in operation and subsequently lack of access to care for Pennsylvania seniors. 4) concern regarding the long term care industry being able to survive such a regulation financially. 5) the lack of understanding that implementation of such a significant regulation requires planning time on behalf of EACH facility related to attempting to secure adequate staffing, financial planning and system/process changes at the facility level.

- 1) As an industry, we are in the greatest staffing challenge of all time. This staffing shortage was here well before the pandemic and has been further impacted since the pandemic. The concept of making a drastic change in staffing levels during such a time, is counter productive. The ultimate goal is quality care. Such a regulation change WILL negatively impact quality of care as there are insufficient personnel desiring to work in the industry to fill the staffing needs to increase to 4.1 NHPPD. Further, the Department needs to assess the process and stipulations to be hired in the LTC industry, as the current process takes approximately 14 days from day of offer to start date. If a facility were to lose 3 nurses, it takes no less than 2 weeks to replace them, providing that there are individuals looking for employment.
- 2) Our facility specifically, has been operating at 60% occupancy for the past 24 months due to the inability to secure adequate staffing to meet our resident needs, at a higher census. (our pay scale and benefits are very competitive) This self inflicted concept is NOT an inability to meet the current MINIMUM staffing levels but rather our expected staffing levels to meet OUR quality of care expectation. For reference sake, our facility is classified as a Five Star facility, yet our

staffing rating is a 2-star rating. NHPPD numbers have not, do not and will not, predict quality of care. Quality of Care is determined by the people who work in each facility, not the number of people working by shift/day. Should the NHPPD “pass”, the department must consider other personnel within this PPD.

- 3) The financial impact on increasing staffing levels is significant. Where is the additional funding coming from? Has the department announced to Private Pay seniors that their daily rates will be increasing significantly related to this new regulation change?
- 4) At this time, there are insufficient personnel in the community looking for work within the long term care industry. RN/LPN training program numbers are down significantly across Pennsylvania. Nurse Aide training programs are far and few between. Where does the Department propose that the industry secure these additional staff members? Without the ability to secure staffing to meet 4.1 NHPPD, facilities will either decrease overall census OR receive fines and subsequently forced to go out of business. This will equate to more seniors being unable to receive adequate care, which is already a challenge.
- 5) While I strongly oppose such a regulation change, should the regulation “pass”, there absolutely needs to be a “grace” period before implementation. This proposal will impact every nursing home. As an industry, we will need time to plan, attempt to “gear up with staff” and rethink our care delivery model. This “grace period” needs to be a minimum of 18-24 months.

Conclusion, for the good of the industry and more importantly, the seniors of Pennsylvania, this regulation change must be rethought. While I believe that NHPPD will not predict quality of care, if the department believes a change is necessary, make the change realistic (ie- 3.00 HRPPD) or at the very least allow those of us providing the care to have ample time to plan for such a significant change. Please considering redistributing the time and energy being placed on the regulation changes and use this time/money to implement training programs and incentives to encourage Pennsylvanians to join the healthcare field.

Sincerely,

Kirk Hawthorne
Pennsylvania Resident
Administrator
Saint John XXIII Home