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August 19, 2021

Pennsylvania Department of Health
Attn: Lori Gutierrez, Deputy Director
625 Forester St., Room 814
Harrisburg, PA 17120

Dear Deputy Director Gutierrez:

On behalf of Guy and Mary Felt Manor, a 39 bed facility located in Emporium, PA, I am writing to share my concerns on the Long term care facilities proposed rulemaking 1. The last year and a half has been extremely challenging for us, along with other long term care facilities, and we are grateful for the continued support and partnership the Department has provided.

Proposed Rulemaking 1 looks at nursing services within a long-term care facility, specifically calling for an increase in the minimum number of direct resident care hours from the current 2.7 to 4.1 nursing hours per patient day on each shift. Increasing the Nursing Hours per patient day does not equal quality. Each nursing home has unique qualities such as acuity of residents, training, and competency and tenure of staff. Consider sharing that the federal government's approach to allow the facility assessment and resident care plans be used to determine appropriate staffing instead of 4.1 NHPPD, which does not necessarily equate to quality care.

Furthermore, the Department of Health does not seem to understand the realities of the current and perhaps worst staffing crisis of our time. Employee shortages are impacting every industry and setting. With a population of less than 4,611, our nursing facility has always struggled for staff even in normal times due to the difficult nature of the job. With the lower reimbursement we receive from the government, it is hard to compete with the higher wages and bonuses that other healthcare facilities can pay.

Additionally, nurses and nurse aides are not the only staff that provide care to our nursing home residents; however, they are the only staff positions that are

included in the nursing equation. Therapist, activity staff, and others provide care and services that add to the overall wellbeing of our residents. The Centers for Medicare and Medicaid Services (CMS) even recognize this in their definition of direct care staff. Consider modifying the proposal to include other staff that provide care and services to residents in the calculation of the proposed 4.1 staffing.

Our facility also has major financial concerns. Nursing Facilities already have been significantly underfunded and have not seen a Medical Assistance (MA) rate increase in seven years. While there has been some discussion of additional funding being included in the budget, there is no guarantee. With the increase in personnel cost and no guaranteed increase in Medicaid reimburse, we will need to raise private pay rates hence increase the numbers of individual that spend down assets thus increasing the MA rolls. Even if the department of Human Services includes the average salary cost in this proposal, they are missing the cost associated with recruitment and benefits.

In Summary, while the call for an increase in direct care hours may be warranted, it does not take into account the other regulatory and reporting requirements that have already been added to long term care staff. The proposed direct care hours also would apply to all shifts, which equates to the same number of staff to care for residents during the night as during the daylight hours leaving fewer hours to complete other essential duties to ensure the overall health and safety of our residents is met.

While the effort to increase resident hours is well intended, given the current state of the staffing crisis and the impact on facility operations, the outcome for residents could actually be negative. We are committed to those we serve and urge you to consider the potential negative outcome of this proposed rule.

Sincerely,

A handwritten signature in blue ink that reads "Kimberly Jones, NHA". The signature is written in a cursive style.

Kimberly Jones
Administrator