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To: [DH, LTCRegs](#)
Cc: ["advocacy@phca.org"](mailto:advocacy@phca.org)
Subject: [External] Rulemaking 10-221 (Long-Term Care Facilities, Proposed Rulemaking 1)
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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 I serve and the direct care staff of Laurel Square Healthcare and Rehabilitation Center. The nursing facility is an 87 bed facility located in Philadelphia, Pennsylvania. Laurel Square employs 109 employees and provide services to 70 residents. As the Nursing Home Administrator, 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, I 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. Many of the caregivers working in skilled nursing facilities that provide daily, direct care to residents are unaccounted for in Pennsylvania's staffing requirement. Physical therapists, occupational therapists, dieticians, wound care nurses, as well as activities or recreational therapy staff, are not factored into the state's staffing minimums. Should this proposal go forward, all direct care, not just that provided by general nursing should be factored into the state staffing minimum.

Setting a nursing staffing minimum too high will not guarantee improved care. We take many efforts in our facility to ensure that residents get a high quality of care suited to their needs with the current staffing patterns in place. We pay close attention to our Quality Measures and monitor resident outcomes. We provide in-service opportunities and training to our direct care team. Our building leadership supports the direct care team when needed.

We as an industry need to be sure that our staffing resources are utilized effectively and efficiently to ensure the health and safety of the residents we serve. Skilled nursing facilities face many staffing challenges due to workforce availability, funding challenges, and agency staffing issues. These challenges will be compounded with an increase in minimum staffing.

Staffing needs are unique to each nursing facility. Even CMS does not support a "one size fits all" approach to staffing. More nursing staff does not necessarily equal better outcomes.

Thank you for your time in reviewing and considering these comments. I am 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,
Gloria Keyes

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