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**Subject:** [External] comments on proposed nursing home regulation changes  
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August 19, 2021

To Whom It May Concern:

Recently I was made aware of Governor Wolf's leadership promotion to propel and update the nursing home regulations to the General Assembly. I thank God for this progressive first step in correcting health care application to the aged in Pennsylvania and hopefully beyond.

"Wolf Administration officials today shared proposed nursing home regulations focused on increasing the quality of care received by residents by increasing the minimum direct care hours by 1.4 more hours each day. The current skilled nursing facility regulations have not been updated since 1999 ( Wolf Administration announces proposed nursing home regulations focusing on increased quality of care for residents and workers. 2021 <http://www.pa.gov/>).

You can also view the PPD (hours per patient day) for yourself with this link. <https://sais.health.pa.gov/commonpoc/nhlocator.asp>. The first proposals plan includes an increase to these hourly ratios found at this website. It is a Band-Aid application to a gaping wound unfortunately. The 1.4-hour increase PPD (hours per patient day) includes all care provided to the individual at the nursing home. It gives a person in the best case 5 hours of care (from nurses and caregivers combined in a 24-hour period).

As you will see below the explanation on this same web site for "nursing hours" includes all nursing staff.

The state regulations require that each facility provide 2.7 hours of direct care from the **nursing staff** each day per resident. If the residents require more than the minimum number of hours designated by the regulations, the facility is expected to **provide care** based on those needs. That may be why some facilities have a higher number of nursing hours than others.

I have been actively seeking rectification of the existing DOH coding and CMS laws governing staffing and reimbursement in PA long term, skilled nursing homes. I have been administering care to a wide breadth of individuals that fall under these categories for the past 10 years as a registered staff and/or supervisory nurse. I have written to Governor Wolf, Senators Pat Toomey and Robert p. Casey as well as local representatives Mike Kelly and Representatives Vogel Jr. and Marshal locally. I have also written to the DOH, CMS and the President of the US.

I have pleaded with supervisory staff at the institutions where I have worked in writing and orally.

Staffing issues have been cited in numerous research as the undermining cause of safety related mistakes with a range of results, some of which are devastating to the patient. These staffing issues have been growing at an alarming rate for the last 10 years with the influx of baby boomers to the health care system; however, we have consistently adhered to coding in the DOH from 1929 regarding actual staffing. We even now are placating the problems that exist by increasing the PPD when in fact the 1929 coding regarding staffing is what needs to be changed first (please see coding reference below). I want to be as clear as possible to avoid confusion. The proposed changes only give a patient a total of hands-on care in the facility of 4 hours per day (24 hours). For all of you who may be concerned, some of my residents require 45 minutes to be fed 3 times a day (how do we (The nurses and CNAs) administer meds, treat wounds, and change or accompany toileting in the remaining time?). This

problem can be fixed. We must start at the beginning though. PLEASE separate the nursing staff from the care-giver staff first. Then we each need the time necessary to apply health care to the individuals based on acuity (PPD of 4.1 to the nurse and 4.1 to the CNA or care-giver). Step two is to get rid of the language completely that puts 1 RN in charge of 50 or more people. I have tried it and I am willing to testify to you that it is impossible to adhere to these old codes and give safe care.

*Below is the Pennsylvania Code regarding staffing in skilled nursing facilities and generally states 1 staff per 20 residents. Please note that "nursing staff" includes nurse aids as well as licensed staff on the unit, commonly referred to as the "Med Nurse". Federal regulations do not have a specific staff to resident ratio but instead state that the facility must have enough staff to meet the needs of the residents. The Pennsylvania Legislature is currently in the process of reviewing this State Code, however the regulations below currently remain in place (this is an excerpt from the email response I received from the DOH included below).*

#### Authority

The provisions of this § 211.12 amended under section 803 of the Health Care Facilities Act (35 P. S. § 448.803); and section 2102(g) of The Administrative Code of 1929 (71 P. S. § 532(g)).

#### Source

The provisions of this § 211.12 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; amended January 31, 1987, effective July 1, 1987, except subsections (e) and (f) effective July 1, 1988, 17 Pa.B. 514; amended July 23, 1999, effective July 24, 1999, 29 Pa.B. 3999. Immediately preceding text appears at serial pages (240337) to (240339).

Thank you for your time and God Bless,

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