



**From:** [Quinn, Christina](#)  
**To:** [DH, LTCRegs](#)  
**Cc:** [advocacy@phca.org](#); [Craig Harris](#)  
**Subject:** [External] Re: Rulemaking 10-221 (Long-Term Care Facilities, Proposed Rulemaking 1)  
**Date:** Friday, August 13, 2021 3:39:04 PM

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8/13/2021

Department of Health  
625 Forster Street  
Harrisburg, PA 17120  
Attn: Lori Gutierrez, Deputy Director  
Office of Policy

Re: Rulemaking 10-221 (Long-Term Care Facilities, Proposed Rulemaking 1)

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 we serve and the direct care staff of Norriton Square Nursing and Rehabilitation Center. Our nursing facility is a 99-bed facility located in Norristown, Pennsylvania. We employ 110 employees and provide services to 99 residents. As the Center Executive Director (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, we 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.

It should be no surprise that we are already facing staffing challenges in the current market. On a daily basis, we are limited with workforce availability that causes the need for increased agency usage. Agency usage is never ideal due to the lack of continuity of care, a lack of adherence to company policies to produce the best outcomes, and in all

honesty, hopes that they just show up. As an Administrator, I am faced with the daily brunt of assuring our residents that there will be enough caregivers to take care of them. I welcome you to spend a day with us and observe what working in the healthcare industry looks like post-pandemic. With the potential for more waves of the pandemic with new variants, I can't even fathom why this would be proposed right now. We have been working diligently for the past 18 months ensuring we can meet the state minimum where it currently sits. We've added referral bonuses, retention bonuses, increased employee wages, increased shift differentials, perfect attendance bonuses, and we still struggle. We created staffing contingency plans just to make it through (what we thought would be) the most critical periods of the pandemic.

We already provide additional care (although not considered as direct) that is beneficial to the resident's physical and mental well-being. We utilize physical, occupational, and speech therapy. We have an entire recreational therapy department that was our main support for resident engagement during the pandemic. We use dietitians and medical specialists that also round and oversee the care we provide to the whole person. We have volunteers that spend hours with the residents but none of that counts as direct care because they lack a license or a certification.

When our census changes, we are able to adjust staffing to meet the needs of the residents that are coming in the building to ensure adequate care. We have very specific thresholds that we use to guide how we staff our building. That guidance changes every year based on the acuity level we assess when we complete our facility assessment for the state. We've been in this business for a long time and I truly believe we have the expertise and resident's best interest at heart to make determinations for our staffing needs.

The staffing needs of a long-term care facility are not a one size fits all model for all of Pennsylvania. Every facility has a different capacity, layout, and acuity level that determines what will be the most efficient and effective way to provide care to the residents. Increasing the staffing level won't automatically equate to improved outcomes. I challenge you to rethink this proposal and the hardship it places on an already burnt out industry.

Thank you for your time in reviewing and considering our comments. We are 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,

Christina Quinn, MHA, LNHA

Center Executive Director

Norriton Square Nursing & Rehabilitation Center

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