



From: [Margaret M. Boyle](#)
To: [DH, LTCRegs](#)
Cc: [Mary Knapp](#); [Phil DeBaun](#)
Subject: [External] Citizen Comment on proposed Facility Regulations to 28 PA, Code 201 & 211 to Federal Code 42 CFR Part 483
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Attention: Lori Guitierrez, Deputy Director, Office of Policy

I am writing to express my interest in my Continuing Care Retirement Community, Foulkeways at Gwynedd, being able to retain its control over whether or not it participates in Medicare, and all that entails. I chose this community, when I moved here in 2018, because of its excellent reputation for healthcare, and for its commitment to integrating the Assisted Living and the Nursing Home in with the rest of the community. Of course, during the pandemic lockdowns, we were unable to have the usual visiting back and forth and participating in activities in the nursing areas. But, in normal times, we in independent living are very much involved in the rest of the community, visiting, participating in activities, like Opening Minds through Art and Brain Fitness. We see how our neighbors who need care are cared for with respect and compassion and commitment and skill. I have no doubt that our nursing staff is of the highest order and that whatever care is provided fulfills all the standards of care one would want to see.

Our administration made the decision in 2017 to opt out of Medicare in Gwynedd House, the skilled nursing center here, because, as a resident-funded community, we received no funding from Medicare for the skilled nursing center, and, therefore, being part of Medicare was a losing situation for us - our nurses would be sitting at computers filing paperwork which would get us nothing, and which would cause us to lose a great deal -- time that could otherwise be spent with patients, not with paperwork.

At a time of staff shortage, the imposition by the state of further bureaucratic requirements is especially problematic, and would entail rising costs throughout the community to fund extra staff just to do the paperwork.

I urge you to reconsider. Communities like mine, which have opted out of Medicare, should be allowed to continue to decide for themselves what makes sense. The Commonwealth of Pennsylvania already oversees the nursing home, in ways that ensure best practices are followed and in ways that provide public accountability, but the federal Medicare requirement just adds layers and layers of paperwork, when we, as a community, self pay and do not get reimbursement from Medicare for people living in the nursing home, Gwynedd House.. Why should we be forced to participate in Medicare, then?

Thank you for your attention.

Sincerely,

Margaret M Boyle, Foulkeways Independent Living Resident

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