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**To:** [DH, LTCRegs](#)  
**Cc:** [advocacy@phca.org](#); [Quinnan, Ann P.](#)  
**Subject:** [External] RE: Rulemaking 10-221 (Long-Term Care Facilities, Proposed Rulemaking1)  
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August 23, 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 The Manor at Penn Village. Our nursing facility is a 159 bed facility located in Selinsgrove Pennsylvania. We employ 140 employees and provide services to 125 residents. As the Executive Director, 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.

As a rural facility in Snyder County, we are already challenged by the tightest employment market that we have ever seen. While many industries have raised their wages significantly, we are constrained by continuing low reimbursement rates which restrict our ability to compete in the current labor market. As the demand for healthcare employees continues to skyrocket, and the current population of residents in Pennsylvania continues to age, it has become an urgent situation requiring a plan from the Commonwealth to fund and promote nursing education and certified aide classes. While a significant amount of dollars is being spend to support those who are not working, many of those dollars could be redirected to education and supplemental payment for those who are caring for our elderly and medically challenged individuals.

Incentive programs to fund classes or financially support those going into care giving fields would encourage educational facilities to start or grow new classes and would encourage more individuals to consider fields in the health care industry. Without these programs and incentives, it will be impossible for most long term care facilities to meet these mandates. In some instances, it may require facilities to close their doors and limit the amount of services that are available to those who need them.

Additionally, the current proposed regulation fails to recognize those care givers in non-

nursing positions that provide many services to our residents that should qualify as hands on care as they improve the quality of life of our residents and provide the necessary services to improve their short term and long term health. Physical, occupational, speech and respiratory therapists provide daily care to our residents to help get them back to their prior level of functioning. In many cases, these residents would never recover their prior abilities without these dedicated individuals providing that direct, individualized care to these residents.

Our dieticians, activities staff, and wound care staff all provide direct care to our residents that is needed to improve their current levels of functioning. Without their intervention, our residents would not be able to get to their highest level of independence and their efforts should be included in any regulation requiring an increase in hours per patient day.

One of the leading misunderstandings of care in the skilled nursing industry is that more staff means better quality of care. This is certainly not true. There is nothing guaranteeing that more staff will improve care. Overstaffing tends to lead to staff not being busy and finding other things to do as opposed to providing care to those in need. This becomes a waste of our valuable resources in this time of such a significant staffing crisis.

In order to provide excellent care to our residents, facilities need to have proper systems in place and the ability to adjust their staffing patterns based upon the care needs in the facility, not a standardized mandate. When the facility has an increase in the needs of their residents, it is then they should respond with increased staffing levels and not just because an arbitrary number has been selected as appropriate for all residents, facilities and situations.

I am respectfully requesting the you reconsider the passing of Rulemaking 10-221 related to long term care facilities to either be rewritten in its current form based upon actual care provided in the facility by all staff, have it include some component to improve funding and resources for caregivers and nursing educational opportunities and to consider the cost of providing such an increase in required staffing and fund the increase requirements through appropriate reimbursement. The rulemaking the way it is written will be detrimental to the residents of Pennsylvania who require these services and the facilities who serve these individuals.

Sincerely,

Robert Druckenmiller  
Nursing Home Administrator

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