



From: [Laplante, Kathleen](#)
To: [DH, LTCRegs](#)
Cc: advocacy@phca.org
Subject: [External] Re: Rulemaking 10-221 (Long-Term Care Facilities, Proposed Rulemaking 1)
Date: Thursday, August 26, 2021 2:36:43 PM

***ATTENTION:** This email message is from an external sender. Do not open links or attachments from unknown sources. To report suspicious email, forward the message as an attachment to CWOPA_SPAM@pa.gov.*

August 26, 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 Bridgeville Rehab & Care Center. Our nursing facility is a 194 bed facility located in Bridgeville, Pennsylvania. We employ 110 employees and provide services to 133 residents. As the Director of Nurses, 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.

With the current COVID pandemic we have been challenged to provide care to our residents with an ever depleting workforce. It seems every business is in need of help, and frankly the pay is better and the work far less strenuous in retail, restaurant, delivery industries, just to name a few. We struggle every day to make the minimum staffing of 2.7, obviously with the goal to be above 3.0. I do not know how the new PPD would ever be reached. In a perfect world it would be phenomenal to staff at that level, but completely impossible. In my 30 plus years in the LTC industry, I have never seen those types of

staffing levels - and I have worked in nonprofit (including a Catholic facility that answered directly to the Pope) and for profit facilities, in Massachusetts and Pennsylvania. Currently we must utilize agency staffing, which is a financial burden, as well as a challenge to the great care our residents deserve. These individuals do not know our residents, and many are in it for a paycheck, they have no loyalty to our residents. If we cannot meet the current staffing requirements, how will we ever achieve the proposed increase?

Direct care is provided by numerous other staff members who are not included in the PPD, such as therapists, wound care nurses, reimbursement nurses; activities directors, to name a few. These essential care workers should be included when factoring a PPD. Just because a PPD is higher, does not always mean better quality of resident care. Utilizing the facility assessment process demonstrates quality outcomes far better than a single PPD number. Currently our staff is trained based on resident needs - what is identified as common needs for the current residents is what we can train for. Management staff is always the first line to support the hands on staff in any way necessary - assist with tray pass, feeding, answering call lights, the list goes on and on. Unit needs are identified the first thing in the morning so that management support knows where the need is. Our staffing needs are forever changing based on admissions, discharges, care needs, etc. We are able to adjust as needed within the staffing requirements we have now, I am not sure if that could ever be done with such a high PPD based on the current way of factoring the PPD. Staffing needs are different from facility to facility dependent on their resident dynamic. It certainly cannot be a "one size fits all" approach.

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,
Katie Laplante

Katie Laplante, RN, BS
Center Nurse Executive
Bridgeville Rehabilitation & Care Center
412-257-2474 office
412-257-3440 fax

"Now Requiring Universal COVID-19 Vaccination for Employees, Care Partners and Onsite Vendors"

This e-mail and any attachments may contain information which is confidential, proprietary, privileged or otherwise protected by law. The information is solely intended for the named addressee (or a person responsible for delivering it to the addressee). If you are not the intended recipient of this message, you are not authorized to read, print, retain, copy or disseminate this message or any part of it. If you have received this e-mail in error, please notify the sender immediately by return e-mail and delete it from your computer.