

**Stephen Hoffman**

**From:** cathy rusinko <cathyr.phd@gmail.com>  
**Sent:** Tuesday, August 31, 2021 12:01 AM  
**To:** Irrchelp  
**Subject:** YES--Increase Nursing Homes' Minimum Level of Direct Care

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To the Commission:

I'm emailing as a PA citizen who VERY strongly favors the proposal to increase nursing homes' minimum level of direct care to 4.1 hours daily, per patient. Furthermore, I strongly encourage the Commission to write the proposal in a way to prevent gaming and work-arounds by facilities, and to be sure that facilities meet both the letter and the spirit of the new standard. For example, administrators at the facility I am familiar with regularly scheduled staff who no longer worked there, or were never available for that particular day/shift, so no surprise that they were almost always short-staffed.

One of my family members spent over three years in an allegedly "good" facility; he died there a little over a year ago. His very basic feeding and hygiene needs could easily have totaled 4.1 hours per day; he needed a Hoyer Lift, which requires two staff members to use it. On paper, the facility looked good in terms of staff to patient ratios. In reality, the ratios were much lower, and even the ratios on paper would barely allow 4.1 hours per patient, per day. I visited everyday and participated in his care; I was nearly always the second person on the Hoyer lift. If I hadn't done so, his quality of life would have been miserable.

Equally importantly, on average, residents in nursing homes are sicker and in need of more care than in the past. Therefore, more hours for care must be allotted.

I understand that finding and retaining staff can be difficult; however, the facility I am familiar with did an apathetic and inept job at recruiting and onboarding. It would not have cost any more to recruit and onboard in a way that would find and retain qualified staff members. Administrators at this facility were clueless about the backgrounds and living situations of most CNA's, so used inappropriate criteria for recruiting, hiring, disciplinary action and dismissal. For example, the leading indicator of whether or not a CNA would be retained was whether or not they had a car. You could neglect your residents or be abusive toward them, as long as you owned a car. Excellent CNA's were dismissed because they were a few minutes late, due to public transportation issues that were not under their control.

I know that 4.1 hours will not necessarily solve these problems, but at least it will set a higher standard, from which facilities will shirk, but the outcome will be a higher level of care than we have now.

Additionally, I hope that large companies that manage many facilities will not be able to grow or expand if they do not meet the letter and the spirit of the standards.

Thank you for your consideration. Feel free to email if you need additional information, or with the outcome of the proposal, if possible.

Sincerely,  
Cathy Rusinko, Ph.D.

