



August 27, 2021

Lori Gutierrez  
Deputy Director, Office of Policy  
625 Forster Street, Room 814  
Health and Welfare Building  
Harrisburg, PA 17120

RE: Rulemakings 10-221 (Long-Term Care Facilities, Proposed Rulemaking Part 1)

Dear Deputy Director Gutierrez,

I am providing comments regarding the Department of Health's proposed changes to the regulations for long term care facilities. In general, I am concerned about the timing and the manner in which the Department is rolling out the proposed changes. Long term care (LTC) facilities across the Commonwealth are still dealing with the effects of the worst pandemic in more than 100 years. 30 days will likely not be sufficient time to properly review the proposal and provide comments for many. Additionally, it's my understanding there are four more parts of the proposed changes of the regulations to come. It is impossible to know the overall effect of the proposed changes on LTC operations without being able to review and provide comment on the changes in their entirety.


I have a significant concern about the proposal to raise the minimum number of nursing hours per patient day (PPD) from the current 2.7 to 4.1. As a bit of background, I have been working in LTC for over 30 years. I've been a licensed Nursing Home Administrator since 1993. I have never seen a period before where it was this difficult to recruit and retain qualified nursing staff. I believe there is many factors contributing to this. Lack of training opportunities, due to the pandemic, an aging workforce that is retiring at an increasing rate due to the physical and emotional toll of the nature of the work, the potential risks of working in a high risk environment, and the comparison wages in less demanding occupations, among others. Even prior to the pandemic, we were struggling to attract and retain staff. We have increased wages significantly for direct care staff and have offered additional sign on bonuses for some positions with little success.

The budgeted PPD at Susque-View Home, which is a not for profit, is 3.7. Because of the decreased census as a result of the pandemic and the facility's commitment to one nursing unit dedicated to COVID precautions/quarantine, which requires staffing for a minimal number of residents, our average PPD this year has been 3.9. To staff at that level we have become dependent on temporary agency staff and offering shift bonuses. On average over one third of our current direct care nursing hours are provided by temporary agency staff.

Due to the stagnant reimbursement rates over several years, the lower census and the increased labor costs, the facility has been operating at a loss for many months. As most

anyone knows, this is not a sustainable business model. I fear many other facilities are in very similar circumstances. Some of the colleagues I've spoken to are turning away potential admissions because they lack the staff to provide adequate care. Logically, if a person who needs care in a skilled nursing facility is unable to get discharged from an acute care hospital that increases the overall cost of care. In addition, those in the community that need care may not be able to receive the care they need.

Sincerely,

A handwritten signature in black ink that reads "James M. Aurand". The signature is written in a cursive style with a large, prominent initial "J".

James M. Aurand

Administrator