



August 27, 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 who work at Bedrock Care and all other Skilled Nursing Facilities in PA. As the former CNO, I oversaw 16 nursing homes operating across the Commonwealth. Collectively, these facilities are licensed for around 2500 beds, employ approximately 1500 employees and serve an average of 2300 residents. Our organization is committed to providing high quality care and prioritizing the needs of the residents we serve each and every day.

After reviewing your proposed regulation, we have concerns regarding the mandatory increase of the minimum number of hours of general nursing care from 2.7 to 4.1 hours for each resident, which excludes other direct care provided by essential caregivers. ***My goal, in writing, is to inform you that nursing facilities are currently facing challenges recruiting and retaining staff, and an increase in the minimum requirement will compound these challenges.***

For years we have been calling for improved strategies around model to staff the nursing home. Many of us work faithfully with AHCA and PHCA to meet the changing needs of the employment workforce. For years, we knew the number of Nurses in relationship to the Baby Boomers aging would be problematic. Programs to attract nurses into this field were only mildly successful. Most college nursing programs do not include a rotation within the nursing home.

So our already bleak picture for meeting staffing needs was also now extremely impacted by those who became ill with Covid, expired from the illness or have left the industry related to the health and personal risk (Physical and Financial) Covid 19 has left open us. The rapid pace that was required to meet the frequent changing of regulations and oversight has left many of us weary, overworked and in need of some reprieve.

***Therefore, we need you to carefully weigh the decision for the increase to mandatory staffing levels.*** No one disagrees with the desire but the actual ability to meet this already heavily regulated and costly world, seems impossible. I fear this will now also negatively impact our struggling industry. Owners will not be able to recruit and more importantly retain consistently this level of staffing. There currently are not enough teachers in nursing programs now to meet the demand. Our Nursing licenses population has significantly dwindled.

***Let me summarize the concerns many Nurses and Long Term Care workers feel as we ask you to reconsider the timing and the large leap to 4.1 Minimum required staffing.***

1. ***Examples of challenges:*** Workforce availability, inadequate reimbursement rates that create funding challenges, reliance on agency and other agency staffing issues, competition with other

workforce markets, your geographic location. Consistency due to agencies providing services to the highest offer, Experienced nurses with the competencies to train and develop the new hires while still in the midst of performing the job. Clinical Complex patients have become the norm and call for closer observation therefore allowing much less time for teaching the temporary staff the facilities internal processes. Increased regulatory oversights and Plan of corrections related to Covid and the challenges brought about by our current staffing crisis.

2. Examples of steps to address: Recruitment strategies, retention strategies, incentive programs. Supporting Colleges and Universities with salaries and funding to increase the number of educators for Nursing schools. Require a LTC Clinical rotation in their program. Consider additional add on payment model for acuity levels (As compared to States like NJ). Better incentives like School loan forgiveness might attract personnel. Set up more community centers with lower rates for childcare for those who will work in the LTC environment for a minimum of 2 years.

We also want data that reflects the daily care we do indeed provide each and every day. There are many roles that are vitally important in day to day direct care that are currently unaccounted for in Pennsylvania's staffing requirement. A few roles that are **not** counted for direct care and are **not** currently considered 'general nursing' are:

Physical therapists, occupational therapists, dieticians, wound care nurses, activities directors, Social services and Care Managers. I think we can all agree these roles are essential for a well-rounded quality of care model of care.

Thank you for your time in reviewing and considering our comments. We are hopeful that the Department of Health will address our concerns and work with providers and staff to ensure continued access to long-term care services in Pennsylvania. ***We are hopeful that the Department of Health will amend the provisions contained in §211.12(i) in a manner that will address the concerns raised in our comments and support new strategies to improve or maintain the highest Practicable and professional standard of care in accordance with the resident's wishes.***

Sincerely,  
Kathleen J Derleth, RN

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