



August 30, 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 at Quality Life Services Henry Clay. Our nursing facility is a 74 bed facility located in Fayette County, Markleysburg,, Pennsylvania. We employ 89 employees and provide services to 74 residents. As the Director of Nursing, I can attest to our facility's commitment to providing high quality care and prioritizing the needs of the residents we serve each and every day.

After reviewing the proposed regulation, I 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.

In this day and age it is very difficult to recruit qualified staff to care for our residents who have various needs from dementia care to post op care for fractures to those with mental health conditions as well as end of life care. Even with substantial sign on bonus monies, candidates for employment are far and few between. By increasing nursing hours to a 4.1, the concern is where the additional staff will be found. Our facility schedules staff in the nursing department to work a schedule to their liking in hopes it will deter call offs, but that doesn't always guarantee staff will come to work. We are currently struggling to retain the staff we already have and struggle daily to meet the current nursing hours. My question to you is how we will attain the projected 4.1 staffing hours. Currently, we have nursing administration filling into cover holes in the schedules for LPNs, RNs and CNAs to maintain the staffing levels. When that occurs, who then is minding the store as there is no one to complete our jobs? We also have employed the use of TNAs which has assisted in providing care. Where will we find the workforce, what will be the funding challenges. We currently have issues with employing agency staff and we pay a premium rate for their services, but the downside to that is most, not all, view the work as an 8 hour job, not bringing with them the caring attitude our residents deserve. Additionally, they do

not know our residents, are not aware of all the incidentals of their care, such as ketchup on scrambled eggs, only grape jelly with toast, or ½ cup coffee with ½ cup milk. Doesn't sound like much, but to our residents, it means the world. It makes them feel part of the family and that they matter. Increasing the hours to 4.1 minimum will be a great challenge for our facility to attain. We are located in the mountains of southwest PA, a location that people do not want to have to travel to especially in the winter months. Recruitment also is a challenge due to our location despite sign on bonus, referral bonus, increasing wages, offering tuition reimbursement and flexible schedules. We have contacted staff that have voluntarily left their positions to basically beg for them to return, but when they quit their jobs and applied for unemployment, were awarded the unemployment even though work was available for them. How can we compete with that type of practice? There is no incentive to work, so again where will the workforce be found?

My facility is a 5 Star facility and we as a group have worked very hard to attain that rating and even more difficult is to maintain that rating. I have a wonderful caring staff who are overworked, tired and exhausted. These are individuals I want to retain, these are individuals who have the "heart within" to provide care for the residents they love. Just hiring to hire to maintain the 4.1 is not the answer, because if people wanted to work in our environment, they would be flocking to the nursing homes where the work is hard and thankless at times. It takes a special individual to work in a nursing home and just hiring to hire to maintain the 4.1 minimum hours is not the answer, that is if you can find qualified individuals.

Staffing needs are unique to each facility that should not be approached with the cookie cutter model. Each of our residents are individuals with individual needs that are addressed on a daily basis to assist them to meet their goals of care. More staff does not necessarily equal better outcomes. Staff needs to be utilized to their fullest capabilities.

Thank you for your time in reviewing and considering our comments. I am hopeful that the Department will amend the provisions contained in §211.12(i) in a manner that will address the concerns raised in my comments.

Respectfully submitted,

Maryellen Gumro RN
Director of nursing