



From: [Jo-Anne Levy-Lamoreaux](#)
To: [DH, LTCRegs](#); irrhelp@irrc.state.pa.us
Subject: [External] PA DOH New Proposed Federal Regulations
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Ms. Lori Gutierrez
Deputy Director, Office of Policy

Dear Ms. Gutierrez:

I will not profess to completely understand the proposed changes for which the Department of Health is considering for 28 PA - Code Chapters 201 and 211, nonetheless as a layman I find them unnecessary and quite honestly perilous to the operations of Foulkeways at Gwynedd, one of three non-Medicare/Medicaid participants.

To begin with, as a non-participant in the Medicare/Medicaid program, I cannot understand how the rules for such participants should apply to those who don't participate. When Federal level requirements of Medicare/Medicaid recipients become detrimental to the 'non-participant' LTC facilities there can be no justification for such changes. The costs for implementing these requirements, in the case of Foulkeways a resident funded facility, will absolutely add additional financial burden to the residents and without merit.

Historical records will certainly attest to the fact, and has been more obvious since late 2019 (age of COVID), that Foulkeways follows all proper procedures, and then some, for which it is licensed. Is it not the purpose for LTC facilities to provide for safe, healthy and positive environments for its residents? In the case of Foulkeways, which provides such for its residents – it's not the manner in which they achieve it that matters; it is that it is consistently achieved, period! Under the realities of today's environment, "94% of Nursing Homes Face Staffing Shortages" – *Skilled Nursing News (June 2021)*, please detail how exactly these increased staff requirements by the changes being considered are to be accomplished?

My concerns are not without merit, as I view the impacts of these changes not only through my eyes – but those too of my father, a current resident of Gwynedd House at Foulkeways. My parents made the exceptional decision to move into independent living at Foulkeways in 2006, knowing that as they aged their needs would be taken care of, regardless of the level of those needs all while staying within their 'home' of Foulkeways. The extraordinary care began with what amounted to a day of hospice for my mother in 2012, following an ER trip for a hemorrhagic stroke. My father continued to live independently until four years ago when it became apparent that he would need some assistance with living and just recently at 96 years old, a transition to full nursing. As times come to evaluate such changes, and for me now the only surviving child, these decisions are not

made lightly nor within a vacuum that does not consider care and costs, which quite honestly are at the very basis of my concerns for the changes as those being considered. There were times in the beginning of COVID that I considered bringing my father to my home, however as tough a time as it was, I realized that he was being cared for in a far better way than I could have provided. First case in point, there is not a lack of care at Foulkeways. I am fortunate in that my life affords me the time to regularly not only spend time with my father at Foulkeways but also outside of his 'home'. Never once have I felt a need to log the time nursing staff spends with him, for me care staff means the entire Foulkeways family, whether nursing, nursing assistants, NP, social workers, activities staff, fitness and PT/OT staff, administration, even housekeeping who never go by my father without stopping and chatting. The saying 'it takes a village to raise a child' couldn't be more appropriate here, it takes a village of staff - not some arbitrarily calculated number - 2.7 hours, 4.1 hours or whatever of a nurse's time – it's the total of quality time. At 96 years old, my father has out-lived his financial resources which then brings me to the final issue which is a care/cost analysis in which case my father, and I consider all those at Foulkeways, far and away win. It can't be any simpler, my father is happy and very well cared for – thus I'm happy and for us there is nothing more important.

So please explain to me how by requiring non-participating Medicare/Medicaid LTC facilities to follow the federal standards, requiring increased nursing hours while not increasing the costs to residents of this self-funded facility can be achieved – perhaps that's not of importance to PA DOH. Perhaps it's all a plan to just make it easier for PA DOH. I totally appreciate the desire to raise the bar for probably many of PA's LTC facilities which are grossly underperforming, but not at the expense of those such as Foulkeways that do an exceptional job of what they do and how they do it.

I look forward to a personal response to my correspondence; not a pre-produced 'blanket' style answer.

Concerned,

Jo-Anne Levy-Lamoreaux
POA for Herbert Levy