



From: [Margy Nelms](#)
To: [DH, LTCRegs](#)
Subject: [External] Comment on proposed nursing home regulations
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Dear IRRC Commissioners:

I am writing to comment on the proposed regulations you are now considering for nursing homes (NH) in Pennsylvania. I understand the regulations need updated, and change definitely is needed in how our senior citizens are cared for in NH. I am writing as a citizen, not an administrator or staff member of a NH. My experience, however, with a NH in my hometown of Somerset, PA, two years ago when my father suffered a stroke and spent a month in that home, opened my eyes to the terrible treatment and lack of care many are suffering at NH in this state. And as I told my story to friends and acquaintances after my father passed away, every single person had their own horror story of a friend or relative who had a similar NH experience.

My father was a veteran, having served in Korea for 13 months just as the war ended. He said he received better care and treatment in Korea from the Koreans and the Army than he did in that NH. It was heartbreaking to see how anxious and hopeless he became due to the treatment he suffered during that month in the NH. None of our senior citizens should ever be subjected to this type of treatment, especially our veterans.

It is not my intent to bash all NH and their workers. Many are fine people doing very difficult jobs. But from my experience, I can tell you that too many of these homes are not truly caring for the residents, and the seniors who live there are suffering neglect and abuse.

Adding more required hours to care for each resident sounds great, but in practice, I'm not sure that is feasible. It seems all NH are understaffed, and other measures, some easily implemented right now, could be taken to improve patient care. After my father's terrible experience at the NH in Somerset, I wrote up a list of reforms that would have greatly made a difference in his life. Had they been in place at this home prior to his arrival, my father might still be alive today.

Here is my list which I hope you will include when you finalize your regulations:

- 1) There should be incentives for staff to receive higher pay and/or benefits.
- 2) NH must be prohibited from admitting patients they are not equipped to handle or care for properly.
- 3) NH must receive state approval through proper staff training and certification that they are equipped to care for patients with special conditions (e.g. stroke).
- 4) NH CNAs should be required to complete continuing education classes each year, which could be tied to better pay and benefits.
- 5) All NH staff should be required to wear name and position badges clearly visible to all. They should be required to knock before entering a resident's room and introduce/announce themselves every time.
- 6) NH staff must meet with family members and resident upon admission to hear concerns or requests, and implement a plan to meet those requests as much as possible.
- 7) NH should have a published process in place for residents and/or family members to submit care or treatment concerns, and a timeframe to respond to them.
- 8) Family members or residents should be able to submit anonymous complaints to the local ombudsman for

him/her to investigate and seek resolution.

9) All NH must be open to family members 24/7, and this should be made clear to the family when a patient is admitted.

10) Family members and/or residents should be allowed to strategically place cameras in their rooms (for private rooms). Residents who share a room should be allowed to agree together on whether a camera is desired and on the placement of a camera.

11) Every doctor who is employed by or "on staff" with a NH should be board certified in geriatrics. And NH residents should have the freedom to be transported to their regular PCP if they so desire.

12) The NH doctor on staff must meet with every new resident and family members for at least 30 minutes upon admission (or within 1-2 days thereafter) to assess the patient, review medications, answer questions, and make recommendations.

13) The NH doctor must also do a follow-up assessment one week later with the resident and family members to review the care being received and answer any questions.

14) Family members should be given the patient's list of medications and be able to see if any changes have been made. Medical records and charts should be available upon request.

15) Residents who are unhappy with their current NH should be able to easily transfer to a different home.

16) The NH inspection and investigation of complaints process should be improved so inspectors don't get bogged down with investigations. Inspections should be done by one group of state employees, and the investigations should be done by a separate group of employees.

17) Evaluation and inspection reports for each NH should be published in local papers and any violations or citations highlighted.

I know this is a rather long list, but it comes from experience and concern for the people who have to live in NH every day. I hope you will consider these as you discuss changes to the current regulations.

Thank you for your time and attention to this letter. And thank you for the work you are doing to improve the quality of life for the thousands of elderly residents in NH in Pennsylvania.

Sincerely,

Margy Nelms
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