



**From:** [Margaret Owens](#)  
**To:** [DH, LTCRegs](#)  
**Cc:** [Mary Knapp](#); [Phil DeBaun@foulkeways.org](mailto:Phil_DeBaun@foulkeways.org)  
**Subject:** [External] Lori Gutierrez, Deputy Director, Office of Policy  
**Date:** Saturday, August 28, 2021 12:54:10 PM

---

***ATTENTION:** This email message is from an external sender. Do not open links or attachments from unknown sources. To report suspicious email, forward the message as an attachment to [CWOPA\\_SPAM@pa.gov](mailto:CWOPA_SPAM@pa.gov).*

Lori Gutierrez, Deputy Director, Office of Policy

Proposed Department of Health (DOH) Pennsylvania Nursing Facility Licensure Regulations to 28 PA. Code 201 and 211 to Federal Code 42 CFR Part 483

I wish to communicate with you about Foulkeways at Gwynedd.

January of 2020 my father, living in upstate NY, lost his second wife who died when she was 100 years old. Our father agreed to move closer to a daughter, rather than remain in upstate NY with no family around. He moved to Foulkeways assisted living at Gwynedd in Pennsylvania. He moved at the worst time possible, during his second pandemic. Yes, he went through one before because he was born in 1917. He is active; he gets down on the floor to change electrical plugs and springs back up again- can you? He is an active participant in his care and only needs help because of very poor eyesight. He is a gregarious man, the mind is still very present and active; he is not a vegetable laying in a bed all day.

Moving is a challenge for a person of any age.

Unfortunately the move was the end of July, 2020 at the peak of covid. No family could visit him, no family could set up his apartment. He entered the apartment knowing, if the worst happened, he might never see family again. He had no spouse. He was alone in the apartment. He ate his meals alone in his apartment. No social events could take place. No opportunities to meet and talk to other residents could happen. Family could only call to keep him company. He was 102 at the time and in solitary confinement.

Thank goodness we had moved him to Foulkeways, referred to as Shangri La by my Primary Care Physician. The staff had time to keep him company, answer questions of a new resident, tell him where things were until he could memorize it, teach him how to use the remote

for his only entertainment, TV. When your eyes are so poor you cannot see the buttons on a remote you have never used, it can be very frustrating and is very hard for family to fix over the phone. Food was delivered so a person with poor vision could find it, open it, and get it on the fork or spoon. Of course it was not perfect, but all this helped him to successfully live in the new surroundings and not go into a major depression.

It was the time staff spent with him that saved him mentally. I do not even want to think how it would have been if he had not had personal contact and conversation with staff. This is the care we knew Foulkeways would give him when we chose to move our father into their hands.

All of this was during the extreme stress on caregivers due to covid. Their stress was never expressed, evident or shared while helping our father.

Our father considers the care he receives to be excellent. So do we, the family.

If costs go up for him, his long term care insurance will run out more quickly. We had figured on the usual percent increase per year, not a major increase due to unnecessary regulatory requirements of the state.

Please consider the validity and sensible arguments Foulkeways points out; and let them continue their excellent care of our father who will soon be 104.

Margaret Ovens  
[mgovens1@gmail.com](mailto:mgovens1@gmail.com)