



**From:** [SHUTT, PATRICE](#)  
**To:** [DH, LTCRegs](#); [advocacy@phca.org](mailto:advocacy@phca.org)  
**Subject:** [External] Re: Rulemaking 10-221 (Long-Term Care Facilities, Proposed Rulemaking 1)  
**Date:** Friday, August 27, 2021 9:56:59 AM  
**Attachments:** [PA Letter to DOH 8 23 2021 SLM.docx](#)

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8/23/21

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 of The Manor at St Luke Village Our nursing facility is a 104 bed facility located in Hazleton, Pennsylvania. We employ over 120 employees and provide services to 85 residents. As the Administrator, I can attest to our facilities commitment to providing high quality care and prioritizing the needs of the residents we serve each and every day.

After reviewing the proposed regulation, we 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.

Staffing challenges continue to face us on a daily basis as an industry in long term care. The industry standard in Pennsylvania to be minimally staffed at a ppd of 2.7 hours. This number is minimal and many facilities struggle to hit this on a regular basis. Many long term care facilities have been forced to utilized staffing agencies at a much higher cost to the buildings in order to meet our resident population needs. These agency staff have filled a need but do not have the investment in caring for our residents the way that our staff do. So while we don't disagree that a 4.1 hours of minimum staffing is the right thing to do for our residents, you will be crippling an already fractured system. The challenges of hiring staff, retaining staff, and engaging current staff is already difficult on a day-to-day basis and attempting to maintain a higher standard will be almost impossible. The nursing industry has changed over the decades and there is no longer the overflow of nurses and certified nurse aides to hire to care for the most vulnerable of our population.

We have attempted to attract new staff with new competitive wages, sign on bonuses, extra shift

bonuses, weekend programs, student loan repayment options, referral bonuses (monetary and with chances to win a new car), engagement prizes of gift cards and facility swag, etc. We have utilized the emergency waiver option of training and employing temporary nurse aides and working with certified nurse training programs as a training site.

This has produced minimal results as far as retention and new hires. The industry has had to be engaging but is now competing with other industries that continue to increase their wages and reduce their workload. Our current staff is tired and it's growing increasingly difficult to retain them while expecting them to provide the care and services our residents deserve.

The current resident population has grown sicker and more dependent for care and medical management than in past years. They come to us at a time when they require intravenous medication, wound and skin care management, multiple treatments, etc. This is care that staff is expected to provide by the resident/family members and regulatory agencies. We are asking you to help us provide a better solution, not provide us with additional roadblocks.

The facility assesses the needs of our residents on a day-to-day basis, sometimes hourly depending on the need. Most recently the current acuity of the resident population and admission and discharge rate has grown due to the COVID-19 pandemic. Resident statuses have changed with increased care level in activity of daily living, including assistance with bathing, dressing, and eating. And while we take pride in what we are producing as a team, our caregivers are fatigued both emotionally and physically. I fear that the expectation that you are setting will do 2 things to skilled nursing homes: 1. It will push our current caregivers to retire or pick a new profession that does not expect the almost near impossible, or 2. turn away potential new caregivers because there is no benefit to them because there simply is no reward anymore. It is hard to be prideful in your job when the expectation is set so high and yet the resources are not provided by the government that regulates it.

The Manor at St Luke Village has grown year-over-year to a 5 star quality measure facility. This has been done by the tremendous care provided by our staff. We work endlessly to help improve the quality of life of our residents. While I am sure that the intended outcome of this mandate is to help improve the lives of those we serve, I fear that you do not understand the crippling end result that it will produce.

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

Sincerely,

Patti Shutt, BA, NHA

Executive Director

The Manor at St Luke Village

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