

Changes in Staffing Requirements

Although the proposed regulations requirements for staffing to increase from 2.7 PPD to 4.1 PPD would be ideal, I have several comments and concerns. Our Skilled Nursing home has minimal skilled needs. We also have Managed residents that come for care. Although our staffing level is close to a 4.0 PPD, our acuity is low, therefore 4.1 really should not be needed. The government should allow the PPD to be based off the acuity of care from the Resident Assessments and Care Plans to accurately reflect the quality of care.



We, as an industry, are currently have a staffing Crisis. Our company has spent much time and money on advertising and recruiting yet still have difficulties getting staff. Even the Agencies do not have staff to provide. Many stores these days are paying well above the CNA rates without the liability the CNAs face on a day-by-day basis, so they are leaving the healthcare field for more money and less responsibility. To accommodate our staffing levels, we are requesting staff to do extra shifts which is exhausting their energy and in turn they call out with a catch 22 effect. This in the end does not give the residents quality of care. Furthermore, if there is a new set minimum staffing number implemented, I would need that information well in advance to be able to accommodate. It is a lengthy process to advertise, hire, ensuring paperwork- two step and CBC are completed, and then the orientation process.

As the Senior Director of Healthcare Services, I am concerned that there would not be enough notice of the increased staffing requirement. Saturdays seem to be the publication date, and not knowing when this would occur would not give us enough time to review our organizational structure and changes if needed along with a lengthy process to advertise, hire, ensuring paperwork- two step, and orientation is needed.

Would you consider amending your proposal to include other staff that provide care and services to residents in the calculation of the 4.1 staffing proposal? Quality of care includes body, mind, and soul. Instead of increasing high paid nursing staff, I would hope that Department of Health would consider other staff such as activities, therapist, and other non-nursing staff to be increased.

There are also financial concerns. The increased cost, not only salary costs, but the cost to recruit and benefits that we pay out for each new hire. As a nonprofit organization, our residents are the ones that pay our salaries. For us to already maintain our staff, due to the overall economic condition we are being forced to raise our rates which then raises our residents' monthly cost to our community. In the end our residents are the ones that endure the financial hardship. Furthermore, many stores these days are paying well above the CNA rates without the liability the CNAs face on a day-by-day basis, so they are leaving the healthcare field for more money and less responsibility.

Residents will have less ability to get quality care if Nursing Facilities are closing. In the past, on occasion, we have stopped outside admissions to our Skilled Nursing home when we were at a low level in staff. Currently we are doing the same due to the staffing needs during this crisis. It is very concerning that there have been companies that have tried all avenues to get the needed staff and have closed or sold which was in part due to our critical staffing crisis.

Our organization strives to provide the best quality of care. This quality entails a well-structured nursing staff that always is around a 4.0 PPD. In these hard times, after using all possibilities, staffing has gone below 3.0 on rare occasions. By setting the new PPD expectation to be 4.1, there is no flexibility for these situations. This would be unjust to penalize us for those rare occasions, especially during these hard times.

Again, please consider my comments and suggestions. This is a large step for any company to undertake to ensure a 4.1 PPD daily during these hard times.