



**From:** [Martha Wilcockson](#)  
**To:** [DH, LTCRegs](#)  
**Cc:** [Mary Knapp](#)  
**Subject:** [External] Proposed DOH regulations  
**Date:** Sunday, August 29, 2021 11:04:39 PM

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Lisa Gutierrez,  
Deputy Director  
Office of Policy

Dear Ms. Gutierrez,

Re: Proposed Department of Health Pennsylvania Nursing Home Facility Licensure Regulations to 28 PA.Code201 and 211 to Federal Code 42 CFR Part 483.

As a resident at Foulkeways at Gwynedd, I am concerned how the proposed regulations will affect the health care in our skilled nursing unit. As I am sure you are aware Foulkeways provides excellent care to our residents without being part of the Medicare A program. In fact Foulkeways intentionally and wisely opted out of Medicare A in order to utilize its resources, particularly personnel, more effectively.

I could reiterate many reasons how these regulations would be untenable for Foulkeways, but I would like to address this issue on a personal and professional note. I understand how fulfilling the requirements for Medicare documentation impacts primarily the quality of patient care and consequently the job satisfaction of health care providers. As a retired Occupational Therapist having worked in Pennsylvania hospitals and skilled nursing facilities in both the Pittsburgh and Philadelphia areas, I have been amazed how the introduction of DRGs in the hospital setting and then the MDS in the SNF setting have significantly increased the non direct care workload (eg documentation time) for therapists and other health care providers and cut into the quality and quantity of direct service (evaluation and treatment). By the time I retired, when I did an initial evaluation, I spent more time doing redundant documentation than I did with the patient. As a therapist this imbalance, which put patient care second and put regulations and documentation first limited my ability to provide quality care. This felt frustrating and unethical when I knew what was possible. I am not surprised to see other healthcare providers leaving the field as it becomes more about documentation than the care and well being of the patient/resident, all in a time of scarce healthcare providers.

When I served on the first Pennsylvania State Board of Occupational Therapy Education and Licensure, I understood our mission to be protection of the citizens of the Commonwealth. To me this proposed regulation, appears to be an attempt to make the reporting uniform to make it easier for the regulators, rather than focusing on the safety and wellbeing of the residents of the state. Please consider what is best for the residents/ patients and not add additional regulations for already overburdened healthcare systems.

Additionally, I would encourage you to reconsider this proposed regulation which would push Foulkeways into an impossible position of using skilled personnel to report data to the CMS, which the CMS is unable to receive from Foulkeways. Sounds like a catch 22 to me, undermining a highly functional health care system by government regulation.

Thank you for your consideration,

Martha Willis Wilcockson, MS, OTR/L (ret)