

Genesis



August 30, 2021

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 Chapel Manor. Our nursing facility is a 238 bed facility located in Philadelphia, Pennsylvania. We employ 150 employees and provide services to 160 residents. As the Regional Executive Director, 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.

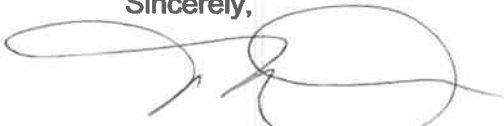
After reviewing the proposed regulation, we have grave concerns regarding the amendments to increase the required minimum number of hours of general nursing care from 2.7 to 4.1 hours for each resident and excluding other direct care provided by essential caregivers.

1. Currently our industry is facing significant challenges related to workforce availability and agency staffing issues. Creating a 4.1 minimum hours will create significant undue hardship on facility leadership staff members who are working countless hours to hire and maintain staff as well as working overtime to fill in the gaps for staffing shortages.
2. There are other department staff who assist in the direct care provided to residents that are not even considered in the staffing requirements. Physical therapists, occupational therapists, and wound care nurses should be considered as direct care staff members. They all have a hands-on approach in regards to the care they provide the residents.
3. Setting a staffing level too high will not guarantee improved care, it may actually result in unintended negative outcomes. Due to limited resources, staff may be mandated or leadership roles will be required to fill in the gaps causing dissatisfaction resulting in a decrease of retention. Staff will become disinterested in working in the long term care industry.

4. Staffing levels can be unique to each nursing facility depending on the needs of the residents. Obviously a facility with a ventilator unit would require a significant staffing level and a primarily long term care facility with no specialty units would not require significant staffing.

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,

A handwritten signature in black ink, appearing to read 'Tara Winter', with a large, stylized flourish extending to the right.

Tara Winter, NHA
Regional Executive Director