



November 4, 2021

Lori Gutierrez, Deputy Director for the Office of Policy
PA Department of Health
625 Forster Street, Room 814 Health and Welfare Building Harrisburg, PA 17120
Submitted via email to: RA-DHLTCRegs@pa.gov

Re: Rulemaking #10-222 (IRRC#3316): Long Term Nursing Care Facilities, Proposed Rulemaking #2

Dear Ms. Gutierrez,

On behalf of the Delaware Valley and Greater Pennsylvania Chapters of the Alzheimer's Association, we appreciate the opportunity to submit comments in response to Rulemaking #10-222 (Long Term Nursing Care Facilities, Proposed Rulemaking #2). The mission of the Alzheimer's Association is to eliminate Alzheimer's and other dementia through the advancement of research; to provide and enhance care and support for all affected; and to reduce the risk of dementia through the promotion of brain health. Together, our Pennsylvania Chapters focus on carrying out our mission for the nearly 400,000 Pennsylvanians living with Alzheimer's or other dementia, the 500,000 Pennsylvanians providing unpaid care for them and countless others impacted by this devastating disease.

As the Department continues the process of promulgating proposed regulations to Pennsylvania's skilled nursing facilities, the Department must keep the care needs of residents living with dementia in perspective, considering nearly half (48%) of all nursing home residents are living with Alzheimer's or other dementia.¹ In doing so, we again encourage the Department to consider the principles and facts outlined in the [Alzheimer's Association Dementia Care Practice Recommendations](#) related to dementia care. The care needs of individuals living with dementia are complex and often require a higher level of care than residents without dementia. Dementia is characterized by a group of symptoms that include a decline in cognitive abilities, loss of memory, poor judgment, changes in personality, disorientation and problems with abstract thinking, all of which worsen over time and require individualized and person-centered care plans. Even further, the COVID-19 pandemic devastated long term care settings and it's imperative that Pennsylvania apply lessons learned from these experiences moving forward in this regulatory process. The Alzheimer's Association released a comprehensive set of policy recommendations to [Improve the State and Federal Response in Long Term Care Settings](#) to address the immediate and long term issues impacting care facilities.

¹ Alzheimer's Association 2020 Alzheimer's Disease Facts and Figures, <https://alz-journals.onlinelibrary.wiley.com/doi/epdf/10.1002/alz.12068>

With the above in mind, the Alzheimer's Association offers the following comments to the referenced sections of Proposed Rulemaking #10-222:

Section 201.23 Closure of Facility

The Alzheimer's Association strongly opposes the Department's recommendation to adopt federal regulations for Section 201.23(a), specifically going from the current 90-day notification period to 60-day notification period prior to facility closure. The safe and orderly discharge of all residents and relocation to another facility or care setting takes time and careful planning, especially for those living with dementia.

Transitions in care for persons living with dementia include movement across settings and between providers increasing the risk of receiving fragmented care and experiencing poor outcomes such as hospital-acquired complications, morbidity, mortality, and excess health care expenditures. The resulting fragmentation in care and poor care coordination leads to many under-detected, under-evaluated, and unmet needs for persons living with dementia and their caregivers. Furthermore, persons with dementia have increasing difficulty processing new information and stimuli, and disruptive situations like transitions can cause anxiety and agitation.²

Individuals living with dementia are frequently transferred across facilities without essential clinical information. Careful attention is essential to ensure a safe "handoff." Finding timely and standardized ways to share medical records and advance care planning forms between patients, caregivers and providers throughout transitions is needed. Open communication between providers, across settings, and within organizations or clinical practices is essential (both written and verbal). Assisting persons living with dementia and their caregivers in accessing and sharing information in a person- and family-centered way can help to avoid poor outcomes often associated with transitions in care (e.g., rehospitalizations, emergency department visits, medication errors, and caregiver stress).³ All of this takes time and careful planning to allow appropriate notifications to residents or their representatives, preserve resident rights and ensure a smooth and timely transition.

The Alzheimer's Association supports the proposed new language in the opening paragraph in Section 201.23, but recommends retaining the current language in Section 201.23(a)(b) and (c) as follows:

- (a) The administrator or owner shall notify the appropriate Division of Nursing Care Facilities field office at least 90 days prior to closure.
- (b) If the facility is to be closed, the licensee shall notify the resident or the resident's responsible person in writing.
- (c) Sufficient time shall be given to the resident or the resident's responsible person to effect an orderly transfer.

² Gerontologist, 2018, Vol. 58, No. S1, S129–S140 doi:10.1093/geront/gnx152

³ *ibid*



Section 204 Physical Environment and Equipment Standards for Alterations, Renovations or Construction of Long-Term Care Nursing Homes

Section 204.2(d) Building Plans.

While the Alzheimer's Association believes that all parts of a skilled nursing facility must meet stringent regulatory requirements to ensure the safety and well-being of residents, staff and visitors, including those sections of the facilities that have not been occupied for a period of time, we do believe the Department should consider an exceptions process to full approval of architectural plans and blueprints in the event that an emergency declaration is in effect. We learned very quickly through the COVID-19 pandemic that facilities had to pivot and identify creative ways to mitigate spread of the virus through cohorting residents and instituting other infection control protocols. During these times of emergency, there could be compelling reasons to use parts of a facility that have not been in use for a period of time. In emergency situations, facilities should have the ability to submit an exception to allow for appropriate use. As such, the Alzheimer's Association recommends adding a Subsection (f) to Section 204.2 as follows:

Section 204.2 (f) In the event of an emergency or disaster declaration that necessitates prompt use of additional space to cohort residents and staff to implement infection controls during an outbreak of infection, the long term care nursing facility may submit an exception request to the department to occupy or use a space that has been unoccupied or unused for one-year or more. The exemption is effective for no more than 30 days to allow the long term care nursing facility time to submit architectural plans and blueprints related to its occupancy or use to the Department as required under Subsection 51.3(d)(relating to notification) and receive approval from the department to continue to operate.

The Alzheimer's Association also recommends adding two new sections that provide building configuration requirements for infection control on any alterations, renovations or construction of nursing homes:

Section 204.19 Configurations for Infection Control (New Section Added)

(a) Consistent with their Department-approved Emergency, Pandemic, and Disaster Preparedness Plans, facilities may repurpose rooms as necessary for cohorting residents and staff and implementing infection controls during an outbreak of infection.

(b) Residents may be moved from their bedroom to another bedroom as part of a cohorting effort related to infection control. Residents retain the right not to be moved unnecessarily and to be moved as few times as necessary to ensure the infection control goals of cohorting.

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The Alzheimer's Association is committed to advocating on the resident's behalf to ensure they receive high quality care while preserving their overall health, safety and well-being. We would again like to reiterate our profound support to the Department for initiating this long overdue process. We look forward to working with the Department, the PA General Assembly and other stakeholders to move this process forward as quickly as possible.

Respectfully Submitted,



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