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Lori Gutierrez
Deputy Director - Office of Policy
625 Forster Street, Room 814
Health and Welfare Building Harrisburg, PA 17120
VIA EMAIL to: RA-DHLTCRegs@pa.gov

Re: Rulemaking 10-222 (Long-Term Care Facilities, Proposed Rulemaking 2) 28 PA Code Sections 201.23 and 207.4, Chapters 203, 204, and 205

Greetings,

Thank you for the opportunity to comment on the second section of the proposed revisions of the nursing home licensing regulations. Although it is difficult to comment without seeing how the regulations as a whole work to protect residents, we nonetheless recognize the need to revise this regulations which have not been reviewed and revised in far too long.

These comments are on behalf of the Pennsylvania Health Funders Collaborative, an association of over 40 health foundations across Pennsylvania. A high priority of our association is advocating for policies that support older Pennsylvanians' independence, dignity, health, quality of life and safety and security. The horrendous loss of life, sickness and isolation that Covid caused in Pennsylvania's long-term care facilities, demonstrate the inability of the present regulations, Pennsylvania's long-term care facilities and the Department's oversight to provide adequate protection for residents or staff. The Department must ensure that the proposed regulations address needed changes to direct care staff and their training, infection control and preparedness and emergency and pandemic preparedness planning requirements.

We offer the following comments to the second section of proposed nursing home licensure regulations:

Opposition to changes in Chapter 201, Section 201.23(a) notice from 90 days to 60 days prior to closure of a facility. The Department should not use updating of these regulations as a reason to reduce the protections for residents who are being forced to relocate where they live due to no fault of their own. Pennsylvania should take pride in the fact that its regulations provide more protection for residents than the federal requirements, particularly for something as

traumatic to residents of the loss of their present home. These additional days help assure that the move from a closing facility to another facility will be to a facility that can meet the residents' needs, can be close to visiting family and friends and be pursuant to careful planning. If residents can make an acceptable move sooner, they will.

Opposition to deleting 201.23(c), which would remove the guarantee that the resident is provided sufficient time for an orderly transfer. This is an important resident right that the change in this regulation would eliminate. Again, the updating of these regulations should do no harm to existing residents' rights.

Opposition to deleting 201.23(g), which requires the facility to demonstrate to the Department its ability to comply with the plan, including payment of salaries and other expenses of the facility prior to the closure of the facility. Simply submitting a plan to the Department is very different than demonstrating to the Department the ability to effectuate payment of salaries and expenses. We also support the proposed regulatory language submitted by CARJE and Community Legal Services modeled after the facility closure regulations for Massachusetts and California. See Annex A of their comments on 201.23.

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Revise 204.1(c) to make it clear that a facility that once met the standards but has let the facility to deteriorate so that it no longer meets the original standards is not in compliance.

Assure that by eliminating sections 205.20(d) and (e) which established minimum square foot requirements for residents' rooms, that any FGI requirement is greater than the requirements in the sections proposed to be deleted.

Add to 204.5(g) a prohibition to housing more than 2 residents in a room. The revised regulations should not allow wards of residents but should require residents to have a living space that is their own.

Oppose revisions to 204.11 which eliminate the requirement that a resident bedroom have adjoining toilet facilities and eliminates the ratio of toilets to resident requirement. To minimize falls and incontinence, it is critical that toilets be part of a resident's room and that the facility have an adequate number of toilets per resident.

Add Covid ventilation requirements to 204.18.

Add to 204.19 language allowing movement of residents to cohort during infectious disease outbreaks, consistent with the residents' right not to be moved unnecessarily and as few times as is needed to ensure infection control.

Retain and add to 205.66(i) requirements for adequately sized HEPA air filtration systems or mobile systems for existing buildings with replacement of filters as recommended by the manufacture.

Add to 205.69 a requirement that the facility have Wi-Fi, broadband, cable or other means for staff and residents to be able to get and receive email, Zoom or otherwise communicate with entities and people outside the facility. With the pandemic, this resource was critical to families being able to stay in touch and now needs to be an essential capability in all nursing facilities.

We appreciate the opportunity to comment on this important endeavor.

Very truly yours,

Ann S. Torregrossa
Director
PA Health Funders Collaborative
30 Wellesley Road
Swarthmore, PA 19081
atorregro@gmail.com
215-514-5843

