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**Kathy Cooper**

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**From:** Sister Joachim <srjoachim@garveymanor.org>  
**Sent:** Friday, June 17, 2022 11:20 AM  
**To:** RA-DHLTCRegs@pa.gov; IRRC  
**Cc:** LeadingAge PA  
**Subject:** Comments regarding of Health Proposed Nursing Facility Regulations

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JUN 20 2022

Independent Regulatory  
Review Commission

June 17, 2022

TO: [RA-DHLTCRegs@pa.gov](mailto:RA-DHLTCRegs@pa.gov); [irrc@irrc.state.pa.us](mailto:irrc@irrc.state.pa.us)

Comments to the Department of Health regarding the Proposed Nursing Facility Regulations  
Published May 28, 2022 by the PA Department of Health in the Pennsylvania Bulletin

Sirs and Madams:

For the past 25 years, I have been the Administrator at Garvey Manor Nursing Home in Hollidaysburg, Pennsylvania. Over these years, I have lived through many transitions in health care, and long term care, in particular. Garvey Manor is a not for profit, free standing Continuing Care Retirement Community. We have progressively moved forward over the years, moving from our original medical model nursing home opened in 1965, to an expansive, person centered, newly constructed facility in 2003. We added licensed Personal Care to our campus to meet the growing needs of frail elders for supportive services and more recently have undertaken another expansion, with the development of the Marian Heights Independent Senior Living Community.

We pride ourselves on our Mission, focusing on the provision of personal and professional quality care and services to our residents. We have promoted resident centered care for 57 years. We go beyond the other local long term care facilities in our County (Blair) in our staffing levels, the provision of life enhancing amenities and services for our residents and the home-like, hospitable atmosphere of our campus. We work toward building and maintaining positive relationships with the residents and their families as well as with other local health care provider and the community in general. We hold an hard earned, excellent reputation in the local region and with the wider community of the Commonwealth. We maintain high standards and work diligently to be consistently compliant with Federal and State regulations. We have a positive relationship with our State Survey Teams and our Regional Field Office. We employ almost 300 staff members to serve our residents: 132 capacity in the Nursing Home and capacity of 54 in the Personal Care Residence and currently 22 resident in Independent housing.

I give this introduction, to help you to know the context from which I am addressing my concerns for the proposed changes in the staffing requirement for Nursing Facilities in the Commonwealth. Like the rest of the almost 700 facilities

in Pennsylvania, we have dealt with the constraints of the Covid-19 Pandemic over the past 2 1/2 years and the steady, devastating staffing crisis that affects every aspect of living throughout the Country and in our State and local region, in particular. We search for answers, look outside the box for creative ways to continue to provide for our residents, and have taken some radical steps to maintain solid operations.

Like others, we responsibly lowered our census last fall, at great financial loss in revenue and stress on our budget, in order to assure we have the proper number of direct and indirect staff members to care for our residents. Our goal is to increase our staffing levels back to our ideal and to repopulate the 18 beds currently out of service. It is uncertain when we will be able to do this. Challenged positions are Licensed Practical Nurses and CERTIFIED Nursing Assistants.

As a charitable healthcare facility, a high percentage of residents in our nursing home (usually about 70%) are Medicaid recipients. We admit Medicaid Recipients on day one, and do not discharge residents through administrative tactics of claiming short term specialty units that mandate discharge when Medicare Part A payment ends. We maintain residents seamlessly when they have expended their assets on their care. It is widely known that reimbursement to care facilities, by the Medicaid program, is grossly underfunded and inadequate, not even meeting the basic cost of daily care for each resident. We have not had a significant increase in Medicaid rates for over 10 years, despite the escalation of costs for everything, from labor, consumer goods, utilities, maintenance, etc. This single factor is the greatest concern we have in maintaining financial viability. We do not believe our State system puts a priority on the quality of care that elders, who meet the criteria for Medical Assistance, receive since funding is not responsibly provided to those that give the care.

Meeting the current mandatory staff quotas has been a strain on us as it has been on other facilities. We believe we have managed it well as is evidenced by comparing our census numbers and reportable nursing staffing hours with other facilities in our region (information available online). We are not looking to cut corners, but to provide the best possible long term care we can to our precious, vulnerable, frail elderly residents. We do so with a focus on dignity, respect for individual differences and preferences, compassionate and always in an atmosphere that is hospitable and home-like for those who reside with us. We, like others long term care facilities, acute care hospitals and other social service agencies throughout the State are actively recruiting and desperately trying to be competitive in wages.

In the back drop of all of this, we now face the unreasonable, newly proposed Pennsylvania Department of Health staffing requirements. We fully support the fact that long term care residents require care in the context of staff quotas that are reasonable. Looking at the new requirement from my inside perspective with many years of experience in this very place, I firmly believe that what is being proposed by the Commonwealth of Pennsylvania, Department of Health is not reasonable and will be excessively burdensome, if not impossible to achieve. I present my these comments:

- For the 132 nursing care beds in our facility, the current staff quotas call for two RN Supervisors on the evening Shift and one on the night shift. We struggle to maintain these as the bare minimum to safely provide for the care of the residents. Hiring nurses right now is a difficult challenge given the competition. Please tell us where are we going to find the Registered Nurses to staff according to the new requirements of 3 RNs on both of these shifts? (3 Registered Nurses for a census of 121-180, as proposed) It is highly publicized that Registered Nurses are in grave shortage everywhere. Hospitals (our local UPMC Hospital, Altoona, included) are very understaffed for Nurses. Temporary agencies, registries and traveling nurse providers do not have Registered Nurses to meet the requests that are put upon them. The cost of hiring a Registered Nurse in this day and age is beyond reasonable market prices. Besides that, in a small community like ours, there is not a pool of Registered Nurses or Licensed Practical Nurses out there waiting to be hired. We would not be able to triple our current RN staff to meet the new requirements. We might be forced to permanently decrease our capacity to meet a lesser requirement.
- Besides the crisis in hiring nurses, proper utilization of staff is important. With most of our residents requiring general custodial long term care, we do not need the skill of two, much less three Registered Nurses on the evening and night shifts. Facilities that have a high percentage of short-term care or sub-acute care residents

may need such levels, but not a traditional long term care nursing home, such as Garvey Manor. The suggestion that facilities could assign one of the required Registered Nurse to direct care in place of a Nursing Assistant would be cost prohibitive. Perhaps the RN staffing quota should be based on resident acuity, not on the number of beds. This would make more sense and not require just 'number' compliance.

- For our 132 beds, our facility assessment for current staffing quotas calls for our ideal to be one Certified Nursing Assistant for every 8, to a maximum 12 residents (rarely) on the day and evening shift and one to 9 - 12 residents on the night shift. We already meet the new proposed requirements for Nursing Assistant coverage, but like others, struggle to find persons who are already trained. MOST long term care facilities in our region (Blair County) are struggling more than we are to hire and retain Certified Nursing Assistants. Again, the acuity of the residents and their direct care needs should be considered when determining required staffing numbers.
- There are currently no training courses in our region. With the Temporary Nursing Assistant pathway (TNA ) waiver ending, there is not a reasonable resource to train and have Nursing Assistants tested to become Certified. Our current TNAs, who have been trained, find it difficult to get scheduled for a test with Credentia. Some have been told the nearest testing place available is 80 - 100 miles away. What a hardship this is, especially with the cost of gas, and the potential need to stay overnight in order to be at the testing site on time. This is, compounded by the delay of up to three months to even get a test scheduled. The TNA waiver has to be extended so that there is adequate time to move people through the process to become Certified Nursing Assistant.
- We are expending considerable costs to position ourselves to conduct our own training in the future. Adapting our building to house a 'classroom' for clinical training, according to the required guidance is a cost many facilities could not undertake, nor would some have a space that could be adapted. Hiring and training instructors is another hurdle to cross in order to have the ability to train our own Nursing Assistants to become Certified.
- At the cost of Registered or Licensed Nurses, and with the severe shortages in those licensed, how could any facility entertain the suggestion that higher credentialed staff can be counted as CNAs if they are exclusively used in that capacity. That is totally unreasonable and would be cost prohibitive.
- For over 50 years at Garvey Manor we always only used our own staff to care for our residents. We do not like the inconsistency of having agency staff in our facility. During this present staffing crisis, we had to resort to using agency staff, when we can get them. Our staff look upon them as a help, but are dismayed that we must pay so much more for the agency staff than we are able to pay our staff. Their performance is half of what we expect of our staff and despite our orientation for them on our way of providing care, we feel they do not meet our standards. The agency's ability to price at will during this staffing crisis compounds hiring problems and attracts Certified Nursing Assistants away from the pool that would be available for direct hire by facilities.

These are just a some of my comments regarding the proposed change in regulations. A couple other realities, perhaps not considered by those making the regulations but who are not directly involved in the care and provision of services, are:

- Most long term care facilities are already struggling with staffing issues and have decreased census as a result. Where are the elderly and frail persons in need of care going to go when there are no beds available? Hospitals are searching for beds to discharge elderly in need of long term care. More facilities will be forced to close beds in order to achieve required staffing levels. The financial viability of facilities are at risk.
- As a result of the financial crisis affecting long term care facilities with staffing, operational cost, census and lack of reimbursement issues, more and more are closing. We will soon have a greater shortage of beds to meet the needs of the aging population of Pennsylvania. It is the responsibility of the State government to assure they are not creating an additional crisis, but are helping to foster solutions to provide for the needs of the citizens of the Commonwealth.
- Home Care is not the answer to meet the needs of those with long term care needs. Home Care agencies cannot find adequate, responsible staff and as a result, many who are in home care now are looking to move into long term care facilities to get the care they need since they are often left without any care when home care personnel do not come as scheduled. Home Care, when supported by family members is reasonable in

some circumstances, but often there are no family members living with the elders to give the necessary support and services that Home Care does not provide.

- Elderly or infirm persons who stay 'at home' alone, with only home care services as their connection to other people, often suffer from the isolation of being home-bound; lacking social activities, experiencing poor nutrition, developing severe depression, showing lack of motivation to improve, losing the will to live. Is this how we want elders in the Commonwealth to live out their lives after decades of service in our communities?
- We ALL want our seniors to receive the care and services they need at the most vulnerable time of their lives. the State and Federal Governments are not investing in providing for the financial means to accomplish this. Funding for long term care should meet the needs of those who require long term care.
- There is the need for irresponsible long term care operators to be held accountable for the disservice they provide to their residents, but the rest of the provider, who are doing their best under the constraints of reality, do not need to be punished by over regulation, unreasonable expectations and under funding for the good care and service they provide.

I know the tasks before the Commonwealth are daunting to meet all the needs that exist. I beg you, on behalf of the elderly who reside in long term care facilities, to be advocates to help providers do their best, rather than enforcers who are only going to cause more problems by making unreasonable regulations that cannot be met. Please reconsider your decisions and facilitate care and services to the elderly in a manner that is reasonable and achievable. I apologize for the length of this communication, but I feel strongly that the viability of our Ministry of service at Garvey Manor is being threatened by the actions and inaction as I have detailed above.

Most sincerely yours,

Sister Joachim Anne Ferenchak, O.Carm., LNHA  
Administrator

cc: Senator Judy Ward  
Representative Louis Schmitt  
LeadingAge, PA

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