



From: [Tracy Roman](#)
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Subject: [External] Proposed Nursing Facility Regulations Comments
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Good Afternoon,

My name is Tracy Roman and I serve as the SVP/COO and NHA for Fellowship Manor, a 121-bed skilled nursing facility on a CCRC campus that also includes personal care and independent living. Since the pandemic began over 2 years ago, we have had a lot of nursing employees leave due to the stress of the job and we have also seen a significant decrease in the number of applicants we receive for open positions. We have been more fortunate than many others, and we have not had to stop taking admissions or decrease our bed complement due to staffing, although we have discussed it. There have been a few days where it was tough for us to even make the 2.7 minimum PPD requirement. As the Administrator, I worry every day that we will not have enough staff to provide our residents with the quality care they deserve. Fellowship Manor had never used agency staff but we had to start this last year in 2021 in order to continue providing care to our seniors. Although there are a lot of good agency staff out there, they do not know our facility or our residents and subsequently cannot provide the same level of care as our own staff. We would prefer not to use agency at all, but we had no other choice as recruiting nursing staff has become so difficult. We have increased our salaries and improved our benefits, but this has only helped minimally in our recruiting and retention efforts.

We generally have enough LPNs and RNs, although now that the hospitals are hiring LPNs again and offering to pay for them to become RNs, this is becoming more challenging every day. We are a non-profit community that simply cannot compete with \$10,000-\$25,000 sign on bonuses and full paid tuition for these professionals. In the past few months we have lost 2 of our RNs to local hospitals.

It is extremely difficult to find nursing assistants. Many people who would normally fill these roles are now either not working, or they have taken higher paying warehouse jobs. We have had limited success with the TNA path, especially due to the testing challenges we have experienced trying to get them scheduled through Credentia. We would love to see the TNA program extended. However, please consider allowing us, the skilled nursing facilities, to complete the competency portion of the exam with the TNAs in our facilities. If we only had to send them out for the written portion, it would make this process more efficient for everyone.

The proposed staffing changes would put us in the 121-180 census range and we would have

to have 6 RNs and 3 LPNs on days and evenings. Given our current staffing challenges, there is no way we could do this. We would likely have to immediately drop our census to 120 where the requirement would be 4 RNs and 2 LPNs. This would be achievable on some days but definitely not consistently. Raising our census by just 1 resident should not necessitate raising our staffing by 2 RNs and 1 LPN.

Our ideal nurse aide to resident ratio is 1:8 or 1:9 on days and evenings and the proposed requirement of 1:10 is not always possible when staff call out and we cannot find a replacement. If we had to have a 1:10 ratio we would have to mandate staff to stay and this would likely cause us to lose even more employees.

The proposed 4.1 staffing PPD would make more sense if we were able to include everyone who touches our residents- this includes social workers, therapy staff, activities, RNACs and other administrative staff who help with meals and other resident tasks. There are just not enough nurses and aides to meet any increase in PPD other than by including additional caregivers in the calculation.

I have read calls for increased wages, but without increased reimbursement, we cannot increase salaries and survive financially. I have also not heard anything about increasing RN and LPN wages. You cannot increase aide wages without increasing these as well. Again, without a sustained increase in funding, we just don't have the resources to increase our salaries beyond what they are now.

If the proposed changes go into effect as written, we face having to decrease our census which means less beds for seniors who need them. There are just not enough staff who want to work in skilled nursing, and we have to work together to attract qualified people into the healthcare profession.

In summary, I believe in providing the highest level of quality care to our residents. This is what they deserve. However, changing the staffing requirements without providing us with a viable means to meet the requirements will just put us at risk for decreasing our beds. Many of my colleagues will have to close units altogether, or even close their facilities. I ask that you please kindly consider my comments and those of my colleagues. It is imperative that skilled nursing providers be involved in future discussions to come up with real, sustainable solutions to the challenges we are facing in this industry.

Respectfully Submitted,

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