

Masonic Village
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Services provided at the following locations:
 Dallas • Elizabethtown • Lafayette Hill
 Sewickley • Warminster



June 27, 2022

To whom it may concern:

I am submitting this letter in response to the proposed regulatory updates for Long-Term Care Nursing Facilities. Our organization provides skilled nursing services at four locations in Pennsylvania: Elizabethtown, Lafayette Hill, Sewickley, and Warminster, with a range between 43-453 dually-licensed beds.

To say that the administration's continued focus on nursing facilities and the announcement of this fourth package of guidance updates remains poorly timed and poorly executed, would be an understatement. While we've come so far in our response to the COVID-19 pandemic in the past year, it is clear that our sector remains at the forefront of the ongoing mitigation efforts. We've been forced to implement mandatory vaccine requirements for our staff, and continue to have staff and residents alike test positive, despite our vaccination and booster efforts. Our ability to provide the highest quality of care to our residents is further complicated by the inability to fill open positions.

Despite our best efforts, we have many clinical positions (CNA, LPN, RN) that were are unable to fill. We've increased our hourly rates, offered bonuses, held open interviews and job fairs, but to no avail. With a small applicant pool and team members who continue to leave the sector entirely, our staffing is even more difficult than it was a year ago. If this is our reality, how is it feasible to believe that we, as providers, will be able to achieve and maintain a 4.1 PPD staffing expectation at all times? We've been forced to use agency routinely in at least three of our facilities over the past 12-18 months. Prior to the pandemic, we had not used agency on a routine basis for years, and we would like to return to staffing completely internally, but to date, it has not been entirely possible. What kind of assistance will the Commonwealth provide to supplement the increased costs of care? Our Medicaid reimbursement has remained stagnant since 2014. The increase proposed to off-set this 4.1 PPD requirement is not sufficient and cannot help us to sustain operations into the future. Our industry cannot simply raise rates for our private pay residents, this is not fair. We are committed to providing care to those who do not have the financial means to pay, but without some type of significant intervention, this won't be possible for much longer.

I do not mean to paint the picture with doom and gloom. We are very proud of what we do and of the quality of care that our team members provide to our residents. Our current staffing compliment does not

necessarily meet the ratios as outlined in the 4.1 proposal, but yet we give great care. With the ratios as proposed, we will need to hire additional RNs at many of our facilities and phase-out some LPN positions. LPNs are extremely valuable in our industry and I worry that they are being pushed to the side, just as we witnessed in the acute-care setting over a decade ago.

Additionally, I do not feel that the concerns presented by the IRC specific to the first package of proposed regulatory changes have been adequately addressed. The studies included in the proposed rulemaking document do not satisfactorily conclude that increasing to 4.1 PPD would lead to the desired outcomes. It has been noted by CMS on several occasions that CMS did not proceed with this recommended staffing level during the 2016 regulatory updates due to insufficient data/evidence. Because of this, they are proceeding with additional studies. If this is true, what evidence does the Pennsylvania Department of Health have to support such a mandate? It seems evident that more time and data is necessary to fully understand what changes are necessary and the implications of such changes.

Thank you for your consideration,

Katie Roof

RN, BSN, NHA

VP of Clinical Care & Quality

