

PENNSYLVANIA

Citation Personal care homes, PC Title 55 Chapter 2620 and Chapter 20.

General Approach and Recent Developments

A major revision of the regulations for personal care homes is expected to be final in September 2004 and will be published as Chapter 2600. A draft version was published for comment in 2002. Based on over 900 comments, five subgroups were formed to make further recommendations in the areas of small and large homes; assessment and support plans; medication assistance; staffing and training; and resident's rights. Developing a new quality assurance and improvement system is a priority of the licensing agency.

Legislation is pending that would create a licensing category for assisted living services and authorize a statewide Medicaid waiver covering assisted living services. A Medicaid waiver pilot program has been implemented in the Philadelphia area.

Category	Supply					
	2004		2002		2000	
	Facilities	Units	Facilities	Units	Facilities	Units
Personal care homes	1,718	76,385	1,786	79,929	1,803	73,075

Definition

Personal care homes. "A premise in which food, shelter and personal assistance or supervision are provided for a period exceeding 24 hours for four or more adults who are not relatives of the operator, who do not require the services in or of a licensed long-term care facility, but who do require assistance or supervision in matters such as dressing, bathing, diet, financial management, evacuation of a residence in the event of an emergency or medication prescribed for self-administration.

Unit Requirements

The regulations require single occupancy rooms to have at least 80 square feet of floor space. If closets are built, they must be at least nine square feet and can be counted in the total required space. Multiple occupancy rooms must have at least 60 square feet per person. No more than four people may share a bedroom. Toilets must be available for every six residents, and tubs or showers for every 8 residents.

Bedrooms for one or more immobile residents may require additional square footage sufficient to accommodate the special needs of the residents, such as wheelchairs, special furniture and equipment.

Admission/Retention Policy

Homes may serve immobile residents who do not need nursing home care but do need personal care, if they meet building, fire safety, and staffing requirements. Homes may discharge anyone who is a danger to self or others; if the resident's needs would require a fundamental alteration of the program; and residents whose functional level has advanced or declined such that the resident's needs cannot be met in the facility even with supplemental services provided by outside providers.

Nursing Home Admission Policy

Consumers must have a medical diagnosis, illness, or condition which creates medical needs that require medical care and services which are ordered by or provided under the direction of a physician; need to be given on a regular basis and provided by or under the supervision of skilled medical professional; or because of a mental or physical disability, the individual requires nursing and related health and medical services in the context of a planned program of health care and management.

Services

Homes must have a written description of services and activities and the criteria for admission and discharge. An individual support plan is required within 30 days of completion of an assessment. Homes assist with personal hygiene and tasks of daily living as indicated in the support plan and assessment. The personal hygiene tasks include bathing, oral hygiene, hair grooming and shampooing, dressing and care of clothes, and shaving.

The tasks of daily living include securing transportation, shopping, making and keeping appointments, care of personal possessions, use of the telephone, correspondence, personal laundry, social and leisure activities, securing health care, ambulation, use of prosthetic devices and eating. Laundry service and activities are required.

Dietary

Facilities are required to provide three nutritionally well-balanced meals that follow recommended Daily Allowance of the Food and Nutrition Board. Each meal shall include an alternate food or drink item from which the resident may choose. Therapeutic diets prescribed by a physician are to be followed. In-service training requirements for administrators and staff include food handling, preparation, and sanitation.

Agreements

Agreements include the personal needs allowance; actual charges for each service or item for food, shelter, services, and additional charges and how, when, and by whom payment is to be made; personal care services provided and their cost; additional services available and their costs; the party responsible for payment; rules relating to home services; bed hold policy; refund policy; method of payment for long distance phone calls; arrangements for financial management, if any; house rules; termination conditions; resident rights; explanation of annual screening and medical evaluation requirements; provisions for handling rent rebate funds, if any; and a 30-day notice of changes in the contract.

Provisions for Serving People with Dementia

Draft rules contain provisions for securing units. Homes must notify the licensing agency of their intention to open a secured unit. Units must have adequate indoor and outdoor wandering space. Units may be shared by no more than two persons. A full medical and cognitive assessment is required. The written agreement includes disclosure of the services available and their costs, admission/discharge criteria, change in condition policies, and the special programming available to residents. Administrators and staff must have competency-based training that covers topics specified in the regulations (normal aging-cognitive, psychological, and functional abilities of older persons, definition and diagnosis of dementia, description of reversible and irreversible causes, and explanation of differences between dementia, delirium, and depression; definition of dementia and related disorders, progression, stages, and individual variability; communication techniques; description of behavioral symptoms of dementia and how to manage resident behaviors; the role of personality, culture, and environmental factors in behavioral symptoms and dementia care; philosophy of dementia care, including mission statement, goals, policies, and procedures; working with family members; resources for residents with dementia and their families; team building and stress reduction for the staff; older Adult Protective Services Act. The licensing agency may require additional staffing.

Medication Administration

A personal care home (PCH) may provide assistance with self-administration of medication. Assistance includes helping the resident to remember the schedule for taking the medication, storing the medication in a secure place and offering the resident the medication at the prescribed times. Medication not prescribed for self-administration must be administered by a licensed physician, nurse or dentist, as appropriate.

Public Financing

A pilot program, administered by the Department on Aging, operates in the Philadelphia area as a partnership at the local level between the Albert Einstein Healthcare Network and the Philadelphia Corporation for Aging (PCA), an Area Agency on Aging. The program began in June 2000 and planned to serve a projected 250 residents. About fifteen facilities were serving 60 participants in March 2004. A nurse practitioner from the Healthcare network visits participants weekly and offers monthly in-service training to personal care home staff while serving as a bridge between the primary care system and the long-term care system. The PCA case manager manages the home care benefit that includes, as indicated in a plan of care, personal care, respite care, adult day care, environmental modifications, transportation, medical equipment and supplies, personal emergency response systems, home health, and counseling. Services are delivered by outside providers rather than the facility and a consumer-directed option is pending. An exemption from state licensing provisions was granted to allow personal care homes to serve residents who qualified for admission to a nursing facility. The program expected to reduce emergency room use. An evaluation of the program will be completed and submitted to the state agencies in 2004.

The SSI/State Supplement payment in personal care homes is \$958.30, which includes the personal needs allowance of \$60 a month. In December 2003, there were 10,507 SSI beneficiaries in 1,726 licensed personal care homes.

Staffing

Facilities must provide a sufficient number of trained persons to provide the necessary level of care required by residents. Draft rules establish ratios for homes with mobile residents (one awake direct care staff per 15 or fewer residents, two for 16 to 30 and one for every additional 15 residents) and non-mobile residents (two for 15 or fewer residents; four for 16 to 30 residents and two more for every 15 additional residents). Additional staff hours are required to meet the laundry, food services, housekeeping, and maintenance needs.

Training

Administrators must be a licensed nursing home administrator, RN, or LPN or have an associate's degree or 60 credit hours. Administrators must complete 40 clock hours of Department approved training which includes the following: fire prevention and emergency planning; first aid; medication procedures; medical terminology; personal hygiene; CPR and the Heimlich maneuver; local, state, and federal laws and regulations pertaining to the operation of a PCH; nutrition; food handling and sanitation; recreation; mental illness; gerontology; community resources and social services; staff supervision; development of orientation and training guidelines for the staff; and financial record keeping and budgeting.

Administrators must complete a minimum of 24 hours of annual competency-based training on first aid, medication self-administration, care for persons with dementia, infection control, personal care service needs, safety management techniques (positive interventions, reinforcing appropriate behavior, conflict resolution, identifying depression and others), mental illness and retardation if appropriate.

Administrators must complete a staff training plan that includes an annual assessment of training needs, a plan that addresses them and a mechanism to collect feedback on completed training. Each staff member must have a training plan based on education, experience and duties.

Within 30 days of employment or volunteer services, staff must receive orientation to the general operation of the home as well as training in fire prevention; smoking safety procedures; placement and use of fire extinguishers; operation of safety equipment; emergency planning and evacuation procedures and designated meeting place; resident rights; emergency medical plan; personnel policies and procedures; and general operation of the home. Direct care staff must be oriented to their duties, incident reporting and management, needs of residents, medication administration and purposes/side effects, universal precautions, and safety management techniques.

Staff receive training within six months in the following areas: medication procedures; medical terminology and personal hygiene; nutrition, food handling, and sanitation; recreation; mental illness; gerontology; and staff supervision, if applicable.

Background Check

Criminal history and background checks are required under protective services statutes.

Monitoring

The draft rules require homes to establish a quality assessment and management plan that includes incident reports, complaint procedures, staff training, monitoring licensing data and plans of correction, and resident and/or family councils. Surveys note that the most common violations are cited for housekeeping and maintenance and assistance with medications.

Penalties are assessed for classes of violations, I, II or III, depending upon the severity, duration and the adverse effect on the health and safety of residents. Class I violations have a substantial probability of resulting in death or serious mental or physical harm to a resident. Class II violations have a substantial adverse effect upon the health, safety or well-being of a resident. Class III violations are minor violations which have an adverse effect upon the health, safety or well-being of a resident.

Penalties for each Class I violation is \$20 per resident per day and must be corrected within 24 hours. Penalties for Class II violations are \$15 per day per resident. No monetary penalties are assessed for Class III violations unless they are not corrected

within 15 days which then result in a penalty of \$3 a day per resident retroactive to the date of the citation.

PCH's operating without a license are assessed a penalty \$500 and \$20 per resident day after 14 days, if the operator fails to file an application for a license.

Fees

Licensing fees are \$15 per bed for 21 beds or less; \$20 per bed for 21 to 50 beds; \$30 per bed for 51 to 100 beds and \$50 per bed for over 100 beds.

STATE RESIDENTIAL CARE AND ASSISTED LIVING POLICY: 2004

PDF Files Available for This Report

Cover, Table of Contents, and Acknowledgments

<http://aspe.hhs.gov/daltcp/reports/04alcom.pdf>

SECTION 1: Overview of Residential Care and Assisted Living Policy

<http://aspe.hhs.gov/daltcp/reports/04alcom1.pdf>

SECTION 2: Comparison of State Policies <http://aspe.hhs.gov/daltcp/reports/04alcom2.pdf>

SECTION 3: State Summaries <http://aspe.hhs.gov/daltcp/reports/04alcom3.pdf>

Also available: A complete list of sections and tables, with HTML and PDF links to each, is available at <http://aspe.hhs.gov/daltcp/reports/04alcom.htm>. This table of contents also includes links to Section 3 summaries, broken down by state.