



Dear PCH Applicant:

This document and the documents that follow in this Personal Care Home application package are intended to give you basic information about personal care homes and the application process. **READ THESE DOCUMENTS CAREFULLY.**

Please note that the application process has changed. Do not use any other application or form or rely on any information other than the information contained in this application package dated 01/01/2012. Old forms have been revised and new forms added. The old forms are no longer acceptable. In addition, you are now required to pay an application fee as well as an initial licensing activity fee and then an annual licensing activity fee each fiscal year thereafter. Therefore, review this information carefully and review the Licensing Decision Tree ([click here](#)) if you have questions about the different types of residential options/permits available.

In this Application Package you will find the following documents in this order:

1. Dear Applicant Letter
2. PCH Fact Sheet
3. Steps to Successful Application
4. PCH Application
5. Application Checklist
6. Corporation Documents
7. Secure and Verifiable Documents
8. Affidavit of Personal Identification
9. Instructions for Completing the Affidavit of Personal Identification
10. Electrical
11. Water and Septic
12. Administrator and Owner
13. DPP Overview
14. DPP Checklist
15. Policies and Procedures Checklist
16. Memory Care Checklist
17. Rules Compliance Checklist
18. Cogent-GAPS Instructions
19. Mail To
20. PCH Rules and Regulations

The following is a **brief description** of each document:

1. **Dear Applicant Letter** – is intended to give you an overall picture of the licensing process, the inspections and documents required as part of the licensing process, and provide additional valuable information about personal care homes.

2. **PCH Fact Sheet** – provides questions and answers about some of the basic PCH requirements.
3. **Steps for Successful Application (or Steps)** – gives some general licensing information, then describes the steps necessary for an initial application, a change in ownership application, an application to increase the facility's licensed capacity, etc. These steps also advise you of other inspections that must be obtained and submitted as part of your complete application package.
4. **PCH Application** – is a required form. To be completed by the owner/applicant and submitted with the application package.
5. **Application Checklist** – is a required form that lists the documents you must provide for a complete application package. Requires a signature at the bottom of the form.
6. **Corporation Documents** – for information only. Contains a list of documents required as part of the application package *only if* the governing body (owner) of the facility is a corporation, LLC, partnership or non-profit.
7. **Secure and Verifiable Documents Under O.C.G.A. § 50-36-2** – for information only. Provides a list of documents that are verifiable for identification purposes; used in completing the Affidavit of Personal Identification.
8. **O.C.G.A. § 50-36-1(e)(2) Affidavit (or Affidavit of Personal Identification)** – is a required document. The applicant uses the Secure and Verifiable Documents Under O.C.G.A. § 50-36-1(e)(2) (#7 above) to establish his/her identity and uses the Instructions (#9 below) for Completing the Affidavit of Personal Identification.
9. **Instructions for Completing Affidavit Required to Become Licensed** – for information only. Gives step by step instructions on how to complete the Affidavit of Personal Identification.
10. **Electrical Inspection Compliance Form** – is a required form. Part to be completed by the applicant and part to be completed by a Georgia licensed electrician and submitted with the application package.
11. **Water and Septic Tank Report Form** – required only if the facility is not served by city/county water/sewer. Part to be completed by applicant and part to be completed by the county environmentalist from the county in which the personal care home is located. If the facility is served by city/county water/sewer, submit a copy of a previous water bill.
12. **Administrator and Owner** – is a required form. Identifies the administrator and all individuals owning a 10% or more interest in the facility/home.
13. **Disaster Preparedness Plan Overview (or DPP Overview)** – is a required form. The home must disclose how the home will ensure resident safety during a disaster.
14. **DPP Plan Review Form (or DPP Checklist)** – for information only. Gives information about the elements required for the home's disaster preparedness plan.
15. **PCH Policies and Procedures Checklist** – for information only. Gives a list of the required policies and procedures; used to help a facility comply with the Policy and Procedure requirements.
16. **Memory Care Units or Homes Checklist** – for information only. Gives information about the additional requirements for facilities that have a specialized memory care unit or home.
17. **Rules Compliance Checklist** – for information only. Gives a summary of many of the personal care home rule requirements to help the applicant determine whether or not the facility is in compliance with the rules and ready for an initial inspection.
18. **Cogent-GAPS Instructions** – for information only. Provides steps in completing the required fingerprint records check for owners and administrators. **IMPORTANT: Use these instructions rather than the instructions on the Cogent-GAPS website as these**

instructions were developed specifically for personal care homes. Failure to use these instructions may result in having to repeat the fingerprint records check and additional costs.

19. **Mail To** – for information only. Provides the mailing address for the PCH application and gives information that once the application is received, you will be sent an invoice with the required fees. Upon receipt of the fees, your application will be reviewed.
20. **PCH Rules and Regulations** – Chapter 111-8-62, Rules and Regulations for Personal Care Homes, govern all personal care homes. The facility should be familiar with all the regulatory requirements and review the DCH website frequently (at least monthly) to stay informed about regulatory changes.

After you have read all the documents (#1 – #20 above), have met all local requirements and have obtained all the required inspections, complete the required application completely and accurately. Document # 5, the [Application Checklist](#), identifies all the required inspections and documents that make up a complete Application Package. When you have a complete application package, see Document #19, [Mail To](#), for the Department's mailing address.

The Department is responsible for inspecting all homes prior to licensure. You may also be inspected on a periodic basis. All complaints received about the operation of a home are investigated by unannounced visits. **Your signature on the application form is also your consent for survey staff to visit your home at any time to inspect your facility/home and/or investigate complaints as appropriate.** Please note that while most complaints may be investigated during normal business hours, some complaints may require visits on weekends or at night. You are expected to cooperate with all investigations.

After the Department receives your application, you will be sent an invoice for the application fee and initial licensing activity fee. Upon confirmation of receipt of these fees, your application will be reviewed. You will be notified of the outcome of that review.

When your application has been deemed complete, an on-site inspection has been conducted and you are in substantial compliance with all regulatory requirements, you will receive a permit. Receipt of this permit is authorization to begin operation of your personal care home. Please allow adequate time for processing of your application.

If you cease operation of your personal care home or if you move, your permit is not transferable and should be returned to the Department. Again, your permit is not transferable to another individual or a new address. Additionally, if you move and your satisfactory fingerprint clearance is over a year old, you will be required to obtain a new fingerprint record check determination for the administrator and on-site manager.

Interpretive Guidelines have also been developed to explain the purpose or purposes of the rules and provide guidance regarding those things that a licensing surveyor will check to determine whether a rule is met or the ways a surveyor will check compliance with the rules. Interpretive Guidelines can be found at www.dch.georgia.gov. Click on Healthcare Facility Regulation, then Forms and Applications, then Laws and Regulations, then scroll down to Interpretive Guidelines, then click on Personal Care Homes.

*****PERSONAL CARE HOME FACT SHEET*****

1. What is a Personal Care Home?

A Personal Care Home is a single home, building or group of buildings where personal services are provided to two or more adults not related to the owner or administrator by blood or marriage.

2. What are personal services?

Personal services are provided to an individual who needs help with the essential activities of daily living. These essential activities of daily living include assistance with eating, bathing, grooming, dressing, toileting, and supervision of medications.

3. How many residents can I have in my home?

The number of residents you can have in your home (i.e. your licensed capacity) is dependent on several factors. The home must provide a bathroom for every four residents and a tub/shower for every eight residents. The home must provide a living room, a dining area, a kitchen and a bedroom for all residents and any staff and family members who live in the home. The number of residents you can accommodate in each bedroom (up to a maximum of four residents except in Memory Care where the maximum is 2 residents per bedroom) is based on the size of the bedroom (at least 80 square feet of useable floor space per resident). Closet and bathroom space is not included in the square footage requirement. The home must also have a fire inspection, and this inspection can also determine how many residents you can have. Local requirements may also restrict your licensed capacity.

4. Will I be required to keep records?

There are several record keeping requirements. First, you must establish policies and procedures describing how you will operate your home. Second, you are required to maintain a file on every staff person and every resident. The home must also keep and maintain relevant documentation relating to the safe and efficient operation of the personal care home. The required paperwork is indicated in the Rules and Regulations for Personal Care Homes, Chapter 111-8-62.

5. Where do I get residents for my Personal Care Home?

The Personal Care Home Program does not place residents in personal care homes. You are responsible for admissions into the facility.

6. What services are provided by a Personal Care Home?

Each personal care home must provide, room, three meals and snacks daily, activities, and the amount of personal care and supervision needed by each resident. Personal care includes daily awareness of the residents functioning and whereabouts, assistance in the activities of daily living. The home must provide laundry services and must arrange for or provide transportation services. A personal care home cannot provide nursing or other medical services or admit and retain residents who need continuous medical or nursing care.

7. What are the general requirements for a Personal Care Home?

Equipment and Facilities: A personal care home is required to meet safety standards. Handrails are required on all stairs, grab bars in bathrooms. Non-skid surfaces must be used in bathing areas. Water temperatures cannot exceed 120 degrees Fahrenheit.

Owners, Employees and Managers: Owners and all staff persons are checked for previous criminal history. Staff must have basic training in first aid, cardiopulmonary resuscitation, medical and social needs and characteristics of the resident population, evacuation plans, resident rights, and the long-term care resident abuse reporting act; have a physical exam and TB screening; and 16 hours of continuing education yearly. A qualified staff person must be present and able to provide supervision to residents 24 hours per day.

Food Service: Each personal care home must provide three nutritious meals and two nutritious snacks each day to residents. Menus must be posted and maintained for at least 30 days. The home must have a three day supply of non-perishable foods (including water) for emergency needs. The temperature of the refrigerator must be 41 degrees Fahrenheit or below and freezers at 0 degrees Fahrenheit or below. A food service permit must be obtained for facilities serving more than 24 residents.

Health Care: A Personal Care Home may not provide medical or nursing care as a service of the home. Residents needing such care must arrange for these services through other sources. The facility must provide 24 hour supervision of residents and be capable of intervening in an emergency situation.

8. Are there other laws or ordinances that affect a Personal Care Home?

There are a variety of additional laws and regulations for personal care homes, depending on their size and location. Local zoning, fire safety, heating, and electrical standards must be met. If the proposed home is not served by public water and public sewer, the water supply and septic tank systems will need to be evaluated and approved by the county Public Health Department. If the facility serves more than twenty-four residents, the facility must obtain a "Letter of Determination" from the Department of Community Health, Healthcare Facility Regulation Division, Health Planning Unit.

9. Why must I have a permit to operate a Personal Care Home?

Authority to require permits is based on the Official Code of Georgia Annotated, Sections 31-2-4, 31-7-2 and 31-7-12 as well as the Rules and Regulations for Personal Care Homes, Chapter 111-8-62. It is unlawful to operate a personal care home without first obtaining the required permit. Failure to do so can subject the provider to fines of up to \$200 per resident per day.

10. How do I apply for a permit to operate a Personal Care Home?

Read the complete application package. Determine that the facility is in compliance with all the regulatory requirements. Obtain all required inspections. Send your completed application package to: Personal Care Home Program, Healthcare Facility Regulation Division, Georgia Department of Community Health, 2 Peachtree Street, 31st Floor, Atlanta, Georgia 30303-3167. The main phone number is 404-657-4076.

12. Do I have to pay any fees to obtain a license to operate a Personal Care Home?

Yes. To obtain a license to operate a personal care home, you must pay an application fee of \$300.00. The fee is to be paid directly into a lock box and should not be submitted with your application. [Click here](#) for a link to information about licensing fees. In addition to the application fee, you must pay an initial licensing activity fee with your application and pay an annual licensing activity fee each year thereafter. The amount of activity fees is dependent on the size of your facility.

NOTE: If you have questions about how your facility should be licensed, [click here](#) for a link to the Licensing Decision Tree that describes adult residential facilities (such as personal care home, assisted living community, community living arrangement, nursing home) and non-residential programs (such as private home care providers, home health agencies, hospice, etc.).

PCH STEPS FOR SUCCESSFUL APPLICATION

This document contains the steps necessary for submitting the following:

- (I) an initial application;**
- (II) an application for a change in governing body (change in ownership);**
- (III) an application to change the governing body name;**
- (IV) an application to change the facility name;**
- (V) an application for a change in address of the facility (not location);**
- (VI) an application for a change in location of the facility; and**
- (VII) an application for a change in the facility's permitted capacity.**

The steps for each application type can be found after GENERAL INFORMATION below and correspond to the Roman Numerals identified above.

GENERAL INFORMATION:

1. Become familiar with the Rules and Regulations for Personal Care Homes (PCH), Chapter 111-8-62, and all applicable laws and regulations.
2. Review the complete Licensing Application Package.
3. Become familiar with local and state ordinances, where applicable. Examples include fire, zoning, building and health regulations.
 - Obtain a fire safety inspection from the jurisdiction having authority of your proposed facility.
 - Obtain zoning approval from city and/or county authorities; or obtain documentation from the city and/or county that there are no zoning requirements; or provide documentation that proper zoning officials have been notified of your intent to operate a personal care home and the location of the proposed home.
 - Meet additional local requirements, where applicable.
 - If the home is served by well water and a septic tank, you must contact the county public health department to obtain a water test and septic tank approval.
4. Select a site and plan the facility.
5. Review the directions for completing the application form.
6. Complete the "Rules Compliance Checklist" to ensure that you meet the rules and are ready for an initial inspection.
7. Submit the completed application package as described below in I. A through P below.

8. When the Department receives your application an invoice will be sent to you advising you of the amount of fees due. Your application will not be reviewed until all required fees have been paid.
9. A surveyor will contact you to schedule the initial inspection.
10. When you receive your permit, post it in a prominent place in the facility.
11. Begin operation.
12. Follow the steps below for completing an initial application for a new PCH.

I. STEPS FOR COMPLETING AN INITIAL APPLICATION FOR A NEW FACILITY/HOME:

- A. The Application Form
What the Healthcare Facility Regulation Division (HFRD) checks:
 1. Verify the home has a working telephone
 2. Legal documentation of ownership
 - a. If a corporation – include Certificate of Incorporation and Articles of Incorporation for all corporations having an interest in the home
 - b. If a Partnership – include Partnership Agreement
 - c. If a Limited Liability Company (LLC) – include Certificate of Organization and Articles of Organization for all LLCs having an interest in the home
 - d. If a Non-Profit – include documentation of Non-Profit status [501(c)3]
 3. A list of those who owns 10% or more interest in the facility/home or in each corporation, L.L.C., etc. (Administrator & Owner Survey Form)
- B. Proof of City and/or County zoning or applicable zoning documentation
- C. Affidavit of Personal Identification completed by the owner of the home and notarized **NOTE: This document has changed. Only the Affidavit in this application package dated 12/2011 is acceptable.**
- D. Warranty Deed, Bill of Sale, Lease Agreement or other legal document that shows the address of the facility
- E. Fire Safety Inspection
What HFRD checks:
 1. Inspection verifying compliance with NFPA 101 Life Safety Code
 2. No violations on the report
 3. Capacity or occupancy load indicated by the inspector
 4. Report is signed and dated
 5. Original Form (no copies)

NOTE: Personal care homes with 7 or more residents must meet State fire safety regulations. If you have questions regarding the appropriate fire authority, contact the State Fire Marshall's Office at 404-656-2292.

- F. Electrical Inspection (see Inspection Form attached)
What HFRD checks:
1. The inspection is signed and dated 6 months or less from the application date
 2. A statement that the home meets all applicable codes and is free of electrical hazards
 3. The report is free of violations
 4. The State license number of the electrician (HFRD verifies with the Secretary of State's Office)
 5. Original Form (no copies)
- G. Floor Plan of Entire Facility/Home
What HFRD checks:
1. Complete floor sketch showing
 - a. All floors, including basement, garage, etc., with use identified
 - b. Windows, doors and bedroom measurements
 - c. Bed placement for residents, family and staff, labeled accordingly
 - d. Label bathrooms as full bath or half bath
 2. HFRD reviews
 - a. 80 square feet per resident per bedroom
 - b. Number of toilets and bathing facilities
 3. Blue prints are allowed if they provide all required information as noted above and are legible
 4. **If there are multiple buildings on the same property operated by or under control of the applicant, submit a sketch of the grounds with buildings identified by name and/or use.**
- H. Administrator & Owner Survey Form (see form attached)
What HFRD checks:
1. The administrator is indicated (each home must have a separate administrator or on-site manager)
 2. Administrator's Social Security Number and date of birth
 3. Names of all owners owning 10% or more interest in the facility
 4. Owner's address and phone numbers and percent ownership
 5. A satisfactory fingerprint check and criminal record check for the administrator and owner
 6. Form should be signed by an/the owner
- I. Criminal Records (Please refer to the "Fingerprinting Process Using Cogent" instructions on the HRFD website at www.dch.georgia.gov.) Fingerprint results must be completed prior to submitting the application.
1. A fingerprint records check is required for each administrator and/or on-site manager, each owner (owning 10% or more of the facility)
 2. A Live Scan (i.e. fingerprint record check) must be completed at a COGENT/GAPS location

3. All other staffs' criminal records checks should be done through the local police department or COGENT/GAPS
4. If you have had a criminal records check in the past for child care or if you have a criminal records check from employment at another personal care home that is more than one year old, you must obtain a new fingerprint records check determination
5. If you have had a criminal records check in the past as an Administrator or Employee, you must obtain a new fingerprint records check determination as an owner
6. Contact numbers with questions regarding this process should be addressed at these numbers only after reading the instructions

COGENT representative – 1-888-439-2512
 GBI, 404-244-2639 Opt. #2
 OIG, Chris Bennett – 404-656-0464

NOTE: Proof of the completed COGENT / GAPS Live Scan must be submitted with the application package.

- J. Well Water and Septic Tank Inspection/Approval (see form in this package)
1. If your home is serviced by city water and city sewer, submit a copy of a previous month's water/sewer bill or
 2. Submit written approval of the water source, i.e. results of the county public health department's test of well water and
 3. Submit written approval from the county public health department for the sewage disposal system, including the number of persons the system is approved to serve
- K. Develop the required policies and procedures. Be sure not to repeat the rule, but clearly identify the steps you will take to operate your facility

NOTE: POLICIES AND PROCEDURES MUST BE DEVELOPED PRIOR TO HFRD GRANTING A PERMIT AND PRIOR TO THE ONSITE INSPECTION

Refer to the Personal Care Home Policies and Procedures Checklist Form (see form in this package)

Written Policies and Procedures should be on-site (at the home) during the initial inspection. Do not mail the Policies and Procedures in with your application.

- L. Develop the Admission Agreement to be used by the facility (to be on-site)
- M. Develop the Disaster Preparedness Plan to be used by the facility. The written plan should be on-site during the initial inspection. **Submit a copy of your Disaster Preparedness Plan Overview Form with the application package.**
- N. Letter of Determination
 Required for homes with more than 24 beds

Submit a "Letter of Determination" (replaces the Certificate of Need). Go to www.dch.georgia.gov for information under the **CON Applications and Forms – CON Request for Determination Form** link or call 404-656-0409.

- O. Food Service Permit
Required for homes with more than 24 beds
1. If meals are prepared on site you will need a food service permit (contact your county Public Health Department)
 2. If meals are prepared at another location you must submit a copy of the food service permit and the approval to cater meals. Also, submit detailed information to HFRD regarding how the food will be transported and how the proper temperatures will be maintained.
- P. A signed and dated copy of the Personal Care Home Application Checklist that identifies all the documents submitted as part of the application packet. Mark "NA" for any items not applicable to your application. **NOTE: Your signature on the Application Checklist, affirms your understanding that submitting false information in conjunction with this application may result in denial of your application pursuant to O.C.G.A. § 31-2-8(c) (2001).**

NOTE: After we receive your application, you will be notified of the required fees. Upon receipt of the fees, your application will be reviewed. Once the application is approved, an HFRD surveyor will conduct an on-site inspection.

- Q. Initial HFRD inspection
This inspection will be scheduled after A through P (as applicable) have been completed, the required documentation is submitted to HFRD, and the required fees have been paid.

NOTE: Please ensure that items A-P are complete prior to the initial inspection. Any follow-up visit required may delay the issuing of the permit and may cost additional fees.

II. APPLICATION FOR CHANGE IN GOVERNING BODY:

- A. The Application Form
1. Indicate the name of the previous governing body/owner
 2. Indicate the name of the new governing body/owner
 3. Legal documentation of ownership
 - a. If a corporation – include Certificate and Articles of Incorporation for all corporations having an interest in the home
 - b. If a legal partnership – include Partnership Agreement
 - c. If a Limited Liability Company (LLC) – include Certificate of Organization for all LLCs having an interest in the home.
- B. Affidavit of Personal Identification completed by the owner of the home and notarized **NOTE: This document has changed. Only the Affidavit in this application package dated 01/01/2011 is acceptable.**

- C. Warranty Deed, Bill of Sale, Lease Agreement or other legal document that shows the address of the facility
- D. Administrator & Owner Survey Form (see attached)
What HFRD checks:
1. The administrator is indicated (each home must have a separate administrator or on-site manager)
 2. Administrator's Social Security Number and Date of Birth
 3. All owners owning 10% or more interest should be listed
 4. Owner's address and phone numbers and percent ownership
 5. A satisfactory fingerprint check and criminal record check for the administrator and owner
 6. Form should be signed by an/the owner
- E. Criminal Records (Please refer to the "Fingerprinting Process Using Cogent" instructions on the HFR website at www.dch.georgia.gov. Fingerprint results must be completed prior to submitting the application.
1. A fingerprint record check is required for each administrator and/or on-site manager, each owner (owning 10% or more of the facility).
 2. A Live Scan must be completed at a Cogent/GAPS location.
 3. All other staffs' criminal records check should be done through the local police departments using the HFRD criminal records check application or local law enforcement forms.
 4. If you have had a criminal records check in the past for child care or you have had a criminal records check that is more than one year old from employment at another personal care home, you must obtain a new record check determination
 5. If you have had a criminal records check in the past as an Administrator or Employee, you must obtain a new record check determination as an owner.
 6. Contact numbers with questions regarding this process should be addressed at these numbers only after reading the instructions.
- COGENT representative -1-888-439-2512
GBI, 404-244-2639 Opt. #2
OIG, Chris Bennett – 404-656-0464
- NOTE:** Proof of the completed COGENT Live Scan or Live Scan at must be submitted with the Application.
- F. For homes with 25 or more beds, the Department of Community Health, Division of Health Planning must be notified in writing within 45 days after the official change of governing body/owner.
- G. Food Service Permit (the facility must contact the County Public Health Department and request a Food Service Permit in the new governing body/owner's name)
- H. Plan of Correction for any outstanding violations

III. APPLICATION FOR CHANGE IN NAME OF GOVERNING BODY

Submit the Application Form

1. Indicate the previous name of the governing body
2. Indicate the new name of the governing body
3. Submit legal documentation of ownership
4. Administrator & Owner Survey Form

IV. APPLICATION FOR A CHANGE IN THE NAME OF THE FACILITY

Submit the Application Form

1. Indicate the new name
2. Indicate the old name

V. APPLICATION FOR CHANGE IN ADDRESS OF FACILITY (NOT LOCATION)

Submit the Application Form

1. Include the new address
2. Include the old address
3. Submit documentation regarding why the address has changed
4. HFR will verify with the Post Office that the home has not changed location

VI. APPLICATION FOR A CHANGE IN LOCATION OF THE FACILITY

Treat as an application for a new home (I. A through P) Steps for Completing an Initial Application for a New Facility/Home

VII. APPLICATION FOR A CHANGE IN CAPACITY

A. Complete the Application Form as you would for a new facility

1. Include the new capacity
2. Include the old capacity

B. Floor Plan

Submit an updated floor plan showing the changes. For an increase in capacity, show where the additional residents will reside.
Follow instructions as for an initial application

If the request is for an increase in the facility's capacity, also submit the following documents:

C. Proof of City and/or County zoning or applicable zoning documentation

D. Fire Safety Inspection:

1. Indicating compliance with NFPA 101 Life Safety Code

2. No violations on the report
 3. Capacity or occupancy load indicated by the inspector
 4. Report is signed and dated
 5. If you have any questions regarding the appropriate fire authority contact the State Fire Marshall's office at 404-656-2064
- E. Electrical Inspection (see form in this package)
Necessary only if facility has had structural changes since receiving initial permit.
(If necessary follow instructions as for an initial application)
- F. Administrator & Owner Survey Form
Follow directions as for an initial application
- G. Septic Tank Inspection/Approval (see form in this package) or Water Bill
Follow directions as for an Initial Application
- H. Letter of Determination (replaces Certificate of Need)
Required for homes with more than 24 beds at a single location.
Go to www.dch.georgia.gov for information under the **CON Forms and Application** link or call 404-656-0409
- I. Food Service Permit
Required for homes with more than 24 beds (contact your County Public Health Department)
- J. HFRD Inspection
This inspection will be scheduled after A-I (as applicable) have been submitted to HFRD

PERSONAL CARE HOME APPLICATION

Check All That Apply

- | | |
|--|---|
| <input type="radio"/> New Permit
<input type="radio"/> Change Governing Body (ownership)
<input type="radio"/> Change of Governing Body Name
<input type="radio"/> Change of PCH Name | <input type="radio"/> Change of Address (not location)
<input type="radio"/> Change of Capacity
<input type="radio"/> Other _____ |
|--|---|

1. Name of Home	(Area Code) Telephone
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2. Home Address	Street	City	County	Zip
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3. Governing Body	(Area Code) Telephone
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4. Home Address	Street	City	County	Zip
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5. Type of Ownership	<input type="radio"/> Individual	<input type="radio"/> Corporation	<input type="radio"/> Non-Profit	<input type="radio"/> Partnership
	<input type="radio"/> Church	<input type="radio"/> Government	<input type="radio"/> Other	

6. Registered Agent for Service (for Corporation)

7. Attach the Administrator & Owner Survey Form with the names, addresses, and telephone numbers of individuals or organizations having a 10% or more ownership interest in the facility.

8. Indicate if you have previously owned and operated a Personal Care Home or Community Living Arrangement No Yes
 IF YES, please indicate in space #14 where you previously operated a home.

9. Requested Capacity (specific # of residents)	10. Facility or Governing Body E-mail Address
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11. Change in Capacity From _____ To _____	12. Previous Governing Body
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13. Previous PCH Name	14. Previous PCH Address
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15. The above information is true and correct to the best of my knowledge. I understand that submitting false information may result in denial of my application pursuant to O. C. G. A. § 31-2-8(c) (2011).

Print Name of Owner _____ Date _____

Signature of Owner _____

Personal Care Home Application Checklist

For an **initial permit** to operate a personal care home, please **submit this signed and dated form** with the following information:

- ___ 1. Application – completed and signed by the **Owner**
If a corporation – include Certificate of Incorporation and Articles of Incorporation for **ALL** corporations having an interest in the personal care home
If partnership – include Partnership Agreement
If Limited Liability Company (LLC) – include Certificate of Organization and Articles of Organization for **ALL** LLCs with an interest in the personal care home
If a non-profit – include documentation of non-profit status [501(c) 3]
If Individual – include statement of all owners and percentage of ownership
- ___ 2. Documentation of County / City Zoning Approval or applicable documents
- ___ 3. An original completed Affidavit of Personal Identification (**NOTE: The Affidavit has changed. Only the Affidavit in this licensure package is acceptable.**)
- ___ 4. A copy of Proof of Ownership for the property or a copy of the Lease Agreement
- ___ 5. Fire Safety Inspection Report with no violations or hazards identified from the appropriate fire safety authority showing capacity load (**ORIGINAL MUST BE SUBMITTED – Please keep a copy for your records**)
- ___ 6. Electrical Service Inspection Report with no violations or hazards identified from a Georgia licensed electrician and including the electrician's State license number (**ORIGINAL MUST BE SUBMITTED – Please keep a copy for your records**)
- ___ 7. Floor Sketch (including labeling of the rooms, room measurements, location of all doors, windows and bed placement for residents, family and staff)
- ___ 8. Administrator & Owner Survey Form signed and dated by the owner
- ___ 9. Completed fingerprinting through Cogent/GAPS for the administrators, managers, and owners
- ___ 10. Food Service Permit (for PCHs with 25 or more residents) from the county Public Health Department
- ___ 11. A Letter of Determination approved by the Department of Community Health (DCH) (for PCHs with 25 or more beds at a single location). For more information, visit the DCH website at <http://www.dch.georgia.gov/>. Look under the CON Forms and Applications link or call 404-656-0409
- ___ 12. Written approval for water source and sewage disposal system
- ___ 13. Completed Disaster Preparedness Plan Overview

By my signature below, I (print name) _____ affirm that I have read and understand the Rules and Regulations for Personal Care Homes; I have developed the required policies and procedures, disaster preparedness plan, and admission agreement; and I am prepared for an on-site inspection. I affirm that the information provided is true and accurate. I understand that submitting false information may result in the denial of my application pursuant to O.C.G.A. § 31-2-8(c) (2011).

Signature

Date

NOTE: After we receive your application, you will be notified of the required fees. Upon receipt of the fees, your application will be reviewed. Once the application is approved, an HFRD surveyor will conduct an on-site inspection.

**CORPORATION DOCUMENTS TO BE SUBMITTED FOR ALL
CORPORATIONS HAVING AN INTEREST IN THE FACILITY**

CORPORATIONS:

Certificate of Incorporation
Articles of Incorporation

LIMITED LIABILITY COMPANY

Certificate of Organization
Articles of Organization

LEGAL PARTNERSHIP

Partnership Agreement

NON-PROFIT

Documentation of Non-Profit Status [501(c)3]

NOTE: Also submit names, addresses and telephone numbers of ALL persons having a 10% or more interest in the facility on the Administrator & Owner Survey Form.

Secure and Verifiable Documents Under O.C.G.A. § 50-36-2
Issued August 1, 2011 by the Office of the Attorney General, Georgia

The Illegal Immigration Reform and Enforcement Act of 2011 (“IIREA”) provides that “[n]ot later than August 1, 2011, the Attorney General shall provide and make public on the Department of Law’s website a list of acceptable secure and verifiable documents. The list shall be reviewed and updated annually by the Attorney General.” O.C.G.A. § 50-36-2(f). The Attorney General may modify this list on a more frequent basis, if necessary.

The following list of secure and verifiable documents, published under the authority of O.C.G. A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this may not necessarily be indicative of residency or immigration status.

- A United States passport or passport card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A United States military identification card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A driver’s license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be found at:
<http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory/ind/ex.htm> [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

- A United States Permanent Resident Card or Alien Registration Receipt Card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An Employment Authorization Document that contains a photograph of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A passport issued by a foreign government [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A Free and Secure Trade (FAST) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- A NEXUS card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- A Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- A driver's license issued by a Canadian government authority [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-550 or Form N-570) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- In addition to the documents listed herein, if, in administering a public benefit or program, an agency is required by federal law to accept a document or other form of identification for proof of or documentation of identity, that document or other form of identification will be deemed a secure and verifiable document solely for that particular program or administration of that particular public benefit. [O.C.G.A. § 50-36-2(c)]

O.C.G.A. § 50-36-1(e)(2) Affidavit

By executing this affidavit under oath, as an applicant for a **license, permit or registration**, as referenced in O.C.G.A. § 50-36-1, from the **Department of Community Health, State of Georgia**, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

- 1) _____ I am a United States citizen.
- 2) _____ I am a legal permanent resident of the United States.
- 3) _____ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

My alien number issued by the Department of Homeland Security or other federal immigration agency is: _____.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as: _____.

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in _____ (city), _____ (state).

Signature of Applicant

Printed Name of Applicant

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE
____ DAY OF _____, 20____

NOTARY PUBLIC
My Commission Expires:

INSTRUCTIONS FOR COMPLETING AFFIDAVIT REQUIRED TO BECOME LICENSED

In order to obtain a license from the Department of Community Health to operate your business, Georgia law requires every applicant to complete an affidavit (sworn written statement) before a Notary Public that establishes that you are lawfully present in the United States of America. This affidavit is a material part of your application and must be completed truthfully. Your application for licensure may be denied or your license may be revoked by the Department if it determines that you have made a material misstatement of fact in connection with your application to become licensed. If a corporation will be serving as the governing body of the licensed business, the individual who signs the application on behalf of the corporation is required to complete the affidavit. Please follow the instructions listed below.

1. Review the list of Secure and Verifiable Documents under O.C.G.A. §50-36-2 which follows these instructions. This list contains a number of identification sources to choose from that are considered secure and verifiable that you can use to establish your identity, such as a U.S. driver's license or a U.S. passport. Locate one original document on the list to bring to the Notary Public to establish your identity.
2. Print out the affidavit. (If you do not have access to a printer, you can go to your local library or an office supply store to print out the document for a small fee.)
3. Fill in the blanks on the Affidavit above the signature line only—**BUT DO NOT SIGN THE AFFIDAVIT at this time.** (You will sign the affidavit in front of the Notary Public.) Fill in the name of the secure and verifiable document (for example, Georgia driver's license, U.S. passport) that you will be presenting to the Notary Public as proof of your identity. **CAUTION: Put your initials in front of only ONE of the choices listed on the affidavit and described here below:**
 - Option 1) is to be initialed by you if you are a United States citizen; or
 - Option 2) is to be initialed by you if you are a legal permanent resident of the United States. You are not a U.S. citizen but you have a green card; or
 - Option 3) is to be initialed by you if you are a qualified alien or non-immigrant (but not a U.S. citizen or a legal permanent resident) with an alien number issued by the Department of Homeland Security or other federal immigration agency. Fill in the alien number, as well.
4. Find a Notary Public in your area. Check the yellow pages, the internet or with a local business, such as a bank.
5. Bring your affidavit and the identification you selected (from the list of Secure and Verifiable Documents) to appear before the Notary Public.

6. Show the Notary Public your secure and verifiable identification (anything on List that follows these instructions) and state under oath in the presence of the Notary Public that you are who you say you are and that you are in the United States lawfully. Then sign your name.
7. Make certain that the Notary Public signs and dates the affidavit and puts when the notary commission expires.
8. Make a copy of the affidavit and the identification that you presented to the Notary Public for your own records.
9. Attach the **ORIGINAL SIGNED AFFIDAVIT** and a copy of the identification you presented to your application for licensure. **DO NOT SEND US YOUR AFFIDAVIT SEPARATELY. IT MUST BE INCLUDED IN THE COMPLETE APPLICATION PACKET WHICH YOU MAIL TO US.**

ELECTRICAL INSPECTION COMPLIANCE FORM

NAME of HOME: _____

ADDRESS: _____

OWNER: _____

OWNER'S CURRENT ADDRESS: _____

OWNER'S PHONE #: _____

TO BE COMPLETED BY THE ELECTRICIAN

NOTE TO ELECTRICIAN: Do NOT complete this form unless all information is listed above regarding the location to be inspected.

I, _____ have inspected the electrical system at the above listed home and have determined that the electrical system is maintained in a safe condition and is free of hazards.

Signature: _____

Printed Name: _____

Date of Inspection: _____

Georgia State License #: _____

Phone #: _____

Water and Septic Tank Report Form

Water and sewage systems must meet applicable federal, state and local standards or regulations. This report form should be completed by the County Environmentalist from the County Public Health Department in which the residence is located. The form should be included in your application package submitted to HFRD.



To be completed by applicant:

Home Name: _____

Address: _____ City: _____

County: _____ Telephone: _____



To be completed by the County Environmentalist:

WATER (check only one):

_____ The home's water supply is from an approved source.

_____ The home's well has been tested and the report is attached.

SEWAGE (check only one):

_____ The home is connected to a public or community sewage disposal system.

_____ The home is served by an on-site sewage system adequate for the proposed use for _____ residents.

Maximum Number of Residents

County Environmentalist: _____
Print Name Title

Signature: _____ Date: _____

ADMINISTRATOR & OWNER SURVEY FORM

Name of Facility: _____ County: _____

Mailing Address: _____ City: _____ Zip: _____

NAME OF ADMINISTRATOR	DATE OF BIRTH	SOCIAL SECURITY #	ALSO OWNER? Yes / No
NAME OF OWNER(S)	ADDRESS	TELEPHONE NUMBER	PERCENTAGE OWNERSHIP

Owner's Signature: _____ Date: _____

Disaster Preparedness Plan Overview

Facility Name: _____ Address: _____
 City: _____ County: _____ Phone: _____
 Facility email address: _____ Fax: _____
 Licensed Capacity: _____ Number of Residents: _____
 Owner: _____ Emergency Contact #: _____
 Admin/Manager: _____ Emergency Contact #: _____
 Emergency Generator: _____ Yes _____ No Emergency Food Supply: _____ days
 Emergency Water Supply: _____ days Source: _____

Evacuation Plan

Transfer Destination(s) – Complete all information for each location, if more than one: Include type of facility (i.e. PCH, NH, Hospital, etc.)/name of facility/city/contact person/telephone# of location(s):

Type of Facility	Name of Facility	City	Contact Person	Phone Numbers

Current, signed transfer agreement: _____ Yes _____ No If yes, please attach a copy for each facility.

Mode(s) of transportation – Complete all information for each mode of transportation to be used: [Modes of transportation include emergency vehicles (i.e. ambulances) (EV), non-emergency vehicles (NEV), private vehicles (PV) or other (please specify type).] Also include the estimated number of residents to be transported by mode, name of transportation company or agency, city, contact person and telephone number.

Mode of Trans	Est # of Res	Name of Company/Agency	City	Contact Person	Phone Numbers

Current, signed transportation agreement: _____ Yes _____ No. If yes, please attach a copy.

Estimated travel time to receiving facility: _____

Will staff provide care and supervision at receiving facility? _____

Are provisions made for snacks, food, beverages, medications and assistive devices that may be needed during transfer for each resident? _____

Signature and title of person completing form

Date

DISASTER PREPAREDNESS PLAN REVIEW FORM

Facility: _____ **County:** _____

1. Is the plan approved by person/persons legally responsible for facility's operation? Yes ___ No ___
2. Does the plan designate who has primary responsibility for rehearsals and implementation of plan? Yes ___ No ___
3. Does the plan stipulate that any subsequent change be forwarded to the Department for approval? Yes ___ No ___
4. Does the plan identify emergency situations to be addressed? And for each emergency situation does the plan identify how the emergency procedures are to be carried out?

Emergencies Identified

Procedures Identified

- | | | |
|-------------------------------------|----------------|----------------|
| A. Fire | Yes ___ No ___ | Yes ___ No ___ |
| B. Explosion | Yes ___ No ___ | Yes ___ No ___ |
| C. Bomb scare | Yes ___ No ___ | Yes ___ No ___ |
| D. Missing resident | Yes ___ No ___ | Yes ___ No ___ |
| E. An interruption of each utility: | | |
| 1. Electricity | Yes ___ No ___ | Yes ___ No ___ |
| 2. Gas | Yes ___ No ___ | Yes ___ No ___ |
| 3. Other fuel | Yes ___ No ___ | Yes ___ No ___ |
| 4. Water | Yes ___ No ___ | Yes ___ No ___ |
| F. Loss of: | | |
| 1. Air conditioning | Yes ___ No ___ | Yes ___ No ___ |
| 2. Heat | Yes ___ No ___ | Yes ___ No ___ |
| G. Floods | Yes ___ No ___ | Yes ___ No ___ |
| H. Severe weather | Yes ___ No ___ | Yes ___ No ___ |
| I. Damage to facility | Yes ___ No ___ | Yes ___ No ___ |

5. Does the plan contain written procedures which address:
 - A. Assigning responsibility to staff members Yes ___ No ___
 - B. Care of residents Yes ___ No ___
 - C. Notification of attending physician and responsible party Yes ___ No ___
 - D. Arrangement for transportation and hospitalization Yes ___ No ___
 - E. Availability of appropriate records Yes ___ No ___
 - F. Alternative living arrangements Yes ___ No ___
 - G. Emergency energy sources Yes ___ No ___
6. Does the plan outline:
 - A. Frequency of rehearsals Yes ___ No ___
 - B. Procedures to follow during rehearsals, including checking the reliability Of individuals or agencies or services listed as resources in the plan Yes ___ No ___
7. If plan is contingent on services/resources of other agencies/facilities/institutions, a written agreement with each agency/facility/institution is attached to plan. Yes ___ No ___
8. Does the plan state that the Department will be notified within 24 hours if an emergency situation occurs which dictates implementation of the plan and results in injury or loss of life? Yes ___ No ___
9. Does plan stipulate that a written incident report and critique of performance will be done when the plan is implemented? Yes ___ No ___

PCH POLICIES AND PROCEDURES CHECKLIST

	YES	NO	COMMENTS
1. How the home handles acts committed by staff or residents which are inconsistent with policies of the home [see Rule .09(1)]			
2. What personal services the home intends to provide [see Rule .18(1)]			Required elements include emergency and non-emergency transportation.
3. How the home trains staff [see Rule .10(2) and (4)]			Include training required in first 60 days of employment, 16 hours inservice yearly and current certifications.
4. How the home handles admissions [see Rule .16 & .17]			Include interview, assessment, receipt and review of PE, assessment after admission, etc.
5. How the home ensures that it does not admit or retain residents who need more care than the home can provide [see Rule .16(2)]			
6. How the home handles refunds when a resident is transferred, discharged, or dies [see Rule .17(1)(f) & .28(2)]			Ensure each situation is addressed – facility gives notice, resident gives notice, resident does not give notice, emergency discharge, resident dies.
7. House rules are posted and address the following: [see Rule .17(1)(h)]			
a. Use of tobacco			
b. Use of alcohol			
c. Use of telephone			
d. Visiting hours			Ensure visiting hours are acceptable, e.g. 8 am to 8 pm
e. Volume of television, radio, and other audiovisual equipment			
f. Use of personal property			

<p>8. How the home provides Memory Care Services, i.e. serves residents at risk of eloping</p> <p>a. Procedures identify actions facility will take to deal with residents who are at risk of eloping</p> <p>b. Procedures include facility safety devices and how they are to be used</p> <p>c. Procedures include maintaining pictures of residents; how and when pictures will be updated and used</p> <p>[see Rule.19]</p>			<p>Requirement is applicable for all facilities that serve residents with cognitive deficits that place the residents at risk of eloping. Note: Use Memory Care Checklist when applicable.</p> <p>List safety devices:</p>
<p>9. How the home guarantees the rights of residents. Including investigating and reporting abuse, neglect and exploitation</p> <p>[see Rule .26]</p>			<p>Include informing families, residents and staff of rights; training; procedure for accepting and investigating complaints, ensuring against retaliation for attempts to enforce rights, etc.; procedures for identification of abuse, prevention, investigation, reporting, protection of residents; training and screening. See interview form.</p>
<p>10. How the home supervises medications, including protocols for insulin and epinephrine</p> <p>[see Rule .21]</p>			<p>Ensure procedures address supervision and assistance; supervision of residents who manage their own medications; parameters for PRN medications, insulin, blood-glucose monitoring, blood pressure medication, etc.; OTC medications; physicians orders; storage of medications; refilling medications; discontinued medications, medications left when resident leaves facility, etc.</p>
<p>11. How the home handles, investigates, and reports accidents, injuries, and changes in a resident's condition, including death</p> <p>[see Rule .18, .27 & .28]</p>			<p>Procedures must address the specific circumstances under which CPR is to be initiated.</p>
<p>a. Changes in a resident's condition</p> <ol style="list-style-type: none"> 1) Obtain needed care (Including <u>specific</u> procedures for CPR) 2) Notify family 3) Investigate cause of incident/accident 4) Maintain incident reports with copy in resident file and central file <p>[see Rule .27 & .18]</p>			

<p>b. Death of a resident</p> <ol style="list-style-type: none"> 1) Notify family/guardian 2) Refund of security deposit (if any) <p>[see Rule.28]</p>			
<p>12. How the home handles discharges and immediate transfers</p> <p>[see Rule .29 &.30]</p> <p>a. Immediate transfer of residents</p> <ol style="list-style-type: none"> 1) Under what conditions 2) Notify resident and representative of need to transfer 3) Make arrangement for transfer per admission agreement 4) Inquire as to preference of resident and resident representative for a receiving facility 5) Inform representative of resident's choice and location of receiving facility. 			
<p>b. Discharge/transfers</p> <ol style="list-style-type: none"> 1) 30 day written notice given to resident and representative 2) Transfer of record (if requested) 3) How/when money is to be refunded 			

CHECKLIST FOR
MEMORY CARE UNITS OR HOMES

	YES	NO	COMMENTS
<p>.20(1) A. Written Description contains the following:</p> <ol style="list-style-type: none"> 1. Statement of philosophy and mission 2. Description of differences in services provided in the Memory Care Unit or Home 3. Staffing to include <ol style="list-style-type: none"> i. job titles ii. staff training iii. continuing education requirements 4. Admission procedures including screening criteria 5. Assessment and service planning protocol <ol style="list-style-type: none"> i. criteria that triggers a reassessment ii. quarterly reviews 6. Staffing patterns <ol style="list-style-type: none"> i. ratio of direct care staff to residents ii. description of the differences 7. Physical environment including safety features 8. Activities including frequency and type, how the activities meet residents' needs and the differences in other activities 9. Fees and fee structure 10. Discharge criteria and procedures 11. Emergency procedures 12. Family involvement and family support programs 			
<p>B. Description is disclosed to</p> <ol style="list-style-type: none"> 1. Persons upon request 2. Resident's family or representative prior to admission to the Unit 			
<p>C. Physical Design, Environment and Safety include the following:</p> <ol style="list-style-type: none"> 1. Appropriately furnished multipurpose rooms 2. Secured outdoor spaces and walkways that are wheel chair accessible 3. High visual contrasts indoors except for exits 4. Adequate lighting 			

<ul style="list-style-type: none"> 5. One or two persons per bedroom and free movement from the bedroom to facility common space 6. Individually identified entrances to residents' rooms 7. An automated device or system to alert staff to unauthorized exits 8. Communication system for emergencies 9. Complies with "Guidelines for Design and Construction of Healthcare Facilities" for facilities renovated or constructed after 12/9/09 			
<p>D. The following Staffing is required:</p> <ul style="list-style-type: none"> 1. Sufficient specially trained staff to meet resident needs 2. A licensed RN or LPN <i>if</i> the facility administers medications 3. At least one awake staff member at all times 4. Staff who have completed an Orientation Program that consists of the following <ul style="list-style-type: none"> i. the facility's philosophy ii. the facility's policies and procedures iii. common behavior problems characteristic of residents with dementia and recommended behavior management techniques 			
<p>E. Initial Staff Training shall be completed within the first 6 months of employment and shall include</p> <ul style="list-style-type: none"> 1. The nature of Alzheimer's Disease and other dementias 2. Common behavior problems and recommended behavior management techniques 3. Communication skills 4. Positive therapeutic interventions and activities 5. The role of the family and support needed by families 6. Environmental modifications 7. Individual service plans including requirements for updates, treatment goals and outcomes 8. New developments in diagnosis and therapy 9. Skills for recognizing physical or cognitive changes that warrant seeking medical attention 10. Skills for maintaining resident safety 			
<p>F. Admission Requirements shall include:</p> <ul style="list-style-type: none"> 1. A physician's report of physical examination completed within 30 days prior to admission <u>on HFR forms</u> 			

<ol style="list-style-type: none"> 2. Physical exam reflects a diagnosis or probable diagnosis of Alzheimer’s Disease or other dementia – unless resident is a companion of a resident with dementia 3. Physical exam reflects that 24 hour skilled nursing care is not required 			
<p>G. Post-Admission Assessment contains the following:</p> <ol style="list-style-type: none"> 1. Residents’ family supports 2. Level of activities of daily living 3. Physical care needs 4. Behavior impairment(s) 			
<p>H. Individual Service Plans shall be developed after the post-admission assessment, within 14 days of admission, and shall contain the following:</p> <ol style="list-style-type: none"> 1. A description of the resident’s care and social needs 2. Frequency of services to be provided 3. Resident’s preferences 4. Specific behaviors to be addressed and interventions to be used 5. Identification of staff with primary responsibility for implementing the service plan 6. Evidence of family involvement in the plan 7. Evidence of at least quarterly updates or when the resident’s needs change substantially 			
<p>I. Therapeutic Activities shall be provided daily to meet the individual needs of the residents.</p> <ol style="list-style-type: none"> 1. There is evidence that activities have been adapted to encourage participation of residents 2. The following activities must occur at least weekly <ol style="list-style-type: none"> i. gross motor activities ii. self care activities iii. social activities iv. crafts v. sensory enhancement activities vi. outdoor activities 			
<p>.20(2) If the facility holds itself out as providing specialized care for residents with dementia, it meets the requirements of .20(1).</p>			

Personal Care Home

RULES COMPLIANCE CHECKLIST

This list is enclosed to assist you in evaluating your home in terms of the Rules and Regulations for Personal Care Homes, Chapter 111-8-62. **It is NOT an all-inclusive list** but covers many areas in the rules. This is **not intended to be part of your application package** but to help you ensure that the facility meets the rules necessary to obtain a permit and is prepared for the initial inspection by the Healthcare Facility Regulation Division (HRFD) staff. **A copy of the Rules and Regulation follow this form.**

Y N

1. I understand that as the Governing Body, I am responsible for making sure the home is in compliance with all the rules and regulations at all times.
2. I have developed all required policies and procedures. All policies and procedures are appropriate to the size of the home and the resident population. Minimum policies and procedures include, but may not be limited to, the following:
 - a. How the home handles acts committed by staff or residents that are inconsistent with policies of the home.
 - b. What personal services the home intends to provide.
 - c. How the home will ensure that all staff receive work-related training within the first 60 days of employment and 16 hours of inservice each year.
 - d. How the home handles admissions.
 - e. How the home ensures that it does not admit and retain residents who need care that the home cannot provide.
 - f. How the home handles refunds when a resident is transferred or discharged.
 - g. House rules which at a minimum include policies on the use of tobacco and alcohol; the time and frequency of use of the telephone; visiting hours; volume for viewing and listening to television, radio and other audiovisual equipment; and the use of personal property.
 - h. How the home guarantees the rights of all residents.
 - i. How the home handles supervision of self-administered medications.
 - j. How the home handles, investigates and reports accidents, injuries and changes in a resident's condition, including death and **including specific procedures on how/when CPR will be initiated.**
 - k. How the home handles discharges and immediate transfers of residents.
3. The home has developed a written disaster preparedness plan.
4. The home has a non-pay working telephone that is accessible at all times for emergency use by staff.
5. The home meets the following physical plant requirements:
 - a. The home is structurally sound and safe for occupancy, uncluttered, orderly, clean, and presents no hazard or risk to residents.
 - b. Windows and doors used for ventilation have screens that are in good repair.
 - c. The home has installed supportive devices such as handrails and grab bars as needed.
 - d. The home has laundering facilities on the premises.

- e. Floor coverings do not present a tripping hazard.
 - f. Furnishings are kept clean and in safe, usable condition.
 - g. All areas are well lighted and the home provides all light bulbs.
 - h. The home has an adequate heating/cooling system to ensure that temperatures are maintained at 70-80 degrees Fahrenheit year round.
 - i. The home and grounds are kept clean and free of rodents, flies, vermin, nuisances, hazards, refuse and litter.
 - j. The home has a working doorbell or door knocker.
 - k. The house number or name is easily visible from the street.
6. The home meets the following requirements for the living and dining area(s):
- a. There is at least one centrally located living room for the free access and informal use of the residents.
 - b. The living room(s) is large enough to accommodate residents without crowding.
 - c. The home has an area for use by residents and visitors that affords privacy.
 - d. At least one current calendar and working clock is located in a common living area of the home.
 - e. There is a comfortable dining area adequate in size for the number of residents.
7. The home has a means of providing locked storage for any residents' valuables or personal belongings when requested.
8. All bedrooms meet the following requirements:
- a. Sleeping areas adjoin living areas of the home.
 - b. Bedrooms provide at least 80 square feet of usable floor space per resident.
 - c. Bedrooms have at least one-half of the room height above ground level.
 - d. There are no more than four residents per bedroom (two in memory care).
 - e. Bedrooms have at least one window opening easily to the outside.
 - f. Bedrooms are well ventilated and maintained at a comfortable temperature.
 - g. Family members, staff and residents each have their own separate designated bedrooms.
 - h. Duplicate keys are available to the resident and staff for any residents in single-occupancy bedrooms.
9. Bathrooms meet the following requirements:
- a. At least one functional toilet and lavatory is provided for each four residents.
 - b. At least one functional bathing or showering facility is provided for each eight residents.
 - c. Additional toilets and/or lavatories are available for any family members, staff or others.
 - d. Each bathroom has either forced ventilation to the outside or a window that opens easily.
 - e. Bathrooms are functional, clean, and sanitized daily.
10. Each resident bedroom has the following:
- a. An adequate closet or wardrobe,
 - b. Sufficient light for reading,
 - c. A bureau or dresser,
 - d. At least one chair with arms per resident,
 - e. A mirror appropriate for grooming,
 - f. An individual bed with comfortable springs and mattress,

- g. Bedding for each resident.
11. The home has a provision to allow residents to personalize their bedrooms with the use of their own furniture, pictures, etc.
 12. The home meets the following safety requirements:
 - a. At least one charged 10 lb. multipurpose ABC fire extinguisher is available on each floor and in the basement.
 - b. The home has sufficient smoke detectors that are hard wired to the home's electrical system and have a battery back-up.
 - c. The home does not have exterior doors that require the use of a key to exit from the inside.
 - d. Poisons, caustics and other dangerous materials are properly stored and safeguarded.
 - e. Hot water temperatures do not exceed 100 degrees Fahrenheit at the point of use by residents.
 13. Trash is removed at least daily from the kitchen and at least weekly from the premises.
 14. I have documentation available to show that pets have current inoculations.
 15. First aid materials are available for use.
 16. Liquid soap is provided at each sink and toilet tissue at each commode.
 17. Activities are provided to promote the physical, mental and social well-being of each resident.
 18. I understand that I cannot restrict a resident's access to the common areas of the home or lock the resident into or out of the resident's bedroom.
 19. I will ensure that sufficient staff is available at all times to evacuate the residents in case of an emergency and to provide assistance with activities of daily living as needed.
 - a. At a minimum, one staff per fifteen residents is available from 7 a.m. to 8 p.m.
 - b. At a minimum, one staff per twenty-five residents is available from 8 p.m. to 7 a.m.
 20. I have a monthly work schedule for all employees, including relief workers. The schedule shows adequate coverage for the resident population.
 21. The administrator, on-site manager and all responsible staff persons are at least 21 years of age.
 22. Staff has been assigned duties consistent with their position, training and experience.
 23. At least one staff person having completed the minimum training requirements is in the home at all times.
 24. A personnel file is maintained in the home for each employee and contains the following:

- a. Evidence of a satisfactory fingerprint record check determination from the Department for administrators, on-site managers, and owners.
 - b. Evidence of a satisfactory criminal records check determination from the Department for all staff.
 - c. Physician's report and evidence of TB screening.
 - d. Evidence of current certification in CPR and first aid and evidence of training in emergency evacuation procedures, medical and social needs and characteristics of the resident population, residents' rights, and the long term care abuse reporting act.
 - e. Evidence of 16 hours of continuing education yearly.
 - f. Employment history.
25. A written admission agreement has been developed which contains the following:
- a. A current statement of all fees and charges and services to be provided.
 - b. A provision for 60 days written notice prior to changes in services or charges.
 - c. Provisions for the continuous assessment of residents' needs and referral for appropriate services if required.
 - d. Provision for transportation, including emergency transportation.
 - e. The home's refund policy.
 - f. A statement related to the performance of services for the home.
 - g. House rules.
 - h. Designation of responsibility for initial acquisition and refilling of medications.
26. Resident files will be maintained for three years after the resident's discharge and contain the following information at a minimum:
- a. Identifying information.
 - b. Next of kin, legal guardian, representative payee, etc.
 - c. Persons or agencies providing additional services.
 - d. Date of admission, prior residence, referral source, etc.
 - e. Date of discharge, where discharged to, phone number.
 - f. Physician and pharmacy name, address, phone number.
 - g. Record of all monetary transactions.
 - h. Record of all monies and valuables entrusted to the home for safekeeping.
 - i. Health information including physical exam and TB screening.
 - j. Personal items inventory.
 - k. Signed copy of residents rights form.
 - l. Signed copy of the admission agreement.
 - m. Copies of any power of attorney or document issued by a court or Social Security Administration.
 - n. Copy of the resident's advance directive for health care.
 - o. Documentation of or waiver of personal need allowance.
 - p. Physician's statement related to staff trained to administer insulin.
 - q. Copies of all incident reports.
27. I understand residents' rights and acknowledge that these rights cannot be waived.
28. The home stores medications under lock and key.
29. I keep a record to document assistance with medications as provided by staff.

30. The home meets the following requirements for nutrition and food service:
 - a. I provide three nutritious meals and two nutritious snacks each day.
 - b. The temperature of each refrigerator is 41 degrees Fahrenheit or below.
 - c. The temperature of each freezer is 0 degrees Fahrenheit or below.
 - d. Menus that have been developed are nutritionally adequate and are maintained for 30 days.
 - e. I have a three day supply of non-perishable foods (including water) for emergency needs.

31. I keep incident reports in a central file as well as each resident's file.

32. I have posted the following items in my facility:
 - a. Evacuation Plan on each floor.
 - b. Copy of House Rules.
 - c. Menu 24 hours prior to serving of the meal.
 - d. Most recent inspection report.
 - e. Permit to operate a Personal Care Home issued by HFRD.
 - f. Ombudsman Poster (NOTE: You will receive this poster when you receive your permit.)

33. The home has met the following requirements for inspections:
 - a. The home has been inspected by the appropriate fire department and has no outstanding fire safety violations that present a risk to residents.
 - b. A Georgia licensed electrician has inspected the home within six months of the application date and found no electrical hazards.
 - c. Water supply and sewage disposal systems that are not part of an approved county or city system have been approved by the county public health department.

34. The home has met all local requirements. Local requirements vary and may include the following: business license, zoning approval, etc.

35. I understand that I and all staff must report suspected abuse, neglect or exploitation to the Health Care Facility Regulation Division in accordance with the Long-Term Care Resident Abuse Reporting Act.

36. I understand that as a licensed facility, my home will be subject to unannounced inspection visits and that I will cooperate with any investigation.

37. FOR FACILITIES WITH MORE THAN 24 RESIDENTS:
 - a. A Letter of Determination has been approved by the Department of Community Health, Healthcare Facility Regulation Division, Health Planning Unit.
 - b. A food service permit has been obtained from the county public health department.

Fingerprinting Process Using COGENT/GAPS

Personal Care Homes, Private Home Care and Community Living Arrangements

You must have an e-mail account to complete this process. You may obtain a free e-mail account at many Web sites, such as www.yahoo.com or www.hotmail.com.

A. Step 1 - Complete the GCIC Service Agreement

1. Go to www.ga.cogentid.com
2. Under the “Agency Use (secure)” tab, click on “How to Enroll Your Agency or Business”
3. At “Step 1 Complete the GCIC Service Agreement,” click on form to be downloaded and **print** the “Georgia Crime Information Center Service Agreement” (three pages)
4. Complete the **last** page of the **GCIC Service Agreement**
5. Once the form has been completed, make a copy for your records and mail the original form to the address at the bottom of the page. In seven to 10 days you’ll receive the form back, completed by GCIC with your **OAC** number on the “Agency ORI or OAC #” line. If you do not receive an OAC number within 10 business days, send an e-mail to GAApplicant@gbi.ga.gov and include your business name, address and contact information. **Once you receive the OAC number, proceed to Step 2.**

If your business already has an **OAC** number and you have included it on the GCIC Service Agreement, you may **proceed to Step 2.**

Agency Name:
Print the name of your business, i.e. *ABC Personal Care Home*

Agency Address:
Print the business address or mailing address if different from the business address

Agency Phone Number:
Print the most accessible phone number

Agency ORI or OAC #:
Circle **OAC #** and leave line blank

NOTE: If you already have an **OAC #** (OAC numbers begin with GAP), print your OAC on this line.

Agency Head:
Print name/title of Owner/CEO/President of business

Georgia Crime Information Center (GCIC)
Service Agreement
Criminal History Record Checks by Employers and Licensing Authorities

Agency Name _____

Agency Address _____

City/State/Zip Code _____

Agency Mailing Address _____

City/State/Zip Code _____

Agency Phone Number _____

Agency Email Address _____

Agency ORI or OAC#
(As assigned by FBI or GCIC) _____

NOTE: If your agency/business does not have an ORI or OAC number, leave the ORI or OAC field blank. An ORI or OAC will be assigned to your agency and mailed to the above address.

IMPORTANT: The agency head, or designee, of a non-criminal justice agency, i.e. State, County or City Government, public or private school requesting an ORI number must submit a letter, on agency letterhead, with a brief description of services provided. Additionally, the request must state whether the agency is requesting an ORI to conduct FBI fingerprint-based record checks under the authority of 1) a specific state law (O.C.G.A.) that is a FBI approved Public Law (Pub. L.) 92-544 statute or, 2) federal authority (such as the Adam Walsh Child Protection and Safety Act). In addition, further information may be necessary for ORI requests submitted for FBI record checks under federal authority.

Will the ORI or OAC # be used for enrollment in Georgia Applicant Processing Services (GAPS)?

Agency Head	Agency Contact
Signature _____	Signature _____
Print Name/Title _____	Print Name/Title _____
Date _____	Date _____

Mail Signed Applicant Service Agreement to:

Georgia Bureau of Investigation (GBI)
Georgia Crime Information Center (GCIC)
CCH/Identification Services Unit
P.O. Box 370748
Decatur, Georgia 30037-0748
FAX: 404-270-8417
EMAIL: GAApplicant@gbi.ga.gov

Write “**Yes**” in the blank after “Will ORI or OAC # be used for Enrollment in Georgia Applicant Processing Services (GAPS)”

Agency Contact:
Print name/title of person that should be contacted regarding the fingerprinting process

B. Step 2 - Complete the GAPS Agency Enrollment Form

Only after receiving your OAC # by mail or e-mail should you begin this step.

1. Go to www.ga.cogentid.com
2. Under the “Agency Use (secure)” tab, click on “How to Enroll Your Agency or Business”
3. At “Step 2 Complete the GAPS Agency Enrollment Form,” click on the “Enroll online by clicking here” link to begin the enrollment process

NOTE: All yellow areas MUST be completed.

4. When the form is completed, click on “Save”
5. Print the form
6. Form must be signed by the Agency Head or Authorized Person
7. You have the option of sending the Enrollment Form by either fax or by mail. Below is the address to send the form by mail:

Cogent Systems, GAPS Enrollment, 5450 Frantz Road, Suite 250, Dublin, OH 43016

NOTE: For expedited service you can fax a copy of the Enrollment Form to Cogent Systems at 614-718-9694.

8. You will receive an e-mail confirmation from Cogent confirming your enrollment within 10 business days. The e-mail will include your Username, Password and Verification Code. If you do not receive an e-mail confirmation within 10 business days, call Cogent Systems or Georgia Bureau of Investigation GCIC CCH Helpdesk. Contact information can be found under **Useful Links** on the main GAPS Web page.

The screenshot shows the 'Agency Enrollment' form on the GAPS website. The form is titled 'Agency Enrollment' and 'Agency Contact Verification Form'. It contains several sections with yellow highlighted input fields. Red callout boxes provide instructions for these fields:

- ORI/OAC:** Enter OAC number you received from GBI (it will be GAP + 6 numbers)
- Agency Name:** Verify the name of your business is correct
- Contact Person:** Must be the same as on the Agreement Form in Step 1
- E-mail Address:** Your e-mail address must be entered
- Authorized Person:** Must be the same as on the Agreement Form in Step 1
- Verification Code:** Use OAC number without the GA (P+6 digits)
- Address:** Enter street address, city, state and zip code of your business or the mailing address if different than the business address
- Billing Address:** Complete if the billing address is different from mailing address. If billing and mailing addresses are the same, click on box
- Billing Account:** Click on this box only if you wish to have the cost of fingerprinting billed to you. Do not click here if you are paying by credit card during the Registration process or by money order at the time of fingerprinting

The form fields include: ORI/OAC, Agency Name, Verification Code (with a 'What is this?' link), Address (Street, City, State dropdown set to GEORGIA, Zip), Contact Person (Name, Title, Phone, Fax), Email, Billing Address (checkbox 'check if same as above', Name, Street, City, State dropdown set to GEORGIA, Zip, Phone, Fax), Authorized Person, and Authorize Date (MM/DD/YYYY) set to 01/19/2010. There is also a checkbox for 'Agency Wishes to Establish Billing Account With Cogent Systems: (What is this?)'. At the bottom are 'Save' and 'Cancel' buttons.

C. Step 3 - Registering for Fingerprinting

This step may be completed ONLY after Step 1 and Step 2 are completed and you have received an e-mail confirmation from Cogent with your Username, Password and Verification Code.

1. Go to **www.ga.cogentid.com**
2. Under the “**Registration**” tab, click on Single Applicant Registration or Multiple Applicant Registration depending on if there is only one person to be fingerprinted (single) or more than one (multiple)
3. Please fill out online application. For each applicant or person to be fingerprinted, all fields with a red asterisk (*) must be completed

Social Security Number:
Although this is not required, it is strongly recommended that this field be completed to ensure an accurate search can be made if needed

NOTE: If the SSN is **not** entered, the applicant must take the Registration ID number assigned at the end of this registration process to the GAPS Print location in order to be fingerprinted

Reason:
Select the reason for being fingerprinted (Always starts with DCH)

Payment:
Choose your method of payment

Verification Code:
Use code given in your Enrollment confirmation e-mail

The screenshot shows the 'Applicant Registration' form for 'Step 1 - Please Enter Your Information'. The form is divided into 'Personal Information' and 'Transaction Information' sections. Fields are marked with a red asterisk (*) to indicate they are required. Red callout boxes provide instructions for several fields: 'Social Security Number' (recommended), 'Country of Citizenship' (select correct country), 'Driver's License Number' (enter only numbers for Georgia, or full license number for other states), 'Driver's License State' (select correct state), 'Reason' (select reason for fingerprinting), 'Payment' (select method), 'Verification Code' (use code from enrollment email), and 'Check the Box' (select 'Does another agency make the fitness determination?').

Country of Citizenship:
Select the correct country

Driver's License Number:
Enter ONLY the numbers if you have a Georgia's Driver's License; for all other states enter exactly as shown on the Driver's License

Driver's License State:
Select the correct state

ORI/OAC:
Use the OAC number (GAP + 6 digits) shown on the Enrollment e-mail

Check the Box:
"Does another agency make the fitness determination?"

Notes on filling out online applicant registration:

Under Transaction Information:

- A. Reason** - Click on the arrow on the right side of the box and pull down to the reason for being fingerprinted. If you need assistance with selecting the correct reason, contact the Department of Community Health (DCH) at: **404-656-0464** or **404-463-7370** or by e-mail at **dostrander@dch.ga.gov**.

NOTE: Failure to select the correct Reason from the drop-down menu may cause your fingerprint submission to be rejected and/or possible sanctions levied against your business by Healthcare Facility Regulation Division (formerly the Office of Regulatory Services).

Notes on filling out online applicant registration, continued:

B. Payment

- Choose **Credit Card** if paying at this time. You will be given an opportunity to enter your credit card information during this registration process, so be sure to have your credit card available
- Choose **Money Order** if paying at the GAPS Print location when the applicant goes to be fingerprinted. **NOTE:** This will only be an option on the single applicant entry. All money orders should be made payable to **Cogent Systems/GAPS** and in the amount of **\$52.90**
- Choose **Agency** if you selected to be set up for billing by Cogent Systems during the Enrollment process. A **Billing Code** and **Billing Password** should be found in the Enrollment Confirmation e-mail from Cogent Systems if you selected to be set up for billing. The agency (PCH, CLA or PHC) will be billed for the service in the amount of **\$52.90** per individual registered through Single or Multiple Applicant Registration

C. “Does another agency make the fitness determination?” **Check this box!**

NOTE: Failure to check the box for “Does another agency make the fitness determination?” and complete the information below may cause a rejection if the transaction is accepted. The applicant will have to be re-registered and repay for the fingerprint services.

- Choose Agency - Select **Department of Community Health**
- Determining Agency ORI - Enter **GA922960Z**
- Click on “**Next**” at the bottom of the page

D. Verify that the information is correct. If anything needs to be corrected, click “**Back**” to return to the previous screen and make the corrections

E. If no corrections are needed, click “**Next.**” **Print** the “Thank your for registering” page with the Registration ID number.

NOTE: Bring this page with the Registration ID to the GAPS Print location when fingerprinted.

Federal Bureau of Investigation Privacy Act Notice

Authority: The FBI's acquisition, preservation, and exchange of information requested by this form (FBI Applicant cards or FD-258) is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include numerous Federal statutes, hundreds of State statutes pursuant to Pub.L. 92-544, Presidential executive orders, regulations and/or orders of the Attorney General of the United States, or other authorized authorities. Examples include, but are not limited to: 5 U.S.C. 9101; Pub.L. 94-29; Pub.L. 101-604; and Executive Orders 10450 and 12968. Providing the requested information is voluntary; however, failure to furnish the information may affect timely completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, security, licensing, and adoption, may be predicated on fingerprint-based checks. Your fingerprints and other information contained on (and along with) this form may be submitted to the requesting agency, the agency conducting the application investigation, and/or FBI for the purpose of comparing the submitted information to available records in order to identify other information that may be pertinent to the application. During the processing of this application, and for as long hereafter as may be relevant to the activity for which this application is being submitted, the FBI may disclose any potentially pertinent information to the requesting agency and/or to the agency conducting the investigation. The FBI may also retain the submitted information in the FBI's permanent collection of fingerprints and related information, where it will be subject to comparisons against other submissions received by the FBI. Depending on the nature of your application, the requesting agency and/or the agency conducting the application investigation may also retain the fingerprints and other submitted information for other authorized purposes of such agency(ies).

Routine Uses: The fingerprints and information reported on this form may be disclosed pursuant to your consent, and may be disclosed by the FBI without your consent as permitted by the Federal Privacy Act of 1974 (5 USC 552a(b)) and all applicable routine uses as may be published at any time in the Federal Register, including the routine uses for the FBI Fingerprint Identification Records System (Justice/FBI-009) and the FBI's Blanket Routine Uses (Justice/FBI-BRU). Routine uses include, but are not limited to, disclosures to: appropriate governmental authorities responsible for civil or criminal enforcement, counterintelligence, national security or public safety matters to which the information may be relevant; to State and local governmental agencies and nongovernmental entities for application processing as authorized by Federal and State legislation, executive order, or regulation, including employment, security, licensing, and adoptive checks; and as otherwise authorized by law, treaty, executive order, regulation, or other lawful authority. If other agencies are involved in processing this application, they may have additional routine uses.

Additional Information: The requesting agency and/or the agency conducting the application-investigation will provide you additional information pertinent to the specific circumstances of this application, which may include identification of other authorities, purposes, uses, and consequences of not providing requested information. In addition, any such agency in the Federal Executive Branch has also published notice in the Federal Register describing any systems(s), of records in which that agency may also maintain your records, including the authorities, purposes, and routine uses for the system(s).

ONCE YOU ARE READY FOR AN INSPECTION ONLY
THEN SHOULD YOU

**MAIL THE COMPLETE APPLICATION
PACKAGE TO:**

Personal Care Home Applications
Healthcare Facility Regulation Division
Georgia Department of Community Health
2 Peachtree Street, NW
Suite 31-447
Atlanta, Georgia 30303-3142

NOTE: When the application is received, **you will receive a notice of the required fees.** When the fees are paid, the application will be reviewed and you will receive notification regarding the status of your application.

DISCLAIMER:

This is an unofficial copy of the rules that has been reformatted for the convenience of the public by the Department of Community Health. The official rules for this program are on record with the Georgia Secretary of State's office. The Secretary of State's website for reviewing the rules is <http://rules.sos.state.ga.us/cgi-bin/page.cgi?d=1>. Effort has been made to ensure the accuracy of this unofficial copy. The Department reserves the right to withdraw or correct text in this copy if deviations from the official text as published by the Georgia Secretary of State are found.

**RULES OF DEPARTMENT OF COMMUNITY HEALTH
CHAPTER 111-8
HEALTHCARE FACILITY REGULATION
111-8-62 PERSONAL CARE HOMES**

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111-8-62-.01 Authority. The legal authority for this Chapter is O.C.G.A. § 31-2-9, 31-2-11 and Chapter 7 of Title 31 of the Official Code of Georgia Annotated.

Authority: O.C.G.A. §§ 31-2-9, 31-2-11 and 31-7-1 et seq.

111-8-62-.02 Purposes. The purposes of these rules and regulations are to establish the minimum standards for the operation of homes which provide residential services to the citizens of this State who require varying degrees of supervision and care and to assure safe, humane and comfortable supportive residential settings for adults who need such services.

Authority: O.C.G.A. §§ 31-2-9, 31-2-11, 31-7-1, 31-7-2.1 and 31-7-12.

111-8-62-.03 Definitions. In these rules, unless the context otherwise requires, the words, phrases and symbols set forth herein shall mean the following:

(a) "Activities of daily living" means bathing, shaving, brushing teeth, combing hair, toileting, dressing, eating, laundering, cleaning room, managing money, writing letters, shopping, using public transportation, making telephone calls, grooming, obtaining appointments, engaging in leisure and recreational activities, or other similar activities;

(b) "Administrator" means the manager designated by the Governing Body as responsible for the day-to-day management, administration and supervision of the Personal Care Home, who may also serve as on-site manager and responsible staff person except during periods of his or her own absence;

(c) "Ambulatory Resident" means a resident who has the ability to move from place to place by walking, either unaided or aided by prosthesis, brace, cane, crutches, walker or hand rails, or by propelling a wheelchair; who can respond to an emergency condition, whether caused by fire or otherwise, and escape with minimal human assistance such as guiding a resident to an exit, using the normal means of egress;

(d) "Applicant" means:

1. When the personal care home is owned by a sole proprietorship, the individual proprietor shall be the applicant for the license, complete the statement of responsibility and serve as the licensee;
2. When the personal care home is owned by a partnership, the general partners shall be the applicant for the license, complete the statement of responsibility and serve as the licensee;
3. When the personal care home is owned by an association limited liability company (LLC), the governing body of the association or LLC shall authorize the application for the license and complete the statement of responsibility and the association shall serve as the licensee; and
4. When the personal care home is owned by a corporation, the governing body of the corporation shall authorize the application for the license and complete the statement of responsibility and the corporation shall serve as the licensee.

(e) "Chemical Restraint" means a psychopharmacologic drug that is used for discipline or convenience and not required to treat medical symptoms;

(f) "Criminal history background check" means a search as required by law of the criminal records maintained by law enforcement authorities to determine whether the applicant has a criminal record as defined in these rules and applicable laws.

(g) "Criminal record" means:

1. conviction of a crime; or
2. arrest, charge, and sentencing for a crime where:

- (i) a plea of nolo contendere was entered to the charge; or
- (ii) first offender treatment without adjudication of guilt pursuant to the charge was granted; or
- (iii) adjudication or sentence was otherwise withheld or not entered on the charge; or
- (iv) arrest and being charged for a crime if the charge is pending, unless the time for prosecuting such crime has expired pursuant to O.C.G.A. § 17-3-1 *et seq.*
- (h) "Department" means the Department of Community Health of the State of Georgia;
- (i) "Director" means the chief administrator, executive officer or manager.
- (j) "Disabled adult" means an adult who is developmentally impaired or who suffers from dementia or some other cognitive impairment.
- (k) "Employee" means any person, other than a director, utilized by a personal care home to provide personal services to any resident on behalf of the personal care home or to perform at any facilities of the personal care home any duties which involve personal contact between that person and any paying resident of the personal care home.
- (l) "Fingerprint records check determination" means a satisfactory or unsatisfactory determination by the department based upon a records check comparison of Georgia Crime Information Center (GCIC) information with fingerprints and other information in a records check application.
- (m) "Governing Body" means the board of trustees or directors, the partnership, the corporation, the association, or the person or group of persons who maintain and control the home and who are legally responsible for the operation of the home;
- (n) "Legal Surrogate" means a duly appointed person who is authorized to act, within the scope of the authority granted under the legal surrogate's appointment, on behalf of a resident who is adjudicated or certified incapacitated. The legal surrogate may act on a resident's behalf where a resident has not been adjudicated as incapacitated provided that the action is consistent with the resident's wishes and intent and is within the scope of the authority granted. Where such authority is exercised pursuant to a Power of Attorney executed by a resident, the facility must maintain a copy of this document in the resident's files. The resident's duly appointed legal surrogate(s) shall have the authority to act on the resident's behalf as established by written applicable federal and state of Georgia law, and shall be entitled to receive information relevant to the exercise of his or her authority. No member of the governing body, administration, or staff of the personal care home or affiliated personal care homes or their family members may serve as the legal surrogate for a resident;
- (o) "Local law enforcement agency" means a local law enforcement agency with authorization to conduct criminal history background checks through the Georgia Crime Information Center (GCIC).
- (p) "Medical services" means services which may be provided by a person licensed under the Medical Practice Act O.C.G.A. § 43-34-20 *et seq.*;
- (q) "Memory care services" means the additional watchful oversight systems and devices that are required for residents who have cognitive deficits which may impact memory, language, thinking, reasoning, or impulse control, and which place the residents at risk of eloping, i.e. engaging in unsafe wandering activities outside the home.
- (r) "Memory care unit" means the specialized unit or home that either holds itself out as providing additional or specialized care to persons with diagnoses of probable Alzheimer's Disease or other

dementia who may be at risk of engaging in unsafe wandering activities outside the unit or home (eloping) or charges rates in excess of those charged other residents because of cognitive deficits which may place the residents at risk of eloping.

(s) "Non-Family Adult" means a resident 18 years of age or older who is not related by blood within the third degree of consanguinity or by marriage to the person responsible for the management of the personal care home or to a member of the governing body;

(t) "Nursing services" means those services which may be rendered by a person licensed under the Nurse Practice Act of O.C.G.A. § 43-26-1 *et seq.*;

(u) "On-site manager" means the administrator or person designated by the administrator as responsible for carrying on the day-to-day management, supervision, and operation of the personal care home, who may also serve as responsible staff person except during periods of his or her own absence;

(v) "Owner" means any individual or any person affiliated with a corporation, partnership, or association with 10 percent or greater ownership interest in the business or agency licensed as a personal care home and who:

1. purports to or exercises authority of an owner in the business or agency; or
2. applies to operate or operates the business or agency; or
3. maintains an office on the premises of the facility; or
4. resides at the facility; or
5. has direct access to persons receiving care at the facility; or
6. provides direct personal supervision of facility personnel by being immediately available to provide assistance and direction during the time such facility services are being provided; or
7. enters into a contract to acquire ownership of such a business or agency.

(w) "Permit" or "Regular Permit" means the authorization granted by the Department to the governing body to operate a Personal Care Home;

(x) "Personal Care Home" means any dwelling, whether operated for profit or not, which undertakes through its ownership or management to provide or arrange for the provision of housing, food service, and one or more personal services for two or more adults who are not related to the owner or administrator by blood or marriage;

(y) "Personal Services" includes, but is not limited to, individual assistance with or supervision of self-administered medication, assistance with ambulation and transfer, and essential activities of daily living such as eating, bathing, grooming, dressing, and toileting;

(z) "Physical Restraints" are any manual or physical device, material, or equipment attached or adjacent to the resident's body that the individual cannot remove easily which restricts freedom or normal access to one's body. Physical restraints include, but are not limited to, leg restraints, arm restraints, hand mitts, soft ties or vests, and wheelchair safety bars. Also included as restraints are facility practices which function as a restraint, such as tucking in a sheet so tightly that a bedbound resident cannot move, bedrails, or chairs that prevent rising, or placing a wheelchair-bound resident so close to a wall that the wall prevents the resident from rising. Wrist bands or devices on clothing that trigger electronic alarms to warn staff that a resident is leaving a room do not, in and of themselves, restrict freedom of movement and should not be considered as restraints;

(aa) "Plan of Correction" means a plan for correcting deficiencies in meeting rules and regulations of the Department of Community Health;

(bb) "Preliminary records check application" means an application for a preliminary records check determination on forms provided by the department.

(cc) "Preliminary records check determination" means a satisfactory or unsatisfactory determination by the department based only upon a comparison of Georgia Crime Information Center (GCIC) information with other than fingerprint information regarding the person upon whom the records check is being performed.

(dd) "Provides" means that the home makes personal services available to the residents. A home which represents itself by advertising or verbal communication that it provides personal assistance is deemed to make personal services available to its residents for the purposes of these Rules;

(ee) "Provisional Permit" means authorization granted by the Department to a governing body to operate a personal care home on a conditional basis;

(ff) "Records check application" means two sets of classifiable fingerprints, a records search fee to be established by the department by rule and regulation, payable in such form as the department may direct to cover the cost of a fingerprint records check, and an affidavit by the applicant disclosing the nature and date of any arrest, charge, or conviction of the applicant for the violation of any law; except for motor vehicle parking violations, whether or not the violation occurred in this state, and such additional information as the department may require.

(gg) "Representative" means a person who voluntarily, with the resident's written authorization, may act upon resident's direction with regard to matters concerning the health and welfare of the resident, including being able to access personal records contained in the resident's file and receive information and notices pertaining to the resident's overall care and condition. No member of the governing body, administration, or staff of the personal care home or affiliated personal care homes or their family members may serve as the representative for a resident;

(hh) "Resident" means any non-family adult receiving personal assistance and residing in a personal care home;

(ii) "Responsible Staff Person" means the employee designated by the administrator or on-site manager as responsible for supervising the operation of the home during periods of temporary absence of the administrator or on-site manager;

(jj) "Satisfactory criminal history background check determination" means a written determination that a person for whom a records check was performed was found to have no criminal record an arrest, charge or conviction of one of the covered crimes outlined in O.C.G.A. § 31-7-250 *et seq*, if applicable, or as outlined in O.C.G.A. § 31-2-14, if applicable.

(kk) "Supportive Services" means specific services which are provided to the resident in the community or reasonably requested by a resident including but not limited to: mental health services, habilitation, rehabilitation, social services, medical, dental, and other health care services, education, financial management, legal services, vocational services, transportation, recreational and leisure activities; and other services required to meet a resident's needs.

(ll) "Unsatisfactory criminal history background check determination" means a written determination that a person for whom a records check was performed has a criminal record which indicates an arrest, charge or conviction of one of the covered crimes outlined in O.C.G.A. § 31-7-250 *et seq*, if applicable, or as outlined in O.C.G.A. § 31-2-14, if applicable.

Authority: O.C.G.A. §§ 31-2-9, 31-2-14, 31-7-2.1, 31-7-3, 31-7-12 and 31-7-250 et seq.

111-8-62-.04 Exemptions.

These regulations do not apply to the following facilities:

- (a) boarding homes or rooming houses which provide no personal services other than lodging and meals;
- (b) facilities offering temporary emergency shelter, such as those for the homeless and victims of family violence;
- (c) treatment facilities which provide medical and nursing services and which are approved by the state and regulated under other more specific authorities;
- (d) facilities providing residential services for federal, state or local correctional institutions under the jurisdiction of the criminal justice system;
- (e) hospices which serve terminally ill persons as defined in O.C.G.A. § 31-7-172(3);
- (f) therapeutic substance abuse treatment facilities which are not intended to be an individual's permanent residence;
- (g) group residences organized by or for persons who choose to live independently or who manage their own care and share the cost of services including but not limited to attendant care, transportation, rent, utilities and food preparation;
- (h) charitable organizations providing shelter and other services without charging any fee to the resident; or
- (i) any separate and distinct dwelling which is classified by the Department as a community living arrangement subject to the Rules and Regulations for Community Living Arrangements, Chapter 290-9-37. A facility classified as a Community Living Arrangement cannot be operated on the same premises as a personal care home.

Authority: O.C.G.A. §§ 31-2-4, 31-2-9, 31-7-2, 31-7-12 and 31-7-172.

111-8-62-.05 Application for Permit.

- (1) The governing body of each home shall submit to the Department an application for a permit to operate under these rules and regulations. No personal care home shall be operated and no residents admitted without such a permit which is current under these rules and regulations.
- (2) The application for a permit shall be made on forms provided by the Department.
- (3) A criminal record check application for the owner and director shall accompany applications.
- (4) Each application for a permit shall be accompanied by a floor sketch of the home showing windows,

doors, room measurements, and bed placement for residents, family and/or staff and documentation of ownership or lease agreement for the property on which the home will be operated.

(5) A listing of the names of all staff, including the administrator or on-site manager, who will be working in the home, if known, shall be included with the application for a permit. This listing shall include the full name of each staff person, their assigned duties in the home, their birth date and Social Security Number. If such information is not known at the time of application, it must be provided to the Department within 30 days of issuance of a provisional permit.

(6) The ownership of the home shall be fully disclosed in its application for a permit. In the case of corporations, partnerships, and other bodies created by statute, the corporate officers and all other individuals or family groups owning ten percent or more of the corporate stock or ownership shall be disclosed in the application for a permit as well as the registered agent for service of process.

(7) All others shall submit a statement attesting to the name(s) and address(es) of each person owning any part of the facility.

(8) Local zoning and other local requirements regarding the proper location and establishment of homes shall be addressed by the applicant with the responsible local officials.

(9) Personal care homes are expected to comply with all applicable provisions of the Americans With Disabilities Act and Section 504 of the Rehabilitation Act of 1973 and federal regulations promulgated thereunder. Any violation of these statutes or regulations may be grounds for the department to initiate action for sanction against such homes.

Authority: O.C.G.A. §§ 31-2-9, 31-2-14, 31-7-2.1, 31-7-3, 31-7-12 and 31-7-264.

111-8-62-.06 Permits.

(1) The governing body of each personal care home shall obtain a valid permit or provisional permit from the Department prior to beginning operation. To be eligible for a permit the home must be in compliance with these rules and regulations.

(2) The permit shall be displayed in a conspicuous place on the premises.

(3) Permits are not transferable from one home to another.

(4) A permit shall no longer be valid and shall be returned to the Department when the home ceases to operate, is moved to another location, the ownership changes, the governing body is significantly changed, or the permit is suspended or revoked.

(5) A permit shall be required for each home located on different premises where more than one home is operated under the same governing body.

(6) The permit shall state a maximum number of residents who may receive care at that location. No personal care home shall offer its services to more residents than its permitted capacity.

(7) A home which fails to comply with these rules and regulations shall be subject to the sanctions available to the Department pursuant to O.C.G.A. § 31-2-11, including but not limited to denial or revocation of its provisional permit or permit by the Department.

Authority: O.C.G.A. §§ 31-2-9, 31-2-11, 31-7-1, 31-7-2.1 and 31-7-12.

111-8-62-.07 Provisional Permits.

(1) Provisional permits may be granted to the governing body of a home to provide time in which to demonstrate compliance with these rules and regulations.

(2) Provisional permits granted to allow a reasonable time to demonstrate compliance with operating procedures shall not exceed 6 months.

(3) Provisional permits granted to allow reasonable time to correct violations of regulations which relate to the structural or physical condition of the home shall not exceed 12 months.

(4) A provisional permit may be granted for 30 days pursuant to subsection (5) of .25 of these Rules to provide time for hiring of the administrator and staff and obtaining the required information.

(5) A provisional permit shall not be granted to the governing body of a home which has never been previously granted a permit and is not in compliance with the rules and regulations relating to the structural or physical condition of the home.

(6) A provisional permit shall not be issued to a personal care home in which there are conditions which present an immediate hazard to the life, health or safety of residents or staff.

(7) A provisional permit shall not be granted to a home unless the governing body shall first present to the Department an acceptable plan of correction which shall list each deficiency to be corrected, the time, methods, and procedures to be used in the correction of the deficiencies.

Authority: O.C.G.A. §§ 31-7-2.1 and 31-7-3.

111-8-62-.08 Governing Body.

(1) The governing body shall be responsible for compliance with the requirements of Chapter 7 of Title 31 of the Official Code of Georgia Annotated, with applicable administrative rules and regulations of the Department of Community Health, including but not limited to all applicable statutes, rules and regulations regarding disclosure of ownership.

(2) The governing body shall certify in its application the name of the administrator who has been designated as responsible for the overall management of the home and for carrying out the rules and policies adopted by the governing body.

(3) Each home shall have a separate administrator or on-site manager who works under the supervision of the administrator.

Authority: O.C.G.A. §§ 31-2-9, 31-7-1, 31-7-2.1 and 31-7-12.

111-8-62-.09 Administration.

(1) Prior to being granted a permit each home shall develop a written Statement of policies and procedures outlining the responsibilities of the management and of the residents and which insure compliance with the Rules for Personal Care Homes. The statement shall include procedures for handling acts committed by staff or residents which are inconsistent with the policies of the home.

(2) The administrator or on-site manager of each personal care home shall designate qualified staff as responsible staff to act on his or her behalf and to carry out his or her duties in the administrator or on-site manager's absence. No resident shall be designated as staff.

(3) Personnel shall be assigned duties consistent with their position, training, experience, and the requirements of Rule 111-8-62-.10.

(4) Each home shall have a written and regularly rehearsed disaster preparedness plan, approved by the Department, in compliance with O.C.G.A. § 31-7-3(c). Evacuation plan drills shall be held by each home at least semi-annually.

(5) Each home shall have a currently listed telephone number and a telephone which is maintained in working order.

Authority: O.C.G.A. §§ 31-2-9, 31-7-1, 31-7-2.1, 31-7-3 and 31-7-12.

111-8-62-.10 Personnel.

(1) The administrator, on-site manager and all other responsible staff persons working in a personal care home shall be at least 21 years of age and shall be responsible for supervising all other staff. No staff person under the age of 18 shall work except under the direct supervision of the administrator, on-site manager or a responsible staff person who is in the home.

(2) The administrator or on-site manager shall be responsible for ensuring that any person working in the facility as an employee, under contract or otherwise, receives work-related training acceptable to the Department within the first sixty days of employment. Such training shall at a minimum include the following:

(a) current certification in emergency first aid except where the staff person is a currently licensed health care professional;

(b) current certification in cardiopulmonary resuscitation where the training course required return demonstration of competency;

(c) emergency evacuation procedures;

(d) medical and social needs and characteristics of the resident population;

(e) residents' right; and

(f) receiving a copy of the Long-term Care Facility Resident Abuse Reporting Act as outlined in O.C.G.A. § 31-8-81 *et seq.*

(3) At least one staff person having completed the minimum training requirements of Rule 111-8-62-.10(2)1. through 6. above shall be present in the home at all times resident(s) are present in the home.

(4) All persons, including the administrator or on-site manager, who offer direct care to the residents, must satisfactorily complete a total of at least sixteen (16) hours of continuing education each year, in

applicable courses approved by the Department, including, but not limited to working with the elderly, working with residents with Alzheimer's or other cognitive impairments, working with the mentally retarded, mentally ill and developmentally disabled, social and recreational activities, legal issues, physical maintenance and fire safety, housekeeping, or other topics as needed or as determined by the Department.

(5) All persons, including the administrator or on-site manager, who offers direct care to the residents, shall be responsible for maintaining awareness of each resident's normal appearance and shall be capable of intervening if a resident's state of health appears to be in jeopardy.

(6) The administrator, on-site manager, and each employee shall have received a tuberculosis screening and a physical examination by a licensed physician, nurse practitioner or physician's assistant within twelve months prior to employment (or initial application for permit or granting a permit to the home) sufficiently comprehensive to assure that the employee is free of diseases communicable within the scope of employment and physically qualified to work. Follow-up examinations shall be conducted by a licensed physician of each administrator or staff person to determine readiness to return to work following a significant illness or injury. Copies of information regarding staff member health shall be kept in the staff person's personnel folder.

(7) **Criminal History Background Checks for Owners Required.** Prior to the issuance of any new license, the owner of the business or agency applying for the license shall submit a fingerprint records check application so as to permit the department to obtain a criminal history background check.

(a) An owner may not be required to submit a records check application if it is determined that the owner does not do at least one of the following:

1. maintains an office at the location where services are provided to residents;
2. resides at a location where services are provided to residents;
3. has direct access to residents receiving care; nor
4. provides direct personal supervision of personnel by being immediately available to provide assistance and direction during the time services are being provided.

(b) In lieu of a records check application, the owner may submit evidence, satisfactory to the department, that within the immediately preceding 12 months the owner has received a satisfactory criminal history background check determination.

(c) A personal care home provider license shall not be issued, and any license issued shall be revoked where it has been determined that the owner has a criminal record involving any of the following covered crimes, as outlined in O.C.G.A. § 31-2-14:

1. a violation of O.C.G.A. § 16-5-1, relating to murder and felony murder;
2. a violation of O.C.G.A. § 16-5-21, relating to aggravated assault;
3. a violation of O.C.G.A. § 16-5-24, relating to aggravated battery;
4. a violation of O.C.G.A. § 16-5-70, relating to cruelty to children;
5. a violation of O.C.G.A. § 16-5-100, relating to cruelty to a person 65 years of age or older;
6. a violation of O.C.G.A. § 16-6-1, relating to rape;
7. a violation of O.C.G.A. § 16-6-2, relating to aggravated sodomy;

8. a violation of O.C.G.A. § 16-6-4, relating to child molestation;
9. a violation of O.C.G.A. § 16-6-5, relating to enticing a child for indecent purposes;
10. a violation of O.C.G.A. § 16-6-5.1, relating to sexual assault against persons in custody, detained persons, or patients in hospitals or other institutions;
11. a violation of O.C.G.A. § 16-6-22.2, relating to aggravated sexual battery;
12. a violation of O.C.G.A. § 16-8-41, relating to armed robbery;
13. a violation of O.C.G.A. § 30-5-8, relating to abuse, neglect, or exploitation of a disabled adult or elder person; or
14. any other offense committed in another jurisdiction that, if committed in this state, would be deemed to be a crime listed in this paragraph without regard to its designation elsewhere.

(d) An owner with a valid personal care home license issued on or before June 30, 2007 shall be required to obtain a fingerprint records check determination no later than December 31, 2008.

1. an owner with a valid personal care home license issued on or before June 30, 2007 who is determined to have a criminal record for any of the crimes listed in Rule 111-8-62-.10(7)(c)1. through 14. above, shall not have the license revoked prior to a hearing being held before a hearing officer pursuant to Chapter 13 of Title 50, the 'Georgia Administrative Procedure Act.'

2. An owner with a valid personal care home license who acquires a criminal record for any of the crimes listed in Rule 111-8-62-.10(7)(c)1. through 14. above subsequent to the effective date of these rules shall disclose the criminal record to the department.

(e) If at any time the department has reason to believe an owner holding a valid license has been arrested, charged or convicted of any of the crimes listed above, the department shall require the owner to submit a records check application immediately for determination of whether a revocation action is necessary.

(8) Criminal History Background Checks for Directors, Administrators and Onsite Managers Required. Prior to serving as a director, administrator or onsite manager of a licensed personal care home, a person shall submit a records check application to the department.

(a) In lieu of a records check application, the director, administrator or onsite manager may submit evidence, satisfactory to the department, that within the immediately preceding 12 months the above personnel have received a satisfactory records check determination or a satisfactory preliminary records check determination, whichever is applicable.

(b) A person with an unsatisfactory criminal history background check determination may not serve as a director of a licensed personal care home if it is determined that such person has a criminal record involving of the following covered crimes, as outlined in O.C.G.A. § 31-7-250:

1. a violation of O.C.G.A. § 16-5-21, relating to aggravated assault;
2. a violation of O.C.G.A. § 16-5-24, relating to aggravated battery;
3. a violation of O.C.G.A. § 16-6-1, relating to rape;
4. a felony violation of O.C.G.A. § 16-8-2, relating to theft by taking;
5. a felony violation of O.C.G.A. § 16-8-3, relating to theft by deception;

6. a felony violation of O.C.G.A. § 16-8-4, relating to theft by conversion;
7. a violation of O.C.G.A. § 16-9-1 or 16-9-2, relating to forgery in the first and second degree, respectively;
8. a violation of O.C.G.A § 16-5-1, relating to murder and felony murder;
9. a violation of O.C.G.A § 16-4-1, relating to criminal attempt as it concerns attempted murder;
10. a violation of O.C.G.A § 16-8-40, relating to robbery;
11. a violation of O.C.G.A § 16-8-41, relating to armed robbery;
12. a violation of Chapter 13 of Title 16, relating to controlled substances;
13. a violation of O.C.G.A § 16-5-23.1, relating to battery;
14. a violation of O.C.G.A § 16-6-5.1, relating to sexual assault against a person in custody;
15. a violation of O.C.G.A § 30-5-8, relating to abuse, neglect, or exploitation of a disabled adult or elder person; or
16. any other offense committed in another jurisdiction which, if committed in this state, would be deemed to be such a crime without regard to its designation elsewhere.

(c) The department may require a fingerprint records check for any director, administrator or onsite manager when the department has reason to believe that the director, administrator or onsite manager has a criminal record.

(9) Criminal History Background Checks for Employees Required. Prior to serving as an employee other than a director of a licensed personal care home, a person must receive a satisfactory criminal history background check determination from a local law enforcement agency.

(a) A person with an unsatisfactory background check determination may not serve as an employee of a licensed personal care home if it is determined that such person has a criminal record involving any of the covered crimes outlined in O.C.G.A. §§ 31-7-250 and in Rule 111-8-62-.10(8)(b)1. through 16. above, unless an administrative law judge has determined that the employee is authorized to work in the personal care home.

(b) Where an applicant for employment has not been a resident of the state for three years preceding the application for employment, the personal care home shall obtain a criminal history background check from the local law enforcement agency of the applicant's previous state of employment.

(c) The department may require a fingerprint records check for any employee when the department has reason to believe that the employee has a criminal record.

(10) An employment history for each person working in the home must be verified by the administrator or on-site manager and on file in the home.

(11) A personnel file shall be maintained in the home for each employee. These files shall be available for inspection by the appropriate enforcement authorities but shall otherwise be maintained to protect the confidentiality of the information contained in them, and shall include the following:

(a) evidence of a satisfactory fingerprint record check determination or a satisfactory criminal history background check determination;

(b) report of physical examination completed by a licensed physician, nurse practitioner or physician's assistant;

(c) for administrators, on-site managers and staff persons, evidence of first aid and cardiopulmonary resuscitation training and recertification as required; and

(d) employment history, including previous places of work and employers.

(12) No administrator, on-site manager, or staff person shall be under the influence of alcohol or other controlled substances while at the home.

Authority: O.C.G.A. §§ 31-2-9, 31-2-14, 31-7-2.1 31-7-12 and 31-7-250 et seq.

111-8-62-.11 Staffing.

(1) The home shall have as many employees on duty at all times as may be needed to properly safeguard the health, safety and welfare of the residents, as required by these regulations. As a minimum the following shall be observed:

(a) At least one administrator, on-site manager, or a responsible staff person shall be on the premises twenty-four (24) hours per day. Residents shall not be left unsupervised. A minimum on-site staff to resident ratio shall be one (1) staff person per fifteen (15) residents during waking hours and one (1) staff person per twenty-five (25) residents during non-waking hours;

(b) For purposes of these regulations, a resident shall not be considered a staff person; and

(c) All personal care homes must maintain a monthly work schedule for all employees, including relief workers, showing adequate coverage for each day and night.

(2) Sufficient staff time shall be available to insure that each resident:

(a) receives treatments, medications and diet as prescribed;

(b) receives proper care to prevent decubitus ulcers and contractures;

(c) is kept comfortable and clean;

(d) is treated with dignity, kindness, and consideration and respect.

(e) is protected from injury and infection;

(f) is given prompt, unhurried assistance if she or he requires help with eating; and

(g) is given assistance, if needed, with daily hygiene, including baths and oral care.

Authority: O.C.G.A. §§ 31-2-9, 31-7-1, 31-7-2.1 and 31-7-12.

111-8-62-.12 Inspections.

(1) The home and its records shall be available for review and examination by properly identified

representatives of the Department. Inspections may be conducted both on an announced and unannounced basis. Unannounced inspections shall be conducted as needed.

(2) A copy of the inspection report shall be displayed in a conspicuous place on the premises and also shall be available for public inspection at the appropriate county wherein the personal care home is located.

Authority: O.C.G.A. §§ 31-2-9, 31-7-1, 31-7-3, 31-7-2.1 and 31-7-12.

111-8-62-.13 Minimum Floor Plan Requirements.

(1) A home shall be so constructed, arranged, and maintained as to provide adequately for the health, safety, access and well-being of the residents.

(2) A home shall provide separate and distinct living and sleeping areas;

(a) The living and sleeping areas for a given resident shall be in adjoining wings, units or buildings, which allow for necessary supervision and assistance by staff.

(b) Openable windows used for ventilation to the outside and exterior doors used for ventilation shall be screened and in good repair.

(c) Supportive devices, excluding physical restraints, such as handrails and grab bars shall be installed to enable residents to achieve a greater degree of mobility and safety from falling;

(3) All homes shall provide an area for use by residents and visitors which affords privacy.

(4) There must be at least one centrally located living room for the free access to and informal use of the residents.

(5) At least one current calendar and working clock shall be placed in the common living area of each home.

(6) Living rooms must be large enough to accommodate the residents without crowding. The rooms must be comfortably and attractively furnished, well heated, lighted, ventilated and clean.

(7) A comfortable dining area adequate in size for the number of residents being served shall be provided.

(8) The home shall provide a means of locked storage for any resident's valuables or personal belongings, upon request.

(9) A living room, dining room, hallway, or other room not ordinarily used for sleeping shall not be used for sleeping by residents, family or staff.

(10) A home shall provide laundering facilities on the premises for residents' personal laundry.

(11) The following minimum standards for resident bedrooms must be met:

(a) Bedrooms shall have at least 80 square feet of usable floor space per resident. Usable floor space

is defined as that floor space under a ceiling at least seven feet in height. The following exception applies to the minimum of 80 square feet of floor space requirement: personal care homes holding permits at the time of adoption of these Rules may have bedrooms with a minimum of 70 square feet of usable floor space per resident. The regular floor space requirements must be met if a home falling under this exception has its permit revoked, changes ownership, changes location, or for any other reason surrenders its permit to the state.

(b) There shall be no more than four residents per bedroom;

(c) Each bedroom shall have at least one window opening easily to the outside. Bedrooms shall be well ventilated and maintained at a comfortable temperature;

(d) Spouses shall be permitted, but not required to share a bedroom.

(e) Bedrooms for residents shall be separated from halls, corridors and other rooms by floor to ceiling walls. Hallways shall be not used for sleeping;

(f) The floor plan shall be such that no person other than the resident assigned to a bedroom should pass through that resident's bedroom in order to reach another room;

(g) Doorways of bedrooms occupied by residents shall be equipped with side-hinged permanently mounted doors equipped with positively latching hardware which will insure opening of the door by a single motion, such as turning a knob or by pressing with normal strength on a latch. For bedrooms which have locks on doors, both the occupant and administrator or on-site manager must be provided with keys to assure easy entry and exit;

(h) A room shall not be used as a bedroom where more than one-half the room height is below ground level. Bedrooms which are partially below ground level shall have adequate natural light and ventilation and be provided with two useful means of egress. Control of dampness shall be assured; and

(i) When a resident is discharged, the room and its contents shall be thoroughly cleaned.

(12) The following minimum standards apply to bathroom facilities:

(a) At least one functional toilet and lavatory shall be provided for each four residents and at least one bathing or showering facility shall be provided for each eight residents living in a home;

(b) At least one toilet and lavatory shall be provided on each floor having residents' bedrooms;

(c) Grab bars and nonskid surfacing or strips shall be installed in all showers and bath areas;

(d) Bathrooms and toilet facilities without windows shall have forced ventilation to the outside. Bathroom windows used for ventilation shall open easily;

(e) Toilets, bathtubs and showers shall provide for individual privacy; and

(f) All plumbing and bathroom fixtures shall be maintained in good working order at all times and shall present a clean and sanitary appearance.

(13) All stairways and ramps shall have sturdy and securely fastened handrails, not less than 30 inches nor more than 34 inches above the center of the tread. Exterior stairways, decks and porches shall have

handrails on the open sides;

(14) Floor covering shall be intact and securely fastened to the floor. Any hazard that may cause tripping shall be removed;

(15) All areas including hallways and stairs shall be lighted sufficiently with bulbs of at least 60 watts;

(16) The following exterior conditions must be maintained:

(a) Entrances and exits, sidewalks, and escape routes shall be constantly maintained free of all impediments to full instant use in the case of fire or other emergency and shall be kept free of any hazards such as ice, snow, debris or furniture;

(b) A yard area shall be kept free from all hazards, nuisances, refuse and litter;

(c) The home must have its house number or name displayed so as to be easily visible from the street.

Authority: O.C.G.A. §§ 31-2-9, 31-7-1, 31-7-2.1 and 31-7-12.

111-8-62-.14 Physical Plant Health and Safety Standards.

(1) Each home shall be in compliance with fire and safety rules promulgated by the Office of the Safety Fire Commissioner for personal care homes,

(2) Each home shall comply and remain in compliance with any and all local ordinances that specifically address fire safety in homes of that size and function. Private quarters shall be maintained in such a manner as to comply with Fire Safety codes and not threaten the health or safety of residents. In the absence of or in addition to any such local ordinances, the following requirements must be met:

(a) Wall type electric outlets and lamps or light fixtures shall be maintained in a safe and operating condition. It shall be the home's responsibility to insure that the necessary light bulbs are provided;

(b) Cooking appliances shall be suitably installed in accordance with approved safety practices. Where metal hoods or canopies are provided, they shall be equipped with filters which shall be maintained in an efficient condition and kept clean at all times;

(c) Space heaters may not be used unless safely positioned and operated in compliance with all state and local fire codes and in accordance with manufacturer's instructions. Space heaters using combustible fuel shall be vented to the outside.

(d) Fire screens and protective devices shall be used with fireplaces, stoves and heaters, including space heaters;

(e) Each home must be protected with sufficient smoke detectors, powered by house electrical service with battery back-up, which when activated shall initiate an alarm which is audible in the sleeping rooms;

(f) Each home must have at least one charged 10 lb. multipurpose ABC fire extinguisher on each occupied floor and in the basement. These extinguishers shall be checked annually to assure they remain in operable condition;

(g) Each home shall have a working doorbell or doorknocker which is audible to staff inside at all times; and

(h) Exterior doors shall be equipped with locks which do not require keys to open them from the inside.

(3) The electrical service of the home shall be inspected by a qualified electrician and declared free of hazards within no more than six months prior to the date of filing the application for a permit. A signed copy of this inspection report shall be submitted to the Department as a part of the application. Electrical service shall be maintained in a safe condition at all times. The Department may require a re-inspection of the electrical service at any time renovation or repair work is done in the home or there is a request for a change in capacity or there is reason to believe that a risk to residents exists.

(4) The Department may request a repeat fire safety inspection of any personal care home if at any time the physical plant undergoes substantial repair, renovation, additions, or the Department has reason to believe that residents are at risk. Further, if the Department determines that a substantial increase in the amount of personal assistance is being offered to residents, a repeat fire safety inspection may be requested. All requirements so identified shall be met by the home.

(5) Water and sewage systems shall meet applicable federal, state, and local standards and/or regulations.

(6) Floors, walls, and ceilings shall be kept clean and in good repair;

(7) Kitchen and bathroom areas shall be cleaned with disinfectant at least daily and maintained to insure cleanliness and sanitation.

(8) The storage and disposal of bio-medical and hazardous wastes shall comply with applicable federal, state, and local rules and/or standards.

(9) Solid waste which is not disposed of by mechanical means shall be stored in vermin-proof, leak-proof, nonabsorbent containers with closefitting covers until removed. Waste shall be removed from the kitchen at least daily and from the premises at least weekly.

(10) An insect, rodent or pest control program shall be maintained and conducted in a manner which continually protects the health of residents.

(11) Any pets living at the home must meet the following requirements:

(a) No vicious animals shall be kept at the home;

(b) All animals must be inoculated for rabies yearly;

(c) Exotic animals must be obtained from federally approved sources.

(12) Poisons, caustics, and other dangerous materials shall be stored and safeguarded in an area away from food preparation and storage areas, and away from medication storage areas.

(13) A home shall be equipped and maintained so as to provide a sufficient amount of hot water for residents' use. Heated water provided for resident's use shall not exceed 120 degrees F. at the hot water fixture and a water temperature monitor shall be installed at the hot water fixture.

(14) The following evacuation requirements must be met:

(a) Residents who need assistance with ambulation shall be assigned bedrooms which have a ground-level exit to the outside or to rooms with above ground level which have exits with easily negotiable ramps or easily accessible elevators;

(b) There shall be an established procedure and mechanism for alerting and caring for residents in case of emergencies and evacuating them to safety. This shall include instructions and evacuation plans

posted on each floor of a home. Each sleeping room shall have a secondary exit. This secondary exit may be a door or a window usable for escape. A plan showing these routes of escape shall be posted in the home on each floor;

(c) A home serving a person or persons dependent upon wheelchairs for mobility shall provide at least two (2) exits from the home, remote from each other, that are accessible to these persons; and

(d) A home serving persons dependent upon a wheelchair for mobility shall have a clearly accessible route for emergencies throughout the common areas of the home, and at least one fully accessible bathroom.

Authority: O.C.G.A. §§ 31-2-9, 31-7-1, 31-7-2.1 and 31-7-12.

111-8-62-.15 Furnishings and Fixtures.

(1) Furnishings of the home in the living room, bedroom and dining room shall be maintained in good condition, intact, and functional.

(2) Furnishings and housekeeping standards shall be such that a home presents a clean and orderly appearance.

(3) Resident bedroom furnishings shall include the following:

(a) an adequate closet or wardrobe;

(b) lighting fixtures sufficient for reading and other resident activities;

(c) a bureau or dresser or the equivalent and at least one chair with arms per resident in each bedroom;

(d) a mirror appropriate for grooming;

(e) an individual bed at least 36-inches wide and 72-inches long with comfortable springs and mattress, clean and in good condition. The mattress shall be not less than five-inches thick, or four-inches, if of a synthetic construction. Couples may request a double bed when available. Roll-a-ways, cots, double-decks, stacked bunks, hide-a-beds and studio couches are not to be used in lieu of standard beds; and

(f) bedding for each resident which includes two sheets, a pillow, a pillow case, a minimum of one blanket and bedspread. A home shall maintain a linen supply for not less than twice the bed capacity. A home shall provide each resident clean towels and wash cloths at least twice weekly and more often if soiled. Bed linen shall be changed at least weekly or more often in soiled.

(4) Provision shall be made for assisting a resident to personalize the bedroom by allowing the use of his or her own furniture if so desired and mounting or hanging pictures on bedroom walls.

Authority: O.C.G.A. §§ 31-2-9, 31-7-1, 31-7-2.1 and 31-7-12.

111-8-62-.16 Admission. Amended.

(1) Criteria for admission to a home are as follows:

- (a) Persons admitted to a personal care home must be at least 18 years of age;
 - (b) The home shall admit or retain only ambulatory residents;
 - (c) The home shall not admit, or retain persons who require the use of physical or chemical restraints, isolation, or confinement for behavioral control;
 - (d) Persons admitted to a home may not be confined to bed and may not require continuous medical or nursing care and treatment;
 - (e) Medical, nursing, health or supportive services required on a periodic basis, or for short-term illness, shall not be provided as services of the home. When such services are required, they shall be purchased by the resident or the resident's representative or legal surrogate, if any, from appropriately licensed providers managed independently for the home. The home may assist in arrangement for such services, but not provision of those services.
- (2) No home shall admit or retain a resident who needs care beyond which the facility is permitted to provide. Applicants requiring continuous medical or nursing services shall not be admitted or retained.
- (3) The administrator or on-site manager of a home shall conduct an interview with the applicant and/or representative or legal surrogate, if any, of the applicant to ascertain that the home can meet the applicant's needs. The administrator or on-site manager shall require the applicant to provide the home with a physical examination conducted by a by a licensed physician, nurse practitioner or physician's assistant dated within 30 days prior to the date of admission. A resident admitted pursuant to an emergency placement made by the Adult Protective Services Section of the Department of Family and Children Services shall receive a physical examination within 14 days of the emergency admission. The following information is required:
- (a) the signature, address, and telephone number of the examining physician;
 - (b) a description of physical and mental health status including diagnosis and any functional limitation;
 - (c) recommendations for care including medication, diet, and medical, nursing, health, or supportive services which may be needed on a periodic basis;
 - (d) a statement that, on the day the examination is given:
 - 1. continuous 24 hour nursing care is not needed;
 - 2. the person's needs can be met in a facility that is not a medical or nursing facility;
 - 3. The person has received screening for tuberculosis within twelve (12) months of admission and has no apparent signs or symptoms of infectious disease which is likely to be transmitted to other residents or staff;
 - 4. The person may need personal assistance with some activities of daily living.
 - (e) If the above information is not contained in the report of the physical examination, the administrator or on-site manager shall obtain the above information from the resident's physician. Such information shall be recorded in the resident's file. In the event a resident develops a significant change in physical or mental condition, the governing body shall be required to provide the Department, upon request, with a

current physical examination from a physician indicating the resident's continued ability to meet the requirements of the home.

Authority: O.C.G.A. §§ 31-2-9, 31-7-1, 31-7-2.1 and 31-7-12.

111-8-62-.17 Admission Agreement.

(1) A written admission agreement shall be entered into between the governing body and the resident. Such agreement shall contain the following:

- (a) A current statement of all fees and daily, weekly or monthly charges; any other services which are available on an additional fee basis, for which the resident must sign a request acknowledging the additional cost and the services provided in the home for that charge;
- (b) A statement that residents and their representatives or legal surrogates shall be informed, in writing, at least sixty (60) days prior to changes in charges or services;
- (c) The resident's authorization and consent to release medical information to the home as needed;
- (d) Provisions for the administrator or on-site manager's continuous assessment of the resident's needs, referral for appropriate services as may be required if the resident's condition changes and referral for transfer or discharge if required due to a change in the resident's condition;
- (e) Provision for transportation of residents for shopping, recreation, rehabilitation and medical services, which shall be available either as a basic service or on a reimbursement basis, and providing that transportation for emergency use shall be available at all times;
- (f) A statement of the home's refund policy when a resident is transferred or discharged;
- (g) A statement that a resident may not be required to perform services for the home except as provided for in the admission agreement or a subsequent written agreement. A resident and administrator or on-site manager may agree in writing that a resident will perform certain activities or services in the home if the resident volunteers or is compensated at or above prevailing rates in the community; and
- (h) A copy of the house rules, which must be in writing and also posted in the facility. House rules must be consistent with residents' rights. House rules shall include, but not be limited to, policies regarding the use of tobacco and alcohol, the times and frequency of use of the telephone, visitors, hours and volume for viewing and listening to television, radio and other audiovisual equipment, and the use of personal property.

(2) Each resident, prior to the execution of the admissions agreement, shall have an opportunity to read the agreement. In the event that a resident is unable to read the agreement, the administrator or on-site manager shall take special steps to assure communication of its contents to the resident.

(3) The resident and representative or legal surrogate, if any, shall each be given a signed copy of the agreement and a copy signed by both parties (resident and administrator or on-site manager) shall be retained in the resident's file and maintained by the administrator or on-site manager of the home.

Authority: O.C.G.A. §§ 31-2-9, 31-7-1, 31-7-2.1 and 31-7-12.

111-8-62-.18 Services.

(1) Each personal care home shall provide room, meals and personal services to the residents of the home which are commensurate with the needs of the individual residents. The personal services shall include 24 hour responsibility for the well-being of the residents. Each home shall provide individual residents protective care and watchful oversight including but not necessarily limited to, a daily awareness by the management of resident's functioning, his or her whereabouts, the making and reminding a resident of medical appointments, the ability and readiness to intervene if a crisis arises for a resident, supervision in areas of nutrition, medication and actual provision of supportive medical services. Personal services shall be provided by the administrator or on-site manager or by appropriately qualified staff designated by the administrator or on-site manager.

(2) Assistance shall be given to those residents who are unable to keep themselves neat and clean.

(3) Each home shall provide sufficient activities to promote the physical, mental and social well-being of each resident.

(4) Each home shall provide as a minimum, books, newspapers, and games for leisure time activities. Each home shall encourage and offer assistance to residents who wish to participate in hobbies, music, arts and crafts, religion, games, sports, social, recreational and cultural activities available in the home and in the community.

(5) Each home shall have at least one operable, non-pay telephone which is accessible at all times for emergency use by staff. Residents shall have access to an operable, non-pay telephone in a private location, both to make and receive personal calls. The same telephone may meet all the requirements of this section.

(6) The routine of the home shall be such that a resident may spend the majority of his or her non-sleeping hours out of the resident's bedroom, if he or she so chooses.

(7) At no time may a home restrict a resident's free access to the common areas of the home or lock the resident into or out of the resident's bedroom.

Authority: O.C.G.A. §§ 31-2-9, 31-7-1, 31-7-2.1 and 31-7-12.

111-8-62-.19 Requirements for Memory Care Services.

(1) A home which serves residents with cognitive deficits which place the residents at risk of eloping, i.e. engaging in unsafe wandering activities outside the home must do the following:

(a) develop, train and enforce policies and procedures for staff to deal with residents who may elope from the facility including what actions, as specified in rule XXXX are to be taken if a resident elopes from the facility.

(b) utilize appropriate effective safety devices, which do not impede the residents' rights to mobility and activity choice or violate fire safety standards, to protect the residents who are at risk of eloping from the premises.

1. If the safety devices include locks used on exit doors, as approved by the fire marshal having jurisdiction over the home, then the locking device shall be electronic and release whenever the following occurs: activation of the fire alarm or sprinkler system, power failure to the facility or by-pass for routine use by the public and staff for service using a key button/key pad located at the exit or continuous pressure for thirty (30) seconds or less.

2. If the safety devices include the use of keypads to lock and unlock exits, then directions for their operations shall be posted on the outside of the door to allow individuals' access to the unit. However, if the unit is a whole facility, then directions for the operation of the locks need not be posted on the outside of the door. The units shall not have entrance and exit doors that are closed with non-electronic keyed locks nor shall a door with a keyed lock be placed between a resident and the exit.

(2) A home serving residents who are at risk of eloping from the premises shall retain on file at the facility a current picture of any resident at risk of eloping.

Authority: O.C.G.A. §§ 31-2-9, 31-7-1, 31-7-2.1 and 31-7-12.

111-8-62-.20 Additional Requirements for Specialized Memory Care Units or Homes.

(1) In addition to all other requirements contained in this Chapter, where a home holds itself out as providing additional or specialized care to persons with probable diagnoses of Alzheimer's Disease or other dementia or charges rates in excess of that charged other residents because of cognitive deficits which may place the residents at risk of eloping, the home shall meet these additional requirements:

(a) Written Description. The home shall develop an accurate written description of the special care unit that includes the following:

1. a statement of philosophy and mission;
2. how the services of the special care unit are different from services provided in the rest of the assisted living program if ;
3. staffing including job titles of staff who work in the Unit, staff training and continuing education requirements;
4. admission procedures, including screening criteria;
5. assessment and service planning protocol, including criteria to be used that would trigger a reassessment of the resident's status before the customary quarterly review;
6. staffing patterns, including the ratio of direct care staff to resident for a 24-hour cycle, and a description of how the staffing pattern differs from that of the rest of the program;
7. a description of the physical environment including safety and security features;
8. a description of activities, including frequency and type, how the activities meet the needs of residents with dementia, and how the activities differ from activities for residents in other parts of the facility;
9. the program's fee or fee structure for all services provided by the unit or facility;
10. discharge criteria and procedures;

11. the procedures that will be utilized for handling emergency situations; and
12. the involvement of the Unit with families and family support programs.

(b) Disclosure of Description. An assisted living program with an Alzheimer's special care unit shall disclose the written description of the special care unit to:

1. any person on request; and
2. the family or resident's representative before admission of the resident to the Memory Care Unit or program.

(c) Physical Design, Environment, and Safety. The memory care unit or special care unit shall be designed to accommodate residents with severe dementia or Alzheimer's Disease in a home-like environment which includes the following:

1. multipurpose room(s) for dining, group and individual activities which are appropriately furnished to accommodate the activities taking place;
2. secured outdoor spaces and walkways which are wheel chair accessible and allow residents to ambulate safely but prevent undetected egress;
3. high visual contrasts between floors and walls and doorways and walls in resident use areas except for fire exits, door and access ways which may be designed to minimize contrast to conceal areas where the residents should not enter;
4. adequate and even lighting which minimizes glare and shadows;
5. the free movement of the resident, as the resident chooses, between the common space and the resident's own personal space in a bedroom that accommodates no more than two (2) residents;
6. individually identified entrances to residents' rooms to assist residents in readily identifying their own personal spaces;
7. an effective automated device or system to alert staff to individuals entering or leaving the building in an unauthorized manner. A facility need not use an automated alert for an exit door when the particular exit is always staffed by a receptionist or other staff member who views and maintains a log of individuals entering and leaving the facility. If the exit door is not always staffed, then the facility must activate an automated alert when the door is not attended;
8. communication system(s) which permit staff in the unit to communicate with other staff outside the unit and with emergency services personnel as needed; and
9. a unit or home which undergoes major renovation or is first constructed after the effective date of these rules, the unit shall be designed and constructed in compliance with the current "*Guidelines for Design and Construction of Healthcare Facilities*", applicable to assisted living facilities with particular attention to the requirements for a facility choosing to provide Alzheimer's and dementia care, published by the American Institute of Architects Press.

(d) Staffing and Initial Staff Orientation. The home shall ensure that the contained unit is staffed with sufficient specially trained staff to meet the unique needs of the residents in the unit, including the following:

1. a licensed registered nurse or a licensed practical nurse who is working under the supervision of a licensed physician or registered nurse shall administer medications to the residents who are incapable of self-administration of medications;

2. at least one awake staff member who is supervising the unit at all times and sufficient numbers of trained staff on duty at all times to meet the needs of the residents;

3. staff who, prior to caring for residents independently, have successfully completed an orientation program that includes at least the following components in addition to the general training required in Rule 111-8-62-.10 :

(i) the facility's philosophy related to the care of residents with dementia in the unit;

(ii) the facility's policies and procedures related to care in the unit and the staff's particular responsibilities including wandering and egress control; and

(iii) an introduction to common behavior problems characteristic of residents residing in the unit and recommended behavior management techniques.

(e) Initial Staff Training. Within the first six months of employment, staff assigned to the Unit shall receive training in the following topics:

1. the nature of Alzheimer's Disease and other dementias, including the definition of dementia, the need for careful diagnosis and knowledge of the stages of Alzheimer's Disease;

2. common behavior problems and recommended behavior management techniques;

3. communication skills that facilitate better resident-staff relations;

4. positive therapeutic interventions and activities such as exercise, sensory stimulation, activities of daily living skills;

5. the role of the family in caring for residents with dementia, as well as the support needed by the family of these residents;

6. environmental modifications that can avoid problematic behavior and create a more therapeutic environment;

7. development of comprehensive and individual service plans and how to update or provide relevant information for updating and implementing them consistently across all shifts, including establishing a baseline and concrete treatment goals and outcomes;

8. new developments in diagnosis and therapy that impact the approach to caring for the residents in the special unit;

9. skills for recognizing physical or cognitive changes in the resident that warrant seeking medical attention; and

10. skills for maintaining the safety of residents with dementia.

(f) Special Admission Requirements for Unit Placement. Ninety days after the effective date of

these rules, residents first admitted to the memory care unit, shall have a physician's report of physical examination completed within 30 days prior to admission on forms provided by Department. The physical examination must clearly reflect that the resident has a diagnosis of probable Alzheimer's Disease or other dementia and has symptoms which demonstrate a need for placement in the specialized unit. However, the unit may also care for a resident who does not have a probable diagnosis of Alzheimer's Disease or other dementia, but desires to live in the unit as a companion to a resident with a probable diagnosis of Alzheimer's Disease or other dementia with whom the resident has a close personal relationship. In addition, the physical examination report must establish that each potential resident of the unit does not require 24-hour skilled nursing care.

(g) Post-Admission Assessment. The facility shall assess each resident's care needs to include the following components: resident's family supports, level of activities of daily living functioning, physical care needs and level of behavior impairment.

(h) Individual Service Plans. The post-admission assessment shall be used to develop the resident's individual service plan within 14 days of admission. The service plan will be developed by a team with at least one member of the direct care staff participating and input from each shift of direct care staff that provides care to the resident. All team members participating shall sign the service plan and the service plan will be shared with the direct care staff providing care to the resident and serve as a guide for the delivery of services to the resident. The service plan shall include the following:

1. a description of the resident's care and social needs and the services to be provided, including frequency to address care and social needs;
2. resident's particular preferences regarding care, activities and interests;
3. specific behaviors to be addressed with interventions to be used;
4. names of staff primarily responsible for implementing the service plan;
5. evidence of family involvement in the development of the plan when appropriate; and
6. evidence of the service plan being updated at least quarterly or more frequently if needs of resident change substantially.

(i) Therapeutic Activities. The unit shall provide activities appropriate to the needs of the individual residents and adapt the activities, as necessary, to encourage participation of the residents in the following at least weekly with at least some therapeutic activities occurring daily:

1. gross motor activities; e.g. exercise, dancing, gardening, cooking, etc;
2. self-care activities; e.g. dressing, personal hygiene/grooming;
3. social activities; e.g. games, music;
4. crafts; e.g. decorations, pictures;
5. sensory enhancement activities, e.g. distinguishing pictures and picture books, reminiscing and scent and tactile stimulation; and
6. outdoor activities; e.g. walking outdoors, field trips.

(2) Ninety days after the effective date of these rules, no licensed personal care home shall hold itself out as providing specialized care for residents with probable Alzheimer's disease or other dementia or charge a differential rate for care of residents with cognitive deficits that place the residents at risk of engaging in unsafe wandering activities (eloping) unless it meets the additional requirements specified in Rule 111-8-62-.20(1) and its subparagraphs (a) through (i) above.

Authority: O.C.G.A. §§ 31-2-9, 31-7-1, 31-7-2, 31-7-2.1, 31-7-12., 31-8-180 et seq. and 43-26-32.

111-8-62-.21 Medications.

(1) All medications required by a resident in a personal care home shall be self-administered by the resident except when a resident, although generally capable of self-administration, requires administration of oral or topical medication by or under supervision of a functionally literate staff person, through arrangements made by the resident or the home. Injectable medications may only be self-administered or administered by an appropriately licensed person with the following exceptions:

(a) Administration of epinephrine under established medical protocol to residents with a known anaphylactic reaction; and

(b) Administration of insulin under established medical protocol by a staff person provided that the resident's personal physician has designated a staff person or persons who have been trained and are qualified to administer the insulin to that particular resident. A statement from the resident's physician certifying which staff person or persons have been trained must be maintained in the resident's file.

(2) Responsibility for initial acquisition and refilling of prescribed medications shall be specifically assigned in the admission agreement to either the resident, representative or legal surrogate, if any, or the administrator or on-site manager.

(3) A resident who is not capable of independent self-administration of medication may be assisted and supervised in self-administration by staff to the following extent:

(a) He or she may be reminded of the time to take medication;

(b) The medication regimen as indicated on the container label may be read to him or her;

(c) The dosage he or she self-administers may be checked according to the container label; and (d) He or she may be physically assisted in pouring or otherwise taking medication.

(4) Storage of Medications:

(a) Medications shall be stored under lock and key at all times whether kept by a resident or kept by the home for the resident, except when required to be kept by a resident on his or her person due to need for frequent or emergency use, as determined by the resident's physician, or when closely attended by a staff member; and

(b) Medication kept by a resident may be stored in the resident's bedroom, in a locked cabinet or other locked storage container. Single occupancy bedrooms which are kept locked at all times are acceptable. Duplicate keys shall be available to the resident and the administrator, on-site manager or designated staff.

(5) Medications shall be kept in original containers with original label intact.

(6) Medications shall be properly labeled and handled in accordance with current applicable laws and regulations.

Authority: O.C.G.A. §§ 31-2-9, 31-7-2.1, 31-7-1 and 31-7-12.

111-8-62-.22 Nutrition.

(1) A minimum of three regularly scheduled, well-balanced, meals shall be assured seven days a week. Not more than fourteen hours shall elapse between the substantial evening and morning meal. Meals shall meet the general requirements for nutrition published by the Department or currently found in the Recommended Daily Diet Allowances, Food and Nutrition Board, National Academy of Sciences. Meals shall be of sufficient quantity, proper form, consistency and temperature. Food for at least one nutritious snack shall be available and offered each midafternoon and evening.

(2) All perishable foods shall be stored at such temperatures as will protect against spoilage.

(3) All foods while being stored, prepared or served shall be protected against contamination and be safe for human consumption.

(4) Food received or used in a personal care home shall be from sources considered satisfactory by the county and the Department and shall be clean, wholesome, free from spoilage, adulteration, and misbranding, and safe for human consumption.

(5) A home shall have a properly equipped kitchen to prepare regularly scheduled, well-balanced, meals unless it arranges for meals with a permitted food service establishment.

(6) A home shall possess a valid food service permit where applicable.

(7) A home shall maintain a three day supply of non-perishable foods for emergency needs.

(8) Menus shall be written and posted 24 hours prior to serving of the meal. Any change or substitution shall be noted and considered as a part of the original menu.

(9) A home shall maintain records of all menus as served. Menus shall be kept on file for thirty days for review by the Department.

(10) A minimum of one individual qualified by training or by experience and performance shall be responsible for food preparation. Additional food service staff, including relief persons necessary for regular and timely meals, shall be employed.

(11) A home shall arrange for special diets as prescribed.

Authority: O.C.G.A. §§ 31-2-9 and 31-7-2.1.

111-8-62-.23 Temperature Conditions.

(1) The temperature throughout the home shall be maintained by an adequate central heating system or its equivalent at ranges which are consistent with individual health needs of residents. During winter months, temperature during waking hours should be maintained at 70-75 degrees F and should not drop below 62 degrees F. during sleeping hours.

(2) Mechanical cooling devices shall be made available for use in those areas of the building used by residents when inside temperatures exceed 80 degrees F. No resident shall be in any residence area that exceeds 85 degrees F.

Authority: O.C.G.A. §§ 31-2-9 and 31-7-2.1.

111-8-62-.24 Supplies.

(1) The home shall have a supply of first-aid materials available for use. This supply shall include, at a minimum, band aids, thermometer, tape, gauze, and an antiseptic.

(2) A home shall insure that soap at the sinks and toilet tissue at each commode are provided for use by the residents.

(3) Hand washing facilities provided in both kitchen and bathroom areas shall include hot and cold running water, soap, and clean towels.

Authority: O.C.G.A. §§ 31-2-9 and 31-7-2.1.

111-8-62-.25 Resident Files.

(1) An individual resident file shall be maintained by the administrator or on-site manager for each resident in the home. Personal information shall be treated as confidential and shall not be disclosed except to the resident and his or her representative or legal surrogate, if any, an authorized agent of the Department, and others to whom written authorization is given by the resident or his representative or legal surrogate, if any. The resident file shall be made available for inspection and/or copy to the resident or the resident's representative or legal surrogate, if any, upon request.

(2) Each resident file shall include the following information:

(a) identifying information including name, social security number, veteran status and number, age, sex and previous address;

(b) name, address and telephone number of next of kin, legal guardian and/ or representative or legal surrogate, if any, or representative payee and any court order or written document designating the resident's representative or legal surrogate, if any;

(c) name, address and telephone number of any person or agency providing additional services to the resident. This information shall include the name of the agency personnel primarily responsible, (i.e., the caseworker, case manager, or therapist);

(d) date of admission, prior residence of resident, referral source, agency contact and telephone number of referral source;

- (e) date of discharge, facility or residence discharged to and telephone number;
 - (f) the name, address and telephone number of a physician, hospital and pharmacy of the resident's choice;
 - (g) a record of all monetary transactions conducted on behalf of the resident with itemized receipts of all disbursements and deposits;
 - (h) a record of all monies and other valuables entrusted to the home for safekeeping; a receipt for same shall be provided to the resident or representative or legal surrogate, if any, at the time of admission and at anytime thereafter when the resident acquires additional property and wishes to entrust such property to the home for safekeeping;
 - (i) health information including all health appraisals, diagnoses, prescribed diets, medications, and physician's instructions;
 - (j) an inventory of all personal items brought to the home by the resident to be updated at anytime after admission if a resident or representative or legal surrogate, if any, submits to the home a new inventory of the resident's personal items;
 - (k) a signed copy of the Resident's Rights form;
 - (l) a signed copy of the admission agreement;
 - (m) any power of attorney or document issued by a court or by the Social Security Administration or any other governmental authority which designates another person as responsible for management of the resident's finances;
 - (n) a copy of a living will and/or durable power of attorney for health care if executed prior to 2007 or a copy of the Georgia advance directive for health care, if any, the forms for which shall be made available at the time of admission and shall remain available to the resident;
 - (o) a copy of the resident's written waiver of the personal needs allowance charge pursuant to the provisions of Rule 111-8-62-.26(p)1.; and
 - (p) a copy of the physician's statement certifying which staff person or persons have been trained and are qualified to administer insulin to the resident pursuant to the provisions of Rule 111-8-62-.21(1)(b).
- (3) The following information may be given voluntarily by the resident, guardian, or representative or legal surrogate, if any, but may not be required:
- (a) religious preference, church membership, name and telephone number of minister, priest or rabbi; and
 - (b) information about insurance policies and prearranged funeral and burial provisions, if any.
- (4) Resident files shall be maintained by the home for a period of three years after a resident's discharge.

Authority: O.C.G.A. §§ 31-2-9, 31-7-2.1, 31-8-131 et seq. and 31-32-1 et seq.

111-8-62-.26 Residents' Rights.

(1) As a minimum, the following rights shall be guaranteed and cannot be waived by the resident or the resident's representative or legal surrogate, if any:

(a) Each resident shall receive care, and services which shall be adequate, appropriate, and in compliance with applicable federal and state law and regulations, without discrimination in the quality of service based on age, gender, race, physical or mental disability, religion, sexual orientation, national origin, marital status or the source of payment for the service;

(b) No resident shall be punished or harassed by the facility, its agents or its employees because of the resident's efforts to enforce his or her rights;

(c) Each resident shall have the right to:

1. exercise the constitutional rights guaranteed to citizens of this state and this country including, but not limited to, the right to vote;
2. choose activities and schedules consistent with the resident's interests, and assessments;
3. interact with members of the community both inside and outside the home and to participate fully in the life of the community; and
4. make choices about aspects of his or her life in the home that are significant to the resident;

(d) Each resident shall have the right to enjoy privacy in his or her room; facility personnel and others shall respect this right by knocking on the door before entering the resident's room. Each resident may associate and communicate privately with persons and groups of his or her choice. Residents shall have the right of freedom from eavesdropping and the right to private and uncensored communication with anyone of the resident's choice;

(e) Each resident may associate and communicate privately with persons and groups of his or her choice.

(f) Residents shall have the right of freedom from eavesdropping and the right to private and uncensored communication with anyone of the resident's choice;

(g) If a resident is married and the spouse is also a resident in the facility, they shall be permitted to share a room unless they request otherwise;

(h) Each resident shall be treated with dignity, kindness, consideration and respect and be given privacy in the provision of personal care. Each resident shall be accorded privacy and freedom for the use of bathrooms at all hours;

(i) No religious belief or practice shall be imposed upon any resident. Residents must be free to practice their religious beliefs as they choose. Each resident shall have the right to participate in social, religious, and community activities that do not interfere with the rights of other residents;

(j) Each resident shall have the right to be free from mental, verbal, sexual and physical abuse, neglect and exploitation. Each resident has the right to be free from actual or threatened physical or chemical restraints and the right to be free from isolation, corporal, or unusual punishment including interference with the daily functions of living, such as eating or sleeping;

(k) Each resident shall have the right to use, keep and control his or her own personal property and possessions in the immediate living quarters, except to the extent a resident's use of his or her property would interfere with the safety or health of other residents. Each resident shall have the right to reasonable safeguards for the protection and security of his personal property and possessions brought into the facility;

(l) Each resident's mail shall be delivered unopened to the resident on the day it is delivered to the facility. Each resident's outgoing correspondence shall remain unopened;

(m) Each resident shall have access to a telephone and the right to have a private telephone, at the resident's own expense. Telephones shall be placed in areas to insure privacy without denying accessibility;

(n) Each facility must permit immediate access to residents by others who are visiting with the consent of the resident. Residents have the right to have visitors at mutually agreed upon hours. Once the hours are agreed upon, no prior notice is necessary. Each resident shall have the complete right to terminate any visit by any person who has access to the facility;

(o) Each resident shall have the right to manage his own financial affairs, including the right to keep and spend his own money unless that resident has been adjudicated incompetent by a court of competent jurisdiction. Each resident shall have the right to be free from coercion to assign or transfer to the home money, valuables, benefits, property or anything of value other than payment for services rendered by the facility;

(p) Each resident shall have the right to a personal needs allowance for the free use of the resident in the amount of five dollars per week to be distributed by the administrator, on-site manager, or a responsible staff person in the home. The following conditions shall be met regarding the personal needs allowance:

1. The personal needs allowance shall be included as a charge for services to each resident's account which a resident or a resident's representative or legal surrogate, if any, may waive by signing a written waiver upon admission or anytime thereafter. No allowance charge may be assessed where a resident or a resident's representative or legal surrogate, if any, has signed a written waiver of the personal needs allowance. Such a waiver shall be kept in a resident's file;

2. Where no waiver has been signed, the personal needs allowance shall be tendered to each resident, in cash, on the same day each week; and

3. The personal needs allowance shall not be intended or needed for purchasing necessary goods such as toilet paper and light bulbs which the home ordinarily supplies, and shall in no way relieve the home of the obligation to insure that such necessary goods are available to the resident;

(q) Each resident shall also have the right to receive or reject medical care, dental care, or other services except as required by law or regulations;

(r) Each resident shall have the right to choose and retain the services of a personal physician and any other health care professional or service. No facility shall interfere with the resident's right to receive from the resident's attending physician complete and current information concerning the resident's diagnosis, treatment and prognosis. Each resident and his or her representative or legal surrogate, if any, shall have the right to be fully informed about care and of any changes in that care and the right of access to all information in medical records;

(s) Each resident shall have the right to fully participate in the planning of his or her care. Case discussion, consultation and examination shall be confidential and conducted discreetly. A person who is

not directly involved in the resident's care may be present when care is being rendered only if he or she has the resident's permission;

(t) Each resident shall have the right to inspect his or her records on request. Each resident shall have the right to make a copy of all records pertaining to the resident. Each resident has the right to confidential treatment of personal information in the resident file;

(u) Each resident who has not been committed to the facility by court order or who does not have a representative or legal surrogate with specific written authority to admit, transfer or discharge, may discharge or transfer himself or herself upon notification to the home in conformance with the home's policies and procedures; and

(v) Each resident shall have the right to access to the State Long-Term Care Ombudsman Program O.C.G.A. § 31-8-50 *et seq.* and the name, address, and telephone number of the ombudsman and county inspector assigned to the home shall be posted in a common area of the home.

(w) Residents shall have the right to form a Resident Council and have meetings in the home outside the presence of owners, management or staff members of the home.

(2) Each resident shall be provided, at the time of admission to the home, with a copy of the Resident's Bill of Rights, as provided in Rule 111-8-62-.26 which shall include provisions for protecting the personal and civil rights of each resident. In the event that a resident is unable to read the Resident's Bill of Rights the manager shall take special steps to assure communication of its contents to the resident.

(3) A personal care home shall comply with the provisions of the "Remedies for Residents of Personal Care Homes Act" as outlined in O.C.G.A. § 31-8-131 *et seq.*

Authority: O.C.G.A. §§ 31-2-9, 31-7-2.1, 31-8-50 *et seq.* and 31-8-131 *et seq.*

111-8-62-.27 Procedures for Change in Resident Condition.

(1) In case of an accident or sudden adverse change in a resident's condition or adjustment, a home shall immediately obtain needed care and notify the representative or legal surrogate, if any. A record of such incidents shall be maintained in the resident's files.

(2) Immediate investigation of the cause of an accident or injury involving a resident shall be initiated by the administrator or on-site manager of the home and a report made to the representative or legal surrogate, if any, with a copy of the report maintained in the resident's file and in a central file.

Authority: O.C.G.A. §§ 31-2-9 and 31-7-2.1.

111-8-62-.28 Death of a Resident.

(1) Should a resident die while in the home, the administrator, on-site manager or designated staff shall immediately notify the resident's physician, the next of kin, and the representative or legal surrogate, if any. Statutes applicable to the reporting of sudden or unexpected death and reports which must accompany the deceased shall be observed.

(2) Upon death of the resident, the home must refund to the representative or legal surrogate, if any, any security deposit made to the home by or on behalf of the resident in compliance with O.C.G.A. § 44-

7-30 et seq.

Authority: O.C.G.A. §§ 31-2-9, 31-7-2.1 and 44-7-30 et seq.

111-8-62-.29 Immediate Transfer of Residents.

(1) The administrator or on-site manager of the home may initiate immediate transfer if the resident develops a physical or mental condition requiring continuous medical care or nursing care or if a resident's continuing behavior or condition directly and substantially threatens the health, safety and welfare of the resident or any other resident.

(2) In the event such immediate transfer is required, the administrator or on-site manager of the home shall advise both the resident and the resident's representative or legal surrogate, if any, and immediate arrangements shall be made based on the written admission agreement to transfer such resident to an appropriate facility. The administrator or on-site manager shall document in the resident's file the reasons for the transfer.

(3) Where immediate transfer is to be made pursuant to paragraphs (1) and (2), the administrator or on-site manager shall make arrangements for transfer in accordance with the admission agreement and shall transfer the resident to an appropriate facility where the resident's needs can be met. Prior to making such transfer, the administrator or on-site manager shall:

(a) inform the resident and representative or legal surrogate, if any, of the reason for the immediate transfer;

(b) inquire as to any preference of the resident and representative or legal surrogate, if any, regarding the facility to which the resident is to be transferred;

(c) inform the representative or legal surrogate, if any, of the resident's choice regarding such transfer;

(d) inform the resident and the representative or legal surrogate, if any, of the place to which the resident is to be discharged;

(e) provide a copy of the resident file to the receiving facility within 24 hours of transfer; and

(f) document in the resident's file the following:

1. the reason for the immediate transfer;

2. the fact that the resident and the representative or legal surrogate, if any, were informed pursuant to this paragraph; and

3. the name, address, and telephone number of the place to which the resident is to be transferred or discharged.

(4) Upon immediate transfer of the resident, the home must refund to the resident or representative or legal surrogate, if any, any security deposit made to the home by or on behalf of the resident in compliance with O.C.G.A. § 44-7-30 *et seq.*

Authority: O.C.G.A. §§ 31-2-9, 31-7-2.1 and 44-7-30 et seq.

111-8-62-.30 Discharge or Transfer of Residents.

(1) Each admission agreement shall include a written procedure for handling discharge and transfer of the resident. The administrator or on-site manager shall contact the representative or legal surrogate, if any, when there is need for discharge or transfer of a resident. Each resident shall have the right to thirty days' written notice to both the resident and the representative or legal surrogate, if any, prior to discharge or transfer of the resident except where immediate transfer is required.

(2) In all cases except those requiring immediate transfer pursuant to Rule 111-8-62-.29, residents whose needs cannot be met by the home or who no longer choose to live in the home shall be discharged or transferred to an appropriate facility based on discharge and transfer procedures entered into at the time of admission. For such discharge or transfer, a thirty-day written notice shall be given to both the resident and representative or legal surrogate, if any, except when transfer is necessitated by a change in physical or mental condition as defined in these rules or as authorized in Rule 111-8-62-.29 regarding immediate transfers. Where there is no representative or legal surrogate or the representative or legal surrogate is unwilling to act, the administrator or on-site manager shall notify the Adult Protective Services section of the Division of Aging Services, Department of Human Services and other appropriate agencies when transfer assistance is needed. The transferring facility shall provide a copy of the resident file to the receiving facility prior to or at the time of transfer.

(3) The Department may reassess the resident at anytime to determine whether a resident needs care beyond that which the facility is permitted to provide.

(4) Upon discharge or transfer of the resident, the home must refund to the resident or representative or legal surrogate, if any, any security deposit made to the home by or on behalf of the resident in compliance with O.C.G.A. § 44-7-30 *et seq.*

Authority: O.C.G.A. §§ 31-2-9, 31-7-2.1 and 44-7-30 *et seq.*

111-8-62-.31 Reporting.

(1) Each county shall periodically submit reports, according to a schedule and on forms to be established by the Department, which shall include information on the status of all personal care homes in that county, and the status of waivers which have been granted.

(2) The staff of the personal care home shall call the local police department to report the elopement of any resident from the home within 30 minutes of the staff receiving actual knowledge that such person is missing from the home in accordance with the Mattie's Call Act and the requirements set forth in O.C.G.A. § 35-3-170 *et seq.* The home shall also report the initiation and discontinuation of a Mattie's call to the Healthcare Facility Regulation Division within thirty (30) minutes of communications with local law enforcement authorities having occurred.

(3) The personal care home shall report in a standardized departmental format to the Healthcare Facility Regulation Division of the Department of Community Health no later than 24 hours after the incident has occurred, whenever any of the following incidents involving residents occurs or the personal care home has reasonable cause to believe that an incident involving a resident has occurred:

- (a) Any death of a resident;
- (b) Any serious injury to a resident that requires medical attention;

(c) Any rape, assault, any battery on a resident, or any abuse, neglect, or exploitation of a Resident in accordance with the Long Term Care Resident Abuse Reporting Act O.C.G.A. § 31-8-80 *et seq*;

(d) An external disaster or other emergency situation that affects the continued safe operation of the residence;

(e) Any circumstances where a member of the governing body, administration, staff associated with or affiliated with the personal care home, or family member of staff is associated with a will, trust, or life insurance policy of a resident or former resident to verify that such gift is knowingly and voluntarily made and not the result of any coercion; and

(f) When an owner, director or employee acquires a criminal record as defined in these rules.

(4) The incident report required by these rules shall be received by the Department, operating through the Healthcare Facility Regulation Division, in confidence and shall include at least:

(a) The name of the personal care home and the name of the administrator or site manager;

(b) The date of the incident and the date the personal care home became aware of the incident; and

(c) The type of incident suspected, with a brief description of the incident;

(d) Any immediate corrective or preventative action taken by the personal care home to ensure against the replication of the incident.

(5) Where the Department's Healthcare Facility Regulation Division determines that a rule violation related to the incident has occurred, the Department, through the Healthcare Facility Regulation Division, will initiate a separate complaint investigation of the incident. The complaint investigation report and the report of any rule violation compiled by the Healthcare Facility Regulation Division on behalf of the Department arising either from the initial report received from the personal care home or an independent source shall be subject to disclosure in accordance with applicable laws.

Authority: O.C.G.A. §§ 31-2-9, 31-7-2.1, 31-7-12, 31-8-80 *et seq.* and 35-3-170 *et seq.*

111-8-62-32 Deemed Status.

The Department may accept the certification or accreditation of a home by an accreditation body or certifying authority recognized and approved by the Department provided that certification or accreditation constitutes compliance with standards that are substantially equivalent to these rules. Nothing herein shall prohibit any departmental inspection.

Authority: O.C.G.A. §§ 31-7-1 and 31-7-3(b).

111-8-62-33 Variance and Waivers.

The Department may, in its discretion, grant variances and waivers of specific rules upon application or petition filed on forms provided by the Department. The Department may establish conditions which must be met by the home in order to operate under the variance or waiver granted. Variances and waivers may be granted in accordance with the following considerations:

(a) Variance. A variance may be granted by the Department upon a showing by the applicant or petitioner that the particular rule or regulation that is the subject of the variance request should not be

applied as written because strict application of the rule would cause undue hardship. The applicant or petitioner must also show that adequate standards affording protection for the health, safety, and care of the residents exist and will be met in lieu of the exact requirements of the rule or regulations in question;

(b) Waiver. The Department may dispense entirely with the enforcement of a rule or regulation by granting a waiver upon a showing by the applicant or petitioner that the purpose of the rule or regulation is met through equivalent standards affording equivalent protection for the health, safety, care, and rights of the residents; and

(c) Experimental Variance or Waiver. The Department may grant variances and waivers to allow experimentation and demonstration of new and innovative approaches to delivery of services upon a showing by the applicant or petitioner that the intended protections afforded by the rule or regulation which is the subject of the request are met and that the innovative approach has the potential to improve service delivery without compromising health, safety, residents' rights, or other relevant standards.

Authority: O.C.G.A. §§ 31-2-9, 31-7-2.1 and 31-7-12.

111-8-62-34 Enforcement and Penalties.

(1) Enforcement of these rules and regulations shall be in accordance with O.C.G.A. § 31-2-11 and the Rules for Enforcement for Licensing Requirements, Chapter 290-1-6.

(2) No personal care home shall be operated or residents admitted without a permit or provisional permit. Failure or refusal to file an application for a permit shall constitute a violation of Chapter 7 of Title 31 of the Official Code of Georgia Annotated. Any person who fails or refuses to file an application for a permit shall be subject to the penalties provided by law including, but not limited to, an order to cease and desist operating a Personal Care Home.

(3) The Department may refuse to grant a permit or provisional permit for the operation of any personal care home which does not fulfill the minimum requirements of these rules and may revoke a permit or provisional permit which has been issued and may invoke other sanctions if a home violates any of these rules and regulations. Before any order is entered refusing a permit applied for or revoking a permit, the applicant or permit holder shall be afforded an opportunity for a hearing as provided in Article 1 of Chapter 5 of Title 31 of the Official Code of Georgia Annotated.

(4) No permit shall be issued to any governing body which has been denied a permit by the Department during the previous twelve months. No permit shall be issued to any governing body which has had a permit revoked by the Department during the previous twelve months.

(5) Subject to notice and the right to hearing, the Department is authorized to take other enforcement action against the holder of a permit or a provisional permit including:

(a) issuing a public or private reprimand;

(b) imposition of a fine; and

(c) limitation, suspension, or restriction of a permit or provisional permit.

(6) The Department is empowered to institute appropriate proceedings in a court of competent

jurisdiction for the purpose of enjoining violation of any applicable provision of Title 31 of the Official Code of Georgia Annotated, or of these rules and regulations.

Authority: O.C.G.A. §§ 31-2-11, 31-7-2.1 and 31-7-4.