

**RULES OF  
DEPARTMENT OF COMMUNITY HEALTH  
HEALTHCARE FACILITY REGULATION**

**REPEAL CHAPTER 290-5-53**

**AND**

**REPLACE WITH NEW CHAPTER 111-8-71**

**RULES AND REGULATIONS FOR TRAUMATIC BRAIN INJURY FACILITIES**

**SYNOPSIS OF PROPOSED RULE CHANGES**

**STATEMENT OF PURPOSE:** The Department of Community Health proposes to repeal the Rules for Traumatic Brain Injury Facilities, Chapter 290-5-53, and replace and restate the Rules for Traumatic Brain Injury Facilities as Chapter 111-8-71. This change is necessary to reflect that traumatic brain injury facilities are subject to regulation by the Department of Community Health rather than the Department of Human Resources, which has since been renamed as the Department of Human Services. These rules are being proposed pursuant to the authority granted the Department of Community Health in O.C.G.A. §§ 31-2-5, 31-2-6 and 31-2-7.

The proposed rules restate existing rules applicable to the licensing of traumatic brain injury facilities which are the responsibility of the Department of Community Health, Healthcare Facility Regulation Division. In the formulation of the proposed new rules, the Department has considered the economic costs associated with the regulations and the impact on small businesses in the state. To the extent possible, the proposed rules do not impose excessive regulatory costs on the regulated entities while supporting the quality of care being delivered and the health and safety of the participants receiving care.

**MAIN FEATURES OF THE PROPOSED RULES:** The proposed Rules for Traumatic Brain Injury Facilities, Chapter 111-8-71, set forth the existing standards for licensing residential facilities serving persons with traumatic brain injuries. These proposed rules do not change the existing rules except to replace the Chapter number, the name of the Department and update legal references throughout. The proposed rules include the following features:

- Restatement of existing Legal Authority in Rule 111-8-71-.01 for the licensing of traumatic brain injury facilities.

- Restatement of existing Purpose in Rule 111-8-71-.02 to implement the requirements for licensing facilities serving clients who require treatment and rehabilitative care for periods continuing for 24 hours or longer.
- Restatement of existing Definitions in Rule 111-8-71-.03 but substituting the Department of Community Health for the Department of Human Resources in the definition of the Department.
- Restatement of existing provisions for Governing Body in Rule 111-8-71-.04.
- Restatement of existing provisions for issuance of Permits in Rule 111-8-71-.05.
- Restatement of existing provisions for Applications in Rule 111-8-71-.06 regarding the submission of applications on forms as prescribed by the Department.
- Restatement of existing requirements for Inspections in Rule 111-8-71-.07 to be performed by the Department upon completion of the application and as needed to determine the facility's fulfillment of requirements.
- Restatement of existing requirements for Admissions in Rule 111-8-71-.08 to include policies and procedures describing the continuum of treatment provided and screening of potential clients.
- Restatement of existing requirements for Client Assessment and Individual Program Planning in Rule 111-8-71-.09 for a client assessment to include the client's rehabilitation potential, the development of written program plan for the client and a discharge summary.
- Restatement of existing requirements for Recordkeeping in Rule 111-8-71-.10 for an individual care record for the client with case identification information, admission documents and signed and dated progress reports.
- Restatement of existing requirements for Treatment and Rehabilitative Care in Rule 111-8-71-.11 for transitional living and lifelong living.
- Restatement of existing provisions for Physical Environment and Safety in Rule 111-8-71-.12 for the building to be constructed and maintained to protect the health and safety of the clients and staff.
- Restatement of existing requirements for Disaster Preparedness in Rule 111-8-71-.13 for the development and regular rehearsal of a disaster preparedness plan in compliance with the updated legal reference to the Disaster Preparedness Rules at Chapter 111-8-16.
- Restatement of existing requirements for Dining and Food Service in Rule 111-8-71-.14 for nourishing, palatable and well-balanced diets to address the dietary needs of the clients.
- Restatement of existing requirements for Variances and Waivers in Rule 111-8-71-.15 to allow for applications for variances or waivers for demonstration of new and innovative approaches to the delivery of services.
- Modification of requirements for Enforcement in Rule 111-8-71-.16 to include all enforcement actions, not just revocations and reference to the Rules for General Licensing and Enforcement Requirements, Chapter 111-8-25.

- Restatement of existing requirements for Severability in Rule 111-8-71-.17.
- Inclusion of updated references to the Official Code of Georgia Annotated and cross-references to other rules.

# **RULES OF DEPARTMENT OF HUMAN RESOURCES**

## **CHAPTER 290-5-53 TRAUMATIC BRAIN INJURY FACILITIES**

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### **290-5-53-.01 Legal Authority.**

The legal authority for this chapter is Chapter 7 of Title 31 of the Official Code of Georgia annotated.

Authority O.C.G.A. Sec. 31-7-1(1)(H). ~~Administrative History.~~ Original Rule entitled "Legal Authority" adopted. F. Feb. 22, 1990; eff. Mar. 14, 1990.

### ~~290-5-53-.02 Purpose.~~

~~The purpose of these rules is to implement the requirements of Chapter 7 of Title 31 of the Official Code of Georgia Annotated pertaining to the licensure of facilities that are devoted to the provision of treatment and rehabilitative care for periods continuing for 24 hours or longer for persons who have traumatic brain injury.~~

~~Authority O.C.G.A. Sec. 31-7-2.1. Administrative History.~~ Original Rule entitled "Purpose" adopted. F. Feb. 22, 1990; eff. Mar. 14, 1990.

### ~~290-5-53-.03 Definitions.~~

~~(1) "Department" means the Georgia Department of Human Resources.~~

~~(2) "Facility" means a place which is devoted to the provision of treatment and rehabilitative care for periods continuing for 24 hours or longer for persons who have traumatic brain injury. Such facility is not classified by the Department as a hospital, nursing home, intermediate care facility, or personal care home.~~

~~(3) "Traumatic Brain Injury" means a traumatic insult to the brain and its related parts resulting in organic damage thereto which may cause physical, intellectual, emotional, social, or vocational changes in a person. Persons having a traumatic brain injury may have organic damage or physical or social disorders, but for the purpose of these rules, traumatic brain injury shall not be considered mental illness.~~

~~Authority O.C.G.A. Secs. 31-7-1(1)(H), 37-3-1(16.1). Administrative History.~~ Original Rule entitled "Definitions" adopted. F. Feb. 22, 1990; eff. Mar. 14, 1990.

### ~~290-5-53-.04 Governing Body.~~

~~Each facility shall have a governing body empowered and responsible to determine all policies and procedures, and to ensure compliance with these rules and regulations.~~

~~Authority O.C.G.A. Sec. 31-7-2.1. Administrative History.~~ Original Rule entitled "Governing Body" adopted. F. Feb. 22, 1990; eff. Mar. 14, 1990.

### ~~290-5-53-.05 Permits.~~

~~No facility shall be operated without a permit or provisional permit issued by the Department.~~

~~(a) A permit shall be issued by the Department upon a facility's compliance with these rules and regulations.~~

~~(b) A provisional permit shall be issued by the Department on a conditional basis for one of the following reasons:~~

~~1. To allow a newly established facility a reasonable but limited period of time to demonstrate that its operational procedures equal standards specified by these rules and regulations;~~

~~2. To allow an existing facility a reasonable length of time to comply with these rules and regulations, provided that the facility shall present a plan of improvement acceptable to the Department.~~

~~(c) Any permit shall be displayed in a conspicuous place on the premises of the facility.~~

~~(d) Permits issued shall remain in force and effect until revoked or suspended.~~

~~Provisional permits shall remain in force and effect for such limited period of time as~~

may be specified by the Department. Any permit is only valid at the location for which issued, and is not transferable between governing bodies.

Authority O.C.G.A. Secs. 31-7-1(3)(4), 31-7-3. **Administrative History.** Original Rule entitled "Permits" adopted. F. Feb. 22, 1990; eff. Mar. 14, 1990.

### **290-5-53-.06 Applications.**

Applications for a permit to operate a facility shall be submitted by the governing body on forms prescribed by the Department. An approved Certificate of Need shall accompany the application. Failure or refusal to file an application shall constitute a violation of Chapter 7 of Title 31 of the Official Code of Georgia Annotated.

Authority O.C.G.A. Secs. 31-6-2(8), 31-7-3. **Administrative History.** Original Rule entitled "Applications" adopted. F. Feb. 22, 1990; eff. Mar. 14, 1990.

### **290-5-53-.07 Inspections.**

(1) Upon submission of a completed application, the Department shall conduct an inspection of a facility to determine compliance with these rules and regulations. Following an inspection, the Department may issue or refuse to issue a permit or a provisional permit.

(2) The Department shall conduct such additional inspections as needed to determine if a facility continues to fulfill requirements. Failure to fulfill requirements may result in the revocation of a permit as provided in Chapter 290-5-53-.16.

Authority O.C.G.A. Secs. 31-7-3, 31-7-4. **Administrative History.** Original Rule entitled "Inspections" adopted. F. Feb. 22, 1990; eff. Mar. 14, 1990.

### **290-5-53-.08 Admissions.**

(1) Written policies and procedures shall be established and implemented for admission to the facility. Such policies shall include a description of the types of traumatic brain injured persons it serves, the continuum of treatment and rehabilitative care it provides, and the functional outcomes it intends to achieve for its clients in regard to degree of personal and living independence, level of work productivity, and psychosocial adjustment.

(2) Initial admissions shall be screened through review of a written application form, review of referral information and the client's most recent medical records, and personal interviews with the client. Factors to be considered in the screening include the client's medical history, functional status, and social circumstances.

(3) At admission the following information shall be explained to each client, and a responsible family member, guardian, or representative. Documentation of the explanation shall be maintained in the client's case record.

(a) The types of treatment and rehabilitative care provided in the facility and an overview of the functional outcomes that the client may expect to achieve, including details regarding the hours and specific times of specific therapies, services, and activities that are expected to be provided for the client.

(b) A fee schedule and required methods of payment, including information about payment options and costs of special therapies and services.

(c) The facility's rules, including any provisions for the maintenance of resident fund accounts if such accounts are made available.

(d) A description of the client's rights and responsibilities to at least include the right to be free of physical and psychological abuse and neglect, to participate in individual program planning and implementation, and to receive visitors at regular hours, and to manage one's own financial affairs.

Authority O.C.G.A. Sec. 31-7-2.1. **Administrative History.** Original Rule entitled "Admissions" adopted. F. Feb. 22, 1990; eff. Mar. 14, 1990.

### **290-5-53-.09 Client Assessment and Individual Program Planning.**

(1) Written policies and procedures shall be established and implemented to provide for a complete, written assessment of the client within four weeks following admission. The purpose of the assessment shall be to determine client rehabilitation potential or need for ongoing lifetime support and the facility's ability to deliver appropriate treatment and rehabilitative care, or support to the client.

(2) The assessment shall be performed under the supervision of the program manager in collaboration with the rehabilitation professionals that provide therapies and services in the facility. The assessment must also include documentation of contact and input from the client's physician, previous rehabilitation providers and facilities, and rehabilitation professionals previously involved in the client's treatment and rehabilitative care. The assessment must identify the client's rehabilitation potential and behavioral, cognitive, educational, emotional, functional, medical, nursing, sociological, and vocational characteristics and needs. Whenever feasible, clients, families, and guardians or representatives should participate in assessments.

(3) An individual, written program plan shall be developed for each client, with his participation, by professional staff that participated in the assessment. The plan shall be based on the characteristics and needs identified in the assessment. The plan shall include specific goals oriented towards outcomes to achieve independence for the client.

(a) An individual case manager shall be assigned primary responsibility for managing the client's program plans.

(b) Program plans shall be reviewed by the case manager in collaboration with the client and other appropriate professional staff at least monthly and modified as needed.

(c) When transfer or discharge is planned, a discharge summary shall be included in the program plan. The summary must contain the reason for referral or discharge, the diagnosis, the client's functional limitations, the services that were provided, the outcomes of the services, and any recommendations of the case manager or professional staff. A facility shall provide every client at least ten days prior notification of transfer or discharge, provided, however, that an emergency transfer shall be done and notification given as soon as practical.

Authority O.C.G.A. Sec. 31-7-2.1. **Administrative History.** Original Rule entitled "Client Assessment and Individual Program Planning" adopted. F. Feb. 22, 1990; eff. Mar. 14, 1990.

### **~~290-5-53-.10 Recordkeeping.~~**

~~An individual care record shall be maintained for each client admitted to the facility. Case records must be maintained in a central location, and contain the following materials:~~

- ~~(a) Case identification information;~~
- ~~(b) Names, addresses, and telephone numbers of responsible family members, guardians, or representatives;~~
- ~~(c) Names, addresses, and telephone numbers of emergency contacts to include the client's physicians;~~
- ~~(d) Admissions documentation;~~
- ~~(e) The client's complete written assessment;~~
- ~~(f) The client's written program plan, including the designation of a case manager; and~~
- ~~(g) Signed and dated progress reports, notes or similar documentation related to the mental and physical health, treatment, and rehabilitation of the client to include current drug regimens, treatment, and dietary needs.~~

~~Authority O.C.G.A. Sec. 31-7-2.1. **Administrative History.** Original Rule entitled "Recordkeeping" adopted. F. Feb. 22, 1990; eff. Mar. 14, 1990.~~

### **~~290-5-53-.11 Treatment and Rehabilitative Care.~~**

~~A facility shall provide one or two levels of treatment and rehabilitative care. These are:~~

- ~~(a) Transitional Living. Such treatment and rehabilitative care shall be delivered to clients that require education and training for independent living with a focus on compensating for skills that cannot be restored. Such care prepares clients for maximum independence, teaches necessary skills for community interaction, works with clients on pre-vocational and vocational training, and stresses cognitive, speech, and behavioral therapies structured to the individual needs of clients.~~

~~1. Management of clients shall be provided by a program manager who shall be a rehabilitation professional with two years experience in the care or treatment of traumatic brain injured persons. The program manager shall be a full-time staff member with specialized education, training, and skill in rehabilitation.~~

~~2. Individual case management shall be provided by the program manager or other professional staff member such as occupational therapist, physical therapist, rehabilitation nurse, or social worker.~~

~~3. The following specialized services shall be provided, or arranged for by written agreements or contracts. Such services shall be delivered by professionals licensed by applicable existing Examining Boards of the Joint Secretary for Examining Boards of the Georgia Secretary of State.~~

- ~~(i) Occupational Therapy;~~
- ~~(ii) Psychology;~~
- ~~(iii) Physical Therapy; and~~
- ~~(iv) Speech-Language Therapy.~~

~~4. Based on the needs of the client's and the facility's stated continuum of treatment and rehabilitative care, the facility shall provide, arrange for, or assist clients to obtain the following services:~~

- ~~(i) Audiology;~~
- ~~(ii) Chaplaincy;~~



- (iii) Cognitive Rehabilitative Therapy;
- (iv) Dentistry;
- (v) Dietetics/Nutrition;
- (vi) Driver Education;
- (vii) Family Therapy;
- (viii) Neuropsychology;
- (ix) Nursing, including administration of medications if necessary;
- (x) Orthotics;
- (xi) Pharmaceuticals, including monitoring and safe storage of medications;
- (xii) Physician;
- (xiii) Prosthetics;
- (xiv) Rehabilitation Engineer;
- (xv) Respiratory Therapy;
- (xvi) Social Work;
- (xvii) Therapeutic Recreation; and
- (xviii) Vocational Rehabilitation.

5. Coordinated services listed in subparagraph 3. and 4. above shall be provided to a client for at least five hours per weekday. Provision of such services shall be in accordance with the client's plan of care and cognitive and/or physical condition.

6. Twenty-four hour per day supervision for clients in the facility shall be provided by the program manager, professional rehabilitation staff, or other direct care rehabilitation staff at a ratio of 1 staff: 8 clients. Staff shall be available to respond to the needs of clients placed in an independent living arrangement, or outside the facility for employment or unsupervised activities.

(b) Lifelong Living. Such treatment and rehabilitative care shall be delivered to clients that have been discharged from rehabilitation, cannot live at home independently, and require ongoing lifetime support.

1. Management of clients shall be provided by a program manager who shall be a rehabilitation professional with two years of experience in the care or treatment of traumatic brain injured persons. The program manager shall be a full-time staff member with specialized education, training, and skill in rehabilitation. Individual case management may be provided by the program manager.

2. Twenty-four hour per day supervision for clients in the facility shall be provided by the program manager or other direct care staff at a ratio of 1 staff: 10 clients. Staff shall be available to respond to the needs of clients outside the facility for employment or unsupervised activities.

3. Based on needs identified in client assessments and individual program plans, personal care shall be provided. Such care shall include bathing, bowel and bladder management, care of adaptive personal care devices, hair care, nail care, oral hygiene, personal hygiene, positioning, shaving, and skin care.

4. Based on needs identified in client assessments and individual program plans, individual health care needs shall be provided or arranged. These include dental services; nursing services, including administration of medications if necessary; pharmaceutical services, including monitoring medications and safe storage of medications; physician services; preventative, restorative, and rehabilitation services; and psychological services.

5. Support or training for basic living skills shall be available to residents as needed. Such support or training includes basic self-care skills (eating, bathing, toileting, dressing, etc.); communication skills; health maintenance skills (diet, exercise, hygiene, medications, use of medical services, etc.); financial management skills; housekeeping skills; mobility and transportation skills, including how to access public transportation; safety practices; and use of community services and resources.

6. Group or individual activities shall be scheduled for residents based on service needs and personal choices. A minimum of thirty hours per week of activities shall be made available in accordance with the client's plan of care and cognitive and/or physical condition. This may include scheduled employment activities.

Authority O.C.G.A. Sec. 31-7-2.1. **Administrative History.** Original Rule entitled "Treatment and Rehabilitative Care" adopted. F. Feb. 22, 1990; eff. Mar. 14, 1990.

### **~~290-5-53-.12 Physical Environment and Safety.~~**

~~(1) A facility must be designed, constructed, equipped and maintained to protect the health and safety of clients and staff.~~

~~(2) Floors, walls, and ceilings shall be in good repair.~~

~~(3) A facility must be in compliance with applicable fire safety laws, and regulations of the Georgia Safety Fire Commissioner.~~

~~(4) A facility must provide sufficient space and equipment in recreation, program, and treatment and rehabilitation areas to provide needed services as required by these rules and as identified in each client's individual, written program plan.~~

~~(5) A facility must be wheelchair accessible.~~

~~(6) Client rooms must be designed and equipped for adequate care and treatment, comfort, and privacy of clients. Bedrooms must:~~

~~(a) Accommodate no more than four clients;~~

~~(b) Measure at least 80 square feet per client in multiple client bedrooms and at least 100 square feet in single client bedrooms;~~

~~(c) Be an outside room with direct access to a corridor or hallway and with a window space equal to at least one-eighth of the floor area; and~~

~~(d) Have a floor at or above grade level.~~

~~(7) Each client must be provided with a separate bed of proper size and height for the convenience of the client; a clean, comfortable mattress; clean linen and bedding appropriate to the weather and climate; functional furnishings appropriate to the client's needs; and individual closet space in the client's bedroom with clothes racks and shelves accessible to the client.~~

~~(8) Each resident room must be equipped with or located near lavatory, toilet and bathing facilities. Such facilities used by clients in wheelchairs must be equipped for their use. A functional lavatory, toilet, and bath or shower shall be provided for every five residents or fraction thereof.~~

~~(9) A facility must provide a safe, functional, sanitary, and comfortable environment for clients and staff.~~

~~(a) Adequate outside ventilation by means of windows, or mechanical ventilation or a combination of the two shall be provided.~~

~~(b) An adequate pest control program so that the facility is free of pests and rodents shall be maintained.~~

~~(c) An adequate climate control system shall be maintained.~~

~~(10) Facilities that have motor vehicles for the transportation of clients shall ensure that vehicles are maintained in a safe condition with insurance coverage. Facility operators shall possess valid driver's licenses for the class of vehicles used for transportation. Safety restraining devices and equipment must be available in vehicles transporting clients with disabilities.~~

~~Authority O.C.G.A. Sec. 31-7-2.1. **Administrative History.** Original Rule entitled "Physical Environment and Safety" adopted. F. Feb. 22, 1990; eff. Mar. 14, 1990.~~

### **~~290-5-53-.13 Disaster Preparedness.~~**

~~A facility shall have a written and regularly rehearsed disaster preparedness plan approved by the Department. Such plan shall be in accordance with Rules for Disaster Preparedness Plans, Chapter 290-5-45.~~

~~Authority O.C.G.A. Sec. 31-7-3(e). **Administrative History.** Original Rule entitled "Disaster Preparedness" adopted. F. Feb. 22, 1990; eff. Mar. 14, 1990.~~

### **~~290-5-53-.14 Dining and Food Service.~~**

~~(1) The facility must provide each client with a nourishing, palatable, well-balanced diet that meets the daily nutritional and special dietary needs of each client.~~

~~(2) At least three meals daily must be provided or made available to each client, at regular times comparable to normal mealtimes in the community. There must be no more than 14 hours between a substantial evening meal and breakfast the following day.~~

~~(3) The facility shall provide special eating equipment and utensils, and assistance for clients in need of such services.~~

~~(4) Food must be stored, prepared, distributed, and served under sanitary conditions.~~

~~(5) Sufficient space, equipment, and durable supplies and utensils for dining shall be maintained appropriate to the client's needs.~~

~~Authority O.C.G.A. Sec. 31-7-2.1. **Administrative History.** Original Rule entitled "Dining and Food Service" adopted. F. Feb. 22, 1990; eff. Mar. 14, 1990.~~

### **~~290-5-53-.15 Variances and Waivers.~~**

~~The Department upon application or petition may grant variances and waivers to these rules and regulations when it is shown that the rule and regulation is not applicable or to allow experimentation or demonstration of new and innovative approaches to delivery of services.~~

~~Authority O.C.G.A. Sec. 31-2-4. **Administrative History.** Original Rule entitled "Variances and Waivers" adopted. F. Feb. 22, 1990; eff. Mar. 14, 1990.~~

### **~~290-5-53-.16 Enforcement.~~**

~~The department may refuse to grant a permit for the operation of any facility that does not fulfill the requirements of these rules and regulations and may revoke a permit which has been issued if a facility violates any such rules and regulations. Before refusing a permit applied for or revoking a permit previously issued, 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.~~

~~Authority O.C.G.A. Sec. 31-7-4. **Administrative History.** Original Rule entitled "Enforcement" adopted. F. Feb. 22, 1990; eff. Mar. 14, 1990.~~

**~~290-5-53-17 Severability.~~**

In the event that any rule, sentence, clause or phrase of any of these rules and regulations may be construed by any court of competent jurisdiction to be invalid, illegal, unconstitutional, or otherwise unenforceable, such determination or adjudication shall in no manner affect the remaining rules or portions thereof and such remaining rules or portions thereof shall remain in full force and effect, as if such rule or portions thereof so determined, declared or adjudged invalid or unconstitutional were not originally a part thereof.

Authority O.C.G.A. Sec. 31-7-2.1. ~~Administrative History.~~ Original Rule entitled "Severability" adopted. F. Feb. 22, 1990; eff. Mar. 14, 1990.

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**CHAPTER ~~290-5-53~~111-8-71  
TRAUMATIC BRAIN INJURY FACILITIES**

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### **290-5-53111-8-71-.01 Legal Authority.**

The legal authority for this chapter is Chapter 7 of Title 31 of the Official Code of Georgia annotated.

Authority O.C.G.A. Sec. 31-7-1(~~14~~)(~~HF~~). **Administrative History.** Original Rule entitled "Legal Authority" adopted. F. Feb. 22, 1990; eff. Mar. 14, 1990.

### **290-5-53111-8-71-.02 Purpose.**

The purpose of these rules is to implement the requirements of Chapter 7 of Title 31 of the Official Code of Georgia Annotated pertaining to the licensure of facilities that are devoted to the provision of treatment and rehabilitative care for periods continuing for 24 hours or longer for persons who have traumatic brain injury.

Authority O.C.G.A. Sec. 31-7-2.1. **Administrative History.** Original Rule entitled "Purpose" adopted. F. Feb. 22, 1990; eff. Mar. 14, 1990.

### **290-5-53111-8-71-.03 Definitions.**

(1) "Department" means the Georgia Department of ~~Human Resources~~Community Health.

(2) "Facility" means a place which is devoted to the provision of treatment and rehabilitative care for periods continuing for 24 hours or longer for persons who have traumatic brain injury. Such facility is not classified by the Department as a hospital, nursing home, intermediate care facility, or personal care home.

(3) "Traumatic Brain Injury" means a traumatic insult to the brain and its related parts resulting in organic damage thereto which may cause physical, intellectual, emotional, social, or vocational changes in a person. Persons having a traumatic brain injury may have organic damage or physical or social disorders, but for the purpose of these rules, traumatic brain injury shall not be considered mental illness.

Authority O.C.G.A. Secs. 31-7-1(~~14~~)(~~HF~~), 37-3-1(16.1). **Administrative History.** Original Rule entitled "Definitions" adopted. F. Feb. 22, 1990; eff. Mar. 14, 1990.

### **290-5-53111-8-71-.04 Governing Body.**

Each facility shall have a governing body empowered and responsible to determine all policies and procedures, and to ensure compliance with these rules and regulations.

Authority O.C.G.A. Sec. 31-7-2.1. **Administrative History.** Original Rule entitled "Governing Body" adopted. F. Feb. 22, 1990; eff. Mar. 14, 1990.

### **290-5-53111-8-71-.05 Permits.**

No facility shall be operated without a permit or provisional permit issued by the Department.

(a) A permit shall be issued by the Department upon a facility's compliance with these rules and regulations.

(b) A provisional permit shall be issued by the Department on a conditional basis for one of the following reasons.

1. To allow a newly established facility a reasonable but limited period of time to demonstrate that its operational procedures equal standards specified by these rules and regulations.

2. To allow an existing facility a reasonable length of time to comply with these rules and regulations, provided that the facility shall present a plan of improvement acceptable to the Department.

(c) Any permit shall be displayed in a conspicuous place on the premises of the facility.

(d) Permits issued shall remain in force and effect until revoked or suspended. Provisional permits shall remain in force and effect for such limited period of time as may be specified by the Department. Any permit is only valid at the location for which issued, and is not transferable between governing bodies.

Authority O.C.G.A. Secs. ~~31-7-1(3)(4)~~, 31-7-3. **Administrative History.** Original Rule entitled "Permits" adopted. F. Feb. 22, 1990; eff. Mar. 14, 1990.

### **290-5-53111-8-71-.06 Applications.**

Applications for a permit to operate a facility shall be submitted by the governing body on forms prescribed by the Department. An approved Certificate of Need shall accompany the application. Failure or refusal to file an application shall constitute a violation of Chapter 7 of Title 31 of the Official Code of Georgia Annotated.

Authority O.C.G.A. Secs. 31-~~62-2(8)8~~, 31-7-3. **Administrative History.** Original Rule entitled "Applications" adopted. F. Feb. 22, 1990; eff. Mar. 14, 1990.

### **290-5-53111-8-71-.07 Inspections.**

(1) Upon submission of a completed application, the Department shall conduct an inspection of a facility to determine compliance with these rules and regulations. Following an inspection, the Department may issue or refuse to issue a permit or a provisional permit.

(2) The Department shall conduct such additional inspections as needed to determine if a facility continues to fulfill requirements. Failure to fulfill requirements may result in the revocation of a permit as provided in Chapter ~~290-5-53111-8-71~~.16.

Authority O.C.G.A. Secs. 31-7-3, 31-7-4. **Administrative History.** Original Rule entitled "Inspections" adopted. F. Feb. 22, 1990; eff. Mar. 14, 1990.

### ~~290-5-53111-8-71~~.08 Admissions.

(1) Written policies and procedures shall be established and implemented for admission to the facility. Such policies shall include a description of the types of traumatic brain injured persons it serves, the continuum of treatment and rehabilitative care it provides, and the functional outcomes it intends to achieve for its clients in regard to degree of personal and living independence, level of work productivity, and psychosocial adjustment.

(2) Initial admissions shall be screened through review of a written application form, review of referral information and the client's most recent medical records, and personal interviews with the client. Factors to be considered in the screening include the client's medical history, functional status, and social circumstances.

(3) At admission the following information shall be explained to each client, and a responsible family member, guardian, or representative. Documentation of the explanation shall be maintained in the client's case record.

(a) The types of treatment and rehabilitative care provided in the facility and an overview of the functional outcomes that the client may expect to achieve, including details regarding the hours and specific times of specific therapies, services, and activities that are expected to be provided for the client.

(b) A fee schedule and required methods of payment, including information about payment options and costs of special therapies and services.

(c) The facility's rules, including any provisions for the maintenance of resident fund accounts if such accounts are made available.

(d) A description of the client's rights and responsibilities to at least include the right to be free of physical and psychological abuse and neglect, to participate in individual program planning and implementation, and to receive visitors at regular hours, and to manage one's own financial affairs.

Authority O.C.G.A. Sec. 31-7-2.1. **Administrative History.** Original Rule entitled "Admissions" adopted. F. Feb. 22, 1990; eff. Mar. 14, 1990.

### ~~290-5-53111-8-71~~.09 Client Assessment and Individual Program Planning.

(1) Written policies and procedures shall be established and implemented to provide for a complete, written assessment of the client within four weeks following admission. The purpose of the assessment shall be to determine client rehabilitation potential or need for ongoing lifetime support and the facility's ability to deliver appropriate treatment and rehabilitative care, or support to the client.

(2) The assessment shall be performed under the supervision of the program manager in collaboration with the rehabilitation professionals that provide therapies and services in the facility. The assessment must also include documentation of contact and input from the client's physician, previous rehabilitation providers and facilities, and rehabilitation professionals previously involved in the client's treatment and rehabilitative care. The assessment must identify the client's rehabilitation potential and behavioral, cognitive, educational, emotional, functional, medical, nursing, sociological, and vocational characteristics and needs. Whenever feasible, clients, families, and guardians or representatives should participate in assessments.

(3) An individual, written program plan shall be developed for each client, with his participation, by professional staff that participated in the assessment. The plan shall be based on the characteristics and needs identified in the assessment. The plan shall include specific goals oriented towards outcomes to achieve independence for the client.

(a) An individual case manager shall be assigned primary responsibility for managing the client's program plans.

(b) Program plans shall be reviewed by the case manager in collaboration with the client and other appropriate professional staff at least monthly and modified as needed.

(c) When transfer or discharge is planned, a discharge summary shall be included in the program plan. The summary must contain the reason for referral or discharge, the diagnosis, the client's functional limitations, the services that were provided, the outcomes of the services, and any recommendations of the case manager or professional staff. A facility shall provide every client at least ten days prior notification of transfer or discharge, provided, however, that an emergency transfer shall be done and notification given as soon as practical. Authority O.C.G.A. Sec. 31-7-2.1. **Administrative History.** Original Rule entitled "Client Assessment and Individual Program Planning" adopted. F. Feb. 22, 1990; eff. Mar. 14, 1990.

### **290-5-53111-8-71-.10 Recordkeeping.**

An individual care record shall be maintained for each client admitted to the facility. Case records must be maintained in a central location, and contain the following materials:

(a) Case identification information;



(b) Names, addresses, and telephone numbers of responsible family members, guardians, or representatives;

(c) Names, addresses, and telephone numbers of emergency contacts to include the client's physicians;

(d) Admissions documentation;

(e) The client's complete written assessment;

(f) The client's written program plan, including the designation of a case manager; and

(g) Signed and dated progress reports, notes or similar documentation related to the mental and physical health, treatment, and rehabilitation of the client to include current drug regimens, treatment, and dietary needs.

Authority O.C.G.A. Sec. 31-7-2.1. **Administrative History.** Original Rule entitled "Recordkeeping" adopted. F. Feb. 22, 1990; eff. Mar. 14, 1990.

### **290-5-53111-8-71-.11 Treatment and Rehabilitative Care.**

A facility shall provide one or two levels of treatment and rehabilitative care. These are:

(a) Transitional Living. Such treatment and rehabilitative care shall be delivered to clients that require education and training for independent living with a focus on compensating for skills that cannot be restored. Such care prepares clients for maximum independence, teaches necessary skills for community interaction, works with clients on pre-vocational and vocational training, and stresses cognitive, speech, and behavioral therapies structured to the individual needs of clients.

1. Management of clients shall be provided by a program manager who shall be a rehabilitation professional with two years experience in the care or treatment of traumatic brain injured persons. The program manager shall be a full-time staff member with specialized education, training, and skill in rehabilitation.

2. Individual case management shall be provided by the program manager or other professional staff member such as occupational therapist, physical therapist, rehabilitation nurse, or social worker.

3. The following specialized services shall be provided, or arranged for by written agreements or contracts. Such services shall be delivered by professionals licensed by applicable existing Examining Boards of the Joint Secretary for Examining Boards of the Georgia Secretary of State.

- (i) Occupational Therapy;
- (ii) Psychology;
- (iii) Physical Therapy; and
- (iv) Speech-Language Therapy.

4. Based on the needs of the client's and the facility's stated continuum of treatment and rehabilitative care, the facility shall provide, arrange for, or assist clients to obtain the following services:

- (i) Audiology;
- (ii) Chaplaincy;
- | (iii) Cognitive ~~Rehabilitative~~ Rehabilitative Therapy;
- (iv) Dentistry;
- (v) Dietetics/Nutrition;
- (vi) Driver Education;
- (vii) Family Therapy;
- (viii) Neuropsychology;
- (ix) Nursing, including administration of medications if necessary;
- (x) Orthotics;
- (xi) Pharmaceuticals, including monitoring and safe storage of medications;
- (xii) Physician;
- (xiii) Prosthetics;
- (xiv) Rehabilitation Engineer;
- (xv) Respiratory Therapy;
- (xvi) Social Work;
- (xvii) Therapeutic Recreation; and

(xviii) Vocational Rehabilitation.

5. Coordinated services listed in subparagraph 3. and 4. above shall be provided to a client for at least five hours per weekday. Provision of such services shall be in accordance with the client's plan of care and cognitive and/or physical condition.

6. Twenty-four hour per day supervision for clients in the facility shall be provided by the program manager, professional rehabilitation staff, or other direct care rehabilitation staff at a ratio of 1 staff: 8 clients. Staff shall be available to respond to the needs of clients placed in an independent living arrangement, or outside the facility for employment or unsupervised activities.

(b) Lifelong Living. Such treatment and rehabilitative care shall be delivered to clients that have been discharged from rehabilitation, cannot live at home independently, and require ongoing lifetime support.

1. Management of clients shall be provided by a program manager who shall be a rehabilitation professional with two years of experience in the care or treatment of traumatic brain injured persons. The program manager shall be a full-time staff member with specialized education, training, and skill in rehabilitation. Individual case management may be provided by the program manager.

2. Twenty-four hour per day supervision for clients in the facility shall be provided by the program manager or other direct care staff at a ratio of 1 staff: 10 clients. Staff shall be available to respond to the needs of clients outside the facility for employment or unsupervised activities.

3. Based on needs identified in client assessments and individual program plans, personal care shall be provided. Such care shall include bathing, bowel and bladder management, care of adaptive personal care devices, hair care, nail care, oral hygiene, personal hygiene, positioning, shaving, and skin care.

4. Based on needs identified in client assessments and individual program plans, individual health care needs shall be provided or arranged. These include dental services; nursing services, including administration of medications if necessary; pharmaceutical services, including monitoring medications and safe storage of medications; physician services; preventative, restorative, and rehabilitation services; and psychological services.

5. Support or training for basic living skills shall be available to residents as needed. Such support or training includes basic self-care skills (eating, bathing, toileting, dressing, etc.); communication skills; health maintenance skills (diet, exercise, hygiene, medications, use of medical services, etc.); financial management skills; housekeeping skills; mobility and transportation skills,

including how to access public transportation; safety practices; and use of community services and resources.

6. Group or individual activities shall be scheduled for residents based on service needs and personal choices. A minimum of thirty hours per week of activities shall be made available in accordance with the client's plan of care and cognitive and/or physical condition. This may include scheduled employment activities.

Authority O.C.G.A. Sec. 31-7-2.1. **Administrative History.** Original Rule entitled "Treatment and Rehabilitative Care" adopted. F. Feb. 22, 1990; eff. Mar. 14, 1990.

## **290-5-53111-8-71-12 Physical Environment and Safety.**

(1) A facility must be designed, constructed, equipped and maintained to protect the health and safety of clients and staff.

(2) Floors, walls, and ceilings shall be in good repair.

(3) A facility must be in compliance with applicable fire safety laws, and regulations of the Georgia Safety Fire Commissioner.

(4) A facility must provide sufficient space and equipment in recreation, program, and treatment and rehabilitation areas to provide needed services as required by these rules and as identified in each client's individual, written program plan.

(5) A facility must be wheelchair accessible.

(6) Client rooms must be designed and equipped for adequate care and treatment, comfort, and privacy of clients. Bedrooms must:

(a) Accommodate no more than four clients;

(b) Measure at least 80 square feet per client in multiple client bedrooms and at least 100 square feet in single client bedrooms;

(c) Be an outside room with direct access to a corridor or hallway and with a window space equal to at least one-eighth of the floor area; and

(d) Have a floor at or above grade level.

(7) Each client must be provided with a separate bed of proper size and height for the convenience of the client; a clean, comfortable mattress; clean linen and bedding appropriate to the weather and climate; functional furnishings appropriate to the client's needs; and individual closet space in the client's bedroom with clothes racks and shelves accessible to the client.

(8) Each resident room must be equipped with or located near lavatory, toilet and bathing facilities. Such facilities used by clients in wheelchairs must be equipped for their use. A functional lavatory, toilet, and bath or shower shall be provided for every five residents or fraction thereof.

(9) A facility must provide a safe, functional, sanitary, and comfortable environment for clients and staff.

(a) Adequate outside ventilation by means of windows, or mechanical ventilation or a combination of the two shall be provided.

(b) An adequate pest control program so that the facility is free of pests and rodents shall be maintained.

(c) An adequate climate control system shall be maintained.

(10) Facilities that have motor vehicles for the transportation of clients shall ensure that vehicles are maintained in a safe condition with insurance coverage. Facility operators shall possess valid driver's licenses for the class of vehicles used for transportation. Safety restraining devices and equipment must be available in vehicles transporting clients with disabilities.

Authority O.C.G.A. Sec. 31-7-2.1. **Administrative History.** Original Rule entitled "Physical Environment and Safety" adopted. F. Feb. 22, 1990; eff. Mar. 14, 1990.

### **290-5-53111-8-71-.13 Disaster Preparedness.**

A facility shall have a written and regularly rehearsed disaster preparedness plan approved by the Department. Such plan shall be in accordance with Rules for Disaster Preparedness Plans, Chapter 290-5-45111-8-16.

Authority O.C.G.A. Sec. 31-7-3(c). **Administrative History.** Original Rule entitled "Disaster Preparedness" adopted. F. Feb. 22, 1990; eff. Mar. 14, 1990.

### **290-5-53111-8-71-.14 Dining and Food Service.**

(1) The facility must provide each client with a nourishing, palatable, well-balanced diet that meets the daily nutritional and special dietary needs of each client.

(2) At least three meals daily must be provided or made available to each client, at regular times comparable to normal mealtimes in the community. There must be no more than 14 hours between a substantial evening meal and breakfast the following day.

(3) The facility shall provide special eating equipment and utensils, and assistance for clients in need of such services.

(4) Food must be stored, prepared, distributed, and served under sanitary conditions.

(5) Sufficient space, equipment, and durable supplies and utensils for dining shall be maintained appropriate to the client's needs.

Authority O.C.G.A. Sec. 31-7-2.1. **Administrative History.** Original Rule entitled " Dining and Food Service" adopted. F. Feb. 22, 1990; eff. Mar. 14, 1990.

#### **290-5-53111-8-71-.15 Variances and Waivers.**

The Department upon application or petition may grant variances and waivers to these rules and regulations when it is shown that the rule and regulation is not applicable or to allow experimentation or demonstration of new and innovative approaches to delivery of services.

Authority O.C.G.A. Sec. 31-2-47. **Administrative History.** Original Rule entitled "Variances and Waivers" adopted. F. Feb. 22, 1990; eff. Mar. 14, 1990.

#### **290-5-53111-8-71-.16 Enforcement.**

The department may refuse to grant a permit for the operation of any facility that does not fulfill the requirements of these rules and regulations and may revoke a permit which has been issued if a facility violates any such rules and regulations.

~~Before refusing a permit applied for or revoking a permit previously issued, t~~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. In O.C.G.A. §§ 31-2-8 or 31-7-2.2 as applicable and the Rules and Regulations for General Licensing and Enforcement Requirements, Chapter 111-8-25.~~

Authority O.C.G.A. Sec. 31-72-48. **Administrative History.** Original Rule entitled "Enforcement" adopted. F. Feb. 22, 1990; eff. Mar. 14, 1990.

#### **290-5-53111-8-71-.17 Severability.**

In the event that any rule, sentence, clause or phrase of any of these rules and regulations may be construed by any court of competent jurisdiction to be invalid, illegal, unconstitutional, or otherwise unenforceable, such determination or adjudication shall in no manner affect the remaining rules or portions thereof and such remaining rules or portions thereof shall remain in full force and effect, as if such rule or portions thereof so determined, declared or adjudged invalid or unconstitutional were not originally a part thereof.

Authority O.C.G.A. Sec. 31-7-2.1. **Administrative History.** Original Rule entitled "Severability" adopted. F. Feb. 22, 1990; eff. Mar. 14, 1990.