

**111. RULES OF DEPARTMENT OF COMMUNITY HEALTH
111-8. HEALTHCARE FACILITY REGULATION
111-8-63. ASSISTED LIVING COMMUNITIES**

SYNOPSIS OF REVISED RULES

STATEMENT OF PURPOSE:

The Georgia Department of Community Health proposes to amend and update the Rules and Regulations for Healthcare Facility Regulation, Assisted Living Communities, Ga. Comp. R. & Regs., r. 111-8-63. These rules are being proposed pursuant to the authority granted to the Department of Community Health in O.C.G.A. §§ 31-7-2.1(a), 31-7-12.3 and 31-7-12.4(e).

MAIN FEATURES OF THE PROPOSED RULE:

The proposed changes address requirements for medical alert systems; clarify staffing levels; and provide for portable memory care training.

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AMEND CHAPTER 111-8-63

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Rule 111-8-63-.03 Definitions

In these rules, unless the context otherwise requires, the words, phrases and symbols set forth herein shall mean the following:

(a) "Abuse" means any intentional or grossly negligent act or series of acts or intentional or grossly negligent omission to act which causes injury to a resident, including but not limited to, assault or battery, failure to provide treatment or care, or sexual harassment of the resident.

(b) "Activities of daily living" means bathing, shaving, brushing teeth, combing hair, toileting, dressing, eating, walking, transferring from place to place, 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.

(c) "Administrator" means the manager designated by the Governing Body as responsible for the day-to-day management, administration and supervision of the assisted living community, who may also serve as the on-site manager and responsible staff person except during periods of his or her own absence.

(d) "Applicant" means an individual or entity that submits an application for licensure pursuant to these rules as described below:

1. When the assisted living community is owned by a sole proprietorship, the individual proprietor must be the applicant for the license, complete the statement of responsibility and serve as the licensee;

2. When the assisted living community is owned by a partnership, the general partners must be the applicant for the license, complete the statement of responsibility and serve as the licensee;

3. When the assisted living community is owned by an association, limited liability company (LLC) the governing body of the association or LLC must authorize the application for the license, complete the statement of responsibility and serve as the licensee; and

4. When the assisted living community is owned by a corporation, the governing body of the corporation must authorize the application for the license, complete the statement of responsibility and serve as the licensee.

(e) "Assistive device" means a device that may restrain movement which has been determined to be required by a licensed physician, nurse practitioner or physician's assistant working under a protocol or job description respectively and is applied for protection from injury or to support or correct the body alignment of the person, for the treatment of a person's physical condition, and may only be used as a treatment intervention where a specific written plan of care has been developed and the resident consents to such use.

- (f) "Assisted living care" means the specialized care and services provided by an assisted living community which includes the provision of personal services, the administration of medications by a certified medication aide, the provision of assisted self-preservation, and the provision of limited nursing services.
- (g) "Assisted living community" or "community" means a personal care home serving 25 residents or more that is licensed by the department to provide assisted living care.
- (h) "Assisted self-preservation" means the capacity of a resident to be evacuated from an assisted living community to a designated point of safety and within an established period of time as determined by the Office of Fire Safety Commissioner. Assisted self-preservation is a function of all of the following:
1. the condition of the individual,
 2. the assistance that is available to be provided to the individual by the staff of the assisted living community; and
 3. the construction of the building in which the assisted living community is housed, including whether such building meets the state fire safety requirements applicable to an existing health care occupancy.
- (i) "Certificate" means a certificate issued by the department to operate a memory care center in a licensed assisted living community or personal care home.
- (j) "Chemical Restraint" means a psychopharmacologic drug that is used for discipline or convenience and not required to treat medical symptoms.
- (k) "Department" means the Department of Community Health of the State of Georgia operating through the Division of Healthcare Facility Regulation.
- (l) "Direct care staff person" means any employee, facility volunteer, or contract staff who provides to residents:
- (i) any personal services, including but not limited to, medication administration or assistance, assistance with ambulation and transfer, and essential activities of daily living such as eating, bathing, grooming, dressing, and toileting; or
 - (ii) any other limited nursing services.
- (m) "Director" means the chief administrator, executive officer or manager.
- (n) "Disabled individual" means an individual that has a physical or mental impairment that substantially limits one or more major life activities and who meets the criteria for a disability under state or federal law.
- (o) "Employee" means any person, other than a director, utilized by an assisted living community to provide personal services to any resident on behalf of the assisted living

community or to perform at any facilities of the assisted living community any duties which involve personal contact between that person and any paying resident of the assisted living community.

(p) "Exploitation" means an unjust or improper use of another person or the person's property through undue influence, coercion, harassment, duress, deception, false representation, false pretense, or other similar means for one's own personal advantage.

(q) "Governing Body" means the owner, the board of trustees or directors, the partnership, the corporation, the association, the sole proprietorship or the person or group of persons who maintains and controls the assisted living community and who is legally responsible for the operation of the community.

(r) "Health maintenance activities" means those limited activities that, but for a disability, a person could reasonably be expected to do for himself or herself. Such activities are typically taught by a registered professional nurse, but may be taught by an attending physician, advanced practice registered nurse, physician assistant, or directly to a patient and are part of ongoing care. Health maintenance activities are those activities that do not include complex care such as administration of intravenous medications, central line maintenance, and complex wound care; do not require complex observations or critical decisions; can be safely performed and have reasonably precise, unchanging directions; and have outcomes or results that are reasonably predictable. Health maintenance activities conducted pursuant to this paragraph shall not be considered the practice of nursing.

(s) "Health services" means the specialized assistance that may be provided by or at the direction of either licensed healthcare professionals, such as doctors, nurses, physical therapists or through licensed healthcare programs, such as home health agencies, hospices and private home care providers to address health needs that the assisted living community is not staffed to provide or is not authorized by law or regulations to provide.

(t) "Injury" as used in the definition of "abuse" means a wrong or harm caused by an individual to a resident which is manifested by a physical or behavioral reaction or change in the appearance or actions of the resident, such as, but not limited to, reddened or bruised skin not related to routine care, crying, startling or cowering reaction by the resident and malnutrition or pressure ulcers for which the facility has not provided proper care.

(u) "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 incapacitated.

(v) "Limited nursing services" means the assessment of the physical, mental, and emotional status to determine the appropriate level of care for an individual; the performance of health maintenance activities, as defined in division (a)(9)(C)(ii) of Code Section 43-26-12; and the provision of any nursing care within the direct care staff person's scope of practice that can be completed within seven days or intermittently.

(w) "Medical alert system" means any device or combination of devices used to detect and immediately communicate that an individual is experiencing a medical emergency. Such device or combination of devices must be approved for their effectiveness by the department in its sole discretion.

~~(wx)~~ "Medical services" means services which may be provided by a person licensed pursuant to Article II of Chapter 34 of Title 43 of the Official Code of Georgia Annotated.

~~(xy)~~ "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 assisted living community.

~~(yz)~~ "Memory care center" means the freestanding or incorporated specialized unit that either:

(i) holds itself out as providing additional or specialized care to persons with diagnoses of probable Alzheimer's or other dementias or with cognitive deficits that may place the resident at risk; or

(ii) charges higher rates for care for residents with Alzheimer's or other dementias than for care to other residents.

~~(zaa)~~ "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 assisted living community or to a member of the governing body.

~~(-aa bb)~~ "Nursing services" means those services which may be rendered by a person licensed pursuant to Articles I and 2 of Chapter 26 of Title 43 of the Official Code of Georgia Annotated.

~~(bcc)~~ "On-site manager" means the administrator or person designated by the administrator as responsible for carrying out the day-to-day management, supervision, and operation of the assisted living community, who may also serve as responsible staff person except during periods of his or her own absence.

~~(eedd)~~ "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 an assisted living community and who:

1. purports to or exercises authority of an owner in the business or agency;
2. applies to operate or operates the business or agency;
3. maintains an office on the premises of the assisted living community;
4. resides at the assisted living community;
5. has direct access to persons receiving care at the assisted living community;

6. provides direct personal supervision of assisted living community personnel by being immediately available to provide assistance and direction during the time such assisted living community services are being provided; or

7. enters into a contract to acquire ownership of such a business or agency.

~~(dde)~~ "Permit" or "license" means the authorization granted by the Department to the governing body to operate an assisted living community.

~~(eef)~~ "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.

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

~~(ggh)~~ "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 assisted living community 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.

~~(hhi)~~ "Physician" means an individual who is currently licensed to practice medicine in the State of Georgia. For purposes of these rules, it shall be acceptable for any activities required to be performed by a physician to be performed by any other licensed medical professional (i.e., Nurse Practitioner, Physician Assistant, etc.) who is permitted to perform such activities under applicable state scope of practice rules and regulations.

~~(hij)~~ "Plan of Correction" means the written plan prepared in response to cited rule violations that identifies by date certain the specific actions that will be taken by the assisted living community to come into compliance with these rules.

~~(jjk)~~ "Proxy caregiver" means an unlicensed person or a licensed health care facility that has been selected by a disabled individual or a person legally authorized to act on behalf of such individual to serve as such individual's proxy caregiver and meets the requirements contained in the Rules and Regulations for Proxy Caregivers Used in Licensed Healthcare Facilities, Chapter 111-8-100.

~~(kk ll)~~ "Representative" means a person who voluntarily, with the resident's written authorization, acts upon resident's direction with regard to matters concerning the health and welfare of the resident, including being able to access personal and medical records contained in the resident's file and receive information and notices pertaining to the resident's overall care and condition. This written authorization may take the form of an advance directive.

~~(Hmm nn)~~ "Resident" means any non-family adult who receives or requires assisted living care and resides in the assisted living community.

~~(mmm nn)~~ "Responsible Staff Person" means the employee designated by the administrator or on-site manager as responsible for supervising the operation of the assisted living community during periods of temporary absence of the administrator or on-site manager.

~~(nnoo)~~ "Self-administration of medications" or "self-administered medications" means those prescription or over-the-counter drugs that the resident personally chooses to ingest or apply where the resident has been assessed and determined to have the cognitive skills necessary to articulate the need for the medication and generally knows the times, and physical characteristics of medications to be taken.

~~(oo pp)~~ "Self-preservation" means the ability to respond to an emergency condition, whether caused by fire or otherwise, and escape the emergency without physical, hands-on assistance from staff. The resident may 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.

~~(ppqq)~~ "Staff" means any person who performs duties in the assisted living community on behalf of the assisted living community.

Authority: O.C.G.A. §§ 31-2-7, 31-2-8, 31-2-9, 31-7-1, 31-7-12.2, 43-26-12.

Rule 111-8-63-.09 Workforce Qualifications, Training and Staffing

(1) The on-site manager and responsible staff persons must be at least 21 years of age and responsible for supervising the provision of care by all other staff. No staff person under the age of 18 is permitted to work in the assisted living community unless there is direct line-of-sight supervision being provided by the administrator, on-site manager or a responsible staff person or the staff member is at least 17 years of age and has successfully completed a vocational technical training track as a nursing assistant through a Georgia high school.

(2) Initial Training for All Staff. The administrator or on-site manager must ensure that any person working in the assisted living community as staff, receives training within the first 60 days of employment on the following:

(a) residents' rights and identification of conduct constituting abuse, neglect or exploitation of a resident and reporting requirements to include the employee's receipt of a copy of the Long-Term Care Facility Resident Abuse Reporting Act as outlined in O.C.G.A. § 31-8-81 et seq.;

- (b) general infection control principles including importance of hand hygiene in all settings and attendance policies when ill;
 - (c) training necessary to carry out assigned job duties; and
 - (d) emergency preparedness.
- (3) Initial Training for Staff Providing Hands-On Personal Services. In addition to the initial training required of all staff in paragraph (2) above, the administrator must ensure that staff hired to provide hands-on personal services to residents receive training within the first 60 days of employment which includes 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) medical and social needs and characteristics of the resident population, including special needs of residents with dementia;
 - (d) residents' rights and the provision of care to residents that is individualized and helpful; and
 - (e) training specific to assigned job duties, such as, but not limited to, permissible assistance with medications, contraindications for medications that must be brought to the attention of appropriate individuals, assisting residents in transferring, ambulation, proper food preparation, proper performance of health maintenance activities if serving as a designated proxy caregiver and responding appropriately to dementia-related behaviors.
- (4) Trained Staff Present. At least two staff who have completed the minimum training requirements of Rule 111-8-63-.09(2)(a) through (d) and (3)(a) through (e) above must be present in the assisted living community at all times any residents are present, with at least one staff person on each occupied floor, to provide necessary oversight and assistance to staff providing hands-on personal services who have not completed the training, to ensure that care and services are delivered safely and in accordance with these rules. The staff person posted on the designated floor may move about the premises as necessary if the community has implemented a medical alert system and each resident has been offered a wearable device that connects to such system when activated to alert an administrator or direct care staff person of a medical emergency.
- (5) Training Hours Required During First Year of Employment. All staff offering hands-on personal services to the residents, including the administrator or on-site manager, must satisfactorily complete a total of at least twenty-four (24) hours of continuing education within the first year of employment as a direct care worker. The courses offered must be relevant to assigned job duties and include such topics as cardiopulmonary resuscitation and first aid

certifications, utilizing standard precautions in working with aging residents, working with residents with Alzheimer's or other cognitive impairments, working with persons who have developmental disabilities or persons who have mental illness, providing social and recreational activities, understanding legal issues, performing necessary physical maintenance, fire safety, housekeeping activities, recognizing and reporting abuse, neglect and exploitation, preparing and serving food safely, preserving the dignity and rights of residents receiving care to make meaningful choices, providing and documenting medication assistance, or other topics as determined necessary by the Department to support compliance.

- (6) Ongoing Staff Training. Beginning with the second year of employment, staff providing hands-on personal services must have a minimum of sixteen (16) hours of job-related continuing education as referenced in paragraph 111-8-63-.09(5) above annually.
- (7) Training Records. The community must maintain documentation reflecting course content, instructor qualifications, agenda and attendance rosters for all trainings provided.
- (8) Proxy Caregiver Training. An assisted living community employing proxy caregivers must provide training to the proxy caregivers in accordance with the Rules and Regulations for Use of Proxy Caregivers, Chapter 111-8-100 subject to the limitation that only certified medication aides may administer medications on behalf of the community.
- (9) Hospice Training. The assisted living community shall ensure that any medication aide(s) who will be administering liquid morphine to any hospice patient(s) residing in the community receive adequate training from a licensed hospice on the safe and proper administration of liquid morphine prior to such administration and on an annual basis thereafter. The community shall maintain documentation of all training provided.
- (10) Staff Health Examinations and Screenings. The administrator, on-site manager, and each employee must have received a tuberculosis screening and a physical examination by a licensed physician, nurse practitioner or physician's assistant within twelve months prior to providing care to the residents. The physical examination must be sufficiently comprehensive to assure that the employee is physically qualified to work and free of diseases communicable within the scope of employment. Follow-up examinations must be conducted by a licensed physician, nurse practitioner or physician's assistant for each administrator or staff person to determine readiness to return to work following a significant illness or injury. Health information, screenings, assessments and medical releases regarding each staff member must be retained in a readily retrievable format by the assisted living community and made available for review and/or copying by Department representatives upon request.
- (11) Criminal History Background Checks for Owners Required. The owner of the business or agency applying for the license must comply with the requirements of the Rules and Regulations for Criminal Background Checks, Chapter 111-8-12.

- (12) Criminal History Background Checks for Director, Administrator and Onsite Manager Required. Prior to serving as a director, administrator or onsite manager of an assisted living community, the community must obtain a satisfactory fingerprint records check determination for the person to be hired in compliance with the Rules and Regulations for Criminal Background Checks, Chapter 111-8-12.
- (13) Criminal History Background Checks for Direct Access Employees Required. Prior to serving as a direct access employee, the community must obtain a satisfactory fingerprint records check determination for the person to be hired in compliance with the Rules and Regulations for Criminal Background Checks, Chapter 111-8-12.
- (14) The administrator or on-site manager must obtain an employment history for each employee and maintain documentation in the employee's file. If the potential employee has no prior employment history, then the assisted living community must retain documentation of a satisfactory personal reference check.
- (15) Personnel files must be maintained in the assisted living community for each employee and for three years following the employee's departure or discharge. These files must be available for inspection by departmental staff but must be maintained to protect the confidentiality of the information contained in them from improper disclosure. The files must include the following:
- (a) evidence of a satisfactory fingerprint record check determination, if applicable;
 - (b) report of physical examination completed by a licensed physician, nurse practitioner or physician's assistant, and a TB screening completed within the 12 months preceding the date of hire;
 - (c) evidence of trainings, skills competency determinations and recertifications as required by these rules and, if applicable, the Rules for Proxy Caregivers, Chapter 111-8-100;
 - (d) employment history, including previous places of work, employers and telephone contacts with previous employers;
 - (e) supporting documentation reflecting that the employee has the basic qualifications as represented, e.g. documentation of good standing by nursing board, no findings of abuse, neglect or exploitation entered against the individual in the nurse aide registry, satisfactory report of motor vehicle driving record where the employee may be transporting residents; and
 - (f) written evidence of satisfactory initial and annual work performance reviews for unlicensed staff providing hands-on personal care. Where the unlicensed staff perform specialized tasks, such as health maintenance activities, assistance with medications or medication administration, such performance reviews must include the satisfactory completion of skills competency checklists as specified in applicable rules. Such reviews must be conducted by staff or contractors qualified by education, training and experience to assess that the assigned

duties are being performed in accordance with these rules and accepted health and safety standards.

(16) Where the assisted living community permits a resident to hire his or her own companion-sitter, proxy caregiver to perform health maintenance activities or aide of any sort, the assisted living community must require assurance that the companion-sitter, proxy caregiver or aide so hired is familiar with emergency evacuation routes and has documentation reflecting compliance with the provisions of the Rules for Proxy Caregivers, Chapter 111-8-100, as applicable.

(17) The administrator, on-site manager, and staff persons must not be under the influence of alcohol or other controlled substances while engaged in any work-related activity on behalf of the assisted living community.

(18) The community must maintain an average monthly minimum on-site staff to resident ratio of one awake direct care staff person per 15 residents during waking hours and one awake direct care staff person per 20 residents during non-waking hours where the residents have minimal care needs. Average monthly minimum staffing levels shall be calculated and documented by the community using methods and forms specified by the department. However, the assisted living community must staff above these minimum on-site staff ratios to meet the specific residents' ongoing health, safety and care needs.

(a) Staff, such as cooks and maintenance staff, who do not receive on-going direct care training and whose job duties do not routinely involve the oversight or delivery of direct personal care to the residents, must not be counted towards these minimum staffing ratios. Personnel who work for another entity, such as a private home care provider, hospice, etc. or private sitters cannot be counted in the staff ratios for the assisted living community.

(b) At least two on-site direct care staff persons must be on the premises 24 hours per day providing supervision whenever residents are present, with at least one staff person on each occupied floor.

(c) A registered professional nurse or licensed practical nurse must be on-site to support care and oversight of the residents, as follows:

(i) For communities with one to 30 residents, a minimum of 8 hours per week;

(ii) For communities with 31 to 60 residents, a minimum of 16 hours per week;

(iii) For communities with 61 to 90 residents, a minimum of 24 hours per week;

(iv) For communities with more than 90 residents, a minimum of 40 hours per week;

(d) Residents must be supervised consistent with their needs.

(19) Sufficient staff time must be provided by the assisted living community such that each resident:

- (a) receives services, 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 avoidable injury and infection;
- (f) is given prompt, unhurried assistance if she or he requires help with eating;
- (g) is given assistance, if needed, with daily hygiene, including baths and oral care; and
- (h) is given assistance in transferring and assisted self-preservation when needed.

(20) All persons, including the administrator or on-site manager, who offer direct care to the residents on behalf of the assisted living community, must maintain an awareness of each resident's normal appearance and must intervene, as appropriate, if a resident's state of health appears to be in jeopardy.

(21) All assisted living communities must develop and maintain accurate staffing plans that take into account the specific needs of the residents and monthly work schedules for all employees, including relief workers, showing planned and actual coverage for each day and night. The assisted living community must retain the completed staff schedules for a minimum of one year.

(22) Staff must wear employee identification badges which are readily visible with abbreviations for professional/special credentials displayed on the badges, if any.

(23) Medical Alert Systems. Homes utilizing medical alert systems to allow on-site staff to move about as specified in Rule 111-8-63-.09(4) must meet the following requirements:

- (a) The medical alert system must include a wearable sensor device that enables the resident to request help when needed.
- (b) The home may encourage, but not require, residents to wear the sensor device and must ensure that residents who do not consistently wear the sensor device receive appropriate monitoring from staff.
- (c) The wearable sensor device must be programmed to immediately notify appropriate staff, and to identify the specific resident or location from which the alert signal has been made, by:
 - (i) activating a portable electronic device worn by the administrator and/or a direct care staff person with an audible tone or vibration; or
 - (ii) sending a signal to a stationary electronic device located in a designated area monitored by staff.

(d) The home must establish policies and procedures which address the following requirements and must maintain documentation to demonstrate compliance with such policies and procedures:

(i) routine testing and maintenance of the medical alert system;

(ii) initial training for residents and staff on use of the system and additional training as needed;

(iii) procedures for electrical outages or severe weather events that include making more frequent rounds to check on residents if the system is not working, as well as testing the system following such events to ensure operability; and

(iv) a process for reviewing any documentation produced by the system for opportunities to enhance individualized care and service.

(e) The department may prohibit a home from using or relying on a medical alert system if the above requirements are not met.

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

Rule 111-8-63-.16 Admission Agreements

(1) Contents of the Written Admission Agreement. The assisted living community must ensure that the admission agreement is written in plain and understandable language and is consistent with the information contained on the licensed residential care profile.

(a) The admission agreement must include a current statement of all fees and daily, weekly or monthly charges; the services covered by those basic fees and any other services which the assisted living community provides on an additional fee basis.

(b) The admission agreement must contain a statement that residents and their representatives or legal surrogates shall be informed, in writing, at least 30 days prior to any increase in established charges related to the provision of personal services and at least 60 days prior to any increase in charges for room and board.

(c) The admission agreement must contain 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.

(d) The admission agreement must contain a description of how the community responds to formal complaints received from residents and their representatives and how to file a complaint within the community.

(e) The admission agreement must contain provisions for transportation of residents for shopping, recreation, rehabilitation, medical services. Such transportation service may be

provided by the assisted living community as either a basic service or on a reimbursement basis; with transportation for emergency use available at all times.

- (f) The admission agreement must include the assisted living community's refund policy when a resident dies, is transferred or discharged.
- (g) The admission agreement must include a statement that a resident may not be required to perform services for the assisted living community.
- (h) The admission agreement must include a copy of the house rules, which must be in writing and also posted in the assisted living community and explain how violations of the house rules will be addressed by the community. House rules must be consistent with residents' rights. House rules must include, but not be limited to policies regarding the use of tobacco and alcohol, the times and frequency of use of the telephone, visitors elopement from the community, hours and volume for viewing and listening to television, radio and other audiovisual equipment, whether residents' personal pets or household pets are permitted and the use of personal property.
- (i) The admission agreement must disclose how and by what level of staff medications are handled in the community. The agreement must also specify who is responsible for initial acquisition and refilling of prescribed medications utilizing unit or multidose packaging for the resident. Either this responsibility will remain with the resident, representative or legal surrogate, if any, or be assigned to the assisted living community operating through the administrator or on-site manager.
- (j) The admission agreement must disclose whether the community permits the resident to employ independent proxy caregivers, sitters, etc. or requires the purchase of such services from approved providers.

(k) For residents first admitted after July 1, 2025, the admission agreement must include information on the medical alert system, if applicable, including a statement explaining that use of the system is optional for residents.

(2) The assisted living community must provide each resident, representative, legal surrogate with an opportunity to read the complete agreement prior to the execution of the admissions agreement. In the event that a resident, representative or legal surrogate is unable to read the agreement, the administrator or on-site manager must take steps to assure communication of the contents of the admission agreement to be signed.

(3) The assisted living community must provide the resident and representative or legal surrogate, if any, with a signed copy of the agreement. A copy signed by both parties (resident and administrator or on-site manager) must be retained in the resident's file and maintained by the administrator or on-site manager of the assisted living community.

(14) The assisted living community must not use a written admission agreement or any other written agreement signed by the resident or the resident's legal representative which waives or attempts to waive any of the resident's rights these rules protect.

Authority: O.C.G.A. §§ 31-2-7, 31-2-8, 31-7-1 et seq.

Rule 111-8-63-.19 Additional Requirements for Certified Memory Care Centers

(1) In addition to all other requirements contained in this Chapter, where an assisted living community 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 for the provision of additional or specialized care, the assisted living community must meet the following requirements:

(a) Written Description. The assisted living community must include in its licensed residential care profile an accurate written description of the memory care center that includes the following:

1. a statement of philosophy and mission;
2. how the services and activities of the memory care center are different from those provided in the rest of the assisted living community;
3. staffing including job titles of staff who work in the center, 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, and how the activities meet the needs of residents with dementia,
9. the program's fee or fee structure for all services provided by the center or assisted living community;
10. the discharge criteria and procedures;
11. the procedures that will be utilized for handling emergency situations; and
12. the involvement of the center with families and family support programs.

(b) Physical Design, Environment, and Safety. The memory care center must be designed to accommodate residents with severe dementia or Alzheimer's Disease in an assisted living community-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 contrast 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 center in an unauthorized manner. An assisted living community 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 assisted living community. If the exit door is not always staffed, then the assisted living community must activate an automated alert when the door is not attended;
8. communication system(s) which permit staff in the center to communicate with other staff outside the center and with emergency services personnel as needed; and
9. a center providing specialized memory care services which undergoes major renovation or is first constructed after December 9, 2009, must be designed and constructed in compliance with applicable state and local building and fire codes relevant to the center and the assisted living community.

(c) Staffing Requirements. The assisted living community must ensure that the memory care center is staffed with sufficient specially trained staff to meet the unique needs of the residents in the center. At a minimum, the memory care center must provide the following staffing:

- (i) One dementia trained direct care staff person for every 12 residents on-site during all waking hours and for every 15 residents on-site during all nonwaking hours based on a monthly average; provided, however, that such ratio is adequate to meet the needs of the residents;

- (ii) One registered professional nurse, licensed practical nurse, or certified medication aide on-site or available in the building at all times;
- (iii) Two direct care staff persons on-site at all times, which may include one licensed registered professional nurse, licensed practical nurse, or certified medication aide, if they remain on-site in the memory care center with at least one on each occupied floor; and
- (iv) One registered professional nurse or licensed practical nurse on-site or available in the building at all times as follows:
 - (A) For memory care centers with one to 12 residents, a minimum of 8 hours per week;
 - (B) For memory care centers with 13 to 30 residents, a minimum of 16 hours per week;
 - (C) For memory care centers with 31 to 40 residents, a minimum of 24 hours per week; or
 - (D) For memory care centers with more than 40 residents, a minimum of 40 hours per week.
- (d) Staff Training Requirements. The community shall ensure that all staff are properly trained initially and on an annual basis to provide safe, quality care to residents in the memory care center. The memory care center shall meet the following training requirements:
 - (i) General Orientation. All staff, regardless of role, shall receive at least four (4) hours of dementia-specific orientation within the first thirty (30) days of working in the center. Such orientation shall include:
 - (A) Basic information about the nature, progression, and management of Alzheimer's and other dementias;
 - (B) Techniques for creating an environment that minimizes challenging behavior from residents with Alzheimer's and other dementias;
 - (C) Methods of identifying and minimizing safety risks to residents with Alzheimer's and other dementias; and
 - (D) Techniques for successful communication with individuals with Alzheimer's and other dementias.
 - (ii) Direct Care Orientation. All direct care staff shall receive initial orientation training within the first thirty (30) days of caring for residents independently that, at a minimum, includes:
 - (A) General training, to include:
 - (I) Development, updating, and implementation of comprehensive and individual service plans;
 - (II) Skills for recognizing physical or cognitive changes in the resident that warrant seeking medical attention;

- (III) Residents' rights and identification of conduct constituting abuse, neglect, or exploitation;
 - (IV) General infection control principles;
 - (V) Emergency preparedness training;
 - (VI) Emergency first aid;
 - (VII) Cardiopulmonary resuscitation.
- (B) A minimum of sixteen (16) hours of specialized, competency-based training using forms specified by the department, to include, at a minimum:
- (I) The nature of Alzheimer's and other dementias;
 - (II) The center's philosophy related to the care of residents with Alzheimer's and other dementias;
 - (III) The center's policies and procedures related to care of residents with Alzheimer's and other dementias;
 - (IV) Common behavior problems characteristic of residents with Alzheimer's and other dementias;
 - (V) Positive therapeutic interventions and activities;
 - (VI) Skills for maintaining the safety of the resident; and
 - (VII) The role of the family in caring for residents with Alzheimer's and other dementias.
- (C) Staff members who have passed a memory care specialist competency exam established by the department, as documented by the home, may satisfy the training requirements of Rule 111-8-63-.19(1)(d)(ii)(B) by completing a minimum of four (4) hours of training on the topics specified in Rule 111-8-63-.19(1)(d)(ii)(B)(II) and (III).
- (iii) Ongoing Training. Direct care staff shall complete a minimum of eight (8) hours of specialized training in dementia care on an annual basis.
 - (iv) Training Documentation. The memory care center shall maintain documentation reflecting course content, instructor qualifications, agenda, and attendance rosters for all training sessions provided.
 - (e) Special Admission Requirements for Memory Center Placement. Residents must have a physician's report of physical examination completed within 30 days prior to admission to the center on forms made available 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 center. However, the center 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 this center and waives his or her right to live in a less restrictive

environment. In addition, the physical examination report must establish that the potential resident of the center does not require 24-hour skilled nursing care.

(f) Post-Admission Assessment. If the resident is admitted directly into the specialized memory care center, the center must obtain an assessment of 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.

(g) Individual Written Care Plan and Reviews. The resident's written care plan will be developed or updated by staff with at least one member of the specialized memory care staff providing direct care participating. Input from each shift of direct care staff that provides care to the resident will be requested. All team members participating shall sign the written care plan and the plan will be shared with the direct care staff providing care to the resident and serve as a guide for the delivery of care to the resident. The resident's family shall participate in the development of the plan, if possible, with incorporation of family and personal history to support a person-centered approach to care. The written care plan must be reviewed at least quarterly and modified as changes in the resident's needs occur.

(h) 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. sensory enhancement activities, e.g. distinguishing pictures and picture books, reminiscing and scent and tactile stimulation; and
5. outdoor activities; e.g. walking outdoors and field trips.

(2) No licensed assisted living community is permitted to 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 such residents unless it meets the additional requirements specified in Rule 111-8-63-.19(1) and its subparagraphs (a) through (h) above.

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



PUBLIC NOTICE OF PROPOSED RULE CHANGES

Pursuant to the Georgia Administrative Procedure Act, Official Code of Georgia Annotated (O.C.G.A.) § 50-13-1 et seq., the Georgia Department of Community Health is required to provide public notice of its intent to adopt, amend, or repeal certain rules other than interpretive rules or general statements of policy. These rules are being proposed pursuant to the authority granted to the Department of Community Health in O.C.G.A. §§ 31-7-2.1(a), 31-7-12.3 and 31-7-12.4(e). Accordingly, the Department hereby provides notice of its intent to revise its Rules and Regulations for Assisted Living Communities, specifically Ga. Comp. R. & Regs., r. 111-8-63-.03, *Definitions*; Ga. Comp. R. & Regs., r. 111-8-63-.09, *Workforce Qualifications, Training and Staffing*, Ga. Comp. R. & Regs., r. 111-8-63-.16, *Admission Agreements*, and Ga. Comp. R. & Regs., r. 111-8-63-.19, *Additional Requirements for Certified Memory Care Centers*. The revisions address requirements for medical alert systems; clarify staffing levels; and provide for portable memory care training. An exact copy of the revised rules and a synopsis of the revisions are attached to this public notice.

NOTICE OF PUBLIC HEARING

An opportunity for public comment will be held on March 4, 2025, at 1:00 p.m. via Zoom. There will be no in-person attendance at the Department of Community Health. The Zoom meeting ID number is 818 4098 9446 and the event password is “586369”. Follow these instructions to join the event:

1. Click the link or copy and paste the link text to a browser:
<https://us02web.zoom.us/j/81840989446?pwd=RWCTpPZWdhaeTBqnUTMbQ3NUvexqWX.1>
2. Click “Join Now”

To join by telephone: One tap mobile
+13092053325,,81840989446#,,,,*586369# US

+13126266799,,81840989446#,,,,*586369# US (Chicago)

Oral comments will be limited to ten (10) minutes per person. Individuals who are disabled and require assistance to participate during this meeting should contact the Office of General Counsel at (470) 259-0735 at least three (3) business days prior to the meeting.

Individuals wishing to comment in writing on any of the proposed changes must do so on or before March 7, 2025, at 5:00 p.m. Due to reduced physical staffing at the 2 M.L.K., Jr. Drive, SE location DCH encourages written public comments submitted in accordance with O.C.G.A. § 50-



**GEORGIA DEPARTMENT
OF COMMUNITY HEALTH**

13-4(a)(2) to be submitted via e-mail to the following e-mail address:

Public.Comment@dch.ga.gov.

Please note that any comments submitted are subject to open records.

Written comments may be submitted via regular mail to the following address:

Attention: Alycia Allgood
Office of General Counsel
Georgia Department of Community Health
2 M.L.K., Jr. Drive, SE, 18th Floor, East Tower
Atlanta, GA 30334

If the proposed changes are presented to the Board for final action, relevant comments from written and public testimony will be provided to the Board. The Board expects to vote on the proposed changes at the Board meeting to be held on **April 10, 2025**, at 10:30 a.m. at the Department of Community Health unless withdrawn or withheld by the Department for further review.

NOTICE IS HEREBY GIVEN THIS 13th DAY OF FEBRUARY 2025.

A handwritten signature in black ink, appearing to read "Russel Carlson", written over a horizontal line.

Russel Carlson, Commissioner