

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

**CHAPTER 111-8-47
INTERMEDIATE CARE HOMES**

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111-8-47-.01 Definitions.

Unless a different meaning is required by the context, the following terms as used in these rules and regulations shall have the meaning hereinafter respectively ascribed to them; except,

however, same do not apply to facilities owned or operated by the federal government:

(a) An "Intermediate Care Home" is a facility which admits residents on medical referral; it maintains the services and facilities for institutional care and has a satisfactory agreement with a physician and dentist who will provide continuing supervision including emergencies; it otherwise complies with these rules and regulations;

(b) The term "Intermediate Care" means the provision of food, including special diets when required, shelter, laundry and personal care services, such as help with dressing, getting in and out of bed, bathing, feeding, medications and similar assistance, such services being under the supervision of a registered, licensed undergraduate, or licensed practical nurse.¹ Intermediate care does not normally include providing care for bed patients except on an emergency or temporary basis, the insertion or changing of catheters, handfeeding of patients, and the care of patients who cannot go to the medication area without assistance.

(c) The term "Distinct Part" means a physically identifiable unit of a medical facility such as an entire ward or contiguous wards, wing, floor, or building. It consists of all beds and related facilities in the unit;

(d) The term "Intermediate Care Unit" means a clearly defined administrative unit within which is located a specified number of resident beds and supportive services;

(e) The term "Medication Area" means a circumscribed space within the Intermediate Care Unit containing equipment for proper storage, preparation and administration of medicines prescribed by the residents' physician or dentist;

(f) The term "Resident" means any person residing in and receiving care in an Intermediate Care Home. Residents are individuals who because of their physical or mental condition (or both) require living accommodations and care which, as a practical matter, can be made available to them only through institutional facilities; and who do not have such an illness, disease, injury or other condition as to require the degree of care and treatment which a hospital or nursing home is designed to provide;

(g) The term "Resident Activities Program" means a schedule of events which are regularly planned for all residents, including social and recreational activities involving active participation by the residents, entertainment of appropriate frequency and character and opportunities for participation in community activities as possible and appropriate;

(h) The term "Transfer Agreement" means a written contract with other facilities providing for transfer of residents between the facilities and for interchange of medical and other information, when the facility cannot provide the level of care needed by the resident;

(i) "Physician" shall mean a doctor of medicine and/or a doctor of osteopathy duly licensed to practice in this State by the Georgia Composite Medical Board, under the provisions of the Georgia Medical Practice Act (O.C.G.A. § 43-34-1 et seq.);

(j) "Dentist" means any person who is licensed to practice in this State under the provisions of the Dentists and Dental Hygienists Act;

(k) "Pharmacist" shall mean an individual licensed to practice pharmacy in accordance with the provisions of the Pharmacy Practice Act, O.C.G.A. § 26-4-1 et seq.;

(l) "Physical Therapist" shall mean an individual who practices physical therapy and who is registered with the Board of Physical Therapy of the State of Georgia (O.C.G.A. § 43-33-1 et seq.);

(m) A "Registered Nurse" is a person who holds a current and valid license as a registered nurse issued by the State of Georgia;

(n) A "Licensed Undergraduate Nurse" is a person who holds a current and valid license as a licensed undergraduate nurse issued by the State of Georgia;

(o) A "Licensed Practical Nurse" is a person who holds a current and valid license as a licensed practical nurse issued by the State of Georgia;

(p) The term "Full-time Employee" means any person employed who normally works at least forty (40) hours per week in the home;

(q) The term "Governing Body" means the Board of Trustees, the partnership, the corporation, the association, the person or group of persons who maintain and control the home and who is legally responsible for the operation;

(r) The term "Administrator" means an individual who is licensed by the Georgia State Board of Nursing Home Administrators and who has the necessary authority and responsibility for management of the home;

(s) "Permit" means authorization by the Department to the Governing Body to operate a home and signifies satisfactory compliance with these rules and regulations.

(t) "Provisional Permit" means authorization by the Department to the Governing Body to operate a home on a conditional basis for a period not to exceed six months to allow a newly established

home a reasonable but limited period of time to demonstrate operational procedures in satisfactory compliance with these rules and regulations; or to allow an existing home a reasonable length of time to comply with these rules and regulations, provided said home shall first present a plan of improvement acceptable to the Department. Successive Provisional Permits may be granted to any home having deficiencies only in exceptional cases, in which cases the governing body must present a plan of improvement acceptable to the Department;

(u) The term "Plan of Improvement" means a written plan submitted by the Governing Body and acceptable to the Department. The plan shall identify the existing noncompliances of the institution, the proposed procedures, methods, means and period of time to correct the noncompliances;

(v) The term "Board" means the Board of Community Health;

(w) The term "Department" means the Department of Community Health;

(x) The term "Commissioner" means the chief executive of the Department.

Authority Ga. L. 1964, pp. 507, 612, as amended by Ga. L. 1969, p. 715 et seq; and Ga. L. 1972, p. 1015 et seq., O.C.G.A. §§ 31-2-4 et seq. and 31-7-1 et seq.

111-8-47-.02 Governing Body.

(1) There shall be a governing body which assumes full legal responsibility for the overall conduct of the facility.

(2) The ownership of the facility shall be fully disclosed to the Department. In the case of corporations, partnerships and other bodies created by statute, the corporate officers and all others owning ten percent or more of the corporate stock or ownership shall be made known to the Department.

(3) The governing body shall be responsible for compliance with all applicable laws and regulations pertaining to the facility.

(4) The governing body shall certify to the Commissioner, the name of the person to whom is delegated the responsibility for the management of the facility, including the carrying out of rules and policies adopted by the governing body. This person shall be known as the administrator.

(5) The word hospital, sanitorium or sanitarium shall not be used in the official title of any home permitted under the provisions of these rules and regulations.

Authority Ga. L. 1964, pp. 507, 612, as amended by Ga. L. 1969, p. 715 et seq.; Ga. L. 1972, p. 1015 et seq., O.C.G.A. §§ 31-2-4 et seq. and 31-7-1 et seq.

111-8-47-.03 Administration.

(1) Each intermediate care home shall be under the supervision of a licensed nursing home administrator. An administrator may serve as the administrator of not more than one facility, except that two facilities having common ownership or management located on the same premises may be served by a single administrator. Distinct part facilities sharing a common roof shall be considered one facility. In exceptional circumstances, a waiver may be granted by the Department for a period of six months.

(2) Each home shall be operated in accordance with policies approved by the Department. These policies shall include but not be limited to those governing admissions, transfers, discharges, physicians' and dental services, social services, intermediate resident care services, housekeeping, environmental sanitation, recreational services and health records.

(3) Each facility shall have a written transfer agreement in effect with one or more hospitals and nursing homes. Intermediate care homes that are a Distinct Part of a hospital or skilled nursing home will be considered to meet this requirement if acceptable provisions for the transfer of residents are included in the home's policies.

(4) There shall be a separate personnel folder maintained for each employee. This folder shall contain all personal information concerning the employee, including the application and qualifications for employment, physical examination and job title assigned. A current job description shall be available for each classification of employee, but may be maintained separately from the personnel folder.

(5) The facility and its premises shall be used only for those purposes for which the facility is operated and permitted.

(6) In response to a reasonable request by a resident or visitor, privacy shall be afforded for private conversation and/or consultations.

Authority Ga. L. 1964, pp. 507, 612, as amended by Ga. L. 1969, p. 715 et seq; Ga. L. 1972, p. 1015 et seq., O.C.G.A. §§ 31-2-4 et seq. and 31-7-1 et seq.

111-8-47-.04 Personal Care Services.

(1) A registered nurse, licensed undergraduate nurse, or a licensed practical nurse, shall be employed full time as supervisor of care.

(2) In addition to the supervisor of care, there shall be sufficient staff members on duty at all times to assure each resident proper care according to his needs. This includes staff members awake and on duty all night. Proper care includes, but is not limited to: assistance with activities of daily living, clean and proper clothing, good grooming, free of body odor, clean hair and scalp, clean and trimmed finger and toe nails, daily mouth care and barber services, including shaves.

(3) All resident care and related services shall be carried out in accordance with written resident care policies which are assembled, available and understood by all staff and including but not limited to:

(a) Clearly established lines of administrative and supervisory responsibility;

(b) Clearly defined duties which are assigned to staff members and consistent with their training and experience.

Authority Ga. L. 1964, pp. 507, 612, as amended by Ga. L. 1969, p. 715 et seq; Ga. L. 1972, p. 1015 et seq., O.C.G.A. §§ 31-2-4 et seq. and 31-7-1 et seq.

111-8-47-.05 Professional Service.

(1) Residents shall be admitted only on medical evaluation and referral.

(2) Each resident's health care is under the continuing supervision of a physician who sees the resident as needed and in no case less often than sixty (60) days, unless justified otherwise and documented by the attending physician.

(3) There shall be a physician and dentist on call who will provide for the resident's medical and/or dental needs when his attending physician or dentist is not available.

(4) A home shall admit only those residents for whom it can provide the care needed and for which it holds a permit.

Authority Ga. L. 1964, pp. 507, 612, as amended by Ga. L. 1969, p. 715 et seq; Ga. L. 1972, p. 1015 et seq., O.C.G.A. §§ 31-2-4 et seq. and 31-7-1 et seq.

111-8-47-.06 Dietary Service.

(1) If an intermediate care home accepts or retains residents in need of medically prescribed special diets, the menus for such diets shall be planned by a qualified dietitian (American Dietetic Association or equivalent qualifications), or shall be reviewed and approved in writing by the attending physician.

(2) Meals, adequate as to quantity and quality, shall be served in sufficient numbers with a maximum of five (5) hours apart with no longer than fourteen (14) hours between the evening meal and breakfast. Between meal and bedtime snacks shall be offered to each resident.

(3) A nutritionally adequate diet shall be provided all residents and adjusted to resident's age, sex, activity, and physical condition. Nutrient concentrates and supplements shall be given only on written order of a physician.

(4) Menus shall be planned and dated. Used menus shall be kept on file for a period of thirty days for reference by the resident's physician and personnel of the home.

(5) Modified diets shall be provided in accordance with written orders of a physician or dentist. An approved diet manual shall be readily available to food service personnel.

(6) Sufficient perishable foods for a twenty-four hour period and nonperishable foods for a three-day period shall be on the premises for use in an emergency.

Authority Ga. L. 1964, pp. 507, 612, as amended by Ga. L. 1969, p. 715 et seq; Ga. L. 1972, p. 1015 et seq. , O.C.G.A. §§ 31-2-4 et seq. and 31-7-1 et seq.

111-8-47-.07 Social Service.

(1) Each home shall provide services to assist all residents in dealing with social and related problems through one or more caseworkers on the staff of the facility or through arrangements with an appropriate outside agency.

(2) Social service information concerning each resident shall be obtained and kept. This information shall cover social and emotional factors related to the resident's condition and information concerning his home situation, financial resources and relationships with other people.

(3) All employees having contact with residents shall receive social service orientation and inservice training toward understanding emotional problems and social needs of residents.

(4) One person in each home shall be designated as being responsible for the social services aspects of care in the home.

Authority Ga. L. 1964, pp. 507, 612, as amended by Ga. L. 1969, p. 715 et seq; Ga. L. 1972, p. 1015 et seq., O.C.G.A. §§ 31-2-4 et seq. and 31-7-1 et seq.

111-8-47-.08 Medications.

Each facility shall insure that the handling of patient medication is in full compliance with state and federal laws and regulations.

Authority Ga. L. 1964, pp. 507, 612, as amended by Ga. L. 1969, p. 715 et seq; Ga. L. 1972, p. 1015 et seq., O.C.G.A. §§ 31-2-4 et seq. and 31-7-1 et seq.

111-8-47-.09 Physical Therapy Service.

(1) When a home has a physical therapy program, the services must be provided or directly supervised by a physical therapist.

(2) A therapy record will be kept as part of the health folder on each resident receiving physical therapy. Information in the health folder shall include referral, diagnosis, precautions, initial physical therapy evaluation, treatment plans and objectives, frequency and dates of medical reevaluation.

(3) The physical therapist shall keep progress notes on each resident including progress or lack of progress, symptoms noted, and changes in treatment plans.

Authority Ga. L. 1964, pp. 507, 612, as amended by Ga. L. 1969, p. 715 et seq; Ga. L. 1972, p. 1015 et seq., O.C.G.A. §§ 31-2-4 et seq. and 31-7-1 et seq.

111-8-47-.10 Resident Care.

(1) Each resident shall have a physician's written statement of his or her condition at time of admission or within forty-eight (48) hours thereafter and it shall be kept on file in the resident's health folder.

(a) Physicians' prescriptions for medications for residents needing medication shall accompany the resident upon admission to the facility;

(b) The physician's statement of the resident's condition should state any special care required including special diets.

(2) Each home shall have a written agreement with a physician and a dentist who will be available to the home for emergencies, and who will provide the home with consultation concerning medical and dental problems.

(3) Each home shall maintain a plan of care for each resident. This plan shall be kept current and will show, as a minimum, the name and frequency of medications, kind of diet, social problems, special care required, and ability to provide self-care. The plan of care shall be available to all personnel.

(4) Reports of all resident evaluations and examinations shall be kept in the individual health folder.

(5) The home shall have a microbial and infection control program. Policies and procedures for infection control shall be written, assembled and available to all staff members. Procedures shall be specific for practice in the home and shall be included in the training of every staff member. As a minimum, procedures shall include the following control measures:

(a) Prevention of spread of infection from personnel to resident: Any person whose duties include direct resident care, handling food, or handling clean linen, and who has an acute illness such

as "strep" throat, or an open sore or boil, shall not be allowed to work until he is fully recovered;

(b) Prevention of spread of infection from visitors to residents;

(c) Prevention of spread of infection from resident to personnel or other residents. Isolation techniques to be observed according to the source of infection and the method of spread; and

(d) Reporting of communicable diseases as required by the rules and regulations for notification of diseases which have been promulgated by the Department of Public Health.

(6) Restraint and/or forcible seclusion of a resident will be permitted only on a signed order of a physician, except in an emergency and then only until the advice of a physician can be obtained.

(7) Provisions shall be made for proper sterilization of supplies, utensils, instruments and other materials as needed for the residents.

Authority Ga. L. 1964, pp. 507, 612, as amended by Ga. L. 1969, p. 715 et seq; Ga. L. 1972, p. 1015 et seq., O.C.G.A. §§ 31-2-4 et seq. and 31-7-1 et seq.

111-8-47-11 Records.

(1) There shall be an individual health folder for each resident including:

(a) The name, address and telephone number of his physician and dentist;

(b) A record of the physician's findings and recommendations including the preadmission evaluation of the resident's condition

and subsequent reevaluations and all orders and recommendations of the physician for care; and

(c) All symptoms and other indications of illness or injury brought to the attention of the staff by the residents, or from other sources, including the date, time and action taken regarding each.

(2) Each facility shall keep resident statistics, including admissions, discharges, deaths, resident days, and percent of occupancy. Statistical records shall be open for inspection, and upon request, data shall be submitted to the Department.

Authority Ga. L. 1964, pp. 507, 612, as amended by Ga. L. 1969, p. 715 et seq; Ga. L. 1972, p. 1015 et seq., O.C.G.A. §§ 31-2-4 et seq. and 31-7-1 et seq.

111-8-47-.12 Equipment.

(1) Resident beds shall be single, at least thirty-six (36) inches wide, with firm even springs covered by a mattress not less than four inches thick.

(2) The home shall provide all linens and blankets essential to the treatment and comfort of residents.

(3) Wheelchairs and walkers shall be provided by the home when needed.

(4) Each resident shall have necessary furniture which shall include a bedside table, a reading lamp, a chair, drawer space for clothes, enclosed space for hanging clothing, individual towel rack, soap dish, drinking glass, and access to a mirror. Each resident shall have a suitable signaling device.

(5) Individual equipment shall be cleaned after each use and disinfected at least once each week. Equipment such as bedpans,

urinals and wash basins, if not individual, should be disinfected after each use.

(6) Each resident shall be provided adequate supplies and equipment for proper oral hygiene including a toothbrush or a denture brush and denture receptacle when needed.

(7) Bedrails shall be available for use as required by the resident's condition.

(8) There shall be an electric clock with a bold face that can be read from a distance of twenty (20) feet installed in the lobby of each home.

(9) Disposable equipment and supplies shall be used only once and disposed of in an approved manner.

Authority Ga. L. 1964, pp. 507, 612, as amended by Ga. L. 1969, p. 715 et seq; Ga. L. 1972, p. 1015 et seq., O.C.G.A. §§ 31-2-4 et seq. and 31-7-1 et seq.

111-8-47-.13 Safety.

(1) All buildings and equipment shall be maintained in such condition that no hazards to the life and safety of the patients exist.

(2) Adequate parking shall be available nearby. Parking areas and service entrances shall be so designated that fire fighting equipment will have unobstructed access to all parts of the building.

(3) Handrails shall be provided on all stairways and ramps. Stairtreads shall be made of or covered with safe nonslip material. Doors opening onto stairways shall not open directly onto risers, but shall open onto a landing not less than the width of the door.

(4) Safety barriers at the head of stairways, and handrails in hallways shall be provided. There shall be no low windows, open porches, changes in floor levels or similar hazards.

(5) Doors to rooms used by residents shall be equipped with locks or other devices which will not allow the room to be locked from the inside.

(6) Floor surfaces shall be smooth and level; scatter rugs and highly polished floors in resident areas are prohibited.

(7) Showers, tubs, and toilets shall have grab bars firmly installed convenient to resident use; the floor in bathing areas shall be provided with a nonslip surface. No resident shall be permitted to bathe without an attendant available to regulate water temperature and to provide generally for the safety of the resident, unless the resident's physician has provided a written statement to the effect that the resident is sufficiently responsible to bathe himself. Shower heads shall not be installed above bathtubs.

(8) Warning signs shall be posted prohibiting smoking or open flames of any kind in areas where oxygen is in use or stored.

Authority Ga. L. 1964, pp. 507, 612, as amended by Ga. L. 1969, p. 715 et seq; Ga. L. 1972, p. 1015 et seq., O.C.G.A. §§ 31-2-4 et seq. and 31-7-1 et seq.

111-8-47-.14 Environmental Sanitation and Housekeeping.

(1) Equipment and supplies for proper sanitation will be maintained on the premises.

(2) Laundry shall be handled, stored and processed so that spread of infection will be minimized. A sufficient clean linen supply shall be insured at all times. Soiled linen shall not be permitted to accumulate.

(3) The premises and all areas within the home shall be kept clean and free from debris. Ventilation openings, such as ports for exhaust fans, shall be equipped with covers that close automatically when the fan is not in operation. Doors and other openings shall be equipped and maintained to minimize the ingress of flies, insects and rodents.

(4) Provision shall be made to maintain clean containers and store garbage in areas that are separate from food handling, food preparation and food storage area.

(5) Sanitary containers, sputum cups, and other satisfactory individual containers must be provided when needed.

(6) Each home shall have an infection control program which provides for policies, procedures and training programs. Great care should be exercised to prevent spread of infection by fomites or by infected person to person.

Authority Ga. L. 1964, pp. 507. 612, as amended by Ga. L. 1969, p. 715 et seq; Ga. L. 1972, p. 1015 et seq., O.C.G.A. §§ 31-2-4 et seq. and 31-7-1 et seq.

111-8-47-.15 Health of Employees.

Each home shall require that each employee receive a physical examination upon employment. The examination shall be in sufficient detail, with pertinent laboratory and X-ray data to insure that the employee is physically and mentally qualified to perform the job to which he is assigned. An annual physical examination thereafter is recommended. However, as a minimum, on an annual basis each employee will have a physical inspection to help insure freedom from communicable disease. As part of the annual examination or inspection a tuberculin skin test will be given to all previous negative reactors. If the skin test is positive, a chest X-ray will be required and the individual referred to his physician or appropriate health authority for possible prophylaxis

treatment. Copies or certificates of physical examinations shall be kept in the employee's personnel folder.

Authority Ga. L. 1964, pp. 507, 612, as amended by Ga. L. 1969, p. 715 et seq; Ga. L. 1972, p. 1015 et seq., O.C.G.A. §§ 31-2-4 et seq. and 31-7-1 et seq.

111-8-47-.16 Recreation.

(1) An individual shall be designated as being in charge of resident activities. This individual shall have experience and/or training in group activities, or shall have consultation made available from a qualified recreational therapist or group activity leader.

(2) Provisions shall be made for suitable recreational and entertainment activities for residents according to their needs and interests. These activities are an important adjunct to daily living and are to encourage restoration to self-care and resumption of normal activities. Variety in planning shall include some outing activities in suitable weather.

(3) Residents shall be encouraged but not forced to participate in patient activities.

(4) The facility shall make available a variety of supplies and equipment adequate to satisfy the individual interests of residents. Examples are: books, magazines, daily newspapers, games, stationery, radio, television, and the like.

(5) An active resident activities program shall be carried out that will meet the needs of all residents.

Authority Ga. L. 1964, pp. 507, 612, as amended by Ga. L. 1969, p. 715 et seq; Ga. L. 1972, p. 1015 et seq., O.C.G.A. §§ 31-2-4 et seq. and 31-7-1 et seq.

111-8-47-.17 Resident Capacity.

(1) The number of beds provided shall be indicated on each permit and provisional permit.

(2) The number of residents receiving care within the home shall not exceed the number of beds shown on the permit. In exceptional cases, temporary waivers, not to exceed thirty (30) days, may be granted by the Department.

Authority Ga. L. 1964, pp. 507, 612, as amended by Ga. L. 1969, p. 715 et seq; Ga. L. 1972, p. 1015 et seq., O.C.G.A. §§ 31-2-4 et seq. and 31-7-1 et seq.

111-8-47-.18 Physical Plant Standards.

(1) Requirements under this rule "Physical Plant Standards" will be enforced with the effective date of these regulations. In exceptional cases and upon application to the Department by the governing body of the home, variances may be granted at the discretion of the Department if it is determined that these requirements will place an undue burden or extreme hardship on the home or its occupants, provided that the health or safety of the residents is not jeopardized.

(2) At least two rooms per fifty (50) beds shall be designed for single occupancy (one bed). At least one room designed for single occupancy shall have an adjoining private bathroom, containing a lavatory, water closet and a bathtub or shower equipped with grab bars. Intermediate care homes which are a Distinct Part of a nursing home may utilize the single occupancy rooms of the nursing home, provided that there are at least two single occupancy rooms per each fifty (50) beds for the combined patient and resident capacities.

(3) All resident rooms shall open into corridors leading to the exterior of the building. No resident room will be so located as to make it necessary for a resident to pass through another room to gain entrance to a corridor leading to the exterior.

(4) Each resident room shall be an outside room with window space equal to at least one-eighth of the floor area with opening in area large enough to remove resident by mattress.

(5) Resident bedrooms shall contain not less than one hundred (100) square feet of usable floor space in private or single rooms and no less than eighty (80) square feet per bed of usable floor space in multibed rooms. Usable floor space is in addition to area provided for closets, toilet rooms and entry ways.

(6) Not less than three (3) feet of space shall be provided between beds and between the foot of the bed and wall or other obstruction. There shall be sufficient space so beds may be made accessible from both sides for nursing care when needed.

(7) An individual clothes closet or wardrobe with door shall be provided per bed in every resident room. Clothes closets or wardrobes shall be at least twenty-two (22) inches deep and twenty (20) inches wide with at least one shelf above a hanging space equipped with a device for clothes hangers.

(8) There shall be sufficient bedside screens available to provide privacy for residents when needed or requested. Bedside screens shall be rendered and maintained flame resistant.

(9) Employees, staff, and visitors shall not use water closets provided for residents. Toilets, including a water closet, lavatory, soap, paper towels and dispensers shall be provided near or adjacent to the following locations:

(a) Medication area;

(b) Kitchen;

(c) Lobby area or waiting room.

(10) Resident bathing and toilet facilities:

(a) Unless there is a bathroom adjoining each resident's room containing a lavatory, water closet and a bathtub or shower there shall be a general bathing area in each Intermediate Care Unit. This area shall contain at least one bathtub accessible from three sides, one stall shower with adjacent drying space, one lavatory, with soap, paper towels and dispenser, and one water closet. This unit shall be of sufficient size to provide space for dressing, a wheelchair, and an attendant. Unless the bathing fixtures are located in separate rooms, compartments must be provided to permit independent use to afford privacy for each sex. Special institutional tubs or showers may be approved for use if the program of service indicates;

(b) At least one enclosed water closet and one lavatory shall be provided for each eight beds or major fraction thereof;

(c) At least one bathing facility (bathtub or shower) shall be provided for each fifteen (15) beds, or major fraction thereof, located in patient bedrooms that do not adjoin a toilet room in which a bathing facility is located;

(d) Unless bathtubs in bathrooms adjoining resident rooms are located so as to be accessible from three sides, handrails or grab bars on the tub or on the wall by the tub shall be provided;

(e) All shower stalls shall be at least four feet by four feet square and must have handrails on three sides, be equipped with curtains and be designed for wheelchair use. Thresholds to showers must be flush with the floor. The floor of the shower stall shall drain properly;

(f) Grab bars, securely attached to walls and conveniently located, adjacent to all bathtubs, showers, and water closets intended for resident use shall be provided.

(11) A medication area shall be provided in each Intermediate Care Unit. It shall contain a call system, charting desk and supplies, medicine storage, lavatory with soap, towels and towel dispenser, preparation area and a refrigerator.

(12) There shall be a floor pantry in each Intermediate Care Unit located near or adjacent to the medication area. The floor pantry shall contain a hot plate, sink, counter, cabinets and a refrigerator that shall not be used to store drugs, biologicals, or laboratory specimens.

(13) There shall be separate clean and soiled utility rooms in each Intermediate Care Unit located near the medication area. The clean utility room shall contain wall and base cabinets and stain resistant counter top, a small sink set into the counter or with drain boards. The soiled utility room shall contain a counter with a stain resistant top and storage cabinets underneath. In addition, it shall contain a deep service sink with stopper for chemical sterilization of bedpans, urinals and commode pails. The deep service sink with stopper may be omitted if a steam autoclave for sterilizing is available to the home.

(14) At least one bedpan cleansing device shall be provided in each Intermediate Care Unit. It may be located in the soiled utility room or in a special bedpan closet conveniently located. The bedpan cleansing device may be omitted if water closets in residents' toilets are equipped with bedpan lugs, spray hose and elevated vacuum breaker.

(15) Sufficient space shall be provided in each Intermediate Care Unit for stretcher and wheelchair parking. Such space shall be out of corridor traffic.

(16) A drinking fountain which shall not impair any passageway shall be provided in each Intermediate Care Unit.

(17) There shall be a treatment room convenient to resident rooms containing a treatment table, lavatory equipped with soap, paper towels and dispenser, instrument table and storage cabinet,

and providing adequate room for transfer of residents. A treatment room may be used for consultation if appropriately enlarged. Intermediate care homes that are a Distinct Part of a hospital or nursing home may utilize the treatment room in the other facility.

(18) There shall be a resident dining and recreation area provided in each facility. The minimum total area shall be twenty (20) square feet of floor space per bed. One-half the required space shall be for dining. Intermediate care facilities that are a Distinct Part of a nursing home may utilize the dining facilities of the other facility if the dining facilities are of sufficient size to accommodate the total patient and resident capacity.

(19) A room with sufficient space for residents' active exercise regimens including such equipment as a full-length mirror, parallel bars, steps, a wall-mounted wheel, and an exercise table shall be provided. The room shall also contain a lavatory with gooseneck spout and wrist controls. Soap, paper towels and towel dispenser shall also be provided.

(20) There shall be a lobby and/or waiting room in each facility. The size of this area shall be determined according to the size of the facility and the program of service. Intermediate care homes that are a Distinct Part of a nursing home may utilize the lobby or waiting room of the other facility.

(21) There shall be at least one building exit at ground level and at least one building exit shall be provided with a suitable ramp designed for a stretcher or a wheelchair. There shall be one such exit leading to the outdoor recreation area.

(22) A public telephone shall be located near the lobby. At least one telephone shall be arranged to be convenient for a wheelchair user.

(23) The central kitchen area shall be located to permit efficient service to the dining rooms and the Intermediate Care Units. It must be arranged and equipped for adequate food storage; preparation and serving of food in proper sequence; dish and

utensil cleaning and storage; and refuse storage and removal. Homes that are a Distinct Part of another facility may utilize the service of a central kitchen provided it is of adequate size and adequately equipped to serve the total patient/resident population. Storage space shall be sufficient to store a 24-hour supply of perishable foods and a 3-day supply of nonperishable foods.

(24) Each facility shall have a laundry room with adequate washing and drying equipment for the use of residents to launder their personal clothing.

(25) Separate and adequate clean laundry storage and separate and adequate soiled laundry storage rooms shall be provided appropriate to the frequency of deliveries and linen needs.

(26) Janitor's closets shall be provided on the basis of at least one closet for the dietary area and one for the remainder of the home. This room shall be of sufficient size to include racks for equipment, storage space, and a service sink.

(27) General storage space for the storage of supplies, furniture, equipment and residents' possessions shall be provided. Such space may be provided in one or more rooms and shall be commensurate with the needs of the home, but not less than five (5) square feet per bed.

(28) Maintenance area or areas commensurate with the needs of the home, including storage space for building and grounds maintenance equipment, tools, supplies and materials and shop space for mechanical, painting and carpentry work shall be provided.

(29) Floor, wall and ceiling finishes shall be smooth, easily cleaned and be wear-resistant appropriate to location. In addition, the floors of the following spaces shall be waterproof: toilets, baths, bedpan rooms, floor of pantries, kitchens, utility rooms, janitors' closets and treatment rooms. Areas subject to wetting shall have nonslip flooring. Carpeting, wall and ceiling finishes shall be approved by the State Fire Marshal.

(30) Stairways, door and corridors:

(a) Stairways serving resident areas shall not be less than forty-four (44) inches in clean width;

(b) Stairs shall be individually enclosed and be separated from any public hall;

(c) A landing shall be provided at the top and bottom of every stair run. Doors shall swing with exit travel to provide safe exit;

(d) The minimum dimension of landing shall be as wide as the required width of the stairway it serves. A door swinging into a landing, when open, shall not overlap the required width of the landing;

(e) The width of stair to risers shall not be less than ten (10) inches plus a one inch nosing;

(f) Winders and single risers are not acceptable;

(g) Stairs and landings shall have a nonslippery finish;

(h) Residents' room corridor entrances and all required exits shall be not less than forty-four (44) inches in clean width. All other doors through which residents must pass shall be not less than thirty-six (36) inches in clean width except that doors to toilets in resident bedrooms may be not less than thirty-two (32) inches wide. Doors through which residents or equipment do not pass shall be not less than thirty (30) inches wide, except that doors to resident closets may not be less than twenty (20) inches wide;

(i) When a door swings out on any platform, balcony, or porch or terrace, the minimum width of the platform, balcony, porch or terrace shall be thirty (30) inches plus the width of the door, measured at right angles to the wall containing the door. Exit

doors, other than for living units shall swing in the direction of exit from the structure;

(j) Corridors in areas used by residents shall be not less than eight (8) feet in clear width. Handrails may project into corridors, but drinking fountains, desk or other projections or obstructions may not reduce the eight (8) foot minimum dimension;

(k) Ramps shall be not less than forty-four (44) inches wide. Where ramps provide a change of corridor level, the minimum width shall be not less than that of the corridor;

(l) The maximum slope of ramps shall be not greater than ten (10) percent. Changes in direction, if any, shall be on level landings with a minimum width the same as the ramp width;

(m) Ramps shall have a nonslip finish. Ramps serving as a required means of egress shall be enclosed or protected as indicated for required stairways;

(n) Handrails shall be provided on each side of all resident corridors and on each side of stairways and ramps.

(31) Light and Ventilation:

(a) The total glass area in resident bedrooms shall be not less than one-eighth of the floor area of the room. The ventilating area shall be not less than four (4) percent of the floor area;

(b) Openings providing required natural light, which open on a covered porch whose depth exceeds four (4) feet, shall be increased in area ten (10) percent per foot of depth over four (4) feet;

(c) The heads of windows (sash opening) shall not be more than one foot below the finished ceiling unless they are at least six (6) feet, eight (8) inches above the finished floor. The lower level of

the window glass shall be not more than forty-eight (48) inches above the floor level;

(d) Ceiling heights shall be not less than eight (8) feet except that seven (7) feet six (6) inches may be used in corridors, halls, toilet rooms and bathrooms;

(e) The lower edge of resident bedroom windows shall in every instance be above grade.

(32) Mechanical:

(a) All bathrooms and toilet rooms shall be provided with mechanical ventilation capable of producing a minimum of ten (10) air changes per hour. Utility rooms, community rooms and corridors shall be provided with not less than four (4) changes per hour with at least two (2) of the air changes being outside air. Ducts ventilating bathrooms or toilet rooms shall not be interconnected with other duct systems but shall be discharged to the outside. Resident rooms shall be provided with at least two (2) air changes per hour of outside air. Corridors and exit halls shall not be used as a plenum for supply or return air to heating or air-conditioning systems;

(b) Kitchens, laundries, non-refrigerated garbage storage rooms, and rooms used to store combustible materials, shall be provided with an independent system of mechanical ventilation discharging above the roof and remote from any window. A minimum of ten (10) air changes per hour shall be provided. Exhaust hoods shall be installed over cooking ranges;

(c) All buildings shall be provided with a heating system designed to maintain a temperature of 75 degrees Fahrenheit in all habitable rooms and corridors when the outside temperature is at design level. The heating system should provide warm floors;

(d) All steam-operated equipment such as sterilizers, laundry and kitchen units, shall be provided with steam at temperatures and pressures as recommended by the equipment manufacturers;

(e) The quality and quantity of the water supply and the method of sewage disposal shall have the approval of the Department;

(f) A safe method shall be employed to heat water to provide an adequate supply of hot water at necessary temperatures for all purposes;

(g) Temperature controls shall be provided so that hot water for personal uses shall not exceed 110 degrees Fahrenheit;

(h) Hot water temperatures for other uses shall be as required by the equipment served;

(i) The quantity of hot water for kitchens and laundries shall be adequate to serve the equipment installed;

(j) Wrist control handles shall be provided for sinks or lavatories in floor pantries, medicine preparation rooms, clean utility rooms, soiled utility rooms, treatment or examination rooms, rehabilitation or physical therapy rooms and at handwashing fixtures in the kitchen area;

(k) Gooseneck spouts shall be provided for sinks or lavatories in treatment or examination rooms, physical therapy or rehabilitation rooms and at handwashing fixtures in the kitchen area;

(l) Vacuum breakers shall be provided for any plumbing fixture having a hose or hoses attached or to any plumbing fixture having trim to which a hose may be attached, including shampoo sinks, service sinks, combination hot and cold water outlets at can wash areas and hose bibs for clean-up purposes in the dishwashing area of kitchens;

(m) Aerators shall not be included as part of trim for plumbing fixtures;

(n) With relationship to adjacent areas, a positive air pressure shall be provided for clean utility rooms, floor pantries and medicine preparation rooms;

(o) With relationship to adjacent areas, a negative air pressure shall be provided for soiled utility rooms, physical therapy or rehabilitation rooms, janitor's closets, soiled laundry rooms and bathrooms or toilets. Air from these rooms shall not be recirculated; air shall be exhausted;

(p) Floor grilles shall not be used for supply or return air openings in heating, air-conditioning or ventilating systems;

(q) Ventilation openings, such as ports for exhaust fans, etc., shall be equipped with covers that close automatically when the fan is not in operation;

(r) Intake air ducts shall be designed and maintained so as to prevent the entrance of dust and insects;

(s) Hot air ducts from the heating system shall not emit temperatures in excess of 150 degrees Fahrenheit.

(33) Electrical:

(a) All areas shall be adequately lighted as required by duties performed in each space. Bedrooms and combination living-bedrooms shall have a night light, a light for general illumination and a reading light at the head of each bed. The outlets for general illumination and night lights shall be switched at the door. The reading light shall be controlled at the bedside. Each stairway, hall, corridor, or general passage shall have five (5) foot candles of illumination, doubled at building and stair entrance, or change of floor level, or at ramps;

(b) Receptacles appropriate for the designed space use shall be located where plug-in service is required. There shall be not less than one duplex receptacle at the head or near the head of each

bed. All other spaces shall have general and special purpose outlets suited to the need of the space; including an outlet in the lobby for an electric clock and receptacles for cleaning and maintenance equipment spaced not more than fifty (50) feet apart in corridors;

(c) Emergency lighting shall be provided for exits, stairs, and corridors which shall be supplied by an emergency generator or a battery with automatic switch;

(d) Each toilet room and bathroom and each bed location shall be furnished with an electrical or mechanical call signal audible or visible at the medication area. A duplex unit may be used for two beds.

(34) Elevators and Dumbwaiters:

(a) Where residents' rooms are located on more than one floor at least one elevator shall be provided. Other elevators shall be provided, depending upon the needs and size of the home;

(b) At least one elevator in multistory buildings shall be arranged of sufficient size to admit a stretcher and an attendant;

(c) Elevator doors shall be automatic slide type with safety interlock. Elevators shall be equipped with grab bars and an automatic self-leveling control which will automatically bring car platforms level with the landing;

(d) Dumbwaiter cabs shall be not less than twenty-four (24) by twenty-four (24) by thirty-six (36) inches of steel with one shelf.

Authority Ga. L. 1964, pp. 507, 612, as amended by Ga. L. 1969, p. 715 et seq; Ga. L. 1972, p. 1015 et seq., O.C.G.A. §§ 31-2-4 et seq. and 31-7-1 et seq.

111-8-47-.19 Application for Permit.

(1) The governing body shall submit to the Department an application for a permit.

(2) The application for a permit shall be made on forms provided by the Department and shall be filed at least thirty (30) days prior to the anticipated date of opening and commencement of operation of a new home.

(3) A letter from the physician and dentist who have agreed to provide emergency service and the names of the administrator and supervisor of care shall accompany the application.

(4) A plan for progressive employment of personnel to match increasing occupancy and to assure compliance with these rules and regulations shall be submitted at the time established for the preopening inspection.

(5) Proof of ownership shall accompany the application.

(a) Corporations shall submit a copy of their charter and the name and address of all owners with ten (10) percent or more of the stock and shall identify each corporate officer;

(b) Nonprofit associations and hospital authorities shall submit legal proof of the organization, the name and address of each trustee and the office held, if any;

(c) All others shall submit the name and address of each person owning any part of the facility.

(6) Proof of an active liability insurance policy or a self-insurance trust for the home's benefit for a nursing home claim.

Authority Ga. L. 1964, pp. 507, 612, as amended by Ga. L. 1969, p. 715 et seq; Ga. L. 1972, p. 1015 et seq., O.C.G.A. §§ 31-2-4 et seq. and 31-7-1 et seq.

111-8-47-.20 Permits.

(1) To be eligible for a permit the home must be in satisfactory compliance with these rules and regulations and the provisions at law which apply to the locations, construction, and maintenance of homes and the safety of the patients therein.

(2) Prior to the issuance of a permit and at the request of the Commissioner, the governing body shall furnish to the Department evidence of satisfactory compliance with any laws or regulations thereunder applicable to homes but the enforcement of which is the responsibility of a department or agency of government other than the Department.

(3) Each home shall, as a condition precedent to obtaining or maintaining a permit to operate an intermediate care home, carry or be covered by liability insurance coverages or establish or have established for its benefit a self-insurance trust for a nursing home claim. If a home fails to carry or be covered by liability insurance coverages or establish or have established for its benefit a self-insurance trust for a nursing home claim, the Department shall provide notice to such home of its noncompliance and allow such home 60 days in which to comply. A home's failure to maintain such coverage or establish such trust shall result in the Department:

(a) Revoking such home's permit issued to operate the intermediate care home;

(b) Denying any application to renew such permit; and

(c) Denying any application for a change of ownership of the intermediate care home.

(4) The permit shall be framed and publicly displayed at all times.

(5) Permits are not transferable from one governing body to another, nor valid when the home is moved from one location to another.

(6) The permit shall be returned to the Department when the home ceases to operate, or is moved to another location or the ownership changes or the governing body is significantly changed or the permit is suspended or revoked.

(7) A permit shall be required for each home located on different premises where more than one home is operated under the same governing body. When a home operates as distinct parts, then a permit shall be required for each distinct part.

(8) Each home shall be in compliance with O.C.G.A. § 26-2-370 et seq. entitled "Food Service Establishments" and the Rules and Regulations as adopted and promulgated thereunder, entitled "Rules and Regulations for Food Service" and with any amendment to the law or rules promulgated thereunder.

Authority Ga. L. 1964, pp. 507, 612, as amended by Ga. L. 1969, p. 715 et seq; Ga. L. 1972, p. 1015 et seq., O.C.G.A. §§ 26-2-370 et seq., 31-2-4 et seq., 31-7-1 et seq. and 31-2A-2 et seq.

111-8-47-.21 Provisional Permits.

(1) Provisional permits may be granted to the governing body of a newly established home to demonstrate operational procedures in satisfactory compliance.

(2) A provisional permit may be granted to the governing body of an existing home to demonstrate operational procedures in satisfactory compliance.

(3) Provisional permits granted to allow a reasonable time to demonstrate satisfactory compliance of operational procedures shall be limited to a period of not more than six (6) months.

(4) A provisional permit may be granted to the governing body of an existing home to give reasonable time to comply with regulations and standards which relate to the structural or physical condition of the home.

(5) No provisional permits shall be granted to the governing body of a newly established home which is in substantial noncompliance with rules, regulations and standards relating to the structural or physical condition of the home. Provisional permits granted to allow time for correction of structural or physical conditions shall not exceed twelve (12) months.

(6) A provisional permit shall not be issued when there are noncompliances of any type which present an immediate hazard to the life, health or safety of the patients.

(7) No provisional permit shall be granted to an existing home unless the governing body shall first present to the Commissioner a plan of improvement which shall list each noncompliance to be corrected, the time required to demonstrate acceptable operational procedures or to correct noncompliances which relate to the structural or physical condition of the home and the means, methods and procedures to be used in the correction of the noncompliances.

(8) The governing body of a home operating under a provisional permit may petition the Department for an extension of time if needed to correct noncompliances where the failure to make such corrections within the time allotted is an extenuating circumstance beyond the control of the governing body. Such petitions shall be submitted to the Department at least thirty (30) days prior to expiration date of the provisional permit.

Authority Ga. L. 1964, pp. 507, 612, as amended by Ga. L. 1969, p. 715 et seq; Ga. L. 1972, p. 1015 et seq., O.C.G.A. §§ 31-2-4 et seq. and 31-7-1 et seq.

111-8-47-.22 Inspections.

(1) The home shall be available at reasonable hours for observation and examination by properly identified representatives of the Department.

(2) The administrator or authorized representative shall notify the Department of the anticipated opening date of a newly constructed home in order that a preopening licensure survey of the home may be conducted to determine compliance with these rules and regulations.

(3) The administrator or his representative shall accompany the Department representative on tours of inspection.

Authority Ga. L. 1964, pp. 507, 612, as amended by Ga. L. 1969, p. 715 et seq; Ga. L. 1972, p. 1015 et seq., O.C.G.A. §§ 31-2-4 et seq and 31-7-1 et seq.

111-8-47-.23 New Construction.

(1) General Requirements:

(a) A program narrative and all plans and specifications for construction, including additions, alterations, and renovations, shall be approved by the Department prior to commencing work on the building;

(b) The program narrative shall be submitted prior to or along with the schematic or initial plans for construction. The program narrative should include the following:

1. The names and addresses of each owner. If the owner is a public stock corporation, the names and addresses of each officer shall be included;
2. The geographical area to be served;
3. Admission policies;
4. Cooperative programs of service with local agencies, including hospitals and nursing homes;
5. Arrangements for medical and dental care, e.g., physicians on contract and agreements with hospitals, nursing homes and home health agencies for resident referral;
6. List of personnel by types of employees and proposed salaries;
7. Plans for securing the services of professional personnel including registered nurses, licensed practical nurses, social workers, dietitians, pharmacists, physicians and therapists;
8. A description of the service to be provided the community, i.e., the level of care to be provided and the economic segments of the population to be served;
9. Source and amount of financing;
10. Anticipated first two-year cost of operation, income and source of operating funds;
11. Exact location of proposed site;

12. Utilities available, i.e., electricity, gas, water, sewage and waste disposal, and transportation;

13. The name, address and telephone number of the person selected to represent the owner during the period of planning and construction.

(c) Any individual or group planning construction shall submit complete architectural, structural, mechanical and electrical plans and specifications to the Department for review and approval prior to any new construction, addition, alteration or renovation. Final plans submitted shall be in sufficient detail to show the building site, driveways and parking areas, type of construction, mechanical and electrical systems, the type and location of major items of equipment, the intended use of each room, the proposed location of beds, the type and source of utilities, food service system, and the proposed system of garbage and refuse disposal;

(d) Plans for addition and/or remodeling of an existing building will be submitted in sufficient detail to include type of construction and layout of the existing building to show overall relationship. Any changes in the approved final plans shall also be submitted to the Department for approval.

(2) Location and site:

(a) The site shall be approved by the Department;

(b) The site shall have proper drainage. Sewage disposal, water, electrical telephone, and other necessary facilities shall be available to the site.

Authority Ga. L. 1964, pp. 507, 612, as amended by Ga. L. 1969, p.715 et seq; Ga. L. 1972, p. 1015 et seq., O.C.G.A. §§ 31-2-4 et seq and 31-7-1 et seq.

111-8-47-.24 Enforcement.

The administration and enforcement of these rules and regulations shall be as prescribed in O.C.G.A. § 31-2-8 and the Rules and Regulations for General Licensing and Enforcement Requirements, Chapter 111-8-25.

Authority Ga. L. 1964, pp. 507, 612, as amended by Ga. L. 1969, p. 715 et seq; Ga. L. 1972, p. 1015 et seq., O.C.G.A. §§ 31-2-4, 31-2-8 and 31-7-1 et seq.