



Dear Applicant:

Enclosed is the Initial Application/Change of Ownership (CHOW) Package for a permit to operate a Nursing Home. All enclosed forms must be completed and returned to this office. The following steps should be followed:

1. Complete the application. Be sure to read the application fully, complete all blanks, and date and sign the application. Also, carefully review and attach all copies requested (i.e. certificate of organization, list of officers, transfer agreements).

2. Return your application and other materials required in your application package thirty days prior to the requested date for the permit to be effective to the following address:

Georgia Department of Community Health  
Healthcare Facility Regulation Division  
Nursing Home Program  
2 Peachtree Street, N.W.  
Suite 31-447  
Atlanta, GA 30303-3142

3. When you submit the Initial Application please ensure that you have met all local requirements and have received your certificate of occupancy and food service permit. If it is a new building you must also have approval from the State Architect. If you are leasing the building an executed lease is required before the initial inspection.

4. Notify the State Agency when your facility is ready for the initial inspection. Staff will then contact you to schedule an on-site inspection. NOTE: Failure to demonstrate compliance during the initial survey will delay the issuing of your permit to operate a nursing home.

5. A Change of Ownership will not be completed until the executed bill of sale or lease agreement is received by the State Agency.

6. For **Certification** an 855 must be completed. Please contact your intermediary. If you have any questions you may contact the Healthcare Facility Regulatory Division, Nursing Home Program at 404-657-5850.



**SECTION C: BED CAPACITY**

- 1. Evaluated Capacity as documented by state architect \_\_\_\_\_
- 2. Number of beds set up for use on the date of this application: \_\_\_\_\_

**SECTION D: PERSONNEL**

- 1. Write in the number of persons in each category employed on a full-time basis.

_____ Registered Nurses	_____ Physical Therapist	_____ Food Service Personnel
_____ Licensed Practical Nurses	_____ Speech Therapist	_____ Housekeeping Personnel
_____ Registered Dietitians	_____ Social Services	_____ Administrative Personnel
_____ Certified Nursing Assistants	_____ Activities	_____ Maintenance Personnel
_____ Other (specify) _____		

- 2. Write in the number of **hours per week** furnished by part-time employees working in the following capacity:

_____ Registered Nurses	_____ Registered Dietitians	_____ Pharmacist
_____ Licensed Practical Nurses	_____ Physical Therapist	_____ Occupational Therapist
_____ Certified Nursing Assistants	_____ Speech Therapist	_____

**SECTION E: PROVISION OF MEDICAL CARE**

- 1. Name of the hospital(s) with which the facility has a transfer agreement (attach copy).

\_\_\_\_\_

- 2. Name and address of the medical director:

\_\_\_\_\_

- 3. Name and address of the staff dentist responsible for dental supervision of the nursing home:

\_\_\_\_\_

**SECTION F: CERTIFICATION**

I certify that the foregoing is true to the best of my knowledge and belief. I understand that this permit is not transferrable and any change in the above information must be reported to the Healthcare Facility Regulation Division.

_____	_____
Signature (Administrator or Authorized Representative)	Title

.....  
 (For Department of Community Health Use Only)

Date Received: \_\_\_\_\_

Classification of Facility:

- Nursing Home
- Intermediate Care Home

APPROVED:

\_\_\_\_\_

Regional Director

**LONG TERM CARE FACILITY APPLICATION FOR MEDICARE AND MEDICAID**

**Standard Survey**

**Extended Survey**

From: F1     To: F2      
MM DD YY MM DD YY

From: F3     To: F4      
MM DD YY MM DD YY

Name of Facility		Provider Number		Fiscal Year Ending: F5 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MM DD YY	
Street Address		City	County	State	Zip Code
Telephone Number: F6		State/County Code: F7		State/Region Code: F8	

A. F9

- 01 Skilled Nursing Facility (SNF) - Medicare Participation
- 02 Nursing Facility (NF) - Medicaid Participation
- 03 SNF/NF - Medicare/Medicaid

B. Is this facility hospital based? F10 Yes  No

If yes, indicate Hospital Provider Number: F11

Ownership: F12

**For Profit**

- 01 Individual
- 02 Partnership
- 03 Corporation

**NonProfit**

- 04 Church Related
- 05 Nonprofit Corporation
- 06 Other Nonprofit

**Government**

- 07 State
- 08 County
- 09 City
- 10 City/County
- 11 Hospital District
- 12 Federal

Owned or leased by Multi-Facility Organization: F13 Yes  No

Name of Multi-Facility Organization: F14

Dedicated Special Care Units (show number of beds for all that apply)

- |   |   |
|---|---|
| F15 <input type="text"/> <input type="text"/> <input type="text"/> AIDS                             | F16 <input type="text"/> <input type="text"/> <input type="text"/> Alzheimer's Disease            |
| F17 <input type="text"/> <input type="text"/> <input type="text"/> Dialysis                         | F18 <input type="text"/> <input type="text"/> <input type="text"/> Disabled Children/Young Adults |
| F19 <input type="text"/> <input type="text"/> <input type="text"/> Head Trauma                      | F20 <input type="text"/> <input type="text"/> <input type="text"/> Hospice                        |
| F21 <input type="text"/> <input type="text"/> <input type="text"/> Huntington's Disease             | F22 <input type="text"/> <input type="text"/> <input type="text"/> Ventilator/Respiratory Care    |
| F23 <input type="text"/> <input type="text"/> <input type="text"/> Other Specialized Rehabilitation |   |

- |   |     |                              |                             |
|---|-----|------------------------------|-----------------------------|
| Does the facility currently have an organized residents group?                      | F24 | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Does the facility currently have an organized group of family members of residents? | F25 | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Does the facility conduct experimental research?                                    | F26 | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Is the facility part of a continuing care retirement community (CCRC)?              | F27 | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If the facility currently has a staffing waiver, indicate the type(s) of waiver(s) by writing in the date(s) of last approval. Indicate the number of hours waived for each type of waiver granted. If the facility does not have a waiver, write NA in the blanks.

Waiver of seven day RN requirement.	Date: F28 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Hours waived per week: F29 _____
Waiver of 24 hr licensed nursing requirement.	Date: F30 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Hours waived per week: F31 _____
	MM DD YY	

Does the facility currently have an approved Nurse Aide Training and Competency Evaluation Program? F32 Yes  No

### FACILITY STAFFING

	Tag Number	A			B				C				D				
		Services Provided			Full-Time Staff (hours)				Part-Time Staff (hours)				Contract (hours)				
		1	2	3													
<b>Administration</b>	F33																
<b>Physician Services</b>	F34																
Medical Director	F35																
Other Physician	F36																
Physician Extender	F37																
<b>Nursing Services</b>	F38																
RN Director of Nurses	F39																
Nurses with Admin. Duties	F40																
Registered Nurses	F41																
Licensed Practical/ Licensed Vocational Nurses	F42																
Certified Nurse Aides	F43																
Nurse Aides in Training	F44																
Medication Aides/Technicians	F45																
<b>Pharmacists</b>	F46																
<b>Dietary Services</b>	F47																
Dietitian	F48																
Food Service Workers	F49																
<b>Therapeutic Services</b>	F50																
Occupational Therapists	F51																
Occupational Therapy Assistants	F52																
Occupational Therapy Aides	F53																
Physical Therapists	F54																
Physical Therapists Assistants	F55																
Physical Therapy Aides	F56																
Speech/Language Pathologist	F57																
Therapeutic Recreation Specialist	F58																
Qualified Activities Professional	F59																
Other Activities Staff	F60																
Qualified Social Workers	F61																
Other Social Services	F62																
<b>Dentists</b>	F63																
<b>Podiatrists</b>	F64																
<b>Mental Health Services</b>	F65																
<b>Vocational Services</b>	F66																
<b>Clinical Laboratory Services</b>	F67																
<b>Diagnostic X-ray Services</b>	F68																
<b>Administration &amp; Storage of Blood</b>	F69																
<b>Housekeeping Services</b>	F70																
<b>Other</b>	F71																

Name of Person Completing Form	Time
Signature	Date

## GENERAL INSTRUCTIONS AND DEFINITIONS

(use with CMS-671 Long Term Care Facility Application for Medicare and Medicaid)

**This form is to be completed by the Facility**

**For the purpose of this form “the facility” equals certified beds (i.e., Medicare and/or Medicaid certified beds).**

**Standard Survey** - LEAVE BLANK - Survey team will complete

**Extended Survey** - LEAVE BLANK - Survey team will complete

### INSTRUCTIONS AND DEFINITIONS

**Name of Facility** - Use the official name of the facility for business and mailing purposes. This includes components or units of a larger institution.

**Provider Number** - Leave blank on initial certifications. On all recertifications, insert the facility's assigned six-digit provider code.

**Street Address** - Street name and number refers to physical location, not mailing address, if two addresses differ.

**City** - Rural addresses should include the city of the nearest post office.

**County** - County refers to parish name in Louisiana and township name where appropriate in the New England States.

**State** - For U.S. possessions and trust territories, name is included in lieu of the State.

**Zip Code** - Zip Code refers to the "Zip-plus-four" code, if available, otherwise the standard Zip Code.

**Telephone Number** - Include the area code.

**State/County Code** - LEAVE BLANK - State Survey Office will complete.

**State/Region Code** - LEAVE BLANK - State Survey Office will complete.

**Block F9** - Enter either 01 (SNF), 02 (NF), or 03 (SNF/NF).

**Block F10** - If the facility is under administrative control of a hospital, check "yes," otherwise check "no."

**Block F11** - The hospital provider number is the hospital's assigned six-digit Medicare provider number.

**Block F12** - Identify the type of organization that controls and operates the facility. Enter the code as identified for that organization (e.g., for a for profit facility owned by an individual, enter 01 in the F12 block; a facility owned by a city government would be entered as 09 in the F12 block).

### Definitions to determine ownership are:

**FOR PROFIT** - If operated under private commercial ownership, indicate whether owned by individual, partnership, or corporation.

**NONPROFIT** - If operated under voluntary or other nonprofit auspices, indicate whether church related, nonprofit corporation or other nonprofit.

**GOVERNMENT** - If operated by a governmental entity, indicate whether State, City, Hospital District, County, City/County, or Federal Government.

**Block F13** - Check "yes" if the facility is owned or leased by a multi-facility organization, otherwise check "no." A Multi-Facility Organization is an organization that owns two or more long term care facilities. The owner may be an individual or a corporation. Leasing of facilities by corporate chains is included in this definition.

**Block F14** - If applicable, enter the name of the multi-facility organization. Use the name of the corporate ownership of the multi-facility organization (e.g., if the name of the facility is Soft Breezes Home and the name of the multi-facility organization that owns Soft Breezes is XYZ Enterprises, enter XYZ Enterprises).

**Block F15 – F23** - Enter the number of beds in the facility's Dedicated Special Care Units. These are units with a specific number of beds, identified and dedicated by the facility for residents with specific needs/diagnoses. They need not be certified or recognized by regulatory authorities. For example, a SNF admits a large number of residents with head injuries. They have set aside 8 beds on the north wing, staffed with specifically trained personnel. Show "8" in F19.

**Block F24** - Check "yes" if the facility currently has an organized residents' group, i.e., a group(s) that meets regularly to discuss and offer suggestions about facility policies and procedures affecting residents' care, treatment, and quality of life; to support each other; to plan resident and family activities; to participate in educational activities or for any other purposes; otherwise check "no."

**Block F25** - Check "yes" if the facility currently has an organized group of family members of residents, i.e., a group(s) that meets regularly to discuss and offer suggestions about facility policies and procedures affecting residents' care, treatment, and quality of life; to support each other, to plan resident and family activities; to participate in educational activities or for any other purpose; otherwise check "no."

## GENERAL INSTRUCTIONS AND DEFINITIONS

(use with CMS-671 Long Term Care Facility Application for Medicare and Medicaid)

**Block F26** - Check "yes" if the facility conducts experimental research; otherwise check "no." Experimental research means using residents to develop and test clinical treatments, such as a new drug or therapy, that involves treatment and control groups. For example, a clinical trial of a new drug would be experimental research.

**Block F27** - Check "yes" if the facility is part of a continuing care retirement community (CCRC); otherwise check "no." A CCRC is any facility which operates under State regulation as a continuing care retirement community.

**Blocks F28 – F31** - If the facility has been granted a nurse staffing waiver by CMS or the State Agency in accordance with the provisions at 42CFR 483.30(c) or (d), enter the last approval date of the waiver(s) and report the number of hours being waived for each type of waiver approval.

**Block F32** - Check "yes" if the facility has a State approved Nurse Aide Training and Competency Evaluation Program; otherwise check "no."

**Column A-1** - Refers to those services provided onsite to residents, either by employees or contractors.

**Column A-2** - Refers to those services provided onsite to non-residents.

**Column A-3** - Refers to those services provided to residents offsite/or not routinely provided onsite.

**Column B - Full-time staff, C - Part-time staff, and D - Contract** - Record hours worked for each field of full-time staff, part-time staff, and contract staff (do not include meal breaks of a half an hour or more). Full-time is defined as 35 or more hours worked per week. Part-time is anything less than 35 hours per week. Contract includes individuals under contract (e.g., a physical therapist) as well as organizations under contract (e.g., an agency to provide nurses). If an organization is under contract, calculate hours worked for the individuals provided. Lines blocked out (e.g., Physician services, Clinical labs) do not have hours worked recorded.

**REMINDER** - Use a 2-week period to calculate hours worked.

### FACILITY STAFFING

#### GENERAL INSTRUCTIONS

This form requires you to identify whether certain services are provided and to specify the number of hours worked providing those services. Column A requires you to enter "yes" or "no" about whether the services are provided onsite to residents, onsite to nonresidents, and offsite to residents. Columns B-D requires you to enter the specific number of hours worked providing the service. To complete this section, base your calculations on the staff hours worked in the most recent complete pay period. If the pay period is more than 2 weeks, use the last 14 days. For example, if this survey begins on a Tuesday, staff hours are counted for the previous complete pay period.

**Definition of Hours Worked** - Hours are reported rounded to the nearest whole hour. Do not count hours paid for any type of leave or non-work related absence from the facility. If the service is provided, but has not been provided in the 2-week pay period, check the service in Column A, but leave B, C, or D blank. If an individual provides service in more than one capacity, separate out the hours in each service performed. For example, if a staff person has worked a total of 80 hours in the pay period but has worked as an activity aide and as a Certified Nurse Aide, separately count the hours worked as a CNA and hours worked as an activity aide to reflect but not to exceed the total hours worked within the pay period.

#### Completion of Form

**Column A - Services Provided** - Enter Y (yes), N (no) under each sub-column. For areas that are blocked out, do not provide the information.

#### DEFINITION OF SERVICES

**Administration** - The administrative staff responsible for facility management such as the administrator, assistant administrator, unit managers and other staff in the individual departments, such as: Health Information Specialists (RRA/ARTI), clerical, etc., who do not perform services described below. Do not include the food service supervisor, housekeeping services supervisor, or facility engineer.

**Physician Services** - Any service performed by a physician at the facility, except services performed by a resident's personal physician.

**Medical Director** - A physician designated as responsible for implementation of resident care policies and coordination of medical care in the facility.

**Other Physician** - A salaried physician, other than the medical director, who supervises the care of residents when the attending physician is unavailable, and/or a physician(s) available to provide emergency services 24 hours a day.

**Physician Extender** - A nurse practitioner, clinical nurse specialist, or physician assistant who performs physician delegated services.

**Nursing Services** - Coordination, implementation, monitoring and management of resident care plans. Includes provision of personal care services, monitoring resident responsiveness to environment, range-of-motion exercises, application of sterile dressings, skin care, naso-gastric tubes, intravenous fluids, catheterization, administration of medications, etc.

## GENERAL INSTRUCTIONS AND DEFINITIONS

*(use with CMS-671 Long Term Care Facility Application for Medicare and Medicaid)*

**Director of Nursing** - Professional registered nurse(s) administratively responsible for managing and supervising nursing services within the facility. Do not additionally reflect these hours in any other category.

**Nurses with Administrative Duties** - Nurses (RN, LPN, LVN) who, as either a facility employee or contractor, perform the Resident Assessment Instrument function in the facility and do not perform direct care functions. Also include other nurses whose principal duties are spent conducting administrative functions. For example, the Assistant Director of Nursing is conducting educational/in-service, or other duties which are not considered to be direct care giving. Facilities with an RN waiver who do not have an RN as DON report all administrative nursing hours in this category.

**Registered Nurses** - Those persons licensed to practice as registered nurses in the State where the facility is located. Includes geriatric nurse practitioners and clinical nurse specialists who primarily perform nursing, not physician-delegated tasks. Do not include Registered Nurses' hours reported elsewhere.

**Licensed Practical/Vocational Nurses** - Those persons licensed to practice as licensed practical/vocational nurses in the State where the facility is located. Do not include those hours of LPN/LVNs reported elsewhere.

**Certified Nurse Aides** - Individuals who have completed a State approved training and competency evaluation program, or competency evaluation program approved by the State, or have been determined competent as provided in 483.150(a) and (3) and who are providing nursing or nursing-related services to residents. Do not include volunteers.

**Nurse Aides in Training** - Individuals who are in the first 4 months of employment and who are receiving training in a State approved Nurse Aide training and competency evaluation program and are providing nursing or nursing-related services for which they have been trained and are under the supervision of a licensed or registered nurse. Do not include volunteers.

**Medication Aides/Technicians** - Individuals, other than a licensed professional, who fulfill the State requirement for approval to administer medications to residents.

**Pharmacists** - The licensed pharmacist(s) who a facility is required to use for various purposes, including providing consultation on pharmacy services, establishing a system of records of controlled drugs, overseeing records and reconciling controlled drugs, and/or performing a monthly drug regimen review for each resident.

**Dietary Services** - All activities related to the provision of a nourishing, palatable, well-balanced diet that meets the daily nutritional and special dietary needs of each resident.

**Dietitian** - A person(s), employed full, part-time or on a consultant basis, who is either registered by the Commission of Dietetic Registration of the American Dietetic Association, or is qualified to be a dietitian on the basis of experience in identification of dietary needs, planning and implementation of dietary programs.

**Food Service Workers** - Persons (excluding the dietitian) who carry out the functions of the dietary service (e.g., prepare and cook food, serve food, wash dishes). Includes the food services supervisor.

**Therapeutic Services** - Services, other than medical and nursing, provided by professionals or their assistants, to enhance the residents' functional abilities and/or quality of life.

**Occupational Therapists** - Persons licensed/registered as occupational therapists according to State law in the State in which the facility is located. Include OTs who spend less than 50 percent of their time as activities therapists.

**Occupational Therapy Assistants** - Person(s) who, in accord with State law, have licenses/certification and specialized training to assist a licensed/certified/registered Occupational Therapist (OT) to carry out the OT's comprehensive plan of care, without the direct supervision of the therapist. Include OT Assistants who spend less than 50 percent of their time as Activities Therapists.

**Occupational Therapy Aides** - Person(s) who have specialized training to assist an OT to carry out the OT's comprehensive plan of care under the direct supervision of the therapist, in accord with State law.

**Physical Therapists** - Persons licensed/registered as physical therapists, according to State law where the facility is located.

**Physical Therapy Assistants** - Person(s) who, in accord with State law, have licenses/certification and specialized training to assist a licensed/certified/registered Physical Therapist (PT) to carry out the PT's comprehensive plan of care, without the direct supervision of the PT.

**Physical Therapy Aides** - Person(s) who have specialized training to assist a PT to carry out the PT's comprehensive plan of care under the direct supervision of the therapist, in accord with State law.

**Speech-Language Pathologists** - Persons licensed/registered, according to State law where the facility is located, to provide speech therapy and related services (e.g., teaching a resident to swallow).

## GENERAL INSTRUCTIONS AND DEFINITIONS

*(use with CMS-671 Long Term Care Facility Application for Medicare and Medicaid)*

**Therapeutic Recreation Specialist** - Person(s) who, in accordance with State law, are licensed/registered and are eligible for certification as a therapeutic recreation specialist by a recognized accrediting body.

**Qualified Activities Professional** - Person(s) who meet the definition of activities professional at 483.15(f)(2)(i)(A) and (B) or 483.15(f)(2)(ii) or (iii) or (iv) and who are providing an on-going program of activities designed to meet residents' interests and physical, mental or psychosocial needs. Do not include hours reported as Therapeutic Recreation Specialist, Occupational Therapist, OT Assistant, or other categories listed above.

**Other Activities Staff** - Persons providing an on-going program of activities designed to meet residents' needs and interests. Do not include volunteers or hours reported elsewhere.

**Qualified Social Worker(s)** - Person licensed to practice social work in the State where the facility is located, or if licensure is not required, persons with a bachelor's degree in social work, a bachelor's degree in a human services field including but not limited to sociology, special education, rehabilitation counseling and psychology, and one year of supervised social work experience in a health care setting working directly with elderly individuals.

**Other Social Services Staff** - Person(s) other than the qualified social worker who are involved in providing medical social services to residents. Do not include volunteers.

**Dentists** - Persons licensed as dentists, according to State law where the facility is located, to provide routine and emergency dental services.

**Podiatrists** - Persons licensed/registered as podiatrists, according to State law where the facility is located, to provide podiatric care.

**Mental Health Services** - Staff (excluding those included under therapeutic services) who provide programs of services targeted to residents' mental, emotional, psychological, or psychiatric well-being and which are intended to:

- Diagnose, describe, or evaluate a resident's mental or emotional status;
- Prevent deviations from mental or emotional well-being from developing; or
- Treat the resident according to a planned regimen to assist him/her in regaining, maintaining, or increasing emotional abilities to function.

Among the specific services included are psychotherapy and counseling, and administration and monitoring of psychotropic medications targeted to a psychiatric diagnosis.

**Vocational Services** - Evaluation and training aimed at assisting the resident to enter, re-enter, or maintain employment in the labor force, including training for jobs in integrated settings (i.e., those which have both disabled and nondisabled workers) as well as in special settings such as sheltered workshops.

**Clinical Laboratory Services** - Entities that provide laboratory services and are approved by Medicare as independent laboratories or hospitals.

**Diagnostic X-ray Services** - Radiology services, ordered by a physician, for diagnosis of a disease or other medical condition.

**Administration and Storage of Blood Services** - Blood bank and transfusion services.

**Housekeeping Services** - Services, including those of the maintenance department, necessary to maintain the environment. Includes equipment kept in a clean, safe, functioning and sanitary condition. Includes housekeeping services supervisor and facility engineer.

**Other** - Record total hours worked for all personnel not already recorded, (e.g., if a librarian works 10 hours and a laundry worker works 10 hours, record 00020 in Column C).



Office for Civil Rights (OCR)  
 Civil Rights Information Request  
 For Medicare Certification



**Instructions: Complete all fields and return this form, with the required documents, to your State Health Department, along with your other Medicare Application Materials.**

**I. Healthcare Provider Information**

CMS Medicare Provider Number: \_\_\_\_\_

Name of Facility: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Number and Name*

\_\_\_\_\_ - \_\_\_\_\_  
*City or Town State or Province Zip Code*

Administrator's Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Telephone: ( ) - \_\_\_\_\_ TDD: ( ) - \_\_\_\_\_

FAX: ( ) - \_\_\_\_\_ E-mail: \_\_\_\_\_

Type of Facility: \_\_\_\_\_ Number of employees: \_\_\_\_\_

Corporate Affiliation: \_\_\_\_\_ Reason for Application: Circle One  
 Initial Medicare or Change of  
 Certification Ownership

**II. Documents Required for Submission**  
 (Additional guidance is available at: <http://www.hhs.gov/ocr/civilrights/clearance/>)

1. Two signed and completed originals of the form **HHS-690, Assurance of Compliance**.
2. Your Nondiscrimination Policy that provides for admission and services without regard to race, color, national origin, disability, or age, as required by Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975 (see example).
3. Description of methods used to disseminate your nondiscrimination policies/notices (e.g., describe where you post your Nondiscrimination Policy, and include brochures, postings, ads, etc.).
4. Facility admissions policy that describes eligibility requirements for your services.
5. Copies of brochures, pamphlets, etc. with general information about your services.
6. Procedures to effectively communicate with persons who are limited English proficient (LEP), including (see example):
  - a) Process for how you identify individuals who need language assistance;
  - b) Procedures to provide services (interpreters, written translations, bilingual staff, etc.). Include the name(s) and telephone number(s) of your interpreter(s) and/or interpreter service(s);
  - c) Methods to inform LEP persons that language assistance services are available at no cost to the person being served;
  - d) Appropriate restrictions on the use of family and friends as LEP interpreters;
  - e) A list of all written materials in other languages, if applicable. Examples may include consent and complaint forms, intake forms, written notices of eligibility criteria, nondiscrimination notices, etc.
7. Procedures used to communicate effectively with individuals who are deaf, hard of hearing, blind, have low vision, or who have other impaired sensory, manual or speaking skills, including (see example):
  - a) Process to identify individuals who need sign language interpreters or other assistive services;
  - b) Procedures to provide interpreters and other auxiliary aids and services. Include the name(s) and telephone number(s) of your interpreter(s) and/or interpreter service(s);
  - c) Procedures used to communicate with deaf or hard of hearing persons over the telephone, including the telephone number of your TTY/TDD or State Relay System;
  - d) A list of available auxiliary aids and services;
  - e) Methods to inform persons that interpreter or other assistive services are available at no cost to the person being served;
  - f) Appropriate restrictions on the use of family and friends as sign language interpreters.



Office for Civil Rights (OCR)
Civil Rights Information Request
For Medicare Certification



Table with 2 columns: Question number and Description. Rows 8-11 cover accessibility, Section 504 coordinators, grievance procedures, and age-based restrictions.

III. Certification

I certify that the information provided to the Office for Civil Rights is true, complete, and correct to the best of my knowledge.

Signature lines for Name and Title of Authorized Official, Signature, and Date.

**Office for Civil Rights**  
**Civil Rights Information Request**  
**For**  
**Medicare Certification**  
**Technical Assistance**

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Go to  
([http://www.hhs.gov/ocr/civilrights/resources/providers/medicare\\_providers/index.html](http://www.hhs.gov/ocr/civilrights/resources/providers/medicare_providers/index.html)) for more information, including links to the full regulations.

## **Nondiscrimination Policies and Notices**

The regulations implementing Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975 require health and human service providers that receive Federal financial assistance from the Department of Health and Human Services to provide notice to patients/residents, employees, and others of the availability of programs and services to all persons without regard to race, color, national origin, disability, or age.

### **Applicable Regulatory Citations:**

#### **Title VI of the Civil Rights Act of 1964: 45 CFR Part 80**

**§80.6(d) Information to beneficiaries and participants.** Each recipient shall make available to participants, beneficiaries, and other interested persons such information regarding the provisions of this regulation and its applicability to the program for which the recipient receives Federal financial assistance, and make such information available to them in such manner, as the responsible Department official finds necessary to apprise such persons of the protections against discrimination assured them by the Act and this regulation.

#### **Section 504 of the Rehabilitation Act of 1973: 45 CFR Part 84**

**§ 84.8 Notice.** (a) A recipient that employs fifteen or more persons shall take appropriate initial and continuing steps to notify participants, beneficiaries, applicants, and employees, including those with impaired vision or hearing, and unions or professional organizations holding collective bargaining or professional agreements with the recipient that it does not discriminate on the basis of handicap in violation of section 504 and this part. The notification shall state, where appropriate, that the recipient does not discriminate in admission or access to, or treatment or employment in, its programs and activities. The notification shall also include an identification of the responsible employee designated pursuant to §84.7(a). A recipient shall make the initial notification required by this paragraph within 90 days of the effective date of this part. Methods of initial and continuing notification may include the posting of notices, publication in newspapers and magazines, placement of notices in recipients' publication, and distribution of memoranda or other written communications.

(b) If a recipient publishes or uses recruitment materials or publications containing general information that it makes available to participants, beneficiaries, applicants, or employees, it shall include in those materials or publications a statement of the policy described in paragraph (a) of this section. A recipient may meet the requirement of this paragraph either by including appropriate inserts in existing materials and publications or by revising and reprinting the materials and publications.

#### **Age Discrimination Act: 45 CFR Part 91**

**§ 91.32 Notice to subrecipients and beneficiaries.** (b) Each recipient shall make necessary information about the Act and these regulations available to its program beneficiaries in order to inform them about the protections against discrimination provided by the Act and these regulations.

See Policy Example Section for examples of Nondiscrimination Policies.

# Communication with Persons Who Are Limited English Proficient

In certain circumstances, the failure to ensure that Limited English Proficient (LEP) persons can effectively participate in, or benefit from, federally-assisted programs and activities may violate the prohibition under Title VI of the Civil Rights Act of 1964, 42 U.S.C. 2000d, and the Title VI regulations against national origin discrimination. Specifically, the failure of a recipient of Federal financial assistance from HHS to take reasonable steps to provide LEP persons with a meaningful opportunity to participate in HHS-funded programs may constitute a violation of Title VI and HHS's implementing regulations. It is therefore important for recipients of Federal financial assistance, including Part A Medicare providers, to understand and be familiar with the requirements.

## Applicable Regulatory Citations:

### Title VI of the Civil Rights Act of 1964: 45 CFR Part 80

#### §80.3 Discrimination prohibited.

**(a) General.** No person in the United States shall, on the ground of race, color, or national origin be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program to which this part applies.

**(b) Specific discriminatory actions prohibited.** (1) A recipient under any program to which this part applies may not, directly or through contractual or other arrangements, on ground of race, color, or national origin:

- (i) Deny an individual any service, financial aid, or other benefit under the program;
- (ii) Provide any service, financial aid, or other benefit to an individual which is different, or is provided in a different manner, from that provided to others under the program;
- (iii) Subject an individual to segregation or separate treatment in any matter related to his receipt of any service, financial aid, or other benefit under the program;
- (iv) Restrict an individual in any way in the enjoyment of any advantage or privilege enjoyed by others receiving any service, financial aid, or other benefit under the program;
- (v) Treat an individual differently from others in determining whether he satisfies any admission, enrollment, quota, eligibility, membership or other requirement or condition which individuals must meet in order to be provided any service, financial aid, or other benefit provided under the program;
- (vi) Deny an individual an opportunity to participate in the program through the provision of services or otherwise or afford him an opportunity to do so which is different from that afforded others under the program (including the opportunity to participate in the program as an employee but only to the extent set forth in paragraph (c) of this section).
- (vii) Deny a person the opportunity to participate as a member of a planning or advisory body which is an integral part of the program.

(2) A recipient, in determining the types of services, financial aid, or other benefits, or facilities which will be provided under any such program, or the class of individuals to whom, or the situations in which, such services, financial aid, other benefits, or facilities will be provided under any such program, or the class of individuals to be afforded an opportunity to participate in any such program, may not, directly or through contractual or other arrangements, utilize criteria or methods of administration which have the effect of subjecting individuals to discrimination because of their race, color, or national origin, or have the effect of defeating or substantially impairing accomplishment of the objectives of the program as respect individuals of a particular race, color, or national origin.

## Resources

For further guidance on the obligation to take reasonable steps to provide meaningful access to LEP persons, see HHS' "Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons," available at

<http://www.hhs.gov/ocr/civilrights/resources/laws/revisedlep.html>. This guidance is also available at <http://www.lep.gov/>, along with other helpful information pertaining to language services for LEP persons.

Technical Assistance for Medicare and Medicare+Choice organizations from the Centers for Medicare and Medicaid for Designing, Conducting, and Implementing the 2003 National Quality Assessment and Performance Improvement (QAPI) Program Project on Clinical Health Care Disparities or Culturally and Linguistically Appropriate Services- <http://www.ahrq.gov/populations/planclas.htm>

### **Examples of Vital Written Materials**

Vital written materials could include, for example:

- Consent and complaint forms.
- Intake forms with the potential for important consequences.
- Written notices of eligibility criteria, rights, denial, loss, or decreases in benefits or services, actions affecting parental custody or child support, and other hearings.
- Notices advising LEP persons of free language assistance.
- Written tests that do not assess English language competency, but test competency for a particular license, job, or skill for which knowing English is not required.
- Applications to participate in a recipient's program or activity or to receive recipient benefits or services.

Nonvital written materials could include:

- Hospital menus.
- Third party documents, forms, or pamphlets distributed by a recipient as a public service.
- For a non-governmental recipient, government documents and forms.
- Large documents such as enrollment handbooks (although vital information contained in large documents may need to be translated).
- General information about the program intended for informational purposes only.

# Auxiliary Aids and Services for Persons with Disabilities

## Applicable Regulatory Citations:

### Section 504 of the Rehabilitation Act of 1973: 45 CFR Part 84

#### §84.3 Definitions

(h) *Federal financial assistance* – means any grant, loan ... or any other arrangement by which [DHHS] makes available ... funds; services ...

(j) *Handicapped person* – means any person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such an impairment, or is regarded as having such an impairment.

(k) *Qualified handicapped person* means - (4) With respect to other services, a handicapped person who meets the essential eligibility requirements for the receipt of such services.

#### §84.4 Discrimination prohibited

(1) *General. No qualified handicapped person shall, on the basis of handicap, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity which receives or benefits from Federal financial assistance.*

*Discriminatory actions prohibited –*

(1) A recipient, in providing any aid, benefits, or service, may not, directly or through contractual, licensing, or other arrangements, on the basis of handicap:

(i) Deny a qualified handicapped person the opportunity to participate in or benefit from the aid, benefit, or service;

(ii) Afford a qualified handicapped person an opportunity to participate in or benefit from the aid, benefit, or service that is not equal to that afforded other;

(iii) Provide a qualified handicapped person with an aid, benefit, or service that is not as effective as that provided to others;

(iv) Provide different or separate aid, benefits, or services to handicapped persons or to any class of handicapped persons unless such action is necessary to provide qualified handicapped persons with aid, benefits, or services that are as effective as those provided to others;

(v) Aid or perpetuate discrimination against a qualified handicapped person by providing significant assistance to an agency, organization, or person that discriminates on the basis of handicap in providing any aid, benefit, or service to beneficiaries of the recipients program;

(vi) Deny a qualified handicapped person the opportunity to participate as a member of planning or advisory boards; or

(vii) Otherwise limit a qualified handicapped person in the enjoyment of any right, privilege, advantage, or opportunity enjoyed by others receiving an aid, benefit, or service.

#### Subpart F – Health, Welfare and Social Services

##### §84.51 Application of this subpart

Subpart F applies to health, welfare, or other social service programs and activities that receive or benefit from Federal financial assistance ...

##### §84.52 Health, welfare, and other social services.

(a) *General.* In providing health, welfare, or other social services or benefits, a recipient may not, on the basis of handicap:

- (1) Deny a qualified handicapped person these benefits or services;
- (2) Afford a qualified handicapped person an opportunity to receive benefits or services that is not equal to that offered non-handicapped persons;
- (3) Provide a qualified handicapped person with benefits or services that are not as effective (as defined in § 84.4(b)) as the benefits or services provided to others;
- (4) Provide benefits or services in a manner that limits or has the effect of limiting the participation of qualified handicapped persons; or
- (5) Provide different or separate benefits or services to handicapped persons except where necessary to provide qualified handicapped persons with benefits and services that are as effective as those provided to others.

(b) *Notice.* A recipient that provides notice concerning benefits or services or written material concerning waivers of rights or consent to treatment shall take such steps as are necessary to ensure that qualified handicapped persons, including those with impaired sensory or speaking skills, are not denied effective notice because of their handicap.

(c) **Auxiliary aids.** (1) A recipient with fifteen or more employees "shall provide appropriate auxiliary aids to persons with impaired sensory, manual, or speaking skills, where necessary to afford such person an equal opportunity to benefit from the service in question." (2) Pursuant to the Department's discretion, recipients with fewer than fifteen employees may be required "to provide auxiliary aids where the provision of aids would not significantly impair the ability of the recipient to provide its benefits or services." (3) "Auxiliary aids may include brailled and taped material, interpreters, and other aids for persons with impaired hearing or vision."

#### **504 Notice**

The regulation implementing Section 504 requires that an agency/facility "that provides notice concerning benefits or services or written material concerning waivers of rights or consent to treatment shall take such steps as are necessary to ensure that qualified disabled persons, including those with impaired sensory or speaking skills, are not denied effective notice because of their disability." **(45 CFR §84.52(b))**

Note that it is necessary to note each area of the consent, such as:

1. Medical Consent
2. Authorization to Disclose Medical Information
3. Personal Valuables
4. Financial Agreement
5. Assignment of Insurance Benefits
6. Medicare Patient Certification and Payment Request

#### **Resources:**

**U.S. Department of Justice** at [www.ada.gov](http://www.ada.gov)

**ADA Business Brief: Communicating with People Who are Deaf or Hard of Hearing in Hospital Settings** at <http://www.ada.gov/business.htm>

A new on-line library of ADA documents is now available on the Internet. Developed by Meeting the Challenge, Inc., of Colorado Springs with funding from the National Institute on Disability and

Rehabilitation Research, this website makes available more than 3,400 documents related to the ADA, including those issued by Federal agencies with responsibilities under the law. It also offers extensive document collections on other disability rights laws and issues. By clicking on one of the general categories in the left column, for example, you will go to a catalogue of documents that are specific to the topic. [@d K@ , , Èããã +{| aã } È !\\* Èã aãã Èã @](#)

## Requirements for Facilities with 15 or More Employees

### Applicable Regulatory Citations:

#### Section 504 of the Rehabilitation Act of 1973:

#### **45 CFR Part 84§84.7 Designation of responsible employee and adoption of grievance procedures.**

(a) *Designation of responsible employee.* A recipient that employs fifteen or more persons shall designate at least one person to coordinate its efforts to comply with this part.

(b) *Adoption of grievance procedures.* A recipient that employs fifteen or more persons shall adopt grievance procedures that incorporate appropriate due process standards and that provide for the prompt and equitable resolution of complaints alleging any action prohibited by this part. Such procedures need not be established with respect to complaints from applicants for employment or from applicants for admission to postsecondary educational institutions.

## Age Discrimination Act Requirements

The Office for Civil Rights (OCR) of the Department of Health and Human Services (HHS) has the responsibility for the Age Discrimination Act as it applies to Federally funded health and human services programs. The general regulation implementing the Age Discrimination Act requires that age discrimination complaints be referred to a mediation agency to attempt a voluntary settlement within sixty (**60**) days. If mediation is not successful, the complaint is returned to the responsible Federal agency, in this case the Office for Civil Rights, for action. OCR next attempts to resolve the complaint through informal procedures. If these fail, a formal investigation is conducted. When a violation is found and OCR cannot negotiate voluntary compliance, enforcement action may be taken against the recipient institution or agency that violated the law.

The Age Discrimination Act permits certain exceptions to the prohibition against discrimination based on age. These exceptions recognize that some age distinctions in programs may be necessary to the normal operation of a program or activity or to the achievement of any statutory objective expressly stated in a Federal, State, or local statute adopted by an elected legislative body.

### ***Applicable Regulatory Citations:***

#### **45 CFR Part 91: Nondiscrimination on the Basis of Age in Programs or Activities Receiving Federal Financial Assistance From HHS**

##### **§ 91.3 To what programs do these regulations apply?**

- (a) The Act and these regulations apply to each HHS recipient and to each program or activity operated by the recipient which receives or benefits from Federal financial assistance provided by HHS.
- (b) The Act and these regulations do not apply to:
  - (1) An age distinction contained in that part of a Federal, State, or local statute or ordinance adopted by an elected, general purpose legislative body which:
    - (i) Provides any benefits or assistance to persons based on age; or
    - (ii) Establishes criteria for participation in age-related terms; or
    - (iii) Describes intended beneficiaries or target groups in age-related terms.

#### **Subpart B-Standards for Determining Age Discrimination**

##### **§ 91.11 Rule against age discrimination.**

The rules stated in this section are limited by the exceptions contained in §§91.13 and 91.14 of these regulations.

- (a) General rule: No person in the United States shall, on the basis of age, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under, any program or activity receiving Federal financial assistance.
- (b) Specific rules: A recipient may not, in any program or activity receiving Federal financial assistance, directly or through contractual licensing, or other arrangements, use age distinctions or take any other actions which have the effect, on the basis of age, of:
  - (1) Excluding individuals from, denying them the benefits of, or subjecting them to discrimination under, a program or activity receiving Federal financial assistance.

(2) Denying or limiting individuals in their opportunity to participate in any program or activity receiving Federal financial assistance.

(c) The specific forms of age discrimination listed in paragraph (b) of this section do not necessarily constitute a complete list.

**§ 91.13 Exceptions to the rules against age discrimination: Normal operation or statutory objective of any program or activity.**

A recipient is permitted to take an action, otherwise prohibited by § 91.11, if the action reasonably takes into account age as a factor necessary to the normal operation or the achievement of any statutory objective of a program or activity. An action reasonably takes into account age as a factor necessary to the normal operation or the achievement of any statutory objective of a program or activity, if:

- (a) Age is used as a measure or approximation of one or more other characteristics; and
- (b) The other characteristic(s) must be measured or approximated in order for the normal operation of the program or activity to continue, or to achieve any statutory objective of the program or activity; and
- (c) The other characteristic(s) can be reasonably measured or approximated by the use of age; and
- (d) The other characteristic(s) are impractical to measure directly on an individual basis.

**§ 91.14 Exceptions to the rules against age discrimination: Reasonable factors other than age.**

A recipient is permitted to take an action otherwise prohibited by § 91.11 which is based on a factor other than age, even though that action may have a disproportionate effect on persons of different ages. An action may be based on a factor other than age only if the factor bears a direct and substantial relationship to the normal operation of the program or activity or to the achievement of a statutory objective.

**§ 91.15 Burden of proof.**

The burden of proving that an age distinction or other action falls within the exceptions outlined in §§ 91.13 and 91.14 is on the recipient of Federal financial assistance.

## Sample Policies

*The next few pages contain samples of policies that you could use as guidance in developing civil rights policies and procedures for your facility. You may modify them to best reflect your procedures and methods.*

## Examples of Nondiscrimination Policies

**Example One** (for posting in the facility and inserting in advertising or admissions packages):

### NONDISCRIMINATION POLICY

As a recipient of Federal financial assistance, (insert name of provider) does not exclude, deny benefits to, or otherwise discriminate against any person on the ground of race, color, or national origin, or on the basis of disability or age in admission to, participation in, or receipt of the services and benefits under any of its programs and activities, whether carried out by (insert name of provider) directly or through a contractor or any other entity with which (insert name of provider) arranges to carry out its programs and activities.

This statement is in accordance with the provisions of Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Regulations of the U.S. Department of Health and Human Services issued pursuant to these statutes at Title 45 Code of Federal Regulations Parts 80, 84, and 91.

In case of questions, please contact:

Provider Name:

Contact Person/Section 504 Coordinator:

Telephone number:

TDD or State Relay number:

**Example Two** (for use in brochures, pamphlets, publications, etc.):

(Insert name of provider) does not discriminate against any person on the basis of race, color, national origin, disability, or age in admission, treatment, or participation in its programs, services and activities, or in employment. For further information about this policy, contact: (insert name of Section 504 Coordinator, phone number, TDD/State Relay).

## Example of a Policy and Procedure for Providing Meaningful Communication with Persons with Limited English Proficiency

### POLICY AND PROCEDURES FOR COMMUNICATION WITH PERSONS WITH LIMITED ENGLISH PROFICIENCY

#### POLICY:

***(Insert name of your facility)*** will take reasonable steps to ensure that persons with Limited English Proficiency (LEP) have meaningful access and an equal opportunity to participate in our services, activities, programs and other benefits. The policy of ***(Insert name of your facility)*** is to ensure meaningful communication with LEP patients/clients and their authorized representatives involving their medical conditions and treatment. The policy also provides for communication of information contained in vital documents, including but not limited to, waivers of rights, consent to treatment forms, financial and insurance benefit forms, etc. ***(include those documents applicable to your facility)***. All interpreters, translators and other aids needed to comply with this policy shall be provided without cost to the person being served, and patients/clients and their families will be informed of the availability of such assistance free of charge.

Language assistance will be provided through use of competent bilingual staff, staff interpreters, contracts or formal arrangements with local organizations providing interpretation or translation services, or technology and telephonic interpretation services. All staff will be provided notice of this policy and procedure, and staff that may have direct contact with LEP individuals will be trained in effective communication techniques, including the effective use of an interpreter.

***(Insert name of your facility)*** will conduct a regular review of the language access needs of our patient population, as well as update and monitor the implementation of this policy and these procedures, as necessary.

#### PROCEDURES:

##### 1. IDENTIFYING LEP PERSONS AND THEIR LANGUAGE

***(Insert name of your facility)*** will promptly identify the language and communication needs of the LEP person. If necessary, staff will use a language identification card (or “I speak cards,” available online at [www.lep.gov](http://www.lep.gov)) or posters to determine the language. In addition, when records are kept of past interactions with patients (clients/residents) or family members, the language used to communicate with the LEP person will be included as part of the record.

##### 2. OBTAINING A QUALIFIED INTERPRETER

***(Identify responsible staff person(s), and phone number(s))*** is/are responsible for:

***(For a, b, c below, choose only what is applicable to your facility)***

(a) Maintaining an accurate and current list showing the name, language, phone number and hours of availability of bilingual staff (**provide the list**);

(b) Contacting the appropriate bilingual staff member to interpret, in the event that an interpreter is needed, if an employee who speaks the needed language is available and is qualified to interpret;

(c) Obtaining an outside interpreter if a bilingual staff or staff interpreter is not available or does not speak the needed language.

**(Identify the agency(s) name(s) with whom you have contracted or made arrangements)** have/has agreed to provide qualified interpreter services. The agency's (or agencies') telephone number(s) is/are (**insert number (s)**), and the hours of availability are (**insert hours**).

Some LEP persons may prefer or request to use a family member or friend as an interpreter. However, family members or friends of the LEP person will not be used as interpreters unless specifically requested by that individual and **after** the LEP person has understood that an offer of an interpreter at no charge to the person has been made by the facility. Such an offer and the response will be documented in the person's file. If the LEP person chooses to use a family member or friend as an interpreter, issues of competency of interpretation, confidentiality, privacy, and conflict of interest will be considered. If the family member or friend is not competent or appropriate for any of these reasons, competent interpreter services will be provided to the LEP person.

Children and other clients/patients/residents will **not** be used to interpret, in order to ensure confidentiality of information and accurate communication.

### 3. PROVIDING WRITTEN TRANSLATIONS

(a) When translation of vital documents is needed, each unit in (**insert name of your facility**) will submit documents for translation into frequently-encountered languages to (**identify responsible staff person**). Original documents being submitted for translation will be in final, approved form with updated and accurate legal and medical information.

(b) Facilities will provide translation of other written materials, if needed, as well as written notice of the availability of translation, free of charge, for LEP individuals.

(c) (**Insert name of your facility**) will set benchmarks for translation of vital documents into additional languages over time.

### 4. PROVIDING NOTICE TO LEP PERSONS

(**Insert name of your facility**) will inform LEP persons of the availability of language assistance, free of charge, by providing written notice in languages LEP persons will understand. At a minimum, notices and signs will be posted and provided in intake areas and other points of entry, including but not limited to the emergency room, outpatient areas, etc. (**include those areas applicable to**

***your facility***). Notification will also be provided through one or more of the following: outreach documents, telephone voice mail menus, local newspapers, radio and television stations, and/or community-based organizations (***include those areas applicable to your facility***).

## **5. MONITORING LANGUAGE NEEDS AND IMPLEMENTATION**

On an ongoing basis, (***insert name of your facility***) will assess changes in demographics, types of services or other needs that may require reevaluation of this policy and its procedures. In addition, (***insert name of your facility***) will regularly assess the efficacy of these procedures, including but not limited to mechanisms for securing interpreter services, equipment used for the delivery of language assistance, complaints filed by LEP persons, feedback from patients and community organizations, etc. (***include those areas applicable to your facility***).

**Bilingual Individuals**  
(center location here)  
**(As of (month and year submitting information))**

**Staff Members:**

We currently have:

- no staff members available who are qualified to speak and/or interpret a language other than English.
- the following staff member(s) who are qualified to speak and/or interpret a language other than English:

Name:	
Title:	
Phone Number:	
Language(s) spoken:	
Hours of Availability:	

Name:	
Title:	
Phone Number:	
Language(s) spoken:	
Hours of Availability:	

**Contractors:**

The Director of Clinical Services, *(First Name, Last Name – phone number)*, is responsible for maintaining a list of local bilingual interpreters/translators.

The Director of Clinical Services has chosen the following interpreter/translator to ensure that qualified persons with Limited English Proficiency (LEP) can adequately communicate with Hospice staff members.

Company/Organization:	
Contact Person:	
Address:	
Address:	
City/State/Zip:	
Voicemail:	
Fax:	
Email:	

## Example of a Policy and Procedure for Providing Auxiliary Aids for Persons with Disabilities

### AUXILIARY AIDS AND SERVICES FOR PERSONS WITH DISABILITIES

#### POLICY:

***(Insert name of your facility)*** will take appropriate steps to ensure that persons with disabilities, including persons who are deaf, hard of hearing, or blind, or who have other sensory or manual impairments, have an equal opportunity to participate in our services, activities, programs and other benefits. The procedures outlined below are intended to ensure effective communication with patients/clients involving their medical conditions, treatment, services and benefits. The procedures also apply to, among other types of communication, communication of information contained in important documents, including waivers of rights, consent to treatment forms, financial and insurance benefits forms, etc. ***(include those documents applicable to your facility)***. All necessary auxiliary aids and services shall be provided without cost to the person being served.

All staff will be provided written notice of this policy and procedure, and staff that may have direct contact with individuals with disabilities will be trained in effective communication techniques, including the effective use of interpreters.

#### PROCEDURES:

##### 1. Identification and assessment of need:

***(Name of facility)*** provides notice of the availability of and procedure for requesting auxiliary aids and services through notices in our ***(brochures, handbooks, letters, print/radio /television advertisements, etc.)*** and through notices posted ***(in waiting rooms, lobbies, etc.)***. When an individual self-identifies as a person with a disability that affects the ability to communicate or to access or manipulate written materials or requests an auxiliary aid or service, staff will consult with the individual to determine what aids or services are necessary to provide effective communication in particular situations.

##### 2. Provision of Auxiliary Aids and Services:

***(Insert name of your facility)*** shall provide the following services or aids to achieve effective communication with persons with disabilities:

##### A. For Persons Who Are Deaf or Hard of Hearing

(i) For persons who are deaf/hard of hearing and who use sign language as their primary means of communication, the **(identify responsible staff person or position with a telephone number)** is responsible for providing effective interpretation or arranging for a qualified interpreter when needed.

In the event that an interpreter is needed, the **(identify responsible staff person)** is responsible for:

**(For a, b, c below, choose only what is applicable to your facility)**

(a) Maintaining a list of qualified interpreters on staff showing their names, phone numbers, qualifications and hours of availability **(provide the list)**;

(b) Contacting the appropriate interpreter on staff to interpret, if one is available and qualified to interpret; or

(c) Obtaining an outside interpreter if a qualified interpreter on staff is not available. **(Identify the agency(s) name with whom you have contracted or made arrangements)** has agreed to provide interpreter services. The agency's/agencies' telephone number(s) is/are **(insert number(s) and the hours of availability)**. [Note: If video interpreter services are provided via computer, the procedures for accessing the service must be included.]

(ii) Communicating by Telephone with Persons Who Are Deaf or Hard of Hearing

**[Listed below are three methods for communicating over the telephone with persons who are deaf/hard of hearing. Select the method(s) to incorporate in your policy that best applies/apply to your facility.]**

**(Insert name of facility)** utilizes a Telecommunication Device for the Deaf (TDD) for external communication. The telephone number for the TDD is **(insert number)**. The TDD and instructions on how to operate it are located **(insert location)** in the facility; OR

**(Insert name of provider)** has made arrangements to share a TDD. When it is determined by staff that a TDD is needed, we contact **(identify the entity e.g., library, school or university, provide address and telephone numbers)**; OR

**(Insert name of facility)** utilizes relay services for external telephone with TTY users. We accept and make calls through a relay service. The state relay service number is **(insert telephone for your State Relay)**.

(iii) For the following auxiliary aids and services, staff will contact **(responsible staff person or position and telephone number)**, who is responsible to provide the aids and services in a timely manner:

Note-takers; computer-aided transcription services; telephone handset amplifiers; written copies of oral announcements; assistive listening devices; assistive listening systems; telephones compatible with hearing aids; closed caption decoders; open and closed captioning; telecommunications devices for deaf persons (TDDs); videotext displays; or other effective methods that help make aurally delivered materials available to individuals who are deaf or hard of hearing.

(iv) Some persons who are deaf or hard of hearing may prefer or request to use a family member or friend as an interpreter. However, family members or friends of the person will not be used as interpreters unless specifically requested by that individual and after an offer of an interpreter at no charge to the person has been made by the facility. Such an offer and the response will be documented in the person's file. If the person chooses to use a family member or friend as an interpreter, issues of competency of interpretation, confidentiality, privacy and conflict of interest will be considered. If the family member or friend is not competent or appropriate for any of these reasons, competent interpreter services will be provided.

**NOTE: Children and other residents will not be used to interpret, in order to ensure confidentiality of information and accurate communication.**

B. For Persons Who are Blind or Who Have Low Vision

(i) Staff will communicate information contained in written materials concerning treatment, benefits, services, waivers of rights, and consent to treatment forms by reading out loud and explaining these forms to persons who are blind or who have low vision **[in addition to reading, this section should tell what other aids are available, where they are located, and how they are used]**.

The following types of large print, taped, Brailled, and electronically formatted materials are available: **(description of the materials available)**. These materials may be obtained by calling **(name or position and telephone number)**.

(ii) For the following auxiliary aids and services, staff will contact **(responsible staff person or position and telephone number)**, who is responsible to provide the aids and services in a timely manner:  
Qualified readers; reformatting into large print; taping or recording of print materials not available in alternate format; or other effective methods that help make visually delivered materials available to individuals who are blind or who have low vision. In addition, staff are available to assist persons who are blind or who have low vision in filling out forms and in otherwise providing information in a written format.

C. For Persons With Speech Impairments

To ensure effective communication with persons with speech impairments, staff will contact **(responsible staff person or position and telephone number)**, who is responsible to provide the aids and services in a timely manner:  
Writing materials; typewriters; TDDs; computers; flashcards; alphabet boards; communication boards; **(include those aids applicable to your facility)** and other communication aids.

D. For Persons With Manual Impairments

Staff will assist those who have difficulty in manipulating print materials by holding the materials and turning pages as needed, or by providing one or more of the following:  
note-takers; computer-aided transcription services; speaker phones; or other effective methods that help to ensure effective communication by individuals with manual impairments. For these and other auxiliary aids and services, staff will contact **(responsible staff person or position and telephone number)** who is responsible to provide the aids and services in a timely manner.

## Sign Language Interpreters

*(center location here)*

**(As of *(month and year submitting information)*)**

### Staff Members:

We currently have:

- no staff members available who are qualified to interpret American Sign Language.
- the following staff member(s) who are qualified to interpret American Sign Language:

Name:	
Title:	
Phone Number:	
Hours of Availability:	

Name:	
Title:	
Phone Number:	
Hours of Availability:	

### Contractors:

The Director of Clinical Services, *(First Name, Last Name – phone number)*, is responsible for obtaining an outside interpreter when required.

The Director of Clinical Services has chosen the following interpreter referral agency to ensure that qualified persons with disabilities, including those with impaired hearing, can adequately communicate with Hospice staff members:

Company/Organization:	
Contact Person:	
Address:	
Address:	
City/State/Zip:	
Voicemail:	
TTY:	
Email:	

## Example of a Notice of Program Accessibility for Describing that your Program is Accessible to Persons with Disabilities

### Section 504 Notice of Program Accessibility

The regulation implementing Section 504 requires that an agency/facility *"...adopt and implement procedures to ensure that interested persons, including persons with impaired vision or hearing, can obtain information as to the existence and location of services, activities, and facilities that are accessible to and usable by disabled persons."* (45 C.F.R. §84.22(f))

**(Insert name of facility)** and all of its programs and activities are accessible to and useable by disabled persons, including persons who are deaf, hard of hearing, or blind, or who have other sensory impairments. Access features include:

- Convenient off-street parking designated specifically for disabled persons.
- Curb cuts and ramps between parking areas and buildings.
- Level access into first floor level with elevator access to all other floors.
- Fully accessible offices, meeting rooms, bathrooms, public waiting areas, cafeteria, patient treatment areas, including examining rooms and patient wards.
- A full range of assistive and communication aids provided to persons who are deaf, hard of hearing, or blind, or with other sensory impairments. There is no additional charge for such aids. Some of these aids include:
  - Qualified sign language interpreters for persons who are deaf or hard of hearing.
  - A twenty-four hour (24) telecommunication device (TTY/TDD) which can connect the caller to all extensions within the facility and/or portable (TTY/TDD) units, for use by persons who are deaf, hard of hearing, or speech impaired.
  - Readers and taped material for the blind and large print materials for the visually impaired.
  - Flash Cards, Alphabet boards and other communication boards.
  - Assistive devices for persons with impaired manual skills.

If you require any of the aids listed above, please let the receptionist or your nurse know.

## Example of a Section 504 Grievance Procedure that Incorporates Due Process Standards

### Section 504 GRIEVANCE PROCEDURE

It is the policy of *(insert name of facility/agency)* not to discriminate on the basis of disability. *(Insert name of facility/agency)* has adopted an internal grievance procedure providing for prompt and equitable resolution of complaints alleging any action prohibited by Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794) or the U.S. Department of Health and Human Services regulations implementing the Act. Section 504 states, in part, that "no qualified handicapped person shall, on the basis of handicap, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity which receives or benefits from Federal financial assistance." The Law and Regulations may be examined in the office of *(insert name, title, tel. no. of Section 504 Coordinator)*, who has been designated to coordinate the efforts of *(insert name of facility/agency)* to comply with Section 504.

Any person who believes she or he has been subjected to discrimination on the basis of disability may file a grievance under this procedure. It is against the law for *(insert name of facility/agency)* to retaliate against anyone who files a grievance or cooperates in the investigation of a grievance.

#### Procedure:

Grievances must be submitted to the Section 504 Coordinator within (insert timeframe) of the date the person filing the grievance becomes aware of the alleged discriminatory action. A complaint must be in writing, containing the name and address of the person filing it. The complaint must state the problem or action alleged to be discriminatory and the remedy or relief sought.

The Section 504 Coordinator (or her/his designee) shall conduct an investigation of the complaint. This investigation may be informal, but it must be thorough, affording all interested persons an opportunity to submit evidence relevant to the complaint. The Section 504 Coordinator will maintain the files and records of *(insert name of facility/agency)* relating to such grievances.

The Section 504 Coordinator will issue a written decision on the grievance no later than 30 days after its filing.

The person filing the grievance may appeal the decision of the Section 504 Coordinator by writing to the *(Administrator/Chief Executive Officer/Board of Directors/etc.)* within 15 days of receiving the Section 504 Coordinator's decision.

The *(Administrator/Chief Executive Officer/Board of Directors/etc.)* shall issue a written decision in response to the appeal no later than 30 days after its filing.

The availability and use of this grievance procedure does not prevent a person from filing a complaint of discrimination on the basis of disability with the U. S. Department of Health and Human Services, Office for Civil Rights.

*(Insert name of facility/agency)* will make appropriate arrangements to ensure that disabled persons are provided other accommodations if needed to participate in this grievance process. Such arrangements may include, but are not limited to, providing interpreters for the deaf, providing taped

cassettes of material for the blind, or assuring a barrier-free location for the proceedings. The Section 504 Coordinator will be responsible for such arrangements.

## **3210.5 - New Owner Refuses to Accept Assignment of the Provider Agreement**

(Rev. 1, 05-21-04)

### **3210.5A - New Owner Refuses to Accept Assignment of Previous Owner's Provider Agreement**

(Rev. 1, 05-21-04)

A new owner may refuse to accept assignment of the previous owner's provider agreement, which means that the existing provider agreement terminated effective with the CHOW date. The refusal to accept assignment must be put in writing by the new owner and forwarded to the RO 45 calendar days prior to the CHOW date to allow for the orderly transfer of any beneficiaries that are patients of the provider. The refusal can take the form of a letter initiated by the prospective owner or can be indicated in response to a letter sent to the new owner by the RO or the SA that is designed to document the new owner's desire to continue program participation.

In all cases of refusal to accept assignment, all reasonable steps must be taken to ensure that beneficiaries under the care of the provider are aware of the prospective termination of the agreement. In this situation, there may be a period when the facility is not participating and beneficiaries must have sufficient time and opportunity to make other arrangements for care prior to the CHOW date.

After the CHOW has taken place, the RO acknowledges the refusal to accept assignment in a letter to the new owner, with copies to the SA and the FI. The RO completes a Form CMS-2007 with the date the agreement is no longer in effect, noting that the termination is due to the new owner's refusal to accept assignment of the provider agreement.

It is the responsibility of a prospective purchaser of a Medicare provider to know that it can refuse to accept assignment of the provider agreement and that it should formally indicate its choice in that regard. If, however, the CHOW goes into effect without a

refusal or acceptance of assignment on record, the RO concludes that the agreement has been automatically assigned to the new owner and completes processing of the CHOW.

If the new owner refuses to accept assignment after the date the CHOW has taken place, the RO should contact its regional attorney for guidance.

If a new owner refuses to accept assignment and also wishes to participate in the Medicare program, the RO first processes the refusal as indicated above and then treat the new owner as it would any new applicant to the program: obtain and process application documents, have the SA perform an initial survey and, if all requirements for participation are met, assign an effective date of participation based upon the applicable regulation. (See 42 CFR 489.13.)

The earliest possible effective date for the applicant is the date the RO determines that all Federal requirements are met. The Federal requirements include, in addition to the CoP, enrollment as described in §2005, capitalization (HHAs), and any other special requirements such as the special provisions for psychiatric hospitals at 42 CFR 482.60. The aforementioned requirements are the same regardless of whether the new owner operates a non-accredited facility or is seeking Medicare compliance with the CoP via deemed status.

As mentioned above, these requirements include enrollment of the provider in accordance with the instructions in §2005. The Form CMS-855 must be submitted prior to the CHOW date. However, the subsequent survey of the new applicant must be performed (1) after the CHOW, because the provider agreement of the former owner terminates effective with the CHOW date and the new owner must be treated as a new Medicare applicant; and (2) after the FI makes a recommendation to CMS for approval in accordance with the current procedures. If for any reason the accrediting body of the entity seeking deemed status chooses not to conduct or to delay a survey of the new entity, CMS will inform the entity that it will be unable to participate in the Medicare program until a survey is conducted and CMS is assured that the new entity meets all applicable health and safety requirements. In such a circumstance the new applicant may choose to have the SA conduct its survey.

In addition to the policies articulated above and in §3210.1.C relating to accredited providers, the following policies apply.

### **Hospitals and Units Excluded from Medicare's Prospective Payment System (PPS)**

Accreditation by itself does not determine whether to exclude a hospital or unit from Medicare PPS (see Subpart B of 42 CFR 412). All PPS exclusion determinations must be made by the appropriate CMS RO based on the facts at the time the decision is made. PPS hospitals with such units must also be surveyed by the SA to determine if exclusion requirements are met by the new owner following the CHOW.

## **Rehabilitation Unit**

If the rehabilitation unit is properly accredited as a rehabilitation program (§§3100-3112.3), the SA must verify only the requirements for the rehabilitation director at 42 CFR 412.23(b)(5). The FI must make its determination regarding the “75 percent rule” (See 42 CFR 412.23(b)(2)). If the rehabilitation program is not accredited, the rehabilitation unit must be surveyed onsite by the SA for compliance with the requirements at 42 CFR 412.25 and 412.29.

## **Psychiatric Unit**

The SA must perform an onsite survey to determine if the psychiatric unit complies with the PPS exclusion criteria at 42 CFR 412.25 and 412.27 on or after the effective date of the CHOW. The FI must re-verify that other criteria at Part 412 are met.

## **CHOW of a Hospital within a Hospital**

The non-assignment of a Medicare provider agreement involving a CHOW of a PPS excluded hospital within another hospital (HWH) may affect the PPS exclusion of the HWH if the contractual agreements between the HWH and the new host hospital have changed. If there has been a change, the HWH will lose its exclusion unless the agreements between the two hospitals are renegotiated with the new owner, and the HWH must submit updated evidence of compliance with the regulation to the RO via the SA. In addition, if the HWH is not in compliance with the CoP, it is subject to a loss of “deemed status” (if accredited) and placed under SA monitoring. It could subsequently be terminated if compliance is not achieved.

Also, when a host PPS hospital containing a PPS excluded HWH undergoes a CHOW, the HWH must be notified that it must show CMS that it complies with 42 CFR 412.22(e)(5) with the new provider within 30 calendar days of the CHOW date.

## **Offsite Location Based to Provider that Undergoes a CHOW and Non-Assignment of Provider Agreement**

In the case of a provider with other providers or entities based to it that undergoes a CHOW with a new owner who chooses not to accept assignment of the current provider agreement, the provider-based status of the other providers or entities ends with the termination of the former owner’s provider agreement. The request for Medicare approval of the new owner must include information related to other providers or entities if the new owner intends for these entities to meet the provider-based criteria found in §2004. In the case of hospitals with multiple components that operate as a single hospital, both §§2024 and 2004 apply. It is important to note that §2024 would be inapplicable to provider-based entities other than hospitals with multiple components that operate as a single hospital. The new owner must once again justify to the SA, FI and CMS that these provider-based entities meet CMS’ provider-based criteria. The accreditation body, and the SA as appropriate, must consider these entities in conducting

the survey of the new provider for compliance with the CoP or accreditation standards. Specifically, the RO must ensure that all off-site entities that claim to be provider-based comply with the Medicare CoP, or in the case of accredited hospitals, comply with standards that are at least equivalent to the Medicare CoP.

### **CHOW Involves a Related Organization**

In situations where the CHOW is an organization related to the former owner (e.g., CHOW from general corporate ownership to subsidiary corporation, limited partnership or other related entity) with assumption of the provider agreement the SA or the RO may wish to include the following paragraph in the notice to the provider if you believe there may be outstanding liabilities of the former owner. “The change of ownership does not release the former owner or successor owner from liabilities resulting from past provider operations. The former owner may be liable for overpayments, penalties and other payments arising from the period it owned the provider. In addition, successor owners have joint and several liability for these debts notwithstanding divestiture of assets by the former owner.”

In situations where the new owner fails to notify you of a CHOW timely, treat as an assigned agreement (§3210.5).

### **3210.5B - Withdrawal After CHOW - Provider**

**(Rev. 1, 05-21-04)**

If, after a CHOW takes place, the RO receives notice that the new owner of a provider desires to withdraw from the program, the RO consults with the new owner to set a withdrawal date designed to protect the health and safety of program beneficiaries who may be patients of the provider. The RO sets a withdrawal date of up to 6 months beyond the provider’s notice of intent to withdraw. Under these circumstances, the RO processes a complete CHOW notice and a withdrawal.

### **3210.5C - CHOW and Withdrawal - Supplier**

**(Rev. 1, 05-21-04)**

If the new owner of a supplier declines to participate, the RO negotiates a withdrawal date that does not disadvantage any program beneficiaries that the supplier may be serving. The RO processes the supplier withdrawal as usual.



## STATEMENT OF FINANCIAL SOLVENCY

For the purpose of establishing eligibility for payment under Title XVIII of the Social Security Act, hereinafter referred to as the provider of services, hereby states and declares:

1. That the provider of services has not been adjudged insolvent or bankrupt in a State or Federal court; and
2. That a court proceeding to make a judgment of bankruptcy or insolvency with respect to the provider of services is not pending in a State or Federal court.

In addition, the provider of services agrees to inform the Secretary of Health and Human Services, through the Center for Medicare and Medicaid Services Regional Office, immediately if prior to the acceptance of the Health Insurance Benefits Agreement by the Secretary of Health and Human Services, a court proceeding to make a judgment of insolvency or bankruptcy is instituted with respect to the provider of services.

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### FOR PROVIDER OF SERVICES BY:

NAME OF AUTHORIZED OFFICIAL (Please type)		Title
SIGNATURE OF AUTHORIZED OFFICIAL		DATE

**INSTRUCTIONS FOR COMPLETING AFFIDAVIT  
REQUIRED TO BECOME LICENSED**

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

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

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

## **Secure and Verifiable Documents Under O.C.G.A. § 50-36-2**

Issued August 1, 2011 by the Office of the Attorney General, Georgia

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

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

- A United States passport or passport card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A United States military identification card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A driver’s license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be found at: [j wr 4ly y y 0lke q x lY j cvY gF q lUgtxlegQxgtxkgy lVtkdnl qx lkp f gz q vo](http://www.dhs.gov/e-verify/docs/faq_e-verify_tribes.pdf) [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A United States Permanent Resident Card or Alien Registration Receipt Card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An Employment Authorization Document that contains a photograph of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A passport issued by a foreign government [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

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

**O.C.G.A. § 50-36-1(e)(2) Affidavit**

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

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

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

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

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

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

Executed in \_\_\_\_\_ (city), \_\_\_\_\_(state).

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name of Applicant

SUBSCRIBED AND SWORN  
BEFORE ME ON THIS THE  
\_\_ DAY OF \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
NOTARY PUBLIC  
My Commission Expires:

Center for Medicaid and State Operations/Survey and Certification Group

**Ref: S&C-05-08**

**DATE:** November 12, 2004

**TO:** State Survey Agency Directors

**FROM:** Director  
Survey and Certification Group

**SUBJECT:** Clarification of Survey Agency Responsibilities in Obtaining Information For Civil Rights Clearances For Initial Certifications And Changes of Ownership (CHOW)

**Letter Summary**

- The purpose of this letter is to remind state survey agencies (SAs) of their role in the Office for Civil Rights (OCR) clearance process
- SAs are to include the OCR questionnaires and attestation forms with their initial enrollment package that is sent to a new provider or to a provider undergoing a CHOW.
- The role of the SA and the Centers for Medicare & Medicaid Services (CMS) is limited to obtaining the forms for OCR.

Section 2010 of the State Operations Manual (SOM) requires CMS to obtain information from new providers and those who have undergone CHOWs related to their compliance with civil rights requirements. The HHS Office for Civil Rights must make a determination that the provider is in compliance with the Civil Rights Act and other relevant statutes. In practice, CMS Regional Offices (ROs) will approve a provider's initial certification or a CHOW pending clearance from OCR. On rare occasions, OCR informs CMS that clearance has been denied or that the required assurances have not been submitted.

The SOM at section 2010 states: "The SA provides potential providers with required forms for OCR clearance and forwards the completed forms to the RO upon receipt."

- SAs are to include the OCR questionnaires and attestation forms with their initial enrollment package that is sent to a new provider or to a provider undergoing a CHOW.
- Completed forms must be returned by the provider to the SA with the rest of the application package.

- SAs should ascertain that completed OCR forms are included in the package before forwarding it to their CMS RO.
- If the provider does not include the OCR forms, inform the provider that the application will not be forwarded to CMS until the forms have been completed and returned to the SA.

Upon receipt of the OCR forms, the CMS RO forwards them to the Office for Civil Rights for processing and clearance. **The role of the SA and CMS is limited to obtaining the forms for OCR.**

Copies of the current version of the OCR forms are included with this transmittal. Effective immediately, SAs must include these forms with their initial certification and CHOW packages. Questions concerning the forms should be referred to your regional HHS Office for Civil Rights.

**Effective Date:** Immediately. The state agency should disseminate this information within 30 days of the date of this letter.

**Training:** The information contained in this announcement should be shared with all survey and certification staff and with managers who have responsibility for processing initial Medicare certifications and CHOW.

/s/  
Thomas E. Hamilton

cc: Survey and Certification Regional Office Management

Attachments

# Office for Civil Rights

## Medicare Certification

### Nondiscrimination Policies and Notices

Please note that documents in PDF format require [Adobe's Acrobat Reader](#).

The regulations implementing Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975 require health and human service providers that receive Federal financial assistance from the Department of Health and Human Services to provide notice to patients/residents, employees, and others of the availability of programs and services to all persons without regard to race, color, national origin, disability, or age.

#### **Applicable Regulatory Citations:**

##### **Title VI of the Civil Rights Act of 1964: 45 CFR Part 80**

**§80.6(d) Information to beneficiaries and participants.** Each recipient shall make available to participants, beneficiaries, and other interested persons such information regarding the provisions of this regulation and its applicability to the program for which the recipient receives Federal financial assistance, and make such information available to them in such manner, as the responsible Department official finds necessary to apprise such persons of the protections against discrimination assured them by the Act and this regulation.

Go to [45 CFR Part 80](#) for the full regulation.

##### **Section 504 of the Rehabilitation Act of 1973: 45 CFR Part 84**

**§ 84.8 Notice.** (a) A recipient that employs fifteen or more persons shall take appropriate initial and continuing steps to notify participants, beneficiaries, applicants, and employees, including those with impaired vision or hearing, and unions or professional organizations holding collective bargaining or professional agreements with the recipient that it does not discriminate on the basis of handicap in violation of section 504 and this part. The notification shall state, where appropriate, that the recipient does not discriminate in admission or access to, or treatment or employment in, its programs and activities. The notification shall also include an identification of the responsible employee designated pursuant to §84.7(a). A recipient shall make the initial notification required by this paragraph within 90 days of the effective date of this part. Methods of initial and continuing notification may include the posting of notices, publication in newspapers and magazines, placement of notices in

recipients' publication, and distribution of memoranda or other written communications.

(b) If a recipient publishes or uses recruitment materials or publications containing general information that it makes available to participants, beneficiaries, applicants, or employees, it shall include in those materials or publications a statement of the policy described in paragraph (a) of this section. A recipient may meet the requirement of this paragraph either by including appropriate inserts in existing materials and publications or by revising and reprinting the materials and publications.

Go to [45 CFR Part 84](#) for the full regulation.

**Age Discrimination Act: 45 CFR Part 91**

**§ 91.32 Notice to subrecipients and beneficiaries.** (b) Each recipient shall make necessary information about the Act and these regulations available to its program beneficiaries in order to inform them about the protections against discrimination provided by the Act and these regulations.

Go to [45 CFR Part 91](#) for the full regulation.

## Policy Examples

**Example One** (for posting in the facility and inserting in advertising or admissions packages):

### **NONDISCRIMINATION POLICY**

As a recipient of Federal financial assistance, (insert name of provider) does not exclude, deny benefits to, or otherwise discriminate against any person on the ground of race, color, or national origin, or on the basis of disability or age in admission to, participation in, or receipt of the services and benefits under any of its programs and activities, whether carried out by (insert name of provider) directly or through a contractor or any other entity with which (insert name of provider) arranges to carry out its programs and activities.

This statement is in accordance with the provisions of Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Regulations of the U.S. Department of Health and Human Services issued pursuant to these statutes at Title 45 Code of Federal Regulations Parts 80, 84, and 91.

In case of questions, please contact:

Provider Name:

Contact Person/Section 504 Coordinator:

Telephone number:

TDD or State Relay number:

**Example Two** (for use in brochures, pamphlets, publications, etc.):

(Insert name of provider) does not discriminate against any person on the basis of race, color, national origin, disability, or age in admission, treatment, or participation in its programs, services and activities, or in employment. For further information about this policy, contact: (insert name of Section 504 Coordinator, phone number, TDD/State Relay).

# Medicare Certification

## Communication with Persons Who Are Limited English Proficient

Please note that documents in PDF format require [Adobe's Acrobat Reader](#).

In certain circumstances, the failure to ensure that Limited English Proficient (LEP) persons can effectively participate in, or benefit from, federally-assisted programs and activities may violate the prohibition under Title VI of the Civil Rights Act of 1964, 42 U.S.C. 2000d, and the Title VI regulations against national origin discrimination. Specifically, the failure of a recipient of Federal financial assistance from HHS to take reasonable steps to provide LEP persons with a meaningful opportunity to participate in HHS-funded programs may constitute a violation of Title VI and HHS's implementing regulations. It is therefore important for recipients of Federal financial assistance, including Part A Medicare providers, to understand and be familiar with the requirements.

### Applicable Regulatory Citations:

#### Title VI of the Civil Rights Act of 1964: 45 CFR Part 80

##### §80.3 Discrimination prohibited.

**(a) General.** No person in the United States shall, on the ground of race, color, or national origin be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program to which this part applies.

**(b) Specific discriminatory actions prohibited.** (1) A recipient under any program to which this part applies may not, directly or through contractual or other arrangements, on ground of race, color, or national origin:

- (i) Deny an individual any service, financial aid, or other benefit under the program;
- (ii) Provide any service, financial aid, or other benefit to an individual which is different, or is provided in a different manner, from that provided to others under the program;
- (iii) Subject an individual to segregation or separate treatment in any matter related to his receipt of any service, financial aid, or other benefit under the program;
- (iv) Restrict an individual in any way in the enjoyment of any advantage or privilege enjoyed by others receiving any service, financial aid, or other benefit under the program;
- (v) Treat an individual differently from others in determining whether he satisfies any admission, enrollment, quota, eligibility, membership or other requirement or condition which individuals must meet in order to be provided any service, financial aid, or other benefit provided under the program;
- (vi) Deny an individual an opportunity to participate in the program through the provision of services or otherwise or afford him an opportunity to do so which is different from that afforded others under the program (including the opportunity to participate in the program as

an employee but only to the extent set forth in paragraph (c) of this section).

(vii) Deny a person the opportunity to participate as a member of a planning or advisory body which is an integral part of the program.

(2) A recipient, in determining the types of services, financial aid, or other benefits, or facilities which will be provided under any such program, or the class of individuals to whom, or the situations in which, such services, financial aid, other benefits, or facilities will be provided under any such program, or the class of individuals to be afforded an opportunity to participate in any such program, may not, directly or through contractual or other arrangements, utilize criteria or methods of administration which have the effect of subjecting individuals to discrimination because of their race, color, or national origin, or have the effect of defeating or substantially impairing accomplishment of the objectives of the program as respect individuals of a particular race, color, or national origin.

Go to [45 CFR Part 80](#) for the full regulation.

## Resources

For further guidance on the obligation to take reasonable steps to provide meaningful access to LEP persons, see HHS' "Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons," available at <http://www.hhs.gov/ocr/civilrights/resources/laws/revisedlep.html>. This guidance is also available at <http://www.lep.gov/>, along with other helpful information pertaining to language services for LEP persons.

["I Speak" Language Identification Flashcard \(PDF\)](#) From the Department of Commerce, Bureau of the Census, the "I Speak" Language Identification Flashcard is written in 38 languages and can be used to identify the language spoken by an individual accessing services provided by federally assisted programs or activities.

Technical Assistance for Medicare and Medicare+Choice organizations from the Centers for Medicare and Medicaid for Designing, Conducting, and Implementing the 2003 National Quality Assessment and Performance Improvement (QAPI) Program Project on Clinical Health Care Disparities or Culturally and Linguistically Appropriate Services-  
<http://www.cms.gov/medicare/medicare-coverage-database/qaia/>

## Examples of Vital Written Materials

Vital written materials could include, for example:

- Consent and complaint forms.
- Intake forms with the potential for important consequences.
- Written notices of eligibility criteria, rights, denial, loss, or decreases in benefits or services, actions affecting parental custody or child support, and other hearings.

- Notices advising LEP persons of free language assistance.
- Written tests that do not assess English language competency, but test competency for a particular license, job, or skill for which knowing English is not required.
- Applications to participate in a recipient's program or activity or to receive recipient benefits or services.

Nonvital written materials could include:

- Hospital menus.
- Third party documents, forms, or pamphlets distributed by a recipient as a public service.
- For a non-governmental recipient, government documents and forms.
- Large documents such as enrollment handbooks (although vital information contained in large documents may need to be translated).
- General information about the program intended for informational purposes only.

# Medicare Certification

## Auxiliary Aids and Services for Persons With Disabilities

Please note that documents in PDF format require [Adobe's Acrobat Reader](#).

### Applicable Regulatory Citations:

**Section 504 of the Rehabilitation Act of 1973: 45 CFR Part 84**

#### **§84.3 Definitions**

*(h) Federal financial assistance* – means any grant, loan ... or any other arrangement by which [DHHS] makes available ... funds; services ...

*(j) Handicapped person* – means any person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such an impairment, or is regarded as having such an impairment.

*(k) Qualified handicapped person* means - (4) With respect to other services, a handicapped person who meets the essential eligibility requirements for the receipt of such services.

#### **§84.4 Discrimination prohibited**

*(1) General. No qualified handicapped person shall, on the basis of handicap, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity which receives or benefits from Federal financial assistance.*

*Discriminatory actions prohibited –*

(1) A recipient, in providing any aid, benefits, or service, may not, directly or through contractual, licensing, or other arrangements, on the basis of handicap:

(i) Deny a qualified handicapped person the opportunity to participate in or benefit from the aid, benefit, or service;

(ii) Afford a qualified handicapped person an opportunity to participate in or benefit from the aid, benefit, or service that is not equal to that afforded other;

(iii) Provide a qualified handicapped person with an aid, benefit, or service that is not as effective as that provided to others;

(iv) Provide different or separate aid, benefits, or services to handicapped persons or to any

class of handicapped persons unless such action is necessary to provide qualified handicapped persons with aid, benefits, or services that are as effective as those provided to others;

(v) Aid or perpetuate discrimination against a qualified handicapped person by providing significant assistance to an agency, organization, or person that discriminates on the basis of handicap in providing any aid, benefit, or service to beneficiaries of the recipients program;

(vi) Deny a qualified handicapped person the opportunity to participate as a member of planning or advisory boards; or

(vii) Otherwise limit a qualified handicapped person in the enjoyment of any right, privilege, advantage, or opportunity enjoyed by others receiving an aid, benefit, or service.

### **Subpart F – Health, Welfare and Social Services**

#### **§84.51 Application of this subpart**

Subpart F applies to health, welfare, or other social service programs and activities that receive or benefit from Federal financial assistance ...

#### **§84.52 Health, welfare, and other social services.**

(a) *General.* In providing health, welfare, or other social services or benefits, a recipient may not, on the basis of handicap:

(1) Deny a qualified handicapped person these benefits or services;

(2) Afford a qualified handicapped person an opportunity to receive benefits or services that is not equal to that offered non-handicapped persons;

(3) Provide a qualified handicapped person with benefits or services that are not as effective (as defined in § 84.4(b)) as the benefits or services provided to others;

(4) Provide benefits or services in a manner that limits or has the effect of limiting the participation of qualified handicapped persons; or

(5) Provide different or separate benefits or services to handicapped persons except where necessary to provide qualified handicapped persons with benefits and services that are as effective as those provided to others.

(b) *Notice.* A recipient that provides notice concerning benefits or services or written material concerning waivers of rights or consent to treatment shall take such steps as are necessary to ensure that qualified handicapped persons, including those with impaired sensory or speaking skills, are not denied effective notice because of their handicap.

(c) **Auxiliary aids.** (1) A recipient with fifteen or more employees "shall provide appropriate auxiliary aids to persons with impaired sensory, manual, or speaking skills, where necessary to afford such person an equal opportunity to benefit from the service in question." (2) Pursuant to the Department's discretion, recipients with fewer than fifteen employees may be required "to provide auxiliary aids where the provision of aids would not significantly impair the ability of the recipient to provide its benefits or services." (3) "Auxiliary aids may include brailled and taped material, interpreters, and other aids for persons with impaired hearing or vision."

Go to [45 CFR Part 84](#) for the full regulation.

### **504 Notice**

The regulation implementing Section 504 requires that an agency/facility "that provides notice concerning benefits or services or written material concerning waivers of rights or consent to treatment shall take such steps as are necessary to ensure that qualified disabled persons, including those with impaired sensory or speaking skills, are not denied effective notice because of their disability." **(45 CFR §84.52(b))**

Note that it is necessary to note each area of the consent, such as:

1. Medical Consent
2. Authorization to Disclose Medical Information
3. Personal Valuables
4. Financial Agreement
5. Assignment of Insurance Benefits
6. Medicare Patient Certification and Payment Request

### **Resources:**

#### **U.S. Department of Justice Document:**

[ADA Business Brief: Communicating with People Who are Deaf or Hard of Hearing in Hospital Settings](#)

#### [ADA Document Portal](#)

A new on-line library of ADA documents is now available on the Internet. Developed by Meeting the Challenge, Inc., of Colorado Springs with funding from the National Institute on Disability and Rehabilitation Research, this website makes available more than 3,400 documents related to the ADA, including those issued by Federal agencies with responsibilities

under the law. It also offers extensive document collections on other disability rights laws and issues. By clicking on one of the general categories in the left column, for example, you will go to a catalogue of documents that are specific to the topic.

# Medicare Certification

## Requirements for Facilities with 15 or More Employees

Please note that documents in PDF format require [Adobe's Acrobat Reader](#).

### Applicable Regulatory Citations:

#### Section 504 of the Rehabilitation Act of 1973:

#### 45 CFR Part 84§84.7 Designation of responsible employee and adoption of grievance procedures.

(a) *Designation of responsible employee.* A recipient that employs fifteen or more persons shall designate at least one person to coordinate its efforts to comply with this part.

(b) *Adoption of grievance procedures.* A recipient that employs fifteen or more persons shall adopt grievance procedures that incorporate appropriate due process standards and that provide for the prompt and equitable resolution of complaints alleging any action prohibited by this part. Such procedures need not be established with respect to complaints from applicants for employment or from applicants for admission to postsecondary educational institutions.

Go to [45 CFR Part 84](#) for the full regulation.

## Policy Example

The following procedure incorporates appropriate minimum due process standards and may serve as a model or be adapted for use by recipients in accordance with the Departmental regulation implementing Section 504 of the Rehabilitation Act of 1973.

### SECTION 504 GRIEVANCE PROCEDURE

It is the policy of **(insert name of facility/agency)** not to discriminate on the basis of disability. **(Insert name of facility/agency)** has adopted an internal grievance procedure providing for prompt and equitable resolution of complaints alleging any action prohibited by Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794) or the U.S. Department of Health and Human Services regulations implementing the Act. Section 504 states, in part, that "no otherwise qualified handicapped individual...shall, solely by reason of his handicap, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance..." The Law and Regulations may be examined in the office of **(insert name, title, tel. no. of Section 504 Coordinator)**, who has been designated to coordinate the efforts of **(insert name of facility/agency)** to comply with Section 504.

Any person who believes she or he has been subjected to discrimination on the basis of disability may file a grievance under this procedure. It is against the law for **(insert name of facility/agency)** to retaliate against anyone who files a grievance or cooperates in the investigation of a grievance.

#### Procedure:

- Grievances must be submitted to the Section 504 Coordinator within **(insert time frame)** of the date the person filing the grievance becomes aware of the alleged discriminatory action.
- A complaint must be in writing, containing the name and address of the person filing it. The complaint must state the problem or action alleged to be discriminatory and the remedy or relief sought.
- The Section 504 Coordinator (or her/his designee) shall conduct an investigation of the complaint. This investigation may be informal, but it must be thorough, affording all interested persons an opportunity to submit evidence relevant to the complaint. The Section 504 Coordinator will maintain the files and records of **(insert name of facility/agency)**

- relating to such grievances.
- The Section 504 Coordinator will issue a written decision on the grievance no later than 30 days after its filing.
  - The person filing the grievance may appeal the decision of the Section 504 Coordinator by writing to the **(Administrator/Chief Executive Officer/Board of Directors/etc.)** within 15 days of receiving the Section 504 Coordinator's decision.
  - The **(Administrator/Chief Executive Officer/Board of Directors/etc.)** shall issue a written decision in response to the appeal no later than 30 days after its filing.
  - The availability and use of this grievance procedure does not prevent a person from filing a complaint of discrimination on the basis of disability with the U. S. Department of Health and Human Services, Office for Civil Rights.

**(Insert name of facility/agency)** will make appropriate arrangements to ensure that disabled persons are provided other accommodations if needed to participate in this grievance process. Such arrangements may include, but are not limited to, providing interpreters for the deaf, providing taped cassettes of material for the blind, or assuring a barrier-free location for the proceedings. The Section 504 Coordinator will be responsible for such arrangements.

# Medicare Certification

## Age Discrimination Act Requirements

Please note that documents in PDF format require [Adobe's Acrobat Reader](#).

The Office for Civil Rights (OCR) of the Department of Health and Human Services (HHS) has the responsibility for the Age Discrimination Act as it applies to Federally funded health and human services programs. The general regulation implementing the Age Discrimination Act requires that age discrimination complaints be referred to a mediation agency to attempt a voluntary settlement within sixty **(60)** days. If mediation is not successful, the complaint is returned to the responsible Federal agency, in this case the Office for Civil Rights, for action. OCR next attempts to resolve the complaint through informal procedures. If these fail, a formal investigation is conducted. When a violation is found and OCR cannot negotiate voluntary compliance, enforcement action may be taken against the recipient institution or agency that violated the law.

The Age Discrimination Act permits certain exceptions to the prohibition against discrimination based on age. These exceptions recognize that some age distinctions in programs may be necessary to the normal operation of a program or activity or to the achievement of any statutory objective expressly stated in a Federal, State, or local statute adopted by an elected legislative body.

### **Applicable Regulatory Citations:**

#### **45 CFR Part 91: Nondiscrimination on the Basis of Age in Programs or Activities Receiving Federal Financial Assistance From HHS**

##### **§ 91.3 To what programs do these regulations apply?**

- (a) The Act and these regulations apply to each HHS recipient and to each program or activity operated by the recipient which receives or benefits from Federal financial assistance provided by HHS.
- (b) The Act and these regulations do not apply to:
  - (1) An age distinction contained in that part of a Federal, State, or local statute or ordinance adopted by an elected, general purpose legislative body which:
    - (i) Provides any benefits or assistance to persons based on age; or
    - (ii) Establishes criteria for participation in age-related terms; or
    - (iii) Describes intended beneficiaries or target groups in age-related terms.

#### **Subpart B-Standards for Determining Age Discrimination**

##### **§ 91.11 Rule against age discrimination.**

The rules stated in this section are limited by the exceptions contained in §§91.13 and 91.14 of these regulations.

(a) General rule: No person in the United States shall, on the basis of age, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under, any program or activity receiving Federal financial assistance.

(b) Specific rules: A recipient may not, in any program or activity receiving Federal financial assistance, directly or through contractual licensing, or other arrangements, use age distinctions or take any other actions which have the effect, on the basis of age, of:

(1) Excluding individuals from, denying them the benefits of, or subjecting them to discrimination under, a program or activity receiving Federal financial assistance.

(2) Denying or limiting individuals in their opportunity to participate in any program or activity receiving Federal financial assistance.

(c) The specific forms of age discrimination listed in paragraph (b) of this section do not necessarily constitute a complete list.

**§ 91.13 Exceptions to the rules against age discrimination: Normal operation or statutory objective of any program or activity.**

A recipient is permitted to take an action, otherwise prohibited by § 91.11, if the action reasonably takes into account age as a factor necessary to the normal operation or the achievement of any statutory objective of a program or activity. An action reasonably takes into account age as a factor necessary to the normal operation or the achievement of any statutory objective of a program or activity, if:

(a) Age is used as a measure or approximation of one or more other characteristics; and

(b) The other characteristic(s) must be measured or approximated in order for the normal operation of the program or activity to continue, or to achieve any statutory objective of the program or activity; and

(c) The other characteristic(s) can be reasonably measured or approximated by the use of age; and

(d) The other characteristic(s) are impractical to measure directly on an individual basis.

**§ 91.14 Exceptions to the rules against age discrimination: Reasonable factors other than age.**

A recipient is permitted to take an action otherwise prohibited by § 91.11 which is based on a factor other than age, even though that action may have a disproportionate effect on persons of different ages. An action may be based on a factor other than age only if the factor bears a direct and substantial relationship to the normal operation of the program or activity or to the achievement of a statutory objective.

**§ 91.15 Burden of proof.**

The burden of proving that an age distinction or other action falls within the exceptions

outlined in §§ 91.13 and 91.14 is on the recipient of Federal financial assistance.

For the full regulation, go to [45 CFR Part 91](#).

## Medicare Certification Civil Rights Information Request Form

*Please return the completed, signed Civil Rights Information Request form and the required attachments with your other Medicare Provider Application Materials.*

### PLEASE ANSWER THE FOLLOWING QUESTIONS ABOUT THE FACILITY:

- a. **CMS Medicare Provider Number:** \_\_\_\_\_
- b. **Name and Address of Facility:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- c. **Administrator's Name** \_\_\_\_\_
- d. **Contact Person** \_\_\_\_\_  
(If different from Administrator)
- e. **Telephone** \_\_\_\_\_ **TDD** \_\_\_\_\_
- f. **E-mail** \_\_\_\_\_ **FAX** \_\_\_\_\_
- g. **Type of Facility** \_\_\_\_\_  
(e.g., Home Health Agency, Hospital, Skilled Nursing Facility, etc.)
- h. **Number of employees:** \_\_\_\_\_
- i. **Corporate Affiliation** \_\_\_\_\_ (if the facility is now or will be owned and operated by a corporate chain or multi-site business entity, identify the entity.)
- j. **Reason for Application** \_\_\_\_\_  
(Initial Medicare Certification, change of ownership, etc.)

**PLEASE RETURN THE FOLLOWING MATERIALS WITH THIS FORM.**

To ensure accuracy, please consult the [technical assistance materials](http://www.hhs.gov/ocr/crclearance.html) (www.hhs.gov/ocr/crclearance.html) in developing your responses.

√	No.	REQUIRED ATTACHMENTS
	1.	Two original signed copies of the form <a href="http://www.hhs.gov/ocr/ps690.pdf">HHS-690, Assurance of Compliance</a> (www.hhs.gov/ocr/ps690.pdf). <i>A copy should be kept by your facility.</i>
<p><b><i>Nondiscrimination Policies and Notices</i></b></p> <p>Please see <a href="http://www.hhs.gov/ocr/nondiscriminpol.html">Nondiscrimination Policies and Notices</a> (www.hhs.gov/ocr/nondiscriminpol.html) for the regulations and technical assistance.</p>		
	2.	A copy of your written notice(s) of nondiscrimination, that provide for admission and services without regard to race, color, national origin, disability, or age, as required by Federal law. Generally, an EEO policy is not sufficient to address admission and services.
	3.	A description of the methods used by your facility to disseminate your nondiscrimination notice(s) or policy. If published, also identify the extent to which and to whom such policies/notices are published (e.g., general public, employees, patients/residents, community organizations, and referral sources) consistent with requirements of Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975.
	4.	Copies of brochures or newspaper articles. If publication is one of the methods used to disseminate the policies/notices, these copies must be attached.
	5.	A copy of facility admissions policy or policies.
<p><b><i>Communication with Persons Who Are Limited English Proficient (LEP)</i></b></p> <p>Please see <a href="http://www.hhs.gov/ocr/commune.html">Communication with Persons Who Are Limited English Proficient (LEP)</a> (www.hhs.gov/ocr/commune.html) for technical assistance. For information on the obligation to take reasonable steps to provide meaningful access to LEP persons, including guidance on what constitutes vital written materials, and HHS' "Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons," available at <a href="http://www.hhs.gov/officeofcivilrights/">HHS Office of Civil Rights</a>. This guidance is also available at <a href="http://www.lep.gov/">http://www.lep.gov/</a>, along with other helpful information pertaining to language services for LEP persons.</p>		
	6.	<p>A description (or copy) of procedures used by your facility to effectively communicate with persons who have limited English proficiency, including:</p> <ol style="list-style-type: none"> <li>1. How you identify individuals who are LEP and in need of language assistance.</li> <li>2. How language assistance measures are provided (for both oral and written communication) to persons who are LEP, consistent with Title VI requirements.</li> <li>3. How LEP persons are informed that language assistance services are available.</li> </ol>
	7.	A list of all vital written materials provided by your facility, and the languages for which they are available. Examples of such materials may include consent and complaint forms; intake forms with the potential for important consequences; written notices of eligibility criteria, rights, denial, loss, or decreases in benefits or services; applications to participate in a recipient's program or activity or to receive recipient benefits or service; and notices advising LEP persons of free language assistance.

√	No.	REQUIRED ATTACHMENTS
<p><b>Auxiliary Aids and Services for Persons with Disabilities</b></p> <p>Please see <a href="http://www.hhs.gov/ocr/civilrights/clearance/taauxiliaryaidssrvcesforpersonswithdisabi.html">Auxiliary Aids and Services for Persons with Disabilities</a>  <a href="http://www.hhs.gov/ocr/civilrights/clearance/taauxiliaryaidssrvcesforpersonswithdisabi.html">http://www.hhs.gov/ocr/civilrights/clearance/taauxiliaryaidssrvcesforpersonswithdisabi.html</a></p>		
	8.	<p>A description (or copy) of the procedures used to communicate effectively with individuals who are deaf, hearing impaired, blind, visually impaired or who have impaired sensory, manual or speaking skills, including:</p> <ol style="list-style-type: none"> <li>1. <i>How you identify such persons and how you determine whether interpreters or other assistive services are needed.</i></li> <li>2. <i>Methods of providing interpreter and other services during all hours of operation as necessary for effective communication with such persons.</i></li> <li>3. <i>A list of available auxiliary aids and services, and how persons are informed that interpreters or other assistive services are available.</i></li> <li>4. <i>The procedures used to communicate with deaf or hearing impaired persons over the telephone, including TTY/TDD or access to your State Relay System, and the telephone number of your TTY/TDD or your State Relay System.</i></li> </ol>
	9.	<p>Procedures used by your facility to disseminate information to patients/residents and potential patients/residents about the existence and location of services and facilities that are accessible to persons with disabilities.</p>
<p><b>Requirements for Facilities with 15 or More Employees</b></p> <p>Please see <a href="http://www.hhs.gov/ocr/civilrights/clearance/tarequirementforfacilitieswith15ormoreempl.html">Requirements for Facilities with 15 or More Employees</a>  <a href="http://www.hhs.gov/ocr/civilrights/clearance/tarequirementforfacilitieswith15ormoreempl.html">http://www.hhs.gov/ocr/civilrights/clearance/tarequirementforfacilitieswith15ormoreempl.html</a></p>		
	10.	<p>For recipients with 15 or more employees: the name/title and telephone number of the Section 504 coordinator.</p>
	11.	<p>For recipients with 15 or more employees: A copy or description of your facility's procedure for handling disability discrimination grievances.</p>
<p><b>Age Discrimination Act Requirements</b></p> <p>Please see <a href="http://www.hhs.gov/ocr/civilrights/resources/specialtopics/tanf/crrequirementsage.html">Age Discrimination Act Requirements</a>  <a href="http://www.hhs.gov/ocr/civilrights/resources/specialtopics/tanf/crrequirementsage.html">http://www.hhs.gov/ocr/civilrights/resources/specialtopics/tanf/crrequirementsage.html</a></p>		
	12.	<p>A description or copy of any policy (ies) or practice(s) restricting or limiting admissions or services provided by your facility on the basis of age. <i>If such a policy or practice exists, please submit an explanation of any exception/exemption that may apply. In certain narrowly defined circumstances, age restrictions are permitted.</i></p>

**After review, an authorized official must sign and date the certification below. Please ensure that complete responses to all information/data requests are provided. Failure to provide the information/data requested may delay your facility's certification for funding.**

**Certification:** I certify that the information provided to the Office for Civil Rights is true and correct to the best of my knowledge.

Signature of Authorized Official: \_\_\_\_\_

Title of Authorized Official: \_\_\_\_\_

Date: \_\_\_\_\_

## ASSURANCE OF COMPLIANCE

ASSURANCE OF COMPLIANCE WITH TITLE VI OF THE CIVIL RIGHTS ACT OF 1964, SECTION 504 OF THE REHABILITATION ACT OF 1973, TITLE IX OF THE EDUCATION AMENDMENTS OF 1972, AND THE AGE DISCRIMINATION ACT OF 1975

The Applicant provides this assurance in consideration of and for the purpose of obtaining Federal grants, loans, contracts, property, discounts or other Federal financial assistance from the Department of Health and Human Services.

THE APPLICANT HEREBY AGREES THAT IT WILL COMPLY WITH:

1. Title VI of the Civil Rights Act of 1964 (Pub. L. 88-352), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 80), to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
2. Section 504 of the Rehabilitation Act of 1973 (Pub. L. 93-112), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 84), to the end that, in accordance with Section 504 of that Act and the Regulation, no otherwise qualified handicapped individual in the United States shall, solely by reason of his handicap, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
3. Title IX of the Educational Amendments of 1972 (Pub. L. 92-318), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 86), to the end that, in accordance with Title IX and the Regulation, no person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any education program or activity for which the Applicant receives Federal financial assistance from the Department.
4. The Age Discrimination Act of 1975 (Pub. L. 94-135), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 91), to the end that, in accordance with the Act and the Regulation, no person in the United States shall, on the basis of age, be denied the benefits of, be excluded from participation in, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.

The Applicant agrees that compliance with this assurance constitutes a condition of continued receipt of Federal financial assistance, and that it is binding upon the Applicant, its successors, transferees and assignees for the period during which such assistance is provided. If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Applicant by the Department, this assurance shall obligate the Applicant, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the Applicant for the period during which it retains ownership or possession of the property. The Applicant further recognizes and agrees that the United States shall have the right to seek judicial enforcement of this assurance.

The person or persons whose signature(s) appear(s) below is/are authorized to sign this assurance, and commit the Applicant to the above provisions.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature and Title of Authorized Official

\_\_\_\_\_  
Name of Applicant or Recipient

\_\_\_\_\_  
Street

\_\_\_\_\_  
City, State, Zip Code

Mail Form to:  
DHHS/Office for Civil Rights  
Office of Program Operations  
Humphrey Building, Room 509F  
200 Independence Ave., S.W.  
Washington, D.C. 20201

**HEALTH INSURANCE BENEFIT AGREEMENT**

(Agreement with Provider Pursuant to Section 1866 of the Social Security Act,  
as Amended and Title 42 Code of Federal Regulations (CFR)  
Chapter IV, Part 489)

**AGREEMENT**

between  
THE SECRETARY OF HEALTH AND HUMAN SERVICES  
and

\_\_\_\_\_ doing business as (D/B/A) \_\_\_\_\_

In order to receive payment under title XVIII of the Social Security Act, \_\_\_\_\_

D/B/A \_\_\_\_\_ as the provider of services, agrees to conform to the provisions of section of 1866 of the Social Security Act and applicable provisions in 42 CFR.

This agreement, upon submission by the provider of services of acceptable assurance of compliance with title VI of the Civil Rights Act of 1964, section 504 of the Rehabilitation Act of 1973 as amended, and upon acceptance by the Secretary of Health and Human Services, shall be binding on the provider of services and the Secretary.

In the event of a transfer of ownership, this agreement is automatically assigned to the new owner subject to the conditions specified in this agreement and 42 CFR 489, to include existing plans of correction and the duration of this agreement, if the agreement is time limited.

ATTENTION: Read the following provision of Federal law carefully before signing.

Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme or device a material fact, or make any false, fictitious or fraudulent statement or representation, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than 5 years or both (18 U.S.C. section 1001).

Name \_\_\_\_\_ Title \_\_\_\_\_

Date \_\_\_\_\_

**ACCEPTED FOR THE PROVIDER OF SERVICES BY:**

NAME (signature)

TITLE	DATE
-------	------

**ACCEPTED BY THE SECRETARY OF HEALTH AND HUMAN SERVICES BY:**

NAME (signature)

TITLE	DATE
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**ACCEPTED FOR THE SUCCESSOR PROVIDER OF SERVICES BY:**

NAME (signature)

TITLE	DATE
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According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0832. The time required to complete this information collection is estimated to average 5 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to CMS, Attn: PRA Reports Clearance Officer, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

**DISCLOSURE OF OWNERSHIP AND CONTROL**  
**Healthcare Facility Regulation Division/Long Term Care**

Name of Facility: \_\_\_\_\_ Provider Number: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, County, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Date: \_\_\_\_\_

List the names & addresses for individuals having direct or indirect ownership or a controlling interest in the entity of 5 percent or more. Continue, if necessary under remarks.

Name	Address	EIN

Type of Entity:

**Non-profit**

- \_\_\_\_\_ Church Related  
 \_\_\_\_\_ Non-profit  
           Association or Corporation  
 \_\_\_\_\_ Other

**Proprietary**

- \_\_\_\_\_ Individual  
 \_\_\_\_\_ Partnership  
 \_\_\_\_\_ Corporation  
 \_\_\_\_\_ LLC (Limited Liability Company)

**Governmental**

- \_\_\_\_\_ State  
 \_\_\_\_\_ County  
 \_\_\_\_\_ City or Municipal  
 \_\_\_\_\_ Hospital Authority

Are any owners of the disclosing entity also owners of other Nursing Homes?    \_\_\_\_\_ Yes    \_\_\_\_\_ No

If yes, list names, addresses of individuals and provider numbers of other nursing homes.

Name	Address	Provider Number



(Name and Address of Facility)

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Dear Provider:

In order that the Social Security Administration may be advised of your intermediary preference, please indicate the organization you wish to serve as fiscal intermediary for your facility. Also, include the fiscal year ending date you will use for Medicare purposes. Attached is a listing of authorized intermediaries available to serve your facility.

We would like to point out that a provider must adhere to the cost reporting period initially selected unless a change has been authorized, in writing, by its intermediary. For a change to be effective, the provider's written request must be received by the intermediary 120 days or more before the close of the reporting period which the change proposes to establish. Such a change may be made only after the intermediary has established that the reason is consistent with the purposes and intent of the program.

Indicate this information in the spaces provided below. Be sure to sign the form and return it to this agency as soon as possible.

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(Intermediary Choice)

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(Medicare Fiscal Year Ending Date)

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(Signature and Title)

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

**RULES  
OF  
DEPARTMENT OF COMMUNITY HEALTH**

**CHAPTER 111-8  
HEALTHCARE FACILITY REGULATION**

**111-8-56  
NURSING HOMES**

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**111-8-56-.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 hereafter respectively ascribed to them; except, however, same do not apply to nursing homes owned or operated by the Federal Government:

(a) A "Nursing Home" is a facility which admits patients on medical referral only and for whom arrangements have been made for continuous medical supervision; it maintains the services and facilities for skilled nursing care, rehabilitative nursing care, and has a satisfactory agreement with a physician and dentist who will be available for any medical and/or dental emergency and who will be responsible for the general medical and dental supervision of the home; it otherwise complies with these rules and regulations;

(b) "Skilled Nursing Care" means the application of recognized nursing methods, procedures, and actions directed toward implementation of the physician's prescribed therapeutic and diagnostic plan, detection of changes in the human body's regulatory system, preservation of such body defenses, prevention of complications, and promotion of emotional well-being, including but not limited to the following:

1. The administration of oral or injectable medications which cannot be self-administered. Other examples include the administration of oxygen, the use of suction, the insertion or changing of catheters, the application of medicated dressings, the use of aseptic technique and preparation of the patient for special procedures;

2. Observation in the care of the patient for symptoms and/or physical and mental signs that may develop and which will require attention of the physician and a revision in the patient's treatment regimen.

(c) "Rehabilitative Nursing" means the use of nursing skills and techniques to combat deformities and helplessness, to maintain or restore body functions, and to promote

independence in self-care. Such techniques will include but not be limited to the following:

1. Positioning patients in or out of bed to maintain good body alignment (unless contraindicated by physician's orders), the use of range of motion exercises to maintain joint mobility;

2. Arranging a progression of self-care activities such as transfer and walking, and attention to bowel and bladder schedules together with retraining when indicated.

(d) 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;

(e) The term "Nursing Unit" means the number of patient beds assigned to a nurses' station;

(f) The term "Nurses' Station" means a circumscribed location containing communication and recording tools and equipment essential for the operation of nursing services;

(g) The terms "Patient" and "Resident" mean any person residing in and receiving care or treatment in a nursing home;

(h) The terms "Patient Care Plan" or "Plan of Care" mean a personalized daily plan of care indicating what care is needed, how it can be best accomplished for each patient, how each patient likes things done, what methods and approaches are most successful, and what modifications are necessary to ensure best results;

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

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

(k) "Physician" shall mean a doctor of medicine and/or a doctor of osteopathy duly licensed to practice in this State by the Composite State Board of Medical Examiners, under the provision of the Georgia Medical Practice Act, O.C.G.A. § 43-34-20 et seq.;

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

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

(n) "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.;

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

(p) 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;

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

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

(s) 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;

(t) 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;

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

(v) "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;

(w) 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;

(x) The term "Board" means the Board of Community Health of the State of Georgia;

(y) The term "Department" means the Department of Community Health of the State of Georgia;

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

(aa) The term "Dining Assistant" means an individual employed or compensated by the nursing home, or who is used under an arrangement with another agency or organization, to provide assistance with feeding and hydration to residents in need of such assistance. Such individual shall not provide other personal care or nursing services unless certified as a nurse aide or licensed as a registered nurse or practical nurse.

Authority: O.C.G.A. § 31-7-1 et seq.

**111-8-56-.02 Governing Body.**

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

(2) The ownership of the home 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 home.

(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 home, 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: O.C.G.A. §§ 31-2-4 et seq. and 31-7-1 et seq.

**111-8-56-.03 Administration.**

(1) Each nursing 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. Existing facilities not currently meeting this requirement would be exempt for a period of two years from the effective date of this regulation. If an existing facility should undergo a change of administrators during this two-year period, such facility would be required to comply with the regulations.

(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' services, nursing services, dietary services, restorative services, pharmaceutical services, diagnostic services, social services, environmental sanitation services, recreational services and clinical records.

(3) Each home shall have a written transfer agreement in effect with one or more hospitals. Nursing homes that are a Distinct Part of a hospital will be considered to meet this requirement if acceptable provisions for the transfer of patients are included in the facility'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. In addition to all other documents required by state or federal regulations, the nursing home shall maintain documentation of successful completion of the dining assistant training program for each dining assistant.

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

(6) In response to a reasonable request by a patient or visitor, privacy shall be afforded for conversation and/or consultations. Each home shall, as a condition precedent to obtaining or maintaining a permit to operate a nursing 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 nursing home;
- (b) Denying any application to renew such permit; and
- (c) Denying any application for a change of ownership of the nursing home.

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

**Authority:** O.C.G.A. § 31-7-1 et seq.

**111-8-56-.04 Nursing Service.**

(1) A registered nurse shall be employed full time as director of nursing services. She shall not also be the

administrator.

(2) The director of nursing services shall normally be employed on the daytime shift and shall devote full time to the administration of the nursing service which includes a reasonable amount of time with all nursing shifts.

(3) The director of nursing services may also serve as the director of nursing services in another facility in close proximity to the home provided she has a registered nurse assistant who is assigned to each facility full time as supervisor of nursing care. The director's assistant shall devote full time to the supervision of nursing care.

(4) There shall be at least one nurse, registered, licensed undergraduate, or licensed practical on duty and in charge of all nursing activities during each eight-hour shift.

(5) There shall be sufficient nursing staff on duty at all times to provide care for each patient according to his needs. A minimum of 2.0 hours of direct nursing care per patient in a 24-hour period must be provided. For every seven (7) total nursing personnel required, there shall be not less than one registered nurse or licensed practical nurse employed. Dining assistants are to be used to supplement, not replace, existing nursing staff requirements and as such are not considered nursing staff and are not to be included in computing the required minimum hours of direct nursing care.

(6) The nursing staff shall be employed for nursing duties only.

(7) There shall be sufficient qualified personnel in attendance at all times to ensure properly supervised nursing services to the patients, including direct supervision of dining assistants in accordance with these rules. This includes staff members dressed, awake and on duty all night.

(8) All nursing care and related services shall be carried out in accordance with the facility's patient care policies. The lines of administrative authority and supervisory responsibility shall be clearly stated. Duties assigned to staff members shall be clearly defined and consistent with their training and experience. Policies and procedures governing nursing care shall be assembled, available and understood by the staff members and shall be the basis for staff education and practice.

(9) An active in-service nursing education program shall be in effect for all nursing personnel. This program shall be developed and conducted by a registered nurse who may be employed part-time and under the direction of the director of nursing services.

(10) The in-service nursing educational program shall be in writing and shall show the frequency of training. Attendance and progress records shall be kept for each person receiving instruction.

Authority: O.C.G.A. § 31-7-1 et seq.

**111-8-56-.05 Professional Service.**

(1) There shall be an organized professional staff, with one physician designated as chief of staff. The professional staff shall consist of at least one physician, one dentist and one registered nurse. Other professional personnel such as the dietitian, social worker, physical therapist, pharmacist, etc. may be included on the professional staff. This organization shall function under appropriate bylaws and shall meet at regularly scheduled intervals not less than semiannually. It shall be the responsibility of this staff to develop and review care policies and to advise administration on matters pertaining to patient care. The minutes of the meetings of this staff shall be available for inspection by the Department.

(2) Patients shall be admitted only on referral of a physician.

(3) Each patient shall be under the continuing care of a physician who sees the patient at least once every thirty (30) days following admission. The patient's total program of care (including medications and treatment) is reviewed during a visit by the attending physician at least once every thirty (30) days for the first ninety (90) days, and revised as necessary. A progress note is written and signed by the physician at the time of each visit and he signs all his orders. Subsequent to the ninetieth day following admission, an alternate schedule for physician visits may be adopted where the attending physician determines and so justifies in the patient's medical record that the patient's condition does not necessitate visits at thirty-day intervals.

(4) A home shall admit only those patients for which it can provide needed care and only if the home has a permit covering that type of care. When a patient develops a condition requiring care of a level or type not provided at that home, the administration shall arrange for transfer of the patient to another home, hospital or home health agency which has a permit or is certified to provide such care or shall make satisfactory arrangements for the needed care if the condition is to be of short duration.

Authority: O.C.G.A. §§ 31-2-4 et seq. and 31-7-1 et seq.

**111-8-56-.06 Dietary Service.**

(1) Each home shall employ the services of a qualified dietitian (American Dietetic Association or equivalent qualifications). The services of the dietitian shall not be less than eight (8) hours per month.

(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 each patient.

(3) A nutritionally adequate diet shall be provided all patients and adjusted to patient'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 or approved by a qualified dietitian and dated. Used menus shall be kept on file for a period of thirty days for reference by the patient'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: O.C.G.A. §§ 31-2-4 et seq. and 31-7-1 et seq.

**111-8-56-.07 Social Service.**

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

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

(3) All nursing personnel and employees having contact with patients shall receive social service orientation and in-service training toward understanding emotional problems and social needs of patients.

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

Authority: O.C.G.A. §§ 31-2-4 et seq. and 31-7-1 et seq.

**111-8-56-.08 Pharmacy Management and Administration.**

Each home shall provide pharmaceutical services in full compliance with State and Federal laws and regulations.

Authority: O.C.G.A. §§ 31-2-4 et seq. and 31-7-1 et seq.

**111-8-56-.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 a part of the medical record on each patient receiving physical therapy. Information in the medical record shall include referral, diagnosis, precautions, initial physical therapy evaluation treatment plan and objectives, frequency and dates of medical reevaluations.

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

Authority: O.C.G.A. §§ 31-2-4 et seq. and 31-7-1 et seq.

**111-8-56-.10 Medical, Dental and Nursing Care.**

(1) Each patient 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 with the patient's medical record.

(2) Each patient shall have a physician's orders for treatment and/or care upon admission to the facility.

(3) Each home shall have an adequate arrangement for medical and dental emergencies.

(4) Reports of all evaluations and examinations shall be kept with the patient's medical records.

(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 patient: Any person whose duties include direct patient 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 patients;

(c) Prevention of spread of infection from patient to personnel or other patients: Isolation techniques to be observed according to the source of infection and the method of spread;

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

(6) All medications, administered to patients must be ordered in writing by the patient's physician or oral orders may be given to a licensed nurse, immediately reduced to writing, signed by the nurse and countersigned by the physician as soon as practical.

(a) Medications not specifically limited as to time or number of doses, when ordered, must be automatically stopped in accordance with written policy approved by the organized professional staff.

(b) The patient's attending physician shall be notified of stop order policies and contacted promptly for renewal of such orders so that continuity of the patient's therapeutic regimen is not interrupted.

(7) All medications must be administered by medical or nursing personnel in accordance with the Medical and Nurse

Practice Acts of the State of Georgia. Each dose administered shall be properly recorded in the clinical records:

(a) The nurses' station shall have readily available items necessary for the proper administration of medication;

(b) In administering medications, medication cards or other State approved systems must be used and checked against the physician's orders;

(c) Legend drugs prescribed for one patient shall not be administered to any other patient unless ordered by a physician;

(d) Self-administration of medications by patients should be discouraged except for emergency drugs on special order of the patient's physician or in a pre-discharge program under the supervision of a licensed nurse;

(e) Medication errors and drug reactions shall be immediately reported to the patient's physician and an entry thereof made in the patient's clinical records as well as on an incident report;

(f) Up-to-date medication reference texts and sources of information shall be available.

(8) Nursing care shall be provided each patient according to his needs and in accordance with his patient care plan.

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

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

Authority: O.C.G.A. §§ 31-2-4 et seq. and 31-7-1 et seq.

**111-8-56-.11 Records.**

(1) Each home shall maintain a complete medical record on each patient containing sufficient information to validate the diagnosis and to establish the basis upon which treatment is given. All active medical records shall be maintained at the nurses' station. The completed record shall normally contain the following:

(a) Name, address, birth date, sex, marital status of the patient and religion; the name, address and telephone number of physician; the name, address and telephone number of the responsible party to contact in emergency;

(b) Date and time of admission;

(c) Date and time of discharge or death;

(d) Admitting diagnosis;

(e) Final diagnosis;

(f) Condition on discharge;

(g) History and physical examination;

(h) Treatment and medication orders;

(i) Physicians' progress notes (at least monthly);

(j) Nurses' notes;

(k) Special examination and reports.

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

Authority: O.C.G.A. §§ 31-2-4 et seq. and 31-7-1 et seq.

**111-8-56-.12 Equipment.**

- (1) Patient beds shall be single, at least thirty-six 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 patients.
- (3) Wheelchairs, walkers, and mechanical lifters shall be provided by the home when needed.
- (4) Each patient shall have necessary furniture which shall include a bedside table, a reading lamp, a chair, drawer space for clothes, enclosed space for hanging clothing, and individual towel rack, soap dish, drinking glass, and access to a mirror. Each patient 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 patient 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 patient'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: O.C.G.A. §§ 31-2-4 et seq. and 31-7-1 et seq.

**111-8-56-.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. Stairways 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 patients 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 patient areas are prohibited.

(7) Showers, tubs and toilets shall have grab bars firmly installed convenient to patient use; the floor in bathing areas shall be provided with a nonslip surface. No patient shall be permitted to bathe without an available attendant to regulate water temperature and to provide generally for the safety of the patient, unless the patient's physician has provided a written statement to the effect that the patient 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: O.C.G.A. §§ 31-2-4 et seq. and 31-7-1 et seq.

**111-8-56-.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 ingress of flies, insects and rodents.

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

(5) 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: O.C.G.A. §§ 31-2-4 et seq. and 31-7-1 et seq.

**111-8-56-.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: O.C.G.A. §§ 31-2-4 et seq. and 31-7-1 et seq.

**111-8-56-.16 Recreation.**

(1) An individual shall be designated as being in charge of patient 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 patients 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 outdoor activities in suitable weather.

(3) Patients 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 patient activities program shall be carried out that will meet the needs of all patients.

Authority: O.C.G.A. §§ 31-2-4 et seq. and 31-7-1 et seq.

**111-8-56-.17 Patient Capacity.**

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

(2) The number of patients 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: O.C.G.A. §§ 31-2-4 et seq. and 31-7-1 et seq.

**111-8-56-.18 Physical Plant Standards.**

(1) Requirements under this rule "Physical Plant Standards" will be enforced with the effective date of these regulations EXCEPT that homes holding a valid permit prior to the effective date of these regulations, shall comply with the regulations in effect at the time the home was issued a permit or the plans were approved. Provided however, that any such homes which hold a valid permit prior to the effective date of these regulations must comply with these regulations when improvements or modifications are made within any twelve (12) month period and the cost of such improvements or modifications exceeds a total of twenty percent (20%) of the fair market value of the home. If no such improvements are made, the homes holding a valid permit

prior to the effective date of these regulations must then comply with these regulations within fifteen (15) years of 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 determines that these requirements will place an undue burden or extreme hardship on the home or its occupants), provided that the health and safety of the patients 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.

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

(4) Each patient 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 patient by mattress.

(5) Patient 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 patient 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) Each patient room having more than one bed shall have permanently installed curtain tracks to permit closing each bed with curtains to allow for the privacy of each patient without obstructing the passage of other patients either to the corridor or to the toilet or lavatory adjacent to the patient room. Curtains used for enclosing patient beds shall be rendered and maintained flame resistant.

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

- (a) Nurses' station or medication area;
- (b) Kitchen;
- (c) Lobby area or waiting room.

(10) Patient bathing and toilet facilities:

(a) There shall be a general bathing area in each nursing unit. This area shall contain at least one bathtub accessible from three sides, one stall shower equipped with grab bars with adjacent drying space, one lavatory 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 patient 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 shall be designed to drain properly;

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

(11) A nurses' station shall be provided in each nursing unit. It shall contain a nurses' call system, charting desk and supplies, medicine storage, lavatory with soap, towels and towel dispenser, preparation area and a refrigerator. The nurses' station shall not be more than 120 feet from the entrance of the most remote room served.

(12) There shall be separate clean and soiled utility rooms in each nursing unit located near the nurses' station. 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.

(13) At least one bedpan cleansing device shall be provided in each nursing unit. It may be located in the soiled utility room or in a special bedpan closet conveniently located in each nursing unit. The bedpan cleansing device may be omitted if water closets in patient toilets are equipped with bedpan lugs, spray hose and

elevated vacuum breaker.

(14) Sufficient space shall be provided in each nursing unit for stretcher and wheelchair parking. Such space shall be out of corridor traffic.

(15) There shall be a floor pantry in each nursing unit located near or adjacent to the nurses' station. 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.

(16) A drinking fountain which shall not impair any passageway shall be provided in each nursing unit.

(17) There shall be a treatment room convenient to patient 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 patients. A treatment room may be used for consultation if appropriately enlarged.

(18) There shall be a patient dining and recreation area provided in each home. The minimum total area shall be twenty (20) square feet of floor space per bed. One-half the required space shall be for dining.

(19) A room with sufficient space for patients' active exercise regimens including such equipment as a full-length mirror, parallel bars, 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 home. The size of this area shall be determined in relation to the size of the home and the program of service.

(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 and 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 nursing units. It must be arranged and equipped for adequate food storage; preparation and serving of foods in proper sequence; dish and utensil cleaning and storage, and refuse storage and removal. Homes that are a distinct part of another home may utilize the service of a central kitchen provided it is of adequate size and adequately equipped to serve the total patient population. Storage space shall be sufficient to store a 24-hour supply of perishable foods and a 3-day supply of nonperishable foods.

(24) 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.

(25) 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.

(26) General storage space for the storage of supplies, furniture, equipment and patients' 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.

(27) 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.

(28) 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.

(29) Stairways, doors and corridors:

(a) Stairways serving patient 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 (1) inch nosing;

(f) Winders and single risers are not acceptable;

(g) Stairs and landings shall have a non slippery finish;

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

doors to patient 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 patients shall not be 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 patient corridors and on each side of stairways and ramps.

(30) Light and Ventilation:

(a) The total glass area in patient 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;

(a) Ceiling lights 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;

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

(31) 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. Patient 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 system;

(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) The method employed to heat water shall provide an adequate supply of hot water at necessary temperatures for all purposes, in a safe manner;

(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. Hose bibs shall be provided for clean-up purposes in

the dishwasher 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.

(32) Electrical:

(a) All areas shall be adequately lighted as required for 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 supplied by an emergency generator or a battery with automatic switch, shall be provided for exits, stairs and corridors;

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

(33) Elevators and Dumbwaiters:

(a) Where patients' 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 hand rails and 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 thirty-six (36) inches of steel with one shelf.

Authority: O.C.G.A. §§ 31-2-4 et seq. and 31-7-1 et seq.

**111-8-56-.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) Each application shall be accompanied by a copy of the bylaws of the professional staff, a copy of the policies for operating the home and a certification from each member appointed to the professional staff that he has accepted the appointment including the name and license number of the administrator and the name and license number of the director of nursing. In homes with a professional staff of ten (10) or more physician members, only the physician members elected as officers need submit a certification as to their appointment.
- (4) A plan for progressive employment of personnel to match increase bed 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: O.C.G.A. §§ 31-2-4 et seq. and 31-7-1 et seq.

**111-8-56-.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) The permit shall be framed and publicly displayed at all times.
- (4) Permits are not transferable from one governing body to another, nor valid when the home is moved from one location to another.
- (5) 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.
- (6) 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.
- (7) 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: O.C.G.A. §§ 26-2-370 et seq., 31-2-4 et seq. and 31-7-1 et seq.

**111-8-56-.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 procedure 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 violations of regulations and standards which relate 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.

(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.

(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: O.C.G.A. §§ 31-2-4 et seq. and 31-7-1 et seq.

**111-8-56-.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 pre-opening 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: O.C.G.A. §§ 31-2-4 et seq. and 31-7-1 et seq.

**111-8-56-.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;

5. Arrangements for medical and dental care, e.g., physicians on contract and agreements with hospital for patient 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 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: O.C.G.A. §§ 31-2-4 et seq. and 31-7-1 et seq.

**111-8-56-.24 Enforcement.**

The administration and enforcement of these rules and regulations shall be as prescribed in O.C.G.A. §§ 31-2-8 and 50-

13-13 et seq.

Authority: O.C.G.A. §§ 31-2-4 et seq., 31-7-1 et seq. and 50-13-13 et seq.

**111-8-56-.25 Dining Assistants.**

(1) Dining assistants shall work under the direct supervision of a registered nurse or a licensed practical nurse. Direct supervision means that the registered nurse or licensed practical nurse is present in the same room and available to respond to the need for assistance.

(2) Dining assistants are to be used to supplement, not replace, existing nursing staff requirements and as such are not considered nursing staff and are not to be included in computing the required minimum hours of direct nursing care.

(3) Dining assistants shall:

(a) Be at least 16 years of age; and

(b) Have successfully completed the dining assistant training program in accordance with these rules.

(4) Dining assistants shall provide feeding and hydration assistance only to those residents who have been determined to meet the following criteria:

(a) A nursing home's registered professional nursing staff shall determine which residents a dining assistant may safely assist with feeding and hydration. The determination shall be based on the resident's latest nursing assessment and plan of care, which is performed in accordance with generally accepted standards of practice and applicable laws and regulations;

(b) The resident's plan of care shall clearly reflect the nurse's determination that the resident may be safely assisted with

feeding and hydration by a dining assistant; and

(c) Dining assistants shall not provide feeding and hydration assistance to residents who have complicated feeding problems, including, but not limited to, difficulty swallowing, recurrent lung aspirations, and tube or parenteral/IV feedings.

(5) The nursing home's dining assistant training program shall be conducted under the direction of a registered nurse and shall require participants to perform return demonstrations, as applicable, to demonstrate competencies on program components.

(6) The minimum requirements of the dining assistant training program shall include a minimum of 16 hours of training. The training shall include practical application of feeding and hydration skills and shall include at least the following components:

- (a) Feeding techniques;
- (b) Assistance with feeding and hydration;
- (c) Communication and interpersonal skills;
- (d) Appropriate responses to resident behavior;
- (e) Safety and emergency procedures, including the Heimlich Maneuver;
- (f) Infection control;
- (g) Recognizing changes in residents that are inconsistent with their normal behavior and the importance of reporting such changes to the supervisory nurse;
- (h) Reporting requirements as specified by Article 4 of Chapter 8 of Title 31 of the Official Code of Georgia Annotated, the "Long-term Care Facility Resident Abuse Reporting Act"; and

(i) Resident rights, including abuse and neglect prevention.

(7) The nursing home shall maintain a written record of all individuals who have successfully completed the dining assistant training program. At a minimum, such written record maintained by the nursing home must include the dining assistant's complete name and address, the name and address of the nursing home, the name and signature of the registered nurse directing the training program, and the date the training program was successfully completed. The nursing home shall provide a copy of such written record in a timely manner to any dining assistant who has successfully completed the training program upon the dining assistant's written request.

(8) A copy of the written record of the satisfactory completion of the dining assistant training program may be used by a subsequent nursing home hiring the dining assistant in lieu of repeating the training, provided that the dining assistant satisfactorily performs return demonstrations of the minimum skills required of dining assistants as specified in these rules for the hiring nursing home. Such satisfactory demonstrations of skills shall be documented by a registered nurse and retained by the nursing home in the dining assistant's record along with a copy of the initial documentation of successful completion of the training program as specified in these rules.

(9) In addition to all other documents required by state or federal regulations, the nursing home shall maintain the following records:

(a) A copy of the nursing home's dining assistant training program; and

(b) Documentation of successful completion of the training program for each dining assistant.

Authority: O.C.G.A. § 31-7-1 et seq.

**111-8-56-.26 Background Screening of Employees.**

(1) Prior to hiring an employment applicant, each nursing home shall first screen the potential employee for a history of abuse, neglect, or exploitation. This includes attempting to obtain information from previous employers and current employers and checking with the applicable licensing boards and registries. The background screenings shall include, but not be limited to:

(a) The nursing home shall request a criminal records check from the Georgia Crime Information Center (GCIC) to determine whether the applicant has a criminal record. In accordance with the provisions of Section 31-7-350, et seq., of the Official Code of Georgia Annotated, the nursing home shall make a written determination for each applicant for whom a criminal records check is performed. A nursing home shall not employ a person with an unsatisfactory determination as such term is defined by Section 31-7-350 of the Official Code of Georgia Annotated;

(b) Before allowing an individual to serve as a nurse aide or a dining assistant, the nursing home shall contact the state's Nurse Aide Registry to determine whether a finding has been entered concerning abuse, neglect, exploitation, or misappropriation of resident property. The nursing home shall also seek information from other state nurse aide registries that the nursing home believes may contain information on the individual, based on the applicants prior work history; and

(c) The nursing home shall not employ individuals who have been:

1. Found guilty of abusing, neglecting, or mistreating residents by a court of law; or

2. Have had a finding entered into the state Nurse Aide Registry concerning abuse, neglect, exploitation, or misappropriation of resident property.

(2) Documentation of the nursing home's background

screening shall be maintained for each employee.

Authority: O.C.G.A. §§ 31-7-1 et seq. and 31-7-350, et seq.

**111-8-56-.27 Vaccines.**

(1) Unless contraindicated, all nursing homes shall annually offer an influenza virus vaccine, contingent on availability, to all Medicare and Medicaid eligible residents and private pay residents in their facilities and a pneumococcal bacteria vaccine, contingent on availability, to all Medicare eligible residents and all private pay residents, 65 years of age or older, in their facilities.

(2) Vaccines and other medications shall only be administered by the nursing home's licensed personnel in accordance with applicable state laws and regulations.

(3) Vaccines and other medications shall be stored safely and appropriately monitored to prevent unauthorized use or access.

(4) Vaccines and other medications shall be properly labeled and handled in accordance with current accepted standards of practice and applicable laws and regulations. Outdated, mislabeled, or otherwise unusable vaccines and other medications shall not be available for resident use.

(5) Vaccines and other medications shall be kept in original containers with original labels intact.

Authority: O.C.G.A. § 31-7-1 et seq.

## Nursing Home CHOW Certification Checklist

For a new license to operate a Nursing Home due to a Change of Ownership, please submit the following information:

- \_\_\_ 1. Application – completed and signed by the **Owner**  
If a corporation – include Certificate of Incorporation and Articles of Incorporation for **ALL** corporations having an interest in the Nursing Home  
If partnership – include Partnership Agreement  
If Limited Liability Company (LLC) – include Certificate of Organization and Articles of Organization for **ALL** LLCs with an interest in the nursing home  
If a non-profit – include documentation of non-profit status [501(c) 3]
- \_\_\_ 2. An original completed Affidavit of Personal Identification
- \_\_\_ 3. CMS 671 – LTC Facility Application for Medicare / Medicaid
- \_\_\_ 4. HHS 690 – Assurance of Compliance (OCR packet) **(2 signed)**
- \_\_\_ 5. CMS 1561 – Health Insurance Benefits Agreement **(2 signed)**
- \_\_\_ 6. Signed and dated Bill of Sale or Lease Agreement
- \_\_\_ 7. OCR clearance (send copy of certification letter)
- \_\_\_ 8. CMS 2572 Statement of Financial Solvency
- \_\_\_ 9. Disclosure of Ownership & Control
- \_\_\_ 10. Hospital Transfer Agreement
- \_\_\_ 11. Intermediary Preference Form
- \_\_\_ 12. Required Fee – \$300.00 for Processing a Change in Ownership - See Payment Coupon on the DCH Website

By my signature below, I (print name) \_\_\_\_\_ affirm that I have submitted all the above identified documents.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Nursing Home Initial Certification Checklist

For an initial license to operate a Nursing Home, please submit the following information:

1. Application – completed and signed by the **Owner**  
If a corporation – include Certificate of Incorporation and Articles of Incorporation for **ALL** corporations having an interest in the Nursing Home  
If partnership – include Partnership Agreement  
If Limited Liability Company (LLC) – include Certificate of Organization and Articles of Organization for **ALL** LLCs with an interest in the personal care home  
If a non-profit – include documentation of non-profit status [501(c) 3]
2. An original completed Affidavit of Personal Identification
3. FI Enrollment Application Approval Letter
4. CMS 671 – LTC Facility Application for Medicare / Medicaid
5. HHS 690 – Assurance of Compliance (OCR form)
6. CMS 1561 – Health Insurance Benefits Agreement (**2 signed**)
7. CMS 2572 – Statement of Financial Solvency
8. OCR clearance requested (send copy of certification letter)
9. Disclosure of Ownership & Control
10. Required Fee – \$300.00 for Processing the Application  
[Click here to Download Payment Coupon](#)

By my signature below, I (print name) \_\_\_\_\_ affirm that I have submitted all the above identified documents.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date