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**RULES OF  
GEORGIA DEPARTMENT OF COMMUNITY HEALTH**

**CHAPTER 111-8  
HEALTHCARE FACILITY REGULATION**

**111-8-56  
RULES AND REGULATIONS FOR 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;

(bb) "Certified Medication Aide" is a person who is a Georgia certified nurse aide and in good standing with the Department who has successfully completed a state-approved medication aide training program, successfully passed a written competency examination and has demonstrated the requisite clinical skills to serve as a medication aide and who is registered on the Georgia Certified Medication Aide Registry.

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. The nursing home shall also maintain all documentation of successful completion of the entire certified medication aide training program for each certified medication aide it employs. 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) A nursing home may employ certified medication aides for the purpose of performing the technical aspects of the administration of certain medications in accordance with O.C.G.A. § 31-7-12.7. A nursing home shall not employ an individual as a

certified medication aide unless such individual is listed in the medication aide registry established and maintained by the Department pursuant to paragraph (2) of subsection (g) of O.C.G.A. § 31-7-12.2, and is in good standing with the Department, and has met all of the qualifications in paragraph (3) of subsection (g) of O.C.G.A. § 31-7-12.2.

(a) A certified medication aide who meets the criteria established in O.C.G.A. § 31-7-12.7 shall be permitted to perform the following tasks in a nursing home in accordance with the written instructions of a physician:

- i. Administer physician ordered oral, ophthalmic, topical, otic, nasal, vaginal, and rectal medications;
- ii. Administer insulin, epinephrine, and B12 pursuant to physician direction and protocol;
- iii. Administer medications via a metered dose inhaler;
- iv. Conduct finger stick blood glucose testing following established protocol;
- v. Administer a commercially prepared disposable enema as ordered by a physician; and
- vi. Assist residents in the supervision of self-administration of medications.

(b) A certified medication aide shall record in the medication administration record all medications that such certified medication aide has personally administered to a resident of a nursing home and any refusal of a resident to take a medication. A certified medication aide shall observe a resident to whom a medication has been administered and shall report any changes in the condition of such resident to a charge nurse.

(c) All medications administered by a certified medication aide in accordance with O.C.G.A. § 31-7-12.7 shall be in unit or multidose packaging.

(d) Nothing in this rule or O.C.G.A. § 31-7-12.7 shall authorize certified medication aides employed by a nursing home to administer any Schedule II controlled substance that is a narcotic.

(e) A nursing home that employs one or more certified medication aides to administer medications in accordance with O.C.G.A. § 31-7-12.7 shall secure the services of a licensed pharmacist to perform the following duties as part of the nursing home's peer review, medical review, and quality assurance functions:

(i) Perform a quarterly review of the drug regimen of each resident of the nursing home and report any irregularities to the nursing home administrator;

(ii) Remove for proper disposal any drugs that are expired, discontinued, in a deteriorated condition, or when the resident for whom such drugs were ordered is no longer a resident;

(iii) Establish or review policies and procedures for safe and effective drug therapy, distribution, use, and control; and

(iv) Monitor compliance with established policies and procedures for medication handling and storage.

(f) A nursing home that employs one or more certified medication aides to administer medications in accordance with this Code section shall ensure that each certified medication aide receives ongoing medication training as prescribed by the Department. A registered professional nurse or pharmacist shall conduct quarterly unannounced medication administration observations and report any issues to the nursing home administrator.

(g) A nursing home that employs certified medication aides the nursing home shall annually conduct a comprehensive clinical skills competency review of each certified medication aide employed by such nursing home.

(6) 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.

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

(8) 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.

(9) 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.

(10) 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.

(11) 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 clean 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 dishwash 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.