GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

Nathan Deal, Governor **Clyde L. Reese III, Esq., Commissioner**

2 Peachtree Street, NW | Atlanta, GA 30303-3159 | 404-656-4507 | www.dch.georgia.gov

Dear PCH Applicant:

This document and the documents that follow in this Personal Care Home application package are intended to give you basic information about personal care homes and the application process. READ THESE DOCUMENTS CAREFULLY.

Please note that the application process has changed. Do not use any other application or form or rely on any information other than the information contained in this application package dated 01/01/2012. Old forms have been revised and new forms added. The old forms are no longer acceptable. In addition, you are now required to pay an application fee as well as an initial licensing activity fee and then an annual licensing activity fee each fiscal year thereafter. Therefore, review this information carefully and review the Licensing Decision Tree **(click here)** if you have questions about the different types of residential options/permits available.

In this Application Package you will find the following documents in this order:

1. Dear Applicant Letter
2. PCH Fact Sheet
3. Steps to Successful Application
4. PCH Application
5. Application Checklist
6. Corporation Documents
7. Secure and Verifiable Documents
8. Affidavit of Personal Identification
9. Instructions for Completing the Affidavit of Personal Identification
10. Electrical
11. Water and Septic
12. Administrator and Owner
13. DPP Overview
14. DPP Checklist
15. Policies and Procedures Checklist
16. Memory Care Checklist
17. Rules Compliance Checklist
18. Cogent-GAPS Instructions
19. Mail To
20. PCH Rules and Regulations

The following is a **brief description** of each document:

1. **Dear Applicant Letter** – is intended to give you an overall picture of the licensing process, the inspections and documents required as part of the licensing process, and provide additional valuable information about personal care homes.

2. **PCH Fact Sheet** – provides questions and answers about some of the basic PCH requirements.
3. **Steps for Successful Application (or Steps)** – gives some general licensing information, then describes the steps necessary for an initial application, a change in ownership application, an application to increase the facility's licensed capacity, etc. These steps also advise you of other inspections that must be obtained and submitted as part of your complete application package.
4. **PCH Application** – is a required form. To be completed by the owner/applicant and submitted with the application package.
5. **Application Checklist** – is a required form that lists the documents you must provide for a complete application package. Requires a signature at the bottom of the form.
6. **Corporation Documents** – for information only. Contains a list of documents required as part of the application package *only if* the governing body (owner) of the facility is a corporation, LLC, partnership or non-profit.
7. **Secure and Verifiable Documents Under O.C.G.A. § 50-36-2** – for information only. Provides a list of documents that are verifiable for identification purposes; used in completing the Affidavit of Personal Identification.
8. **O.C.G.A. § 50-36-1(e)(2) Affidavit (or Affidavit of Personal Identification)** – is a required document. The applicant uses the Secure and Verifiable Documents Under O.C.G.A. § 50-36-1(e)(2) (#7 above) to establish his/her identity and uses the Instructions (#9 below) for Completing the Affidavit of Personal Identification.
9. **Instructions for Completing Affidavit Required to Become Licensed** – for information only. Gives step by step instructions on how to complete the Affidavit of Personal Identification.
10. **Electrical Inspection Compliance Form** – is a required form. Part to be completed by the applicant and part to be completed by a Georgia licensed electrician and submitted with the application package.
11. **Water and Septic Tank Report Form** – required only if the facility is not served by city/county water/sewer. Part to be completed by applicant and part to be completed by the county environmentalist from the county in which the personal care home is located. If the facility is served by cit/county water/sewer, submit a copy of a previous water bill.
12. **Administrator and Owner** – is a required form. Identifies the administrator and all individuals owning a 10% or more interest in the facility/home.
13. **Disaster Preparedness Plan Overview (or DPP Overview)** – is a required form. The home must disclose how the home will ensure resident safety during a disaster.
14. **Emergency Preparedness Plan Review Form (or DPP Checklist)** – for information only. Gives information about the elements required for the home's emergency preparedness plan.
15. **PCH Policies and Procedures Checklist** – for information only. Gives a list of the required policies and procedures; used to help a facility comply with the Policy and Procedure requirements.
16. **Memory Care Units or Homes Checklist** – for information only. Gives information about the additional requirements for facilities that have a specialized memory care unit or home.
17. **Rules Compliance Checklist** – for information only. Gives a summary of many of the personal care home rule requirements to help the applicant determine whether or not the facility is in compliance with the rules and ready for an initial inspection.
18. **Cogent-GAPS Instructions** – for information only. Provides steps in completing the required fingerprint records check for owners and administrators**. IMPORTANT: Use these instructions rather than the instructions on the Cogent-GAPS website as these**

instructions were developed specifically for personal care homes. Failure to use these instructions may result in having to repeat the fingerprint records check and additional costs.

19. **Mail To** – for information only. Provides the mailing address for the PCH application and gives information that once the application is received, you will be sent an invoice with the required fees. Upon receipt of the fees, your application will be reviewed.
20. **PCH Rules and Regulations** – Chapter 111-8-62, Rules and Regulations for Personal Care Homes, govern all personal care homes. The facility should be familiar with all the regulatory requirements and review the DCH website frequently (at least monthly) to stay informed about regulatory changes.

After you have read all the documents (#1 – #20 above), have met all local requirements and have obtained all the required inspections, complete the required application completely and accurately. Document # 5, the Application Checklist, identifies all the required inspections and documents that make up a complete Application Package. When you have a complete application package, see Document #19, Mail To, for the Department's mailing address.

The Department is responsible for inspecting all homes prior to licensure. You may also be inspected on a periodic basis. All complaints received about the operation of a home are investigated by unannounced visits. **Your signature on the application form is also your consent for survey staff to visit your home at any time to inspect your facility/home and/or investigate complaints as appropriate.** Please note that while most complaints may be investigated during normal business hours, some complaints may require visits on weekends or at night. You are expected to cooperate with all investigations.

After the Department receives your application, you will be sent an invoice for the application fee and initial licensing activity fee. Upon confirmation of receipt of these fees, your application will be reviewed. You will be notified of the outcome of that review.

When your application has been deemed complete, an on-site inspection has been conducted and you are in substantial compliance with all regulatory requirements, you will receive a permit. Receipt of this permit is authorization to begin operation of your personal care home. Please allow adequate time for processing of your application.

If you cease operation of your personal care home or if you move, your permit is not transferable and should be returned to the Department. Again, your permit is not transferable to another individual or a new address. Additionally, if you move and your satisfactory fingerprint clearance is over a year old, you will be required to obtain a new fingerprint record check determination for the administrator and on-site manager.

Interpretive Guidelines have also been developed to explain the purpose or purposes of the rules and provide guidance regarding those things that a licensing surveyor will check to determine whether a rule is met or the ways a surveyor will check compliance with the rules. Interpretive Guidelines can be found at www.dch.georgia.gov. Click on Healthcare Facility Regulation, then Forms and Applications, then Laws and Regulations, then scroll down to Interpretive Guidelines, then click on Personal Care Homes.

PERSONAL CARE HOME FACT SHEET

1. What is a Personal Care Home?

A Personal Care Home is a single home, building or group of buildings where personal services are provided to two or more adults not related to the owner or administrator by blood or marriage.

2. What are personal services?

Personal services are provided to an individual who needs help with the essential activities of daily living. These essential activities of daily living include assistance with eating, bathing, grooming, dressing, toileting, and supervision of medications.

3. How many residents can I have in my home?

The number of residents you can have in your home (i.e. your licensed capacity) is dependent on several factors. The home must provide a bathroom for every four residents and a tub/shower for every eight residents. The home must provide a living room, a dining area, a kitchen and a bedroom for all residents and any staff and family members who live in the home. The number of residents you can accommodate in each bedroom (up to a maximum of four residents except in Memory Care where the maximum is 2 residents per bedroom) is based on the size of the bedroom (at least 80 square feet of useable floor space per resident). Closet and bathroom space is not included in the square footage requirement. The home must also have a fire inspection, and this inspection can also determine how many residents you can have. Local requirements may also restrict your licensed capacity.

4. Will I be required to keep records?

There are several record keeping requirements. First, you must establish policies and procedures describing how you will operate your home. Second, you are required to maintain a file on every staff person and every resident. The home must also keep and maintain relevant documentation relating to the safe and efficient operation of the personal care home. The required paperwork is indicated in the Rules and Regulations for Personal Care Homes, Chapter 111-8-62.

5. Where do I get residents for my Personal Care Home?

The Personal Care Home Program does not place residents in personal care homes. You are responsible for admissions into the facility.

6. What services are provided by a Personal Care Home?

Each personal care home must provide, room, three meals and snacks daily, activities, and the amount of personal care and supervision needed by each resident. Personal care includes daily awareness of the residents functioning and whereabouts, assistance in the activities of daily living. The home must provide laundry services and must arrange for or provide transportation services. A personal care home cannot provide nursing or other medical services or admit and retain residents who need continuous medical or nursing care.

7. What are the general requirements for a Personal Care Home?

Equipment and Facilities: A personal care home is required to meet safety standards. Handrails are required on all stairs, grab bars in bathrooms. Non-skid surfaces must be used in bathing areas. Water temperatures cannot exceed 120 degrees Fahrenheit.

Owners, Employees and Managers: Owners and all staff persons are checked for previous criminal history. Staff must have basic training in first aid, cardiopulmonary resuscitation, medical and social needs and characteristics of the resident population, evacuation plans, resident rights, and the long-term care resident abuse reporting act; have a physical exam and TB screening; and 16 hours of continuing education yearly. A qualified staff person must be present and able to provide supervision to residents 24 hours per day.

Food Service: Each personal care home must provide three nutritious meals and two nutritious snacks each day to residents. Menus must be posted and maintained for at least 30 days. The home must have a three day supply of non-perishable foods (including water) for emergency needs. The temperature of the refrigerator must be 41 degrees Fahrenheit or below and freezers at 0 degrees Fahrenheit or below. A food service permit must be obtained for facilities serving more than 24 residents.

Health Care: A Personal Care Home may not provide medical or nursing care as a service of the home. Residents needing such care must arrange for these services through other sources. The facility must provide 24 hour supervision of residents and be capable of intervening in an emergency situation.

8. Are there other laws or ordinances that affect a Personal Care Home?

There are a variety of additional laws and regulations for personal care homes, depending on their size and location. Local zoning, fire safety, heating, and electrical standards must be met. If the proposed home is not served by public water and public sewer, the water supply and septic tank systems will need to be evaluated and approved by the county Public Health Department. If the facility serves more than twenty-four residents, the facility must obtain a “Letter of Determination” from the Department of Community Health, Healthcare Facility Regulation Division, Health Planning Unit.

9. Why must I have a permit to operate a Personal Care Home?

Authority to require permits is based on the Official Code of Georgia Annotated, Sections 31-2-4, 31-7-2 and 31-7-12 as well as the Rules and Regulations for Personal Care Homes, Chapter 111-8-62. It is unlawful to operate a personal care home without first obtaining the required permit. Failure to do so can subject the provider to fines of up to $200 per resident per day.

10. How do I apply for a permit to operate a Personal Care Home?

Read the complete application package. Determine that the facility is in compliance with all the regulatory requirements. Obtain all required inspections. Send your completed application package to: Personal Care Home Program, Healthcare Facility Regulation Division, Georgia Department of Community Health, 2 Peachtree Street, 31st Floor, Atlanta, Georgia 30303-3167. The main phone number is 404-657-4076.

12. Do I have to pay any fees to obtain a license to operate a Personal Care Home?

Yes. To obtain a license to operate a personal care home, you must pay an application fee of $300.00. The fee is to be paid directly into a lock box and should not be submitted with your application. **Click here** for a link to information about licensing fees. In addition to the application fee, you must pay an initial licensing activity fee with your application and pay an annual licensing activity fee each year thereafter. The amount of activity fees is dependent on the size of your facility.

NOTE: If you have questions about how your facility should be licensed, click here for a link to the Licensing Decision Tree that describes adult residential facilities (such as personal care home, assisted living community, community living arrangement, nursing home) and non-residential programs (such as private home care providers, home health agencies, hospice, etc.).

PCH STEPS FOR SUCCESSFUL APPLICATION

This document contains the steps necessary for submitting the following:

(I) an initial application;
(II) an application for a change in governing body (change in ownership);
(III) an application to change the governing body name;
(IV) an application to change the facility name;
(V) an application for a change in address of the facility (not location);
(VI) an application for a change in location of the facility; and
(VII) an application for a change in the facility's permitted capacity.

The steps for each application type can be found after GENERAL INFORMATION below and correspond to the Roman Numerals identified above.

GENERAL INFORMATION:

1. Become familiar with the Rules and Regulations for Personal Care Homes (PCH), Chapter 111-8-62, and all applicable laws and regulations.

2. Review the complete Licensing Application Package.

3. Become familiar with local and state ordinances, where applicable. Examples include fire, zoning, building and health regulations.

   - Obtain a fire safety inspection from the jurisdiction having authority of your proposed facility.
   - Obtain zoning approval from city and/or county authorities; or obtain documentation from the city and/or county that there are no zoning requirements; or provide documentation that proper zoning officials have been notified of your intent to operate a personal care home and the location of the proposed home.
   - Meet additional local requirements, where applicable.
   - If the home is served by well water and a septic tank, you must contact the county public health department to obtain a water test and septic tank approval.

4. Select a site and plan the facility.

5. Review the directions for completing the application form.

6. Complete the "Rules Compliance Checklist" to ensure that you meet the rules and are ready for an initial inspection.

7. Submit the completed application package as described below in I. A through P below.

8. When the Department receives your application an invoice will be sent to you advising you of the amount of fees due. Your application will not be reviewed until all required fees have been paid.

9. A surveyor will contact you to schedule the initial inspection.

10. When you receive your permit, post it in a prominent place in the facility.

11. Begin operation.

12. Follow the steps below for completing an initial application for a new PCH.

I. STEPS FOR COMPLETING AN INITIAL APPLICATION FOR A NEW FACILITY/HOME:

A. The Application Form
What the Healthcare Facility Regulation Division (HFRD) checks:
1. Verify the home has a working telephone
2. Legal documentation of ownership
   a. If a corporation – include Certificate of Incorporation and Articles of Incorporation for <u>all</u> corporations having an interest in the home
   b. If a Partnership – include Partnership Agreement
   c. If a Limited Liability Company (LLC) – include Certificate of Organization and Articles of Organization for <u>all</u> LLCs having an interest in the home
   d. If a Non-Profit – include documentation of Non-Profit status [5O1(c)3]
3. A list of those who owns 10% or more interest in the facility/home or in each corporation, L.L.C., etc. (Administrator & Owner Survey Form)

B. Proof of City and/or County zoning or applicable zoning documentation

C. Affidavit of Personal Identification completed by the owner of the home and notarized **NOTE: This document has changed. Only the Affidavit in this application package dated 12/2011 is acceptable.**

D. Warranty Deed, Bill of Sale, Lease Agreement or other legal document that shows the address of the facility

E. Fire Safety Inspection
What HFRD checks:
1. Inspection verifying compliance with NFPA 101 Life Safety Code
2. No violations on the report
3. Capacity or occupancy load indicated by the inspector
4. Report is signed and dated
5. Original Form (no copies)

NOTE: Personal care homes with 7 or more residents must meet State fire safety regulations. If you have questions regarding the appropriate fire authority, contact the State Fire Marshall's Office at 404-656-2292.

F. Electrical Inspection (see Inspection Form attached)
What HFRD checks:
1. The inspection is signed and dated 6 months or less from the application date
2. A statement that the home meets all applicable codes and is free of electrical hazards
3. The report is free of violations
4. The State license number of the electrician (HFRD verifies with the Secretary of State's Office)
5. Original Form (no copies)

G. Floor Plan of Entire Facility/Home
What HFRD checks:
1. Complete floor sketch showing
   a. All floors, including basement, garage, etc., with use identified
   b. Windows, doors and bedroom measurements
   c. Bed placement for residents, family and staff, labeled accordingly
   d. Label bathrooms as full bath or half bath
2. HFRD reviews
   a. 80 square feet per resident per bedroom
   b. Number of toilets and bathing facilities
3. Blue prints are allowed if they provide all required information as noted above and are legible
4. If there are multiple buildings on the same property operated by or under control of the applicant, submit a sketch of the grounds with buildings identified by name and/or use.

H. Administrator & Owner Survey Form (see form attached)
What HFRD checks:
1. The administrator is indicated (each home must have a separate administrator or on-site manager)
2. Administrator's Social Security Number and date of birth
3. Names of all owners owning 10% or more interest in the facility
4. Owner's address and phone numbers and percent ownership
5. A satisfactory fingerprint check and criminal record check for the administrator and owner
6. Form should be signed by an/the owner

I. Criminal Records (Please refer to the "Fingerprinting Process Using Cogent" instructions on the HRFD website at www.dch.georgia.gov.) Fingerprint results must be completed prior to submitting the application.
1. A fingerprint records check is required for each administrator and/or on-site manager, each owner (owning 10% or more of the facility)
2. A Live Scan (i.e. fingerprint record check) must be completed at a COGENT/GAPS location

3. All other staffs' criminal records checks should be done through the local police department or COGENT/GAPS
4. If you have had a criminal records check in the past for child care or if you have a criminal records check from employment at another personal care home that is more than one year old, you must obtain a new fingerprint records check determination
5. If you have had a criminal records check in the past as an Administrator or Employee, you must obtain a new fingerprint records check determination as an owner
6. Contact numbers with questions regarding this process should be addressed at these numbers only after reading the instructions

   COGENT representative – 1-888-439-2512
   GBI, 404-244-2639 Opt. #2
   OIG, Chris Bennett – 404-656-0464

   NOTE: Proof of the completed COGENT / GAPS Live Scan must be submitted with the application package.

J. Well Water and Septic Tank Inspection/Approval (see form in this package)
1. If your home is serviced by city water and city sewer, submit a copy of a previous month's water/sewer bill or
2. Submit written approval of the water source, i.e. results of the county public health department's test of well water and
3. Submit written approval from the county public health department for the sewage disposal system, including the number of persons the system is approved to serve

K. Develop the required policies and procedures. Be sure not to repeat the rule, but clearly identify the steps you will take to operate your facility

NOTE: POLICIES AND PROCEDURES MUST BE DEVELOPED PRIOR TO HFRD GRANTING A PERMIT AND PRIOR TO THE ONSITE INSPECTION

Refer to the Personal Care Home Policies and Procedures Checklist Form (see form in this package)

Written Policies and Procedures should be on-site (at the home) during the initial inspection. Do not mail the Policies and Procedures in with your application.

L. Develop the Admission Agreement to be used by the facility (to be on-site)

M. Develop the Disaster Preparedness Plan to be used by the facility. The written plan should be on-site during the initial inspection. **Submit a copy of your Disaster Preparedness Plan <u>Overview Form</u> with the application package.**

N. Letter of Determination
Required for homes with more than 24 beds

Submit a "Letter of Determination" (replaces the Certificate of Need). Go to www.dch.georgia.gov for information under the **CON Applications and Forms – CON Request for Determination Form** link or call 404-656-0409.

O. Food Service Permit
Required for homes with more than 24 beds
1. If meals are prepared on site you will need a food service permit (contact your county Public Health Department)
2. If meals are prepared at another location you must submit a copy of the food service permit and the approval to cater meals. Also, submit detailed information to HFRD regarding how the food will be transported and how the proper temperatures will be maintained.

P. A signed and dated copy of the Personal Care Home Application Checklist that identifies all the documents submitted as part of the application packet. Mark "NA" for any items not applicable to your application. NOTE: Your signature on the Application Checklist, affirms your understanding that submitting false information in conjunction with this application may result in denial of your application pursuant to O.C.G.A. § 31-2-8(c) (2001).

NOTE: After we receive your application, you will be notified of the required fees. Upon receipt of the fees, your application will be reviewed. Once the application is approved, an HFRD surveyor will conduct an on-site inspection.

Q. Initial HFRD inspection
This inspection will be scheduled after A through P (as applicable) have been completed, the required documentation is submitted to HFRD, and the required fees have been paid.

NOTE: Please ensure that items A-P are complete prior to the initial inspection. Any follow-up visit required may delay the issuing of the permit and may cost additional fees.

II. APPLICATION FOR CHANGE IN GOVERNING BODY:

A. The Application Form
1. Indicate the name of the previous governing body/owner
2. Indicate the name of the new governing body/owner
3. Legal documentation of ownership
   a. If a corporation – include Certificate and Articles of Incorporation for all corporations having an interest in the home
   b. If a legal partnership – include Partnership Agreement
   c. If a Limited Liability Company (LLC) – include Certificate of Organization for all LLCs having an interest in the home.

B. Affidavit of Personal Identification completed by the owner of the home and notarized **NOTE: This document has changed. Only the Affidavit in this application package dated 01/01/2011 is acceptable.**

C. Warranty Deed, Bill of Sale, Lease Agreement or other legal document that shows the address of the facility

D. Administrator & Owner Survey Form (see attached)
What HFRD checks:
1. The administrator is indicated (each home must have a separate administrator or on-site manager)
2. Administrator's Social Security Number and Date of Birth
3. All owners owning 10% or more interest should be listed
4. Owner's address and phone numbers and percent ownership
5. A satisfactory fingerprint check and criminal record check for the administrator and owner
6. Form should be signed by an/the owner

E. Criminal Records (Please refer to the "Fingerprinting Process Using Cogent" instructions on the HFR website at www.dch.georgia.gov. Fingerprint results must be completed prior to submitting the application.
1. A fingerprint record check is required for each administrator and/or on-site manager, each owner (owning 10% or more of the facility).
2. A Live Scan must be completed at a Cogent/GAPS location.
3. All other staffs' criminal records check should be done through the local police departments using the HFRD criminal records check application or local law enforcement forms.
4. If you have had a criminal records check in the past for child care or you have had a criminal records check that is more than one year old from employment at another personal care home, you must obtain a new record check determination
5. If you have had a criminal records check in the past as an Administrator or Employee, you must obtain a new record check determination as an owner.
6. Contact numbers with questions regarding this process should be addressed at these numbers only after reading the instructions.

COGENT representative -1-888-439-2512
GBI, 404-244-2639 Opt. #2
OIG, Chris Bennett – 404-656-0464

NOTE: Proof of the completed COGENT Live Scan or Live Scan at must be submitted with the Application.

F. For homes with 25 or more beds, the Department of Community Health, Division of Health Planning must be notified in writing within 45 days after the official change of governing body/owner.

G. Food Service Permit (the facility must contact the County Public Health Department and request a Food Service Permit in the new governing body/owner's name)

H. Plan of Correction for any outstanding violations

III. APPLICATION FOR CHANGE IN NAME OF GOVERNING BODY

Submit the Application Form

1. Indicate the previous name of the governing body
2. Indicate the new name of the governing body
3. Submit legal documentation of ownership
4. Administrator & Owner Survey Form

IV. APPLICATION FOR A CHANGE IN THE NAME OF THE FACILITY

Submit the Application Form

1. Indicate the new name
2. Indicate the old name

V. APPLICATION FOR CHANGE IN ADDRESS OF FACILITY (NOT LOCATION)

Submit the Application Form

1. Include the new address
2. Include the old address
3. Submit documentation regarding why the address has changed
4. HFR will verify with the Post Office that the home has not changed location

VI. APPLICATION FOR A CHANGE IN LOCATION OF THE FACILITY

Treat as an application for a new home (I. A through P) Steps for Completing an Initial Application for a New Facility/Home

VII. APPLICATION FOR A CHANGE IN CAPACITY

A. Complete the Application Form as you would for a new facility
   1. Include the new capacity
   2. Include the old capacity

B. Floor Plan
   Submit an updated floor plan showing the changes. For an increase in capacity, show where the additional residents will reside.
   Follow instructions as for an initial application

If the request is for an increase in the facility's capacity, also submit the following documents:

C. Proof of City and/or County zoning or applicable zoning documentation

D. Fire Safety Inspection:
   1. Indicating compliance with NFPA 101 Life Safety Code

2. No violations on the report
3. Capacity or occupancy load indicated by the inspector
4. Report is signed and dated
5. If you have any questions regarding the appropriate fire authority contact the State Fire Marshall's office at 404-656-2064

E. Electrical Inspection (see form in this package)
Necessary only if facility has had structural changes since receiving initial permit. (If necessary follow instructions as for an initial application)

F. Administrator & Owner Survey Form
Follow directions as for an initial application

G. Septic Tank Inspection/Approval (see form in this package) or Water Bill
Follow directions as for an Initial Application

H. Letter of Determination (replaces Certificate of Need)
Required for homes with more than 24 beds at a single location.
Go to www.dch.georgia.gov for information under the **CON Forms and Application** link or call 404-656-0409

I. Food Service Permit
Required for homes with more than 24 beds (contact your County Public Health Department)

J. HFRD Inspection
This inspection will be scheduled after A-I (as applicable) have been submitted to HFRD

PERSONAL CARE HOME APPLICATION

Check All That Apply

o New Permit
o Change Governing Body (ownership)
o Change of Governing Body Name
o Change of PCH Name
o Change of Address (not location)
o Change of Capacity
o Other _____

1. Name of Home (Area Code) Telephone

2. Home Address Street City County Zip

3. Governing Body (Area Code) Telephone

4. Home Address Street City County Zip

5. Type of Ownership o Individual o Corporation o Non-Profit o Partnership o Church o Government o Other

6. Registered Agent for Service (for Corporation)

7. Attach the Administrator & Owner Survey Form with the names, addresses, and telephone numbers of individuals or organizations having a 10% or more ownership interest in the facility.

8. Indicate if you have previously owned and operated a Personal Care Home or Community Living Arrangement o No o Yes
IF YES, please indicate in space #14 where you previously operated a home.

9. Requested Capacity (specific # of residents)

10. Facility or Governing Body E-mail Address

11. Change in Capacity
From To

12. Previous Governing Body

13. Previous PCH Name

14. Previous PCH Address

15. The above information is true and correct to the best of my knowledge. I understand that submitting false information may result in denial of my application pursuant to O. C. G. A. § 31-2-8(c) (2011).

Print Name of Owner _____ Date _____

Signature of Owner _____

Personal Care Home Application Checklist

For an **initial permit** to operate a personal care home, please **submit this signed and dated form** with 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 personal care 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 [5O1(c) 3]
If Individual – include statement of all owners and percentage of ownership

___ 2. Documentation of County / City Zoning Approval or applicable documents

___ 3. An original completed Affidavit of Personal Identification (**NOTE: The Affidavit has changed. Only the Affidavit in this licensure package is acceptable.**)

___ 4. A copy of Proof of Ownership for the property or a copy of the Lease Agreement

___ 5. Fire Safety Inspection Report with no violations or hazards identified from the appropriate fire safety authority showing capacity load (**ORIGINAL MUST BE SUBMITTED – Please keep a copy for your records)**

___ 6. Electrical Service Inspection Report with no violations or hazards identified from a Georgia licensed electrician and including the electrician's State license number (**ORIGINAL MUST BE SUBMITTED – Please keep a copy for your records)**

___ 7. Floor Sketch (including labeling of the rooms, room measurements, location of all doors, windows and bed placement for residents, family and staff)

___ 8. Administrator & Owner Survey Form signed and dated by the owner

___ 9. Completed fingerprinting through Cogent/GAPS for the administrators, managers, and owners

___ 10. Food Service Permit (for PCHs with 25 or more residents) from the county Public Health Department

___ 11. A Letter of Determination approved by the Department of Community Health (DCH) (for PCHs with 25 or more beds at a single location). For more information, visit the DCH website at http://www.dch.georgia.gov/. Look under the CON Forms and Applications link or call 404-656-0409

___ 12. Written approval for water source and sewage disposal system

___ 13. Completed Disaster Preparedness Plan Overview

By my signature below, I (print name) _____ affirm that I have read and understand the Rules and Regulations for Personal Care Homes; I have developed the required policies and procedures, disaster preparedness plan, and admission agreement; and I am prepared for an on-site inspection. I affirm that the information provided is true and accurate. I understand that submitting false information may result in the denial of my application pursuant to O.C.G.A. § 31-2-8(c) (2011).

_____ _____
Signature Date

NOTE: After we receive your application, you will be notified of the required fees. Upon receipt of the fees, your application will be reviewed. Once the application is approved, an HFRD surveyor will conduct an on-site inspection.

01/01/2012

CORPORATION DOCUMENTS TO BE SUBMITTED FOR ALL CORPORATIONS HAVING AN INTEREST IN THE FACILITY

CORPORATIONS:
- Certificate of Incorporation
- Articles of Incorporation

LIMITED LIABILITY COMPANY
- Certificate of Organization
- Articles of Organization

LEGAL PARTNERSHIP
- Partnership Agreement

NON-PROFIT
- Documentation of Non-Profit Status [5O1(c)3]

NOTE: Also submit names, addresses and telephone numbers of ALL persons having a 10% or more interest in the facility on the Administrator & Owner Survey Form.

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: http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory/ind/ex.htm [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 Stated 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:

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.**

ELECTRICAL INSPECTION COMPLIANCE FORM

NAME of HOME:_____

ADDRESS:_____

_____

OWNER:_____

OWNER'S CURRENT ADDRESS:_____

_____

OWNER'S PHONE #:_____

- -

TO BE COMPLETED BY THE ELECTRICIAN

NOTE TO ELECTRICIAN: Do NOT complete this form unless all information is listed above regarding the location to be inspected.

I, _____ have inspected the electrical system at the above listed home and have determined that the electrical system is maintained in a safe condition and is free of hazards.

Signature:_____

Printed Name:_____

Date of Inspection:_____

Georgia State License #:_____

Phone #:_____

01/01/2012

Water and Septic Tank Report Form

Water and sewage systems must meet applicable federal, state and local standards or regulations. This report form should be completed by the County Environmentalist from the County Public Health Department in which the residence is located. The form should be included in your application package submitted to HFRD.

To be completed by applicant:

Home Name: _____

Address: _____ City: _____

County: _____ Telephone: _____

To be completed by the County Environmentalist:

WATER (check only one):

_____ The home's water supply is from an approved source.

_____ The home's well has been tested and the report is attached.

SEWAGE (check only one):

_____ The home is connected to a public or community sewage disposal system.

_____ The home is served by an on-site sewage system adequate for the proposed use for _____ residents.

Maximum Number of Residents

County Environmentalist: _____ _____

Print Name Title

Signature: _____ Date: _____

ADMINISTRATOR & OWNER SURVEY FORM

Name of Facility: _____ County: _____

Mailing Address: _____ City: _____ Zip: _____

NAME OF ADMINISTRATOR	DATE OF BIRTH	SOCIAL SECURITY #	ALSO OWNER? Yes / No
NAME OF OWNER(S)	**ADDRESS**	**TELEPHONE NUMBER**	**PERCENTAGE OWNERSHIP**

Owner's Signature: _____ Date: _____

01/01/2012

Disaster Preparedness Plan Overview

Facility Name: _____ Address: _____
City: _____ County: _____ Phone: _____
Facility email address: _____ Fax: _____
Licensed Capacity: _____ Number of Residents: _____
Owner: _____ Emergency Contact #: _____
Admin/Manager: _____ Emergency Contact #:_____
Emergency Generator: _____Yes _____No Emergency Food Supply: _____days
Emergency Water Supply: _____days Source: _____

Evacuation Plan

Transfer Destination(s) – Complete all information for each location, if more than one: Include type of facility (i.e. PCH, NH, Hospital, etc.)/name of facility/city/contact person/telephone# of location(s):

Type of Facility	Name of Facility	City	Contact Person	Phone Numbers

Current, signed transfer agreement: ____Yes ____No If yes, please attach a copy for each facility.

Mode(s) of transportation – Complete all information for each mode of transportation to be used: [Modes of transportation include emergency vehicles (i.e. ambulances) (EV), non-emergency vehicles (NEV), private vehicles (PV) or other (please specify type).] Also include the estimated number of residents to be transported by mode, name of transportation company or agency, city, contact person and telephone number.

Mode of Trans	Est # of Res	Name of Company/Agency	City	Contact Person	Phone Numbers

Current, signed transportation agreement: _____Yes _____ No. If yes, please attach a copy.

Estimated travel time to receiving facility: _____
Will staff provide care and supervision at receiving facility? _____

Are provisions made for snacks, food, beverages, medications and assistive devices that may be needed during transfer for each resident? _____

_____ _____
Signature and title of person completing form **Date**

EMERGENCY PREPAREDNESS PLAN .14 (ALC) .08(PCH)

Facility: _____Date_____Surveyor_____

1. Has the facility developed and maintained a building evacuation plan? Yes ___ No ___
2. Does facility have lists of residents with room number designations that require assisted self-preservation readily accessible to staff? (AL) Yes___ No___
3. Are building evacuation maps with routes of escape clearly marked posted on each floor? Yes__No__
4. Does the comprehensive emergency plan identify emergency situations to be addressed and does the plan identify how the emergency procedures are to be carried out? Yes_No_
5. Is the plan readily accessible and does it identify the staff positions responsible for implementation and intervention for residents? Yes__No___

	Emergencies Identified	**Procedures Identifed**
A. Forced Evacuation	Yes ___ No ___	Yes ___ No ___
B. Fire/Explosion	Yes ___ No ___	Yes ___ No ___
C. An interruption of each utility:		
1. Electricity	Yes ___ No ___	Yes ___ No ___
2. Gas	Yes ___ No ___	Yes ___ No ___
4. Water	Yes ___ No ___	Yes ___ No ___
D. Loss of:		
1. Air conditioning	Yes ___ No ___	Yes ___ No ___
2. Heat	Yes ___ No ___	Yes ___ No ___
E. Severe weather	Yes ___ No ___	Yes ___ No ___
F. Sheltering in Place	Yes ___ No ___	Yes ___ No ___
G. Emergency Transportation	Yes___ No___	

6. Do written procedures address who, what where, when and how:
   - A. Assigning responsibility to staff members Yes ___ No ___
   - B. Care of residents Yes ___ No ___
   - C. Notification of attending physician and responsible party Yes ___ No ___
   - D. Transportation Yes___ No___
   - E. Availability of appropriate records Yes ___ No ___
   - F. Alternative living arrangement. Yes ___ No ___
   - G. Emergency energy sources Yes ___ No ___
7. Does the plan outline:
   - A. Frequency of rehearsals (emergency and fire) (AL) Yes___No____
   - B. Written and accurate record of rehearsals with all who participate (AL) Yes___No___
8. Plan made available to local emergency management agency? (AL) Yes __ No ___
9. Does the plan state that the Department will be notified? (AL) Yes__ No___
10. Does plan stipulate that a written incident report and critique of performance will be done when the plan is implemented? (AL) Yes __ No ___

Approved by Surveyor: _____ Date Approved : _____

PCH and ALC POLICIES AND PROCEDURES CHECKLIST

111-8-62-17. and 111-8-63-.07

Facility Name: _____ Date: _____ Surveyor:_____

Check "YES" or "NO" to determine if facility has a set of policies and procedures that are acceptable to the department. The policies and procedures of the home can not violate Resident's Rights or other laws or regulations.

	YES	NO	COMMENTS
1. How the home handles acts committed by staff or residents which are inconsistent with policies of the home **Rule .07(3)(j) PCH** **.07(3)(k) AL**			
2. What personal services the home intends to provide **Rule .07(3)(j) PCH** **.07(2)(a) AL**			.
3. How the home trains staff **Rule .07(3)(d) PCH** **.07(2)(e) AL**			
4. How the home handles admissions **Rule .07(3)(b) PCH** **.07(2)(c) AL**			
5. How the home ensures that it does not admit or retain residents who need more care than the home can provide **Rule .07(3)(b) PCH** **.07(2)(c) AL**			
6. How the home handles refunds when a resident is transferred, discharged, or dies **Rule .07(3)(c) PCH** **.07(2)(d) AL**			
7. House rules are posted and address the following: **Rule .07(3)(e) PCH Rule .07(2)(f) AL**			
a. Use of tobacco			
b. Use of alcohol			
c. Use of telephone			
d. Visiting hours			
e. Volume of television, radio, and other audiovisual equipment			
f. Use of personal property			
g. Elopement **AL**			
h . Pets			

8. How the home provides Memory Care Services, i.e. serves residents at risk of eloping a. Procedures identify actions facility will take to deal with residents who are at risk of eloping b. Procedures include facility safety devices and how they are to be used c. Procedures include maintaining pictures of residents; how and when pictures will be updated and used **Rule .18** **AL**			Requirement is applicable for all facilities that serve residents with cognitive deficits that place the residents at risk of eloping. Note: Use Memory Care Checklist when applicable. List safety devices:
9. How the home guarantees the rights of residents. Including investigating and reporting abuse, neglect and exploitation **Rule .07(3)(f)** **PCH** **.07(2)(g)** **AL**			
10. How the home supervises medications, including protocols for insulin and epinephrine **Rule .07(3)(g)** **PCH** **.07(h)** **AL**			. For AL – procurement, use of CMAs And oversight
11. How the home handles, investigates, and reports accidents, injuries, and changes in a resident's condition, including death **Rule .07(i)** **PCH** **Rule .07(2)(j)** **AL**			
12. How the home handles discharges and immediate transfers **Rule .29 .30** **PCH** **Rule .07(c)(d)** **AL**			
13. Health and Hygiene Issues **Rule .07(2)(i)** **AL** **Rule .07(3)(h)** **PCH**			
14. Staffing ratios **Rule .07(2)(b)** **AL** Staffing Plan **Rule .07(3)(p)**			Ensure that staff ratios increase as # of residents who require assistance with self preservation increases (AL)
15. Emergency Preparedness Drills and evacuation requirements **Rule .07(2)** **AL** **Rule .07(3)(k)** **PCH**			

15. Quality Assurance Review **Rule .(07)(2)(m) AL** **Rule .(07)(3)(l) PCH**			Family and resident feedback to determine opportunity for improved care
16. Volunteers and their orientation **Rule .(07)(2)(n) AL** **Rule .(07)(3)(m) PCH**			To include resident's rights and basic safety precautions
17. Proxy Caregivers **Rule .07(2)(o) AL** **Rule .07(3)(a) PCH**			
18. Safety and Security Precautions **Rule .07(2)(p) AL** **Rule .07(3)(o) PCH**			

COMMENTS/INTERVIEWS (Note staff and times): _____

_____

_____

_____

_____

_____

_____

_____

Approved: _____ **Date:** _____

CHECKLIST FOR

MEMORY CARE UNITS OR HOMES

	YES	NO	COMMENTS
.20(1) A. Written Description contains the following: 1. Statement of philosophy and mission 2. Description of differences in services provided in the Memory Care Unit or Home 3. Staffing to include i. job titles ii. staff training iii. continuing education requirements 4. Admission procedures including screening criteria 5. Assessment and service planning protocol i. criteria that triggers a reassessment ii. quarterly reviews 6. Staffing patterns i. ratio of direct care staff to residents ii. description of the differences 7. Physical environment including safety features 8. Activities including frequency and type, how the activities meet residents' needs and the differences in other activities 9. Fees and fee structure 10. Discharge criteria and procedures 11. Emergency procedures 12. Family involvement and family support programs			
B. Description is disclosed to 1. Persons upon request 2. Resident's family or representative prior to admission to the Unit			
C. Physical Design, Environment and Safety include the following: 1. Appropriately furnished multipurpose rooms 2. Secured outdoor spaces and walkways that are wheel chair accessible 3. High visual contrasts indoors except for exits 4. Adequate lighting			

5. One or two persons per bedroom and free movement from the bedroom to facility common space 6. Individually identified entrances to residents' rooms 7. An automated device or system to alert staff to unauthorized exits 8. Communication system for emergencies 9. Complies with "Guidelines for Design and Construction of Healthcare Facilities" for facilities renovated or constructed after 12/9/09			
D. The following Staffing is required: 1. Sufficient specially trained staff to meet resident needs 2. A licensed RN or LPN *if* the facility administers medications 3. At least one awake staff member at all times 4. Staff who have completed an Orientation Program that consists of the following i. the facility's philosophy ii. the facility's policies and procedures iii. common behavior problems characteristic of residents with dementia and recommended behavior management techniques			
E. Initial Staff Training shall be completed within the first 6 months of employment and shall include 1. The nature of Alzheimer's Disease and other dementias 2. Common behavior problems and recommended behavior management techniques 3. Communication skills 4. Positive therapeutic interventions and activities 5. The role of the family and support needed by families 6. Environmental modifications 7. Individual service plans including requirements for updates, treatment goals and outcomes 8. New developments in diagnosis and therapy 9. Skills for recognizing physical or cognitive changes that warrant seeking medical attention 10. Skills for maintaining resident safety			
F. Admission Requirements shall include: 1. A physician's report of physical examination completed within 30 days prior to admission <u>on HFR forms</u>			

2. Physical exam reflects a diagnosis or probable diagnosis of Alzheimer's Disease or other dementia – unless resident is a companion of a resident with dementia 3. Physical exam reflects that 24 hour skilled nursing care is not required			
G. Post-Admission Assessment contains the following: 1. Residents' family supports 2. Level of activities of daily living 3. Physical care needs 4. Behavior impairment(s)			
H. Individual Service Plans shall be developed after the post-admission assessment, within 14 days of admission, and shall contain the following: 1. A description of the resident's care and social needs 2. Frequency of services to be provided 3. Resident's preferences 4. Specific behaviors to be addressed and interventions to be used 5. Identification of staff with primary responsibility for implementing the service plan 6. Evidence of family involvement in the plan 7. Evidence of at least quarterly updates or when the resident's needs change substantially			
I. Therapeutic Activities shall be provided daily to meet the individual needs of the residents. 1. There is evidence that activities have been adapted to encourage participation of residents 2. The following activities must occur at least weekly i. gross motor activities ii. self care activities iii. social activities iv. crafts v. sensory enhancement activities vi. outdoor activities			
.20(2) If the facility holds itself out as providing specialized care for residents with dementia, it meets the requirements of .20(1).			

Personal Care Home Program

RULES CHECKLIST

This list is enclosed to assist you in evaluating your home in terms of the Rules and Regulations for Personal Care Homes, Chapter 111-8-62. **It is NOT an all-inclusive list** but covers many areas in the rules. This is not intended to be part of your application package but to help you ensure that the facility meets the rules necessary to obtain a permit and is prepared for the initial inspection by the Healthcare Facility Regulation Division (HRF) staff. **A copy of the Rules and Regulation can be downloaded from the HFR website located at www.dch.georgia.gov.**

Y N

1. I understand that as the Governing Body, I am responsible for making sure the home is in compliance with all the rules and regulations at all times.

2. I have developed all required policies and procedures. See policies and procedures checklist.

3. The home has developed a written disaster preparedness plan. – see checklist

4. The home has a currently listed telephone number and a non-pay working telephone that is accessible at all times for staff and residents.

5. The home meets the following physical plant requirements:
   a. The home is structurally sound and safe for occupancy, uncluttered, orderly, clean, and presents no hazard or risk to residents.
   b. Windows and doors used for ventilation have screens that are in good repair.
   c. The home has installed supportive devices such as handrails and grab bars as needed.
   d. The home has laundering facilities on the premises.
   e. Floor coverings do not present a tripping hazard.
   f. Furnishings are kept clean and in safe, usable condition.
   g. All areas are well lighted and the home provides all light bulbs.
   h. The home has an adequate heating/cooling system.
   i. The home and grounds are kept clean and free of rodents, flies, vermin, nuisances, hazards, refuse and litter.
   j. The home has a working doorbell or door knocker.
   k. The house number or name is easily visible from the street.

6. The home meets the following requirements for the living and dining area(s):
   a. There is at least one centrally located living room for the free access and informal use of the residents.
   b. The living room(s) is large enough to accommodate residents without crowding.
   c. The home has an area for use by residents and visitors that affords privacy.
   d. At least one current calendar and working clock is located in a common living area of the home.
   e. There is a comfortable dining area adequate in size for the number of residents.

7. The home has a means of providing locked storage for any residents' valuables or personal belongings when requested.

8. All bedrooms meet the following requirements:
   a. Sleeping areas adjoin living areas of the home.
   b. Bedrooms provide at least 80 square feet of usable floor space per resident.
   c. Bedrooms have at least one-half of the room height above ground level.
   d. There are no more than four residents per bedroom.
   e. Bedrooms have at least one window opening easily to the outside.
   f. Bedrooms are well ventilated and maintained at a comfortable temperature.
   g. Family members, staff and residents each have their own separate designated bedrooms.
   h. Duplicate keys are available to the resident and staff for any residents in single-occupancy bedrooms.

9. Bathrooms meet the following requirements:
   a. At least one functional toilet and lavatory is provided for each four residents.
   b. At least one functional bathing or showering facility is provided for each eight residents.
   c. Additional toilets and/or lavatories are available for any family members, staff or others.
   d. Each bathroom has either forced ventilation to the outside or a window that opens easily.
   e. Bathrooms are functional, clean, and sanitized daily.

10. Each resident bedroom has the following:
   a. An adequate closet or wardrobe,
   b. Sufficient light for reading,
   c. A bureau or dresser,
   d. At least one chair with arms per resident,
   e. A mirror appropriate for grooming,
   f. An individual bed with comfortable springs and mattress,
   g. Bedding for each resident.

11. The home has a provision to allow residents to personalize their bedrooms with the use of their own furniture, pictures, etc.

12. The home meets the following safety requirements:
   a. At least one charged 5 lb. multipurpose fire extinguisher is available on each floor and in the basement.
   b. The home has sufficient smoke detectors that are hard wired to the home's electrical system and have a battery back-up.
   c. The home does not have exterior doors that require the use of a key to exit from the inside.
   d. Poisons, caustics and other dangerous materials are properly stored and safeguarded.
   e. Hot water temperatures do not exceed 100 degrees Fahrenheit at the point of use by residents.

13. Trash is removed at least daily from the kitchen and at least weekly from the premises.

14. I have documentation available to show that pets have current inoculations.

15. First aid supplies are available for use.

16. Soap is provided at each sink and toilet tissue at each commode.

17. Activities are provided to promote the physical, mental and social well-being of each resident.

18. I understand that I cannot restrict a resident's access to the common areas of the home or lock the resident into or out of the resident's bedroom.

19. I will ensure that sufficient staff is available at all times to evacuate the residents in case of an emergency and to provide assistance with activities of daily living as needed.
    a. At a minimum, one staff per fifteen residents during awake hours
    b. At a minimum, one staff per twenty-five residents during sleeping hours.

20. I have a monthly work schedule for all employees, including relief workers. The schedule shows adequate and actual coverage for the resident population.

21. The administrator, on-site manager and all responsible staff persons are at least 21 years of age.

22. Staff has been assigned duties consistent with their position, training and experience.

23. At least one staff person having completed the minimum training requirements is in the home at all times.

24. A personnel file is maintained in the home for each employee and contains the following:
    a. Evidence of a satisfactory fingerprint record check determination from the Department for administrators, on-site managers, owners and adult household members.
    b. Evidence of a satisfactory criminal records check determination from the Department for all staff.
    c. Physician's report and evidence of TB screening.
    d. Evidence of current certification in CPR and first aid and evidence of training in emergency evacuation procedures, medical and social needs and characteristics of the resident population, residents' rights, and in the identification of abuse and neglect.
    e. Evidence of 16 hours of continuing education yearly.
    f. Employment history.

25. A written admission agreement has been developed which contains the following:
    a. A current statement of all fees and charges and services to be provided.
    b. A provision for 60 days written notice prior to changes in services or charges.
    c. Provisions for the continuous assessment of residents' needs and referral for appropriate services if required.
    d. Provision for transportation, including emergency transportation.
    e. The home's refund policy.
    f. A statement related to the performance of services for the home.
    g. House rules.
    h. Designation of responsibility for initial acquisition and refilling of medications.
    I Consent to release medical information to the home as needed.

j Whether or not proxy caregivers are permitted.

k. Who handles medications and what level staff handles medications.

l. How social media is handled.

26. Resident files will be maintained for three years after the resident's discharge and contain the following information at a minimum:
    a. Identifying information.
    b. Next of kin, legal guardian, representative payee, etc.
    c. Persons or agencies providing additional services.
    d. Date of admission, prior residence, referral source, etc.
    e. Date of discharge, where discharged to, phone number.
    f. Physician and pharmacy name, address, phone number.
    g. Record of all monetary transactions.
    h. Record of all monies and valuables entrusted to the home for safekeeping.
    i. Health information including physical exam and TB screening.
    j. Personal items inventory.
    k. Signed copy of residents rights form.
    l. Signed copy of the admission agreement.
    m. Copies of any power of attorney or document issued by a court or Social Security Administration.
    n. Copy of the resident's advance directive, if any, for health care.
    o. Documentation of or waiver of personal need allowance
    p. Copies of all incident reports.

27. I understand residents' rights and acknowledge that these rights cannot be waived.

28. The home stores medications under lock and key.

29. I keep a medication assistance record to document assistance with medications as provided by staff.

30. The home meets the following requirements for nutrition and food service:
    a. I provide three nutritious meals and two nutritious snacks each day.
    b. The temperature of each refrigerator is 41 degrees Fahrenheit or below.
    c. The temperature of each freezer is 0 degrees Fahrenheit or below.
    d. Menus that have been developed are nutritionally adequate and are maintained for 30 days.
    e. I have a three day supply of non-perishable foods for emergency needs.

31. I keep incident reports in a central file as well as each resident's file.

32. I have posted the following items in my facility:
    a. Evacuation Plan on each floor.
    b. Copy of House Rules.
    c. Menu 24 hours prior to serving of the meal.
    d. Most recent inspection report and Plan of Correction, as needed.
    e. Permit to operate a Personal Care Home issued by HFR.
    f. Ombudsman Poster

33. The home has met the following requirements for inspections:
    a. The home has been inspected by the appropriate fire department and has no outstanding fire safety violations that present a risk to residents.
    b. A Georgia licensed electrician has inspected the home within six months of the application date and found no electrical hazards.
    c. Water supply and sewage disposal systems that are not part of an approved county or city system have been approved by the county public health department.

34. The home has met all local requirements. Local requirements vary and may include the following: business license, zoning approval, etc.

35. I understand that I and all staff must report suspected abuse, neglect or exploitation to the Health Care Facility Regulation Division in accordance with the Long-Term Care Resident Abuse Reporting Act, any serious injury which required medical treatment, or any accidental or unanticipated death of a resident.

36. I understand that as a licensed facility, my home will be subject to unannounced inspection visits and that I will cooperate with any investigation, whether or not I have any residents.

37. FOR FACILITIES WITH MORE THAN 24 RESIDENTS:
    a. A Letter of Determination has been approved by the Department of Community Health, Division of Health Planning.
    b. A food service permit has been obtained from the county public health department.

FAQ

Georgia Department of Community Health

GCHEXS Frequently Asked Questions (FAQ)

Q: What does GCHEXS mean?
A: "GCHEXS" stands for Georgia Criminal History Check System.

Q: How much does it cost to use the GCHEXS system?
A: There is no charge to use the GCHEXS system. There is a fee for the fingerprint-based state and federal criminal background checks.

Q: What is the link the new GCHEXS system?
A: www.dch.gchexs.ga.gov

Q: What is the link to Cogent-GAPS?
A: www.ga.cogentid.com

Q: I'm a new GCHEXS user, what type of training will I receive?
A: Online Tutorials: DCH has developed online tutorials to train users of the new system. There are a total of five modules for your use, which include:
1. Lesson 1: Account and User Management
2. Lesson 2: Reporting and Notifications
3. Lesson 3: New Applicant Workflow
4. Lesson 4: Managing Applications
5. Lesson 5: Managing Employees

These tutorials can be accessed at the following DCH website:
https://dch.georgia.gov/georgia-criminal-background-check-system-gchexs

Q: Will I need an account user ID and password to use the GCHEXS system?
A: Yes. If you are an existing facility, the login user IDs accounts will be set up automatically. Your login will be sent to you directly through a separate email. You will have to create a password when you receive your User ID to access the GCHEXS system.

If you're opening a new facility and have submitted your application packet to DCH Healthcare Facility Regulation Division (HFRD), you must contact Denise Matthews at VoluntaryBackgroundCheck@dch.ga.gov to obtain a temporary password to be able to access GCHEXS. DCH will not process any fingerprint results until the facility has received a password to access the system. Once logged into GCHEXS, users will be required to enter the applicant's information, conduct the registry checks, and complete the application process.

Q: Is there additional information I need to provide as part of the background check process?
A: Yes. For currently licensed facilities and those in process of obtaining licensure, all facilities must complete a Records Check Application. When completed, the Records Check Application must be uploaded into GCHEXS. The Records Check Application can be found by visiting http://dch.georgia.gov/sites/dch.georgia.gov/files/GCHEXS-Criminal-Records-Check-Authorization-Form-Instructions.pdf. DCH will not process any fingerprint results until the Records Check Application has been uploaded into GCHEXS. If you are unable to upload the Records Check Application, email it to VoluntaryBackgroundCheck@dch.ga.gov or mail it to:

Denise Matthews, Director of Background Investigations
Department of Community Health, OIG
2 Peachtree Street NW, 5th Floor
Atlanta, GA 30303

Q: Once DCH has registered an applicant into the GCHEXS system, will I be redirected to the Cogent-GAPS system to register the applicant for fingerprinting?
A: The release of the new GCHEXS system will not automatically redirect you to the Cogent GAPS application to register you for fingerprinting. Until this functionality is in place, you will have to manually go to the Cogent GAPS system (www.ga.cogentid.com) and go to the screen that allows you to register your applicant for fingerprinting. In the next release of GCHEXS, the system will automatically take to the Cogent GAPS screen. An FAQ on the fingerprinting process can be found at: https://dch.georgia.gov/georgia-criminal-background-check-system-gchexs. The information is under the **Mandatory Background Check Program section.**

Q: What minimum browser standards does my computer need?
A: The new GCHEXS system is not compatible with all internet browsers. The minimum standards for using the system are:

- Internet 8.0 or higher
- Google Chrome

Q: Who do I contact if I have questions or need help?
A: Please email your questions to GCHEXS at VoluntaryBackgroundCheck@dch.ga.gov

FAQ

Georgia Department of Community Health

How to Become a Requesting Agency

Fingerprinting Process for Owners of Personal Care Homes, Assisted Living Communities, Private Home Care Providers, Community Living Arrangements and Administrators/Managers/Directors of Personal Care Homes and Assisted Living Communities

Helpful hints in completing your 3M Cogent Agency or Business Enrollment

- The Georgia Bureau of Investigation has contracted with 3M Cogent to conduct live scan fingerprinting on a statewide basis.
- Providers who do not already have an OAC or GAC (Agency ID) number issued by 3M Cogent must first obtain a number **before** you can register applicants for fingerprinting.
- Fields highlighted in yellow are required.
- On the 3M Cogent website at https://www.ga.cogentid.com/index.htm, click on **Fingerprint Locations** to see vendor, street address, city and telephone number of the live scan fingerprint vendor.
- When the form requests the name of the Agency, you would enter the name of your business or company.
- If you are enrolled in Georgia Medicaid and have multiple service locations, you can use the same Agency ID for all entities.
- When you get to the screen where it requests your Agency Name, the Agency ID will self-populate on the first line. This is your Agency ID. Do not change or edit this field.
- A Frequently Asked Questions (FAQ) regarding the Department of Community Health's new computer system - the Georgia Criminal History Check System (GCHEXS) can be found at https://dch.georgia.gov/georgia-criminal-background-check-system-gchexs.

NOTE: The screenshots used in this module are based on one example information

FAQ

GEORGIA DEPARTMENT OF COMMUNITY HEALTH

Navigating to Become a Requesting Agency

Go to: www.ga.cogentid.com

Click on "Become a Requesting Agency"

FAQ

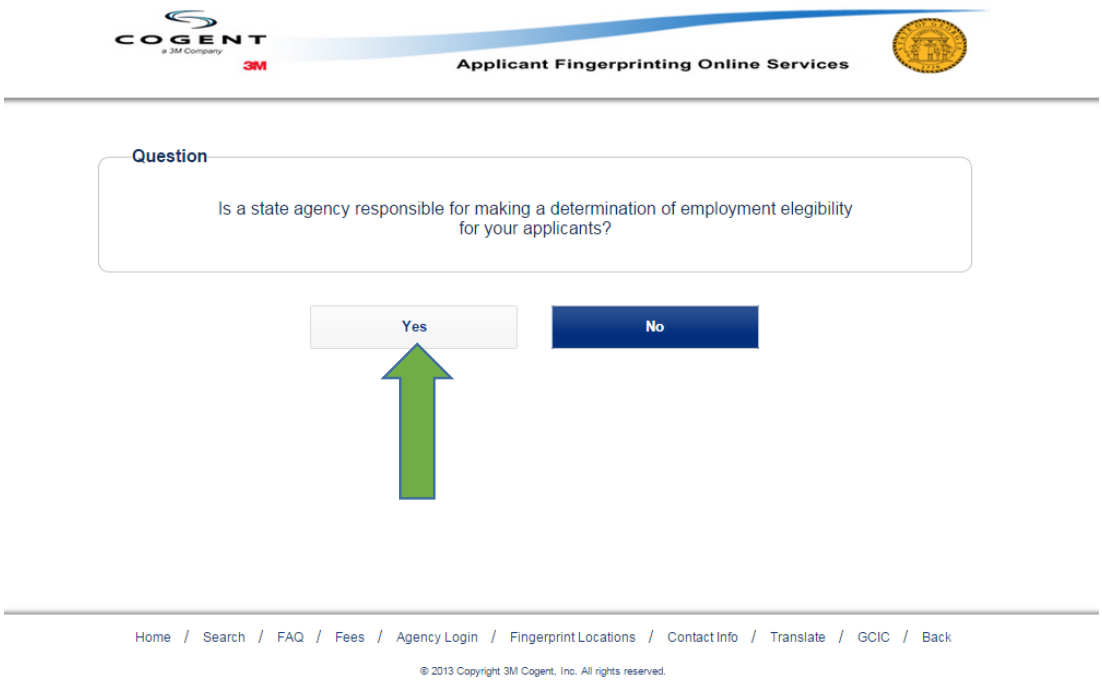
GEORGIA DEPARTMENT OF COMMUNITY HEALTH

If your agency or business is <u>not</u> a governmental agency, click "No." If it is, click "Yes."

FAQ

GEORGIA DEPARTMENT OF COMMUNITY HEALTH

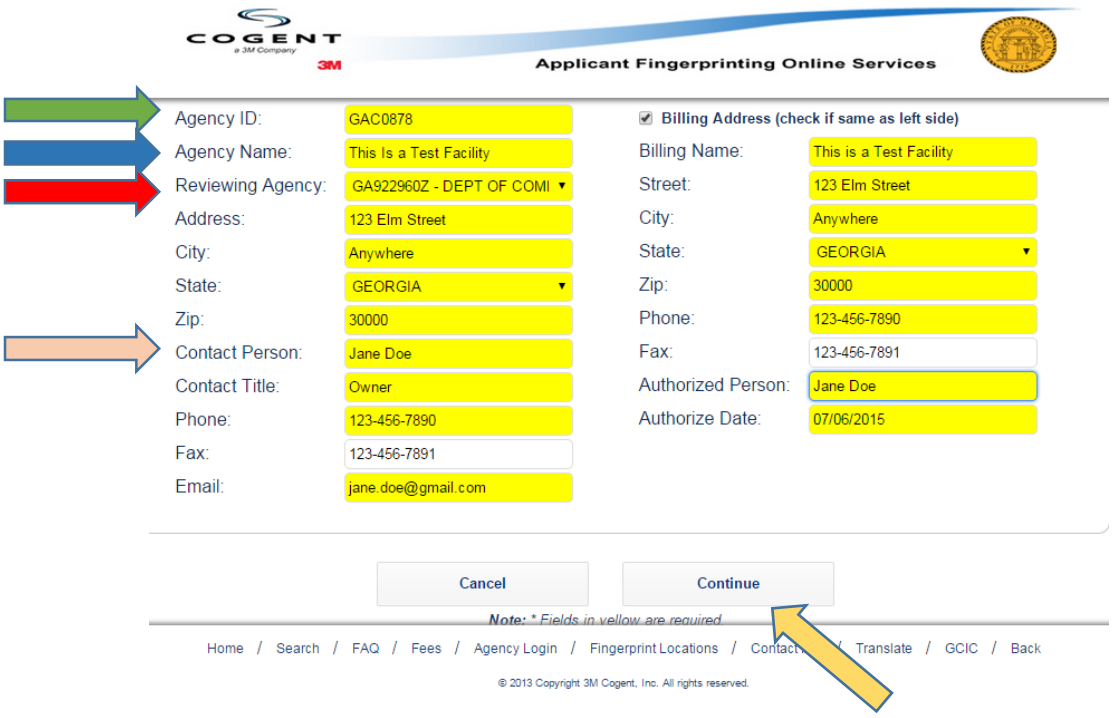
DCH will make the fitness determination. Click "Yes."



FAQ

GEORGIA DEPARTMENT OF COMMUNITY HEALTH

All fields in yellow must be completed. Only check the box under Billing Address if you want to setup an account with 3M Cogent for billing purposes.



Click Continue

This is your Agency ID (GAC/OAC) number or account number with 3M Cogent. Please make note of this number. You can use this same number for all service locations and for all future fingerprint registrations.

Enter your business or company name and address.

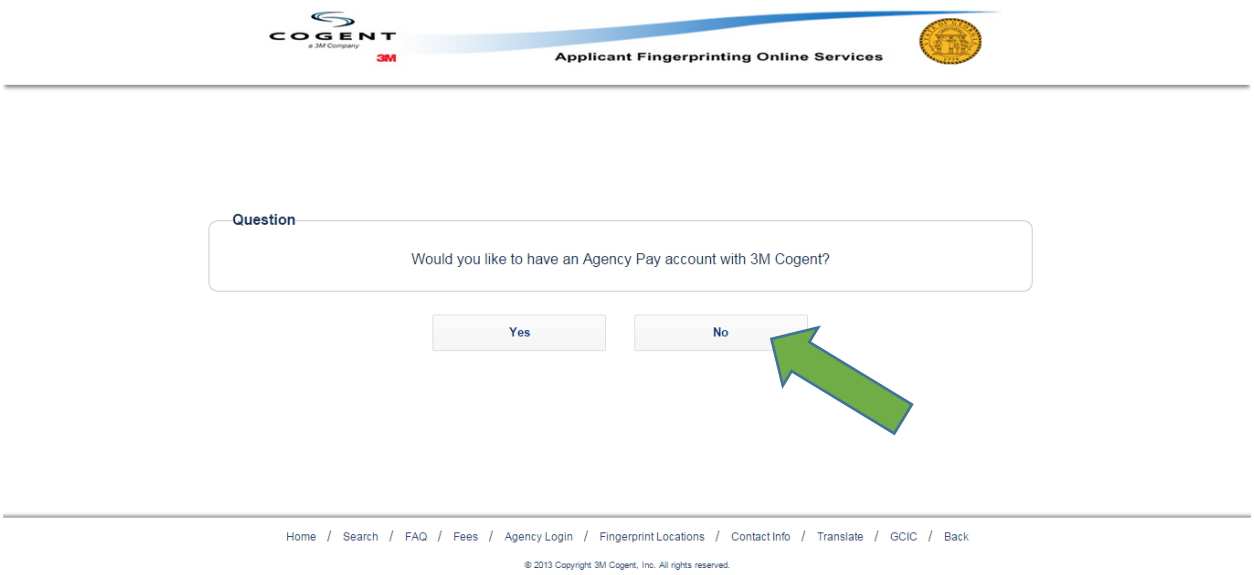
Select “Dept. of Community Health” from the drop down menu.

The Contact person is normally the business’ authorized individual.

FAQ

GEORGIA DEPARTMENT OF COMMUNITY HEALTH

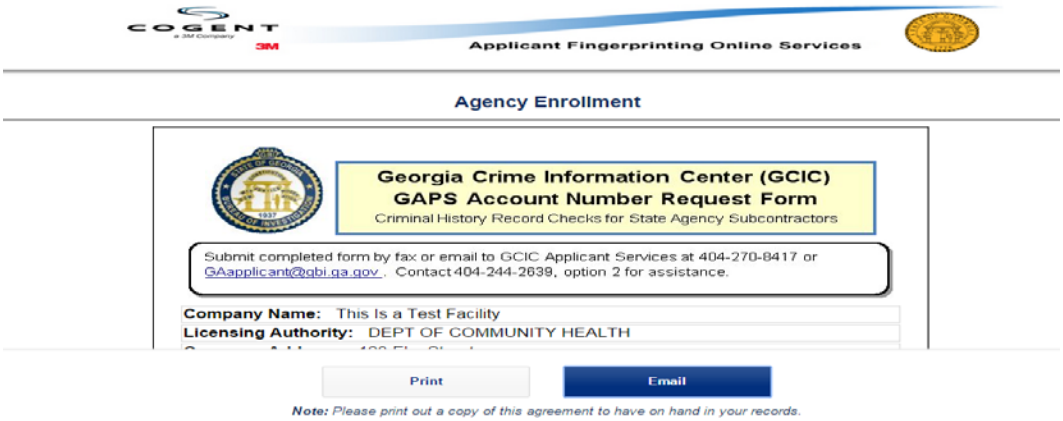
Only answer "Yes" to this question if you want to setup a billing account with 3M Cogent. If you plan to pay the fingerprint registration fee using a credit card, click "No."



FAQ

GEORGIA DEPARTMENT OF COMMUNITY HEALTH

The below screenshot is confirmation of your agency's (or business) enrollment with 3M Cogent. Note your Agency ID (GAC) number in the Agency Enrollment box below.



COGENT a 3M Company 3M — Applicant Fingerprinting Online Services

Agency Enrollment

Georgia Crime Information Center (GCIC)
GAPS Account Number Request Form
Criminal History Record Checks for State Agency Subcontractors

Submit completed form by fax or email to GCIC Applicant Services at 404-270-8417 or GAapplicant@gbi.ga.gov . Contact 404-244-2639, option 2 for assistance.

Company Name: This Is a Test Facility
Licensing Authority: DEPT OF COMMUNITY HEALTH

Print | Email

Note: Please print out a copy of this agreement to have on hand in your records.

Home / Search / FAQ / Fees / Agency Login / Fingerprint Locations / Contact Info / Translate / GCIC / Back

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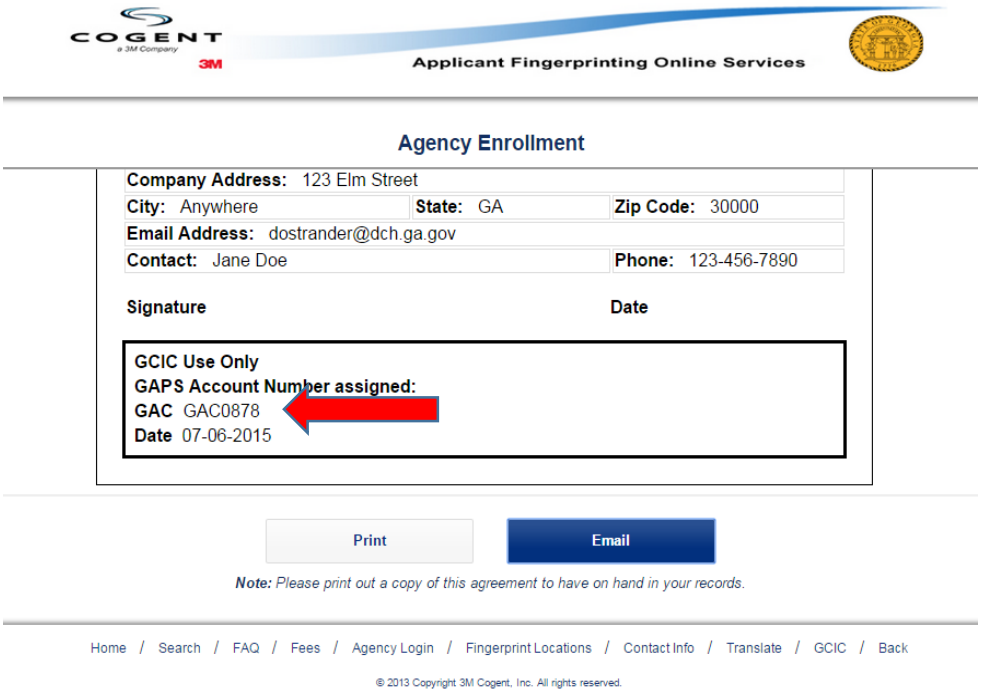

COGENT a 3M Company 3M — Applicant Fingerprinting Online Services

Agency Enrollment

Company Address: 123 Elm Street
City: Anywhere **State:** GA **Zip Code:** 30000
Email Address: dostrander@dch.ga.gov
Contact: Jane Doe **Phone:** 123-456-7890

Signature **Date**

GCIC Use Only
GAPS Account Number assigned:
GAC GAC0878
Date 07-06-2015

Print | Email

Note: Please print out a copy of this agreement to have on hand in your records.

Home / Search / FAQ / Fees / Agency Login / Fingerprint Locations / Contact Info / Translate / GCIC / Back

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When all screens are completed, you will be asked to print and submit the completed form by fax or email to the Georgia Crime Information Center (GCIC) Applicant Services at 404-270-8417 or GAapplicant@gbi.ga.gov. You may contact GCIC by telephone at 404-244-2639, option 2, for assistance.

FAQ

Georgia Department of Community Health

Applicant Registration for Fingerprinting

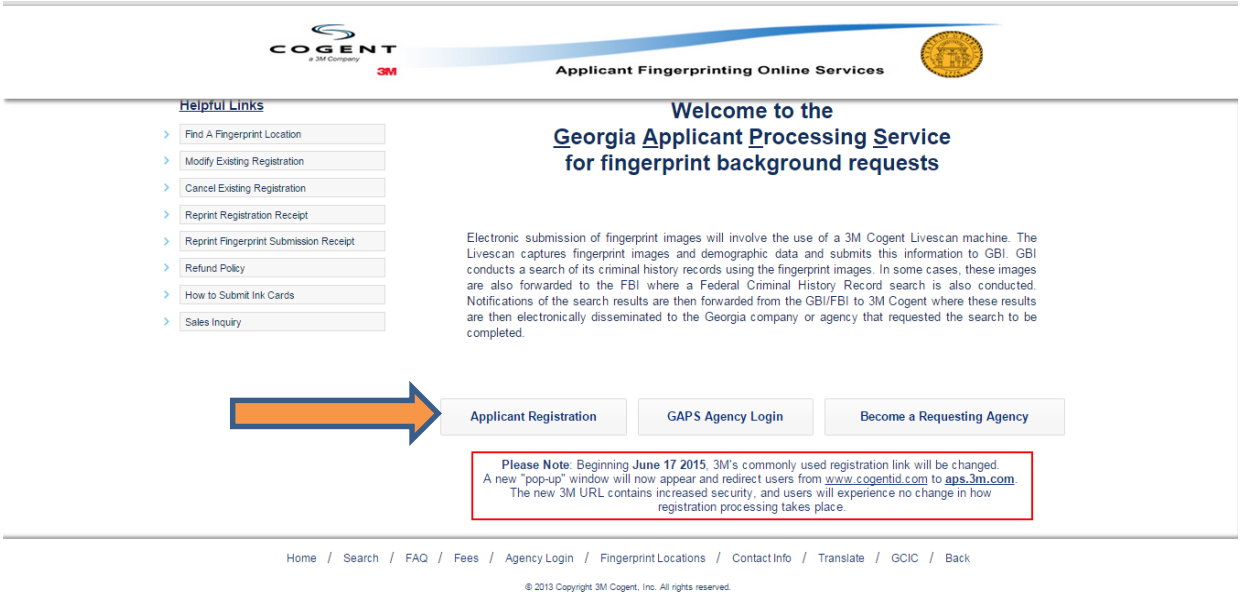
Fingerprinting Process for Owners of Personal Care Homes, Assisted Living Communities, Private Home Care Providers, Community Living Arrangements and Administrators/Managers/Directors of Personal Care Homes and Assisted Living Communities

Helpful hints in completing your 3M Cogent Applicant Fingerprint Registration

- The Georgia Bureau of Investigation has contracted with 3M Cogent to conduct live scan fingerprinting on a statewide basis.
- Providers who do not already have an Agency ID [or OAC or GAC] number issued by 3M Cogent must first obtain a number **before** you can register applicants for fingerprinting.
- Fields highlighted in yellow are required.
- **In Step #5, the correct reason for fingerprinting must be chosen. You cannot choose, for example, DCH – Personal Care Home (Owner) when the person being registered for fingerprinting is a Director or an employee. Should this occur, DCH will not issue a fitness determination letter.**
- DCH recommends you complete the "Position Applied for" and email address fields.
- On the 3M Cogent website at https://www.ga.cogentid.com/index.htm, click on **Fingerprint Locations** to see vendor, street address, city and telephone number of the live scan fingerprint vendor.
- When the form requests the name of the Agency, you would enter the name of your business or company.
- If you have multiple service locations, you can use the same Agency ID for all entities.
- When you get to Applicant Registration screen under Transaction Information, the first line is the Reviewing Agency ID. This is DCH's Agency ID – do not edit this field. The second line is the Requesting Agency ID – this is where you enter your Agency ID [or GAC/OAC] number.
- A Frequently Asked Questions (FAQ) regarding the Department of Community Health's new computer system - the Georgia Criminal History Check System (GCHEXS) can be found at: https://dch.georgia.gov/georgia-criminal-background-check-system-gchexs.

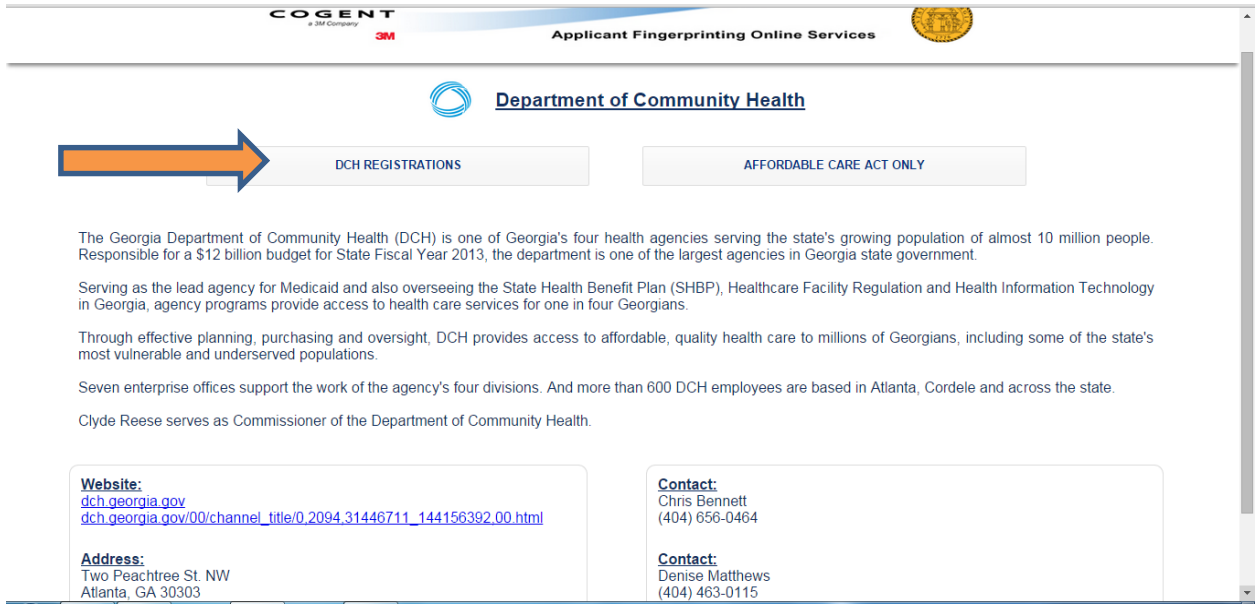
NOTE: The screenshots used in this module are based on one example information.

1. **Click on Applicant Registration**



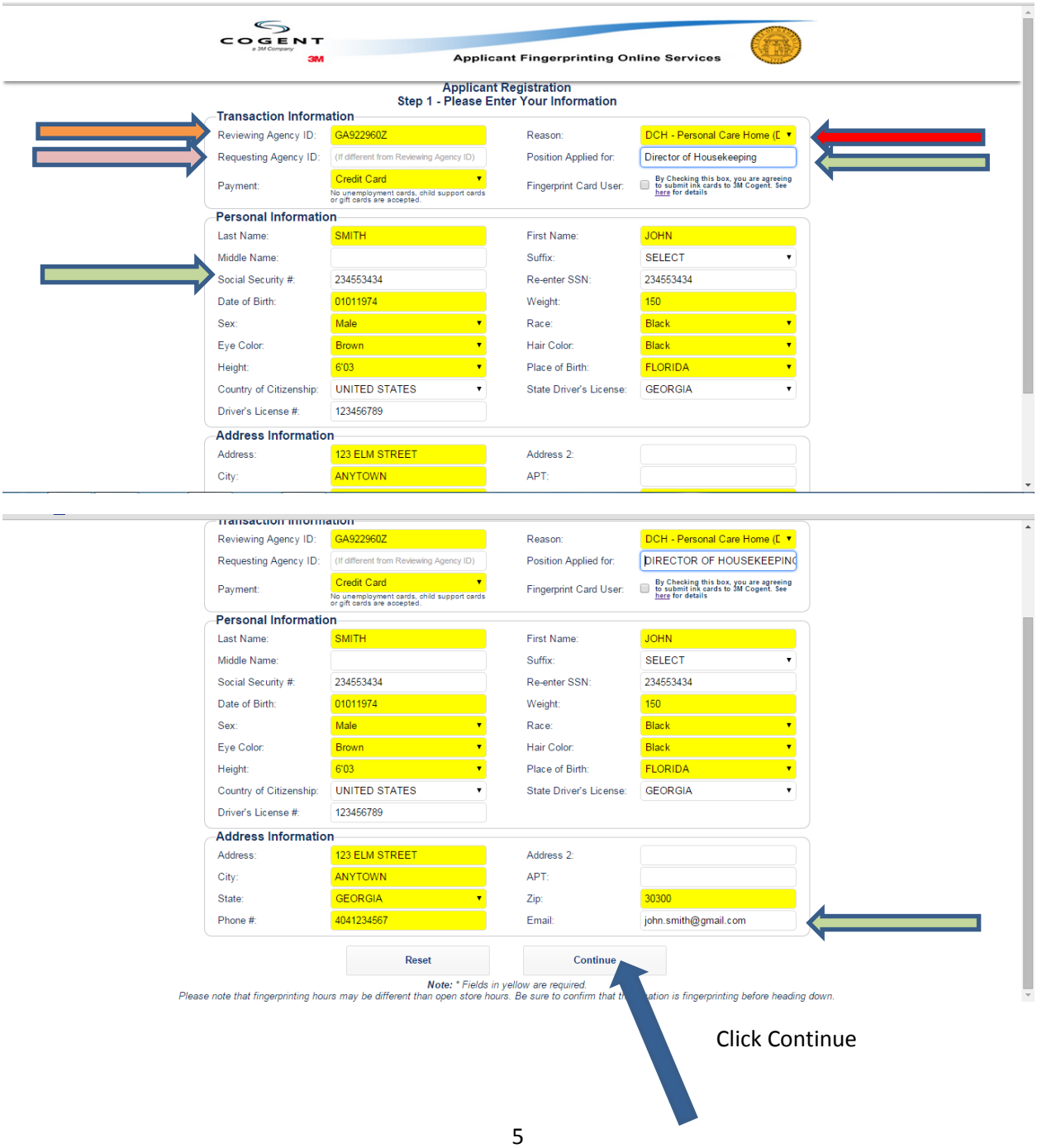
2. Click on Department of Community Health

3. Click on DCH REGISTRATIONS



4. **Click Box, "I have read and accepted these terms"**

5. **Applicant Registration. Complete all fields in Yellow including SSN, Position Applied For and Email Address.**



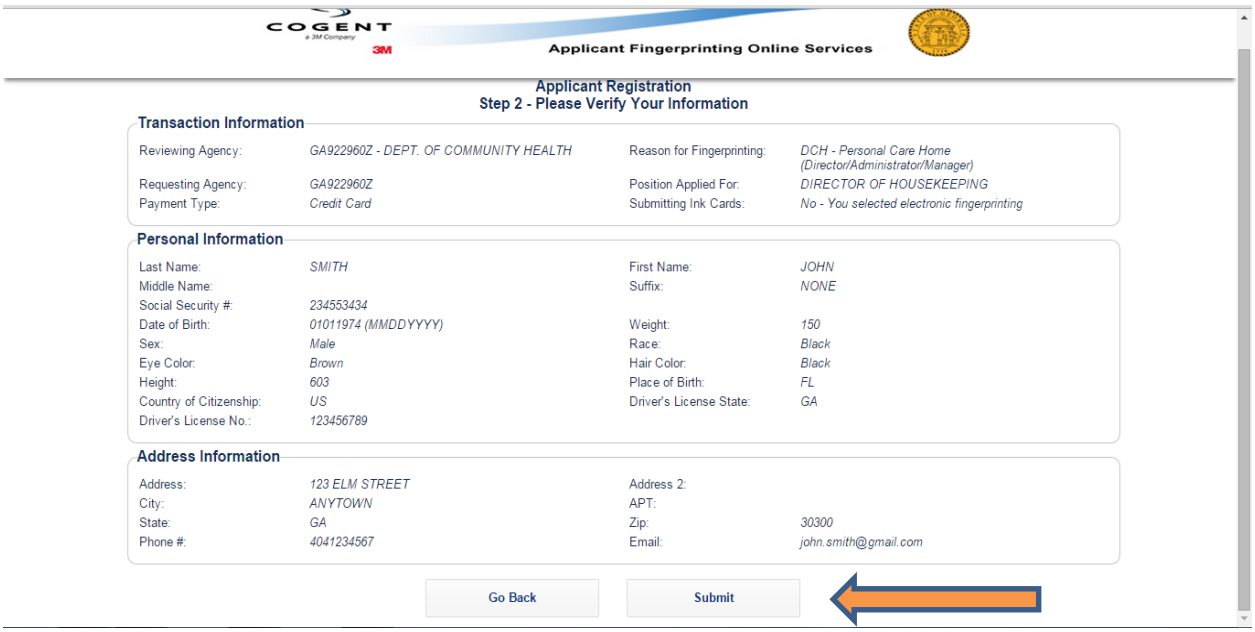
This is DCH's Agency ID number. Do not change or edit this field.

Enter your Agency ID in this field. This is your OAC or GAC number. Do **not** enter the Reviewing Agency ID in this field.

You must enter the correct Reason for fingerprinting. For example, A Director or Employee of a PCH cannot choose Owner as a Reason or a Private Home Care Provider cannot choose Owner if an Employee is actually being registered for fingerprinting. See Helpful Hints for additional information.

To expedite your review, enter the applicant's SSN, Position Applied for, and Email Address.

6. **Verify your information and then click Submit.**



COGENT a 3M Company 3M

Applicant Fingerprinting Online Services

Applicant Registration
Step 2 - Please Verify Your Information

Transaction Information

Reviewing Agency:	GA922960Z - DEPT. OF COMMUNITY HEALTH	Reason for Fingerprinting:	DCH - Personal Care Home (Director/Administrator/Manager)
Requesting Agency:	GA922960Z	Position Applied For:	DIRECTOR OF HOUSEKEEPING
Payment Type:	Credit Card	Submitting Ink Cards:	No - You selected electronic fingerprinting

Personal Information

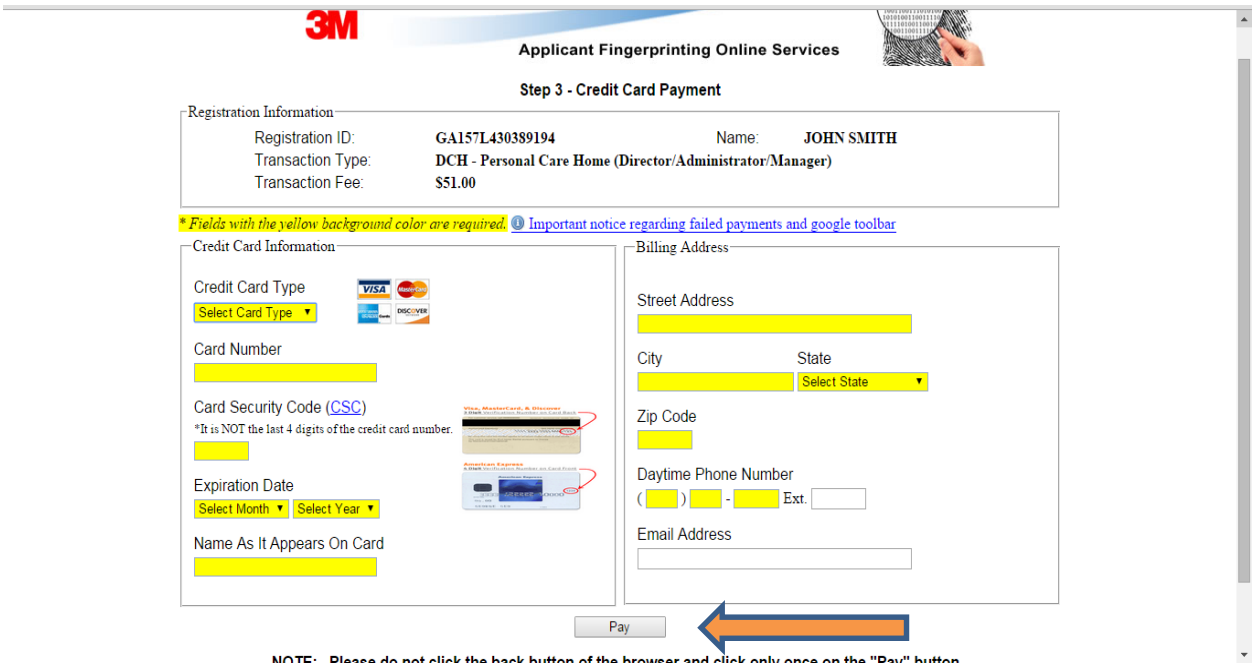
Last Name:	SMITH	First Name:	JOHN
Middle Name:		Suffix:	NONE
Social Security #:	234553434		
Date of Birth:	01011974 (MMDDYYYY)	Weight:	150
Sex:	Male	Race:	Black
Eye Color:	Brown	Hair Color:	Black
Height:	603	Place of Birth:	FL
Country of Citizenship:	US	Driver's License State:	GA
Driver's License No.:	123456789		

Address Information

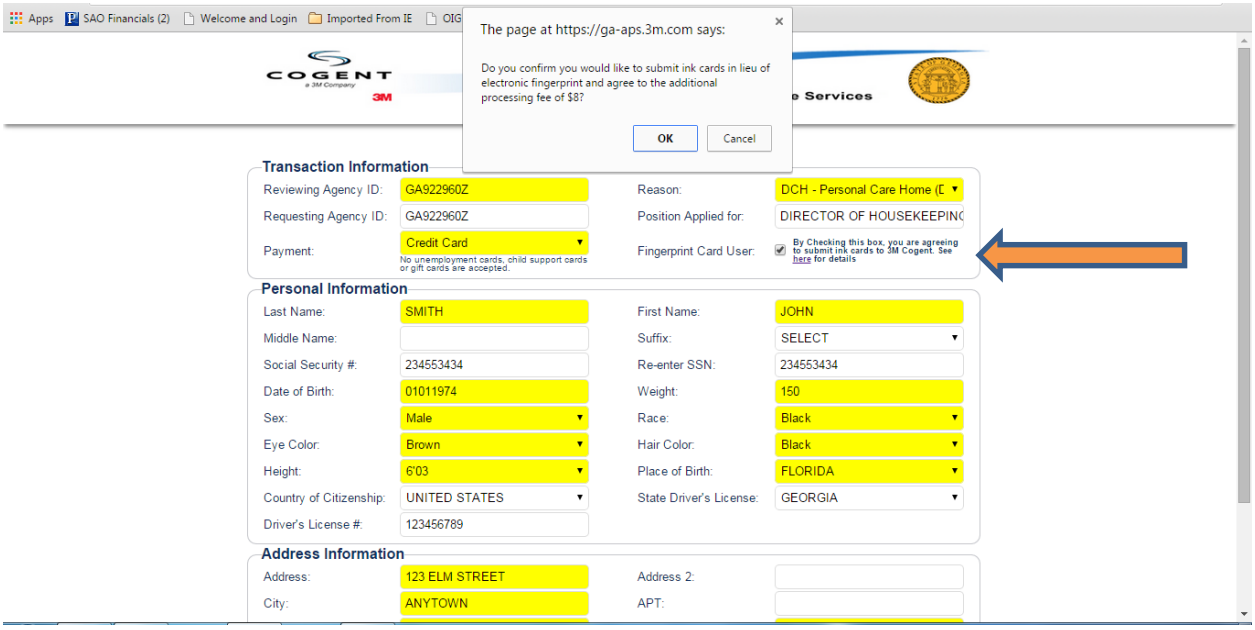
Address:	123 ELM STREET	Address 2:	
City:	ANYTOWN	APT:	
State:	GA	Zip:	30300
Phone #:	4041234567	Email:	john.smith@gmail.com

Go Back | Submit

7. **If paying by credit card, enter all the applicable information in the yellow highlighted fields.**



8. **Process for out-of-state owners who prefer to submit a fingerprint card in lieu of being electronically fingerprinted in Georgia**



For out-of-state owners, you may want to submit hard copy paper fingerprint cards in lieu of coming to Georgia to be fingerprinted. If you checked the box to indicate you want to submit paper fingerprint cards in lieu of electronic fingerprinting, you will receive the enclosed pop up box in which you agree to submit fingerprint cards for an additional $8.00 processing fee. Click the Details link for information on submitting paper fingerprint cards.

NOTE: DCH normally receives fingerprint results from live scan machines in 24-48 hours. If you elect to submit manual fingerprint cards, you must go to your local law enforcement agency and have your fingerprints taken on paper cards. You would then submit the fingerprint card (write your Agency ID on back of the card) and attached a copy of your 3M Cogent payment receipt to the card and mail it to the 3M Cogent address listed on the Details link noted above. From the time you mail your fingerprint card to 3M Cogent, it could take up to seven business days for DCH to receive your fingerprint results.

9. **The above instructional screen appears when you click the Details link on the Applicant Registration tab if you check the box that you want to submit your fingerprints on paper in lieu of electronically.**

Georgia Applicant Processing Service

Hardcopy Fingerprint Card Submission Instructions

Overview	Applicants that are out-of-state, unable to visit an electronic fingerprinting location, or are otherwise unable to be electronically fingerprinted may submit hardcopy fingerprint cards to 3M Cogent. There is an additional $8.00 fee for processing ink cards.
Process	Applicants who are submitting ink cards for a required Georgia background check should follow the steps below: **Register** – All applicants must be registered prior to sending hardcopy fingerprint cards. You can register online at www.cogentid.com. Be sure to select the Fingerprint Card User box. Applicants may also contact the Registration Call Center to register by phone: 1-888-439-2512 **Payment** – Payment may be made online or a money order can be sent with your fingerprint card: *Option 1: Online Payment* – Applicants may pay online at the time of registration using a credit/debit card, or the transaction may be billed to your employer using "agency pay." *Option 2: Send payment with Fingerprint Card* – Money order only. Cash and personal checks are not accepted. **Registration ID** - All applicants will receive a Registration ID. Write this number on the back of your fingerprint cards. **Submission** – Mail the cards (and if applicable, payment) to: 3M Cogent, Georgia CardScan

	There is an additional $8.00 fee for processing ink cards.
Process	Applicants who are submitting ink cards for a required Georgia background check should follow the steps below: **Register** – All applicants must be registered prior to sending hardcopy fingerprint cards. You can register online at www.cogentid.com. Be sure to select the Fingerprint Card User box. Applicants may also contact the Registration Call Center to register by phone: 1-888-439-2512 **Payment** – Payment may be made online or a money order can be sent with your fingerprint card: *Option 1: Online Payment* – Applicants may pay online at the time of registration using a credit/debit card, or the transaction may be billed to your employer using "agency pay." *Option 2: Send payment with Fingerprint Card* – Money order only. Cash and personal checks are not accepted. **Registration ID** - All applicants will receive a Registration ID. Write this number on the back of your fingerprint cards. **Submission** – Mail the cards (and if applicable, payment) to: 3M Cogent, Georgia CardScan
	5025 Bradenton Avenue, Suite A Dublin, OH 43016 **Results** – Background check results will be sent directly to your employer. 3M Cogent does not have access to background check results or make employment determinations. Please check with your employer regarding questions about your background check results.

Federal Bureau of Investigation
Privacy Act Notice

Authority: The FBI's acquisition, preservation, and exchange of information requested by this form (FBI Applicant cards or FD-258) is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include numerous Federal statutes, hundreds of State statutes pursuant to Pub.L. 92-544, Presidential executive orders, regulations and/or orders of the Attorney General of the United States, or other authorized authorities. Examples include, but are not limited to: 5 U.S.C. 9101; Pub.L. 94-29; Pub.L. 101-604; and Executive Orders 10450 and 12968. Providing the requested information is voluntary; however, failure to furnish the information may affect timely completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, security, licensing, and adoption, may be predicated on fingerprint-based checks. Your fingerprints and other information contained on (and along with) this form may be submitted to the requesting agency, the agency conducting the application investigation, and/or FBI for the purpose of comparing the submitted information to available records in order to identify other information that may be pertinent to the application. During the processing of this application, and for as long hereafter as may be relevant to the activity for which this application is being submitted, the FBI may disclose any potentially pertinent information to the requesting agency and/or to the agency conducting the investigation. The FBI may also retain the submitted information in the FBI's permanent collection of fingerprints and related information, where it will be subject to comparisons against other submissions received by the FBI. Depending on the nature of your application, the requesting agency and/or the agency conducting the application investigation may also retain the fingerprints and other submitted information for other authorized purposes of such agency(ies).

Routine Uses: The fingerprints and information reported on this form may be disclosed pursuant to your consent, and may be disclosed by the FBI without your consent as permitted by the Federal Privacy Act of 1974 (5 USC 552a(b)) and all applicable routine uses as may be published at any time in the Federal Register, including the routine uses for the FBI Fingerprint Identification Records System (Justice/FBI-009) and the FBI's Blanket Routine Uses (Justice/FBI-BRU). Routine uses include, but are not limited to, disclosures to: appropriate governmental authorities responsible for civil or criminal enforcement, counterintelligence, national security or public safety matters to which the information may be relevant; to State and local governmental agencies and nongovernmental entities for application processing as authorized by Federal and State legislation, executive order, or regulation, including employment, security, licensing, and adoptive checks; and as otherwise authorized by law, treaty, executive order, regulation, or other lawful authority. If other agencies are involved in processing this application, they may have additional routine uses.

Additional Information: The requesting agency and/or the agency conducting the application-investigation will provide you additional information pertinent to the specific circumstances of this application, which may include identification of other authorities, purposes, uses, and consequences of not providing requested information. In addition, any such agency in the Federal Executive Branch has also published notice in the Federal Register describing any systems(s), of records in which that agency may also maintain your records, including the authorities, purposes, and routine uses for the system(s).

ONCE YOU ARE READY FOR AN INSPECTION **ONLY THEN** SHOULD YOU

MAIL THE COMPLETE APPLICATION PACKAGE TO:

Personal Care Home Applications
Healthcare Facility Regulation Division
Georgia Department of Community Health
2 Peachtree Street, NW
Suite 31-447
Atlanta, Georgia 30303-3142

NOTE: When the application is received, you will receive a notice of the required fees. When the fees are paid, the application will be reviewed and you will receive notification regarding the status of your application.

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. 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

111-8-62
RULES AND REGULATIONS FOR PERSONAL CARE HOMES

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111-8-62-.01 Authority. The legal authority for this Chapter is the Official Code of Georgia Annotated, Chapters 2 and 7 of Title 31.

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

111-8-62-.02 Purposes. The purposes of these rules and regulations are to establish the minimum standards for the operation of personal care homes which provide residential and personal services to adults who require varying degrees of supervision and care and to assure safe, humane and comfortable, supportive residential settings.

Authority: O.C.G.A. §§ 31-2-7, 31-2-8, 31-7-1, 31-7-2.1 and 31-7-12.3

111-8-62-.03 Definitions. In these rules, unless the context otherwise requires, the words, phrases and symbols shall mean the following:

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

(b) "Activities of daily living" means bathing, shaving, brushing teeth, combing hair, toileting, dressing, eating, laundering, cleaning private living space, managing money, writing letters, shopping, using public transportation, making telephone calls, grooming, obtaining appointments, engaging in leisure and recreational activities, or other similar activities.

(c) "Administrator" means the manager designated by the governing body as responsible for the day-to-day management, administration and supervision of the personal care home, who may also serve as the on-site manager and responsible staff person except during periods of his or her own absence.

(d) "Ambulatory Resident" means a resident who has the ability to move from place to place by walking, either unaided or aided by prosthesis, brace, cane, crutches, walker or hand rails, or by propelling a wheelchair or scooter; who can respond to an emergency condition, whether caused by fire or otherwise, and escape with minimal human assistance such as guiding a resident to an exit, using the normal means of egress.

(e) “Applicant” means any of the following:

1. When the personal care home is owned by a sole proprietorship, the individual proprietor shall be the applicant for the license, complete the statement of responsibility and serve as the licensee.

2. When the personal care home is owned by a partnership, the general partners shall be the applicant for the license, complete the statement of responsibility and serve as the licensee.

3. When the personal care home is owned by an association or limited liability company (LLC), the governing body of the association or LLC shall authorize the application for the license and complete the statement of responsibility and the association shall serve as the licensee.

4. When the personal care home is owned by a corporation, the governing body of the corporation shall authorize the application for the license and complete the statement of responsibility and the corporation shall serve as the licensee.

(f) “Assisted living care” means the specialized care and services provided by an assisted living community which includes the provision of personal services, the administration of medications by a certified medication aide and the provision of assisted self preservation.

(g) "Chemical Restraint" means a psychopharmacologic drug that is used for discipline or convenience and is not required to treat medical symptoms.

(h) "Criminal history background check" means a search as required by law of the criminal records maintained by law enforcement authorities to determine whether the applicant or prospective employee or employee has a criminal record as defined in these rules and applicable laws.

(i) "Criminal record" means:

1. Conviction of a crime; or

2. Arrest, charge, and sentencing for a crime where:

(i) a plea of nolo contendere was entered to the charge; or

(ii) first offender treatment without adjudication of guilt pursuant to the charge was granted; or

(iii) adjudication or sentence was otherwise withheld or not

entered on the charge; or

(iv) arrest and being charged for a crime if the charge is pending, unless the time for prosecuting such crime has expired pursuant to O.C.G.A. § 17-3-1 *et seq*.

(j) "Department" means the Georgia Department of Community Health operating through the Division of Healthcare Facility Regulation.

(k) "Disabled individual" means an individual that has a physical or mental impairment that substantially limits one or more major life activities and who meets the criteria for a disability under state or federal law.

(l) "Employee" means any person, other than a director, utilized by a personal care home to provide personal services to any resident on behalf of the personal care home or to perform at any facilities of the personal care home any duties which involve personal contact between that person and any paying resident of the personal care home.

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

(n) "Fingerprint records check determination" means a satisfactory or unsatisfactory determination by the Department based upon a records check comparison of Georgia Crime Information Center (GCIC) information with fingerprints and other information in a records check application.

(o) "Governing Body" means the person or group of persons as defined in Georgia law who maintain and control the home and who are legally responsible for the operation of the home.

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

(q) “Injury” as used in the definition of abuse means a wrong or harm caused by an individual to a resident which is manifested by a physical or behavioral reaction or change in the appearance or actions of the resident, such as, but not limited to, reddened or bruised skin not related to routine care, crying, startling or

cowering reaction by the resident and malnutrition or pressure ulcers, such as skin breakdowns, for which the home has not provided proper care.

(r) "Law enforcement agency" means the Georgia Bureau of Investigation or a local law enforcement agency or a contractor approved by law enforcement authorities with authorization to conduct criminal history background checks through the Georgia Crime Information Center (GCIC).

(s) “Legal Surrogate" means a duly appointed person who is authorized to act, within the scope of the authority granted under the legal surrogate's appointment, on behalf of a resident who is adjudicated or certified incapacitated. The legal surrogate may act on a resident's behalf where a resident has not been adjudicated as incapacitated provided that the action is consistent with the resident's wishes and intent and is within the scope of the authority granted. Where such authority is exercised pursuant to a Power of Attorney executed by a resident, the facility must maintain a copy of this document in the resident's files. The resident's duly appointed legal surrogate(s) shall have the authority to act on the resident's behalf as established by written applicable federal and state of Georgia law, and shall be entitled to receive information relevant to the exercise of his or her authority. No member of the governing body, administration, or staff of the personal care home or affiliated personal care homes or their family members may serve as the legal surrogate for a resident.

(t) “Licensed Residential Care Profile” means the form made available by the Department which the personal care home must use to inform the public about the services it provides.

(u) "Medical services" means services which may be provided by a person licensed pursuant to Article II of Chapter 34 of Title 43 of the Official Code of Georgia Annotated. or appropriately licensed and supervised nurse practitioners and physicians assistants.

(v) “Memory care services” means the additional watchful oversight systems, program, activities and devices that are required for residents who have cognitive deficits which may impact memory, language, thinking, reasoning, or impulse control, and which place the residents at risk of eloping, i.e. engaging in unsafe wandering activities outside the home.

(w) “Memory care unit” means the specialized unit or home that either holds itself out as providing memory care services or provides personal services in secured surroundings.

(x) "Non-Family Adult" means a resident 18 years of age or

older who is not related by blood within the third degree of consanguinity or by marriage to the person responsible for the management of the personal care home or to a member of the governing body.

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

(z) "On-site manager" means the administrator or person designated by the administrator as responsible for carrying on the day-to-day management, supervision, and operation of the personal care home, who may also serve as the responsible staff person except during periods of his or her own absence.

(aa) “Owner” means any individual or any person affiliated with a corporation, partnership, or association with 10 percent or greater ownership interest in the facility providing care to persons under the license of the facility in this state and who:

1. purports to or exercises authority of the owner in a facility; or

2. applies to operate or operates a facility; or

3. maintains an office on the premises of a facility; or

4. resides at a facility; or

5. has direct access to persons receiving care at a facility; or

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

7. enters into a contract to acquire ownership of a facility.

(bb) "Permit" or "Regular Permit" means the authorization granted by the Department to the governing body to operate a Personal Care Home.

(cc) "Personal Care Home", “home” or “facility” means any dwelling, whether operated for profit or not, which undertakes through its ownership or management to provide or arrange for the provision of housing, food service, and one or more personal services for two or more adults who are not related to the owner or administrator by blood or marriage.

(dd) "Personal Services" includes, but is not limited to, individual assistance with or supervision of self-administered

medication, assistance with ambulation and transfer, and essential activities of daily living such as eating, bathing, grooming, dressing, and toileting.

(ee) “Proxy caregiver” means an unlicensed person who has been selected by a disabled individual or a person legally authorized to act on behalf of such individual to serve as such individual’s proxy caregiver and meets the requirements contained in the Rules and Regulations for Proxy Caregivers Used in Licensed Healthcare Facilities, Chapter 111-8-100.

(ff) "Physical Restraints" are any manual or physical device, material, or equipment attached or adjacent to the resident's body that the individual cannot remove easily which restricts freedom or normal access to one's body. Physical restraints include, but are not limited to, leg restraints, arm restraints, hand mitts, soft ties or vests, and wheelchair safety bars. Also included as restraints are practices employed by the home which function as a restraint, such as tucking in a sheet so tightly that a bedbound resident cannot move, bedrails, or chairs that prevent rising, or placing a wheelchair-bound resident so close to a wall that the wall prevents the resident from rising. Wrist bands or devices on clothing that trigger electronic alarms to warn staff that a resident is leaving a room do not, in and of themselves, restrict freedom of movement and should not be considered as restraints.

(gg) "Plan of Correction" means the written plan prepared in response to cited rule violations which identify by date certain the specific actions that will be taken by the personal care home to come into compliance with applicable rules.

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

(ii) "Resident" means any non-family adult receiving or requiring personal assistance and residing in a personal care home.

(jj) "Responsible Staff Person" means the employee designated by the administrator or on-site manager as responsible for supervising the operation of the home during periods of temporary absence of the administrator or on-site manager.

(kk) "Satisfactory records check determination" means a written determination that a person for whom a records check was performed was found to have no criminal record as defined in

O.C.G.A. § 31-7-250 or O.C.G.A. § 31-2-9, as applicable.

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

(mm) "Self-preservation" means the ability to respond to an emergency condition, whether caused by fire or otherwise, and escape the emergency without physical, hands-on assistance from staff. The resident may move from place to place by walking, either unaided or aided by prosthesis, brace, cane, crutches, walker or hand rails, or by propelling a wheelchair or scooter.

(nn) "Unsatisfactory criminal history background check determination" means a written determination that a person for whom a records check was performed has a criminal record which indicates an arrest, charge or conviction of one of the covered crimes outlined in O.C.G.A. § 31-7-250 *et seq.*, if applicable, or as outlined in O.C.G.A. § 31-2-9, if applicable.

Authority: O.C.G.A. §§ 31-2-7, 31-2-8, 31-2-9, 31-7-2.1, 31-7-3, 31-7-12, 31-7-12.2, 31-7-12.3, 31-7-250 *et seq*. and 31-8-80 *et seq*.

111-8-62-.04 Applicability of Rules and Exemptions.

(1) These rules apply to all personal care homes unless the facility is specifically exempted as provided in paragraph (2) of this rule.

(2) These regulations do not apply to the following facilities:

(a) Boarding homes or rooming houses which provide no personal services other than lodging and meals.

(b) Facilities offering temporary emergency shelter, such as those for the homeless and victims of family violence.

(c) Other facilities, homes or residences licensed by the Department which have not been classified as personal care homes, e.g. assisted living communities, hospices, traumatic brain injury facilities, drug abuse treatment facilities.

(d) Facilities providing residential services for federal, state or local correctional institutions under the jurisdiction of the criminal justice system.

(e) Facilities licensed by the Department of Behavioral Health, Developmental Disabilities and Addictive Diseases.

(f) Host homes as defined in O.C.G.A. §37-1-20(18).

(g) Group residences organized by or for persons who choose to live independently or who manage their own care and share the cost of services including but not limited to attendant care, transportation, rent, utilities and food preparation.

(h) Charitable organizations providing shelter and other services without charging any fee to the resident.

(i) Any separate and distinct dwelling which is classified by the Department as a community living arrangement subject to the Rules and Regulations for Community Living Arrangements, Chapter 290-9-37. A facility classified as a Community Living Arrangement cannot be operated on the same premises as a personal care home.

Authority: O.C.G.A. §§ 26-5-1, 31-2-4, 31-2-7, 31-7-1, 31-7-2, 31-7-12, 31-7-172 and 37-1-20(18).

111-8-62-.05 Application for Permit.

(1) The governing body of each home must submit to the Department an application for a permit in the required format in order to be eligible to operate if the application is approved.

(2) No application for licensure will be acted upon by the Department unless it has been determined to be complete and include all required attachments and fees due the Department as specified in the Rules and Regulations for General Licensing and Enforcement Requirements, Chapter 111-8-25.

(3) The application must truthfully and accurately disclose required information.

(4) Each application for a permit must be accompanied by a sketch, plat, photos or simple drawing of the home, and grounds with identification of all structures on the premises by the applicant. The visual depiction must show the property, windows, doors, room measurements, and bed placement for residents, family and/or staff and be accompanied by documentation of ownership or lease agreement for the property on which the home will be operated.

(5) The name of the administrator or on-site manager, who

will be working in the home, if known, must be included with the application for a permit. If such information is not known at the time of application, it must be provided to the Department before a permit will be issued.

(6) The ownership of the home shall be fully disclosed in its application for a permit. In the case of corporations, partnerships, and other bodies created by statute, the corporate officers and all other individuals or family groups owning ten percent or more of the corporate stock or ownership must be disclosed in the application for a permit as well as the registered agent for service of process.

(7) Local zoning and other local requirements regarding the proper location and establishment of homes must be addressed by the applicant with the responsible local officials.

(8) The filing of an application for licensure constitutes a representation that the applicant is or will be in complete control of the home as of a specified date.

(9) No personal care home shall be operated and no residents admitted without such a permit which is current under these rules and regulations.

Authority: O.C.G.A. §§ 31-2-7, 31-2-9, 31-7-2.1, 31-7-3, 31-7-12 and 31-7-264.

111-8-62-.06 Permits.

(1) The governing body of each personal care home must obtain a valid permit from the Department prior to operating as a personal care home.

(2) The permit must be displayed in a conspicuous place on the premises that is visible to residents and visitors.

(3) A licensed personal care home must not serve more residents than its approved licensed capacity

(4) A permit is no longer valid and must be returned to the Department when the home ceases to operate, is moved to another location, the ownership changes, the governing body is significantly changed, or the permit is suspended or revoked.

(5) A permit is required for each home located on different premises where more than one home is operated under the same governing body.

(6) No personal care home is permitted to provide personal

services to individuals living in spaces which are not located within the authorized space assigned to the licensed personal care home.

(7) A home licensed as a personal care home, but not specifically licensed as an assisted living community, must not provide assisted living care.

(8) A personal care home must not operate or allow another business to operate on the premises of the licensed home where the business intrudes on the residents' quiet enjoyment and use of the licensed home.

Authority: O.C.G.A. §§ 31-2-7, 31-7-1, 31-7-2.1, 31-7-3, 31-7-12 and 31-7-12.2.

111-8-62-.07 Governing Body.

(1) The governing body is responsible for providing the oversight necessary to ensure that the home operates in compliance with applicable requirements: Chapter 7 of Title 31 of the Official Code of Georgia Annotated, administrative rules and regulations of the Department of Community Health, Chapters 111-8-25, 111-8-62 and 111-8-100, and all other statutes, rules and regulations.

(2) The governing body must ensure that the Department has current contact information consisting of name, e-mail address for departmental notifications to the home, physical addresses, and phone numbers for the governing body and the administrator or on-site manager of the home. The governing body must ensure that staff is held accountable for delivering any notices provided to the governing body at the listed addresses to the governing body.

(3) The governing body is responsible for implementing policies, procedures and practices in the home that support the core values of dignity, respect, choice, independence and privacy of the residents in a safe environment and in accordance with these rules. At a minimum, the policies and procedures that are developed must provide direction for the staff and residents on the following:

(a) The services available in the home, including, personal services, memory care services/units and any other specialized services such as designated proxy caregivers.

(b) Admissions, discharges and immediate transfers which ensure that the home does not admit or retain residents who need more care than the home is authorized or capable of providing.

(c) Refunds when a resident is transferred or discharged.

(d) Training and ongoing evaluation of staff, including specialized training if designated proxy caregivers are provided or memory care is offered.

(e) House rules and their enforcement.

(f) Protecting the rights of the residents as set forth in these rules;

(g) Medication management, procurement and the professional oversight provided for such services.

(h) Health and hygiene issues for residents and staff relating to infection control, work policies and return to work policies, food borne illnesses and reportable diseases.

(i) The investigation and reporting of abuse, neglect, exploitation of residents, residents' wandering away from the community, accidents, injuries and changes in residents' conditions to required parties.

(j) Discipline procedures for handling conduct which is inconsistent with the policies of the home committed by staff.

(k) Emergency preparedness, drills and evacuation requirements.

(l) Quality assurance and peer review mechanisms to determine opportunities for improving care utilizing information acquired from reports and investigations of serious incidents, including resident and family feedback.

(m) The use of volunteers, who have unsupervised access to the residents and their orientation regarding resident's rights and basic safety precautions.

(n) The specific use of proxy caregivers allowed within the home and the oversight of proxy caregivers the home requires or provides in accordance with Georgia law, these rules and the rules for proxy caregivers, Chapter 111-8-100.

(o) The safety and security precautions that will be employed by the home to protect residents from harm by other residents, designated proxy caregivers and other individuals, not employed by the home who routinely come into the home.

(p) The staffing plan which takes into account the specific needs of the residents and also includes arrangements for staffing

in the absence of regularly scheduled staff.

(4) The governing body must not permit any person who is a member of the governing body, administration or staff to serve as the representative of a resident of the home.

(5) Where a member of the governing body, administration or staff serves as the representative payee of the resident, the home must use the funds received for the exclusive use and benefit and in the best interest of the resident and maintain necessary records to support such use.

(6) The governing body must ensure that staff accepts certified mail from the Department when sent to the licensed home.

Authority: O.C.G.A. §§ 31-2-7, 31-7-1, 31-7-2.1 and 31-7-12.

111-8-62-.08 Administration.

(1) For homes first licensed after the effective date of these rules, the home must have an administrator, who is at least 21 years of age and, has either

(a) an Associate's Degree or,

(b) a G.E.D. or a high school diploma and 2 years experience working in a licensed personal care home or other healthcare-related setting.

(2) The administrator or on-site manager of each personal care home must do the following:

(a) Ensure that the policies and procedures are effective and enforced to support the health and safety of the residents.

(b) Designate qualified staff as responsible staff to act on his or her behalf and to carry out his or her duties in the administrator or on-site manager's absence. No resident shall be designated as staff.

(c) Investigate serious incidents involving residents which result in injuries or death in order to identify and implement opportunities for improvement in care.

(d) Monitor and document staff performance to ensure that care and services are being delivered safely and in accordance with these rules.

(3) Personnel must be assigned duties consistent with their

positions, training, experience, and the requirements of Rule 111-8-62-.09.

(4) The administrator must develop and utilize a comprehensive disaster preparedness plan for the home for staff and residents to follow in case of fire, explosion, or other emergency, including interruption of electrical power supply, gas-heating supply and water supply. The plan must be completed in a format acceptable to the Department and address obtaining emergency transportation, sheltering in place, loss of power and water, evacuating and transporting the residents away from the home, and identifying alternative living arrangements.

(a) The plan must describe clearly how the emergency procedures will be carried out for potential emergency situations or disasters which might likely occur, such as forced evacuation, utility outage or sheltering in place as a result of a hurricane or tornado.

(b) The emergency procedures must answer the questions of "who, what, when, where, and how" the home will be ready to act effectively and efficiently in an emergency situation.

(5) Each home must have a telephone which is maintained in working order at all times and is accessible to the residents.

(6) The home must provide timely notification of the relocation address to the residents, their family contacts and representatives, if any, and the Department whenever the home must relocate the residents as a result of an emergency situation which disrupts the provision of room and board for the residents at the licensed location.

Authority: O.C.G.A. §§ 31-2-7, 31-7-1, 31-7-2.1, 31-7-3 and 31-7-12.2

111-8-62-.09 Workforce Qualifications and Training.

(1) **Age Requirements.** The on-site manager and all other direct-care supervisory staff working in a personal care home must be at least 21 years of age. Non-supervisory staff providing hands-on care to the residents must be at least 18 years of age.

(2) The administrator or on-site manager must be responsible for ensuring that any person working in the home as an employee, under contract or otherwise, receives work-related training within the first sixty days of employment. Such training must include, at a minimum, the following:

(a) Evidence of current certification in emergency first aid

except where the staff person is a currently licensed health care professional.

(b) Evidence of current certification in cardiopulmonary resuscitation where the training course required return demonstration of competency.

(c) Emergency evacuation procedures.

(d) Medical and social needs and characteristics of the resident population.

(e) Residents' rights.

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

(g) General infection control principles including the importance of hand hygiene in all settings and attendance policies when ill.

(3) At least one staff person having completed the minimum training requirements of Rule 111-8-62-.09(2)(a) through (f) above must be present in the home at all times resident(s) are present in the home. Where the home provides a secure unit, the unit itself must have at least one person present in the unit who has completed all the required training.

(4) All persons, including the administrator or on-site manager, who offer direct care to the residents, must satisfactorily complete continuing education each year, in courses, relevant to their job duties, including, but not limited to, appropriate medication assistance, working with the elderly, working with residents with Alzheimer's or other cognitive impairments, working with the mentally retarded, mentally ill and developmentally disabled, social and recreational activities, legal issues, physical maintenance and fire safety, housekeeping, or other topics as needed or as determined by the Department.

(5) All directors and employees involved with the provision of personal services to the residents must have at least sixteen (16) hours of training per year.

(6) The administrator, on-site manager, and each employee must have received a tuberculosis screening and a physical examination by a licensed physician, nurse practitioner or physician assistant within twelve months prior to their employment with the home which examination was sufficiently comprehensive

to assure that the employee is free of diseases communicable within the scope of employment and physically qualified to work. Follow-up examinations must be conducted by a licensed physician, nurse practitioner or physician assistant of each administrator or staff person to determine readiness to return to work following a significant illness or injury. Copies of information regarding staff member health must be kept in the staff person's file accessible at the licensed home or within one hour of the request.

(7) **Criminal History Background Checks for Owners Required.** Prior to the issuance of any new license, the owner of the business or agency applying for the license must submit a fingerprint records check application so as to permit the Department to obtain a criminal history background check.

(a) In lieu of a records check application, the owner may submit evidence, satisfactory to the Department, that within the immediately preceding 12 months the owner has received a satisfactory criminal history background check determination.

(b) A personal care home license must not be issued, and any license issued must be revoked where it has been determined that the owner has a criminal record as defined in O.C.G.A. § 31-2-9 or specific rules passed pursuant to the statute.

(c) An owner with a valid personal care home license who acquires a criminal record for any of the crimes as defined in O.C.G.A. § 31-2-9 or rules passed pursuant to the statute subsequent to the effective date of these rules must disclose the criminal record to the Department.

(d) If at any time the Department has reason to believe an owner holding a license has a criminal record where mitigation has not been determined as described in O.C.G.A. §31-2-9 or rules passed pursuant to the statute, the Department shall initiate a revocation action.

(8) **Criminal History Background Checks for Directors, Administrators and Onsite Managers Required.** The home must obtain a satisfactory fingerprint records check determination for the person being considered for employment as a director, administrator or onsite manager. The records check determination must be done in compliance with the provisions of O.C.G.A. §31-7-250 *et seq*. or specific rules passed pursuant to the statute.

(a) In lieu of a records check application, the director, administrator or onsite manager may submit evidence, satisfactory to the Department, that within the immediately preceding 12 months the above personnel have received a satisfactory records

check determination or a satisfactory preliminary records check determination, whichever is applicable.

(b) A person with an unsatisfactory criminal history background check determination must not serve as a director of a licensed personal care home if it is determined that such person has a criminal record, as defined in O.C.G.A. § 31-7-250 or specific rules passed pursuant to the statute.

(c) The director, administrator or onsite manager of the home must immediately submit to an additional fingerprint records check when the Department provides the director, administrator or onsite manager with written notice of any one of the following:

1. There is reason to believe that director, administrator or onsite manager has acquired a criminal record as defined in O.C.G.A. § 31-7-250 or specific rules passed pursuant to the statute subsequent to the Department's issuance of the permit.

2. The fingerprint record check is required to confirm identification for record search purposes.

3. The fingerprint record check is required in connection with an abuse, neglect or exploitation investigation.

(9) **Criminal History Background Checks for Employees Required.** Prior to serving as an employee other than a director of a licensed personal care home, the home must obtain a satisfactory records check determination for the person to be hired in compliance with the provisions of O.C.G.A. §31-7-250 *et seq*. or specific rules passed pursuant to the statute.

(a) A person with an unsatisfactory criminal history background check determination must not serve as an employee of a licensed personal care home if it is determined that such person has a criminal record, unless an administrative law judge has determined that the employee is authorized to work in the personal care home.

(b) Where an applicant for employment has not been a resident of the state for three (3) years preceding the application for employment, the personal care home must attempt to obtain a criminal history background check from the local law enforcement agency of the applicant's previous state of employment.

(c) A personal care home must require its employee to immediately submit to a fingerprint records check when the Department provides the personal care home with written notice of any one of the following:

1. There is reason to believe that the employee has

acquired a criminal record as defined in O.C.G.A. § 31-7-250 or specific rules passed pursuant to the statute subsequent to the Department's issuance of the permit.

2. The fingerprint record check is required to confirm identification for record search purposes.

3. The fingerprint record check is required in connection with an abuse, neglect or exploitation investigation.

(10) The administrator or on-site manager must obtain and verify a five- year employment history when possible for each employee and maintain documentation in the employee's file. If the potential employee has no prior employment history, then the home must retain documentation of a satisfactory personal reference check.

(11) Personnel file(s) for each employee must be maintained either in the home or available for inspection by departmental staff within one hour of request or prior to the end of the on-site survey and for three years following the employee's departure or discharge. These files must include all of the following:

(a) Evidence of a satisfactory fingerprint record check determination or a satisfactory criminal history background check determination.

(b) Report of a physical examination completed by a licensed physician, nurse practitioner or physician assistant.

(c) Evidence of trainings, skills competency determinations and recertifications as required by these rules and, if applicable, the Rules for Proxy Caregivers, Chapter 111-8-100.

(d) Employment history, if previously employed, including places of work, employers and telephone contacts with previous employers.

(e) Supporting documentation reflecting that the employee has the basic qualifications as represented, e.g. personal references, documentation of good standing by nursing board, no findings of abuse, neglect or exploitation entered against the individual in the nurse aide registry, satisfactory report of motor vehicle driving record where the employee may be transporting residents.

(f) Written evidence of satisfactory initial and annual work performance reviews, which can take the form of skills competency checklists, for unlicensed staff providing hands-on personal care. Where the unlicensed staff performs specialized tasks, such as health maintenance activities, such performance

reviews must include the satisfactory completion of skills competency checklists as specified in applicable rules. Such reviews must be conducted by staff or contractors qualified by education, training and experience to assess that the assigned duties are being performed in accordance with applicable rules and accepted health and safety standards.

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

Authority: O.C.G.A. §§ 31-2-7, 31-2-9, 31-7-2.1 31-7-12 and 31-7-250 *et seq*.

111-8-62-.10 Staffing.

(1) The home must maintain a minimum on-site staff to resident ratio of one awake direct care staff person per 15 residents during waking hours and one awake direct care staff person per 25 residents during non-waking hours where the residents have minimal care needs. However, the home must staff above these minimum on-site staff ratios to meet the specific residents' ongoing health, safety and care needs.

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

(b) At least one administrator, on-site manager, or a responsible staff person must be on the premises 24 hours per day and available to respond to residents needs.

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

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

(3) For purposes of these regulations, a resident must not be

considered a staff person.

(4) All homes must develop and maintain accurate staffing plans that take into account the specific needs of the residents and monthly work schedules for all employees, including relief workers, showing planned and actual coverage for each day and night.

(5) The home must retain the completed staff schedules for a minimum of one year.

(6) Sufficient staff time must be provided by the home such that each resident:

(a) Receives treatments, medications and diet as prescribed.

(b) Receives proper care to prevent pressure ulcers and contractures.

(c) Is kept comfortable and clean.

(d) Is treated with dignity, kindness, and consideration and respect.

(e) Is protected from avoidable injury and infection.

(f) Is given prompt, unhurried assistance if she or he requires help with eating.

(g) Is given assistance, if needed, with daily hygiene, including baths, oral care.

(h) Is given assistance with transferring when needed.

(7) The administrator, on-site manager, or staff person must not be under the influence of alcohol or other controlled substances while engaged in any work-related activity on behalf of the home.

(8) A home licensed to serve more than 24 residents must ensure that staff wear employee identification badges which are readily visible.

Authority: O.C.G.A. §§ 31-2-7, 31-7-1, 31-7-2.1, 31-7-12 and 31-7-12.2.

111-8-62-.11 Home Accountability and Inspections.

(1) The home and its records must be available for review and examination by properly identified representatives of the Department. Inspections may be conducted both on an announced and unannounced basis. Unannounced inspections shall be conducted as needed.

(2) Where the Department identifies rule violations, the home will receive a written report of inspection. Within 10 days of receipt of the written report of inspection, the home must develop a written plan for correcting any rule violations identified. The plan of correction must identify the specific actions the home will take promptly to come into compliance with each rule for which a deficient practice was identified and file the plan with the Department as directed.

(3) If the home disagrees with the facts and conclusions stated in the inspection report, the home may include with its plan of correction a written statement explaining its disagreement and any evidence supporting the disagreement to the Department. Where the Department concurs with the written statement of disagreement, the Department will issue a revised inspection report to the home.

(4) A copy of the most recent inspection report and plan of correction must be displayed in the home in a location that is routinely used by the home to communicate information to residents and visitors. Additionally, when the Department develops a web site for receiving plans of correction electronically and notifies the home on the inspection report of the internet address, the home must file its plan of correction electronically on the Department's web site within 10 days of receipt of the written report of inspection or submit it in writing to the Department within 10 days.

(5) The home must assess the effectiveness of its plan of correction in correcting the deficient practice and modify the plan of correction as necessary to ensure compliance with the rules.

(6) The home must complete and maintain an accurate and current licensed residential care profile using the specific form made available by the Department. The licensed residential care profile must be made available by the home for inspection upon request by any person.

(7) The home must complete and maintain an accurate and current licensed residential care profile on file with the Department when the Department makes available a system for the submission and collection of such information electronically.

(8) The home must provide services that are consistent with the information reported on its licensed residential care profile, its license and these rules.

(9) A personal care home which is not licensed as an assisted living community must not use the term “assisted living” in its name or marketing materials.

Authority: O.C.G.A. §§ 31-2-7, 31-7-1, 31-7-3, 31-7-2.1, 31-7-12, 31-7-12.2 and 31-7-12.3.

111-8-62-.12 Home Design Requirements.

(1) A home must be constructed, arranged, and maintained to provide adequately for all of the following:

(a) Health, safety, and well-being of the residents.

(b) Independence, privacy and dignity of the residents.

(c) Safe access of all residents with varying degrees of functional impairments to living, dining and activity areas within the home.

(2) A currently licensed home which undergoes major structural renovation or one that is first licensed after the effective date of these rules must be designed and constructed in compliance with applicable state and local building and fire codes.

(3) Where the home intends to make changes to the home which would result in a change to the floor sketch from the one that was submitted at the time of initial licensing or certificate of need review, the home must have such proposed changes approved by the Department.

(4) Any renovations to the home which put the home out of compliance with these rules may subject the home to revocation of its license.

(5) **Common Areas.** The home must provide common living areas for the use of the residents.

(a) Separate and distinct sleeping and living areas must be provided which allow for necessary supervision and assistance by staff and are conveniently located within easy walking distance of each resident’s private living space (room), available for the residents’ informal use at any time and do not require any resident to leave the building to use.

(b) Living rooms must be provided which are large enough to

accommodate the residents without crowding. The rooms must be comfortably and attractively furnished, well heated, well lighted, ventilated and clean.

(c) The home must have handrails, grab bars, doorways and corridors which accommodate permitted mobility devices, such as walkers, motorized scooters, wheel chairs and crutches or canes as the residents require for their safety and allow the residents to move about the home freely.

(d) The home must provide an area for use by residents and visitors which affords privacy.

(e) The home must place at least one current calendar and working clock in the common living area.

(f) The home must provide a comfortable dining area which is properly equipped and adequate in size for the number of residents being served.

(g) The home must provide a means of locked storage for any resident's valuables or personal belongings, upon request.

(h) No living room, dining room, hallway, and any other room not ordinarily used for sleeping is permitted to be used for sleeping by residents, family, staff or renters.

(i) A home must provide laundering facilities on the premises for the residents' personal laundry that prevents the cross-contamination of clean and dirty laundry.

(6) **Bedrooms or Private Living Spaces.** The following minimum standards for resident bedrooms or private living spaces must be met:

(a) Bedrooms or private living spaces must have at least 80 square feet of usable floor space per resident. Usable floor space is defined as that floor space under a ceiling at least seven feet in height. However, licensed personal care homes approved prior to or on February 6, 1981 to operate with bedrooms or private living spaces with a minimum of 70 square feet of usable floor space per resident which have continuously operated since that date may continue to use the minimum 70 square feet standard. Where a home operating under this exception has its permit revoked, changes ownership, changes location, or undergoes extensive renovations, or for any other reason surrenders its permit, this exception regarding the minimum square footage is no longer available.

(b) There shall be no more than four residents per bedroom or private living space unless the home is presently permitted to

serve more than four residents per bedroom or private living space and no change in the ownership, location or licensure status of the home occurs.

(c) Each bedroom or private living space must have at least one window opening through an exterior wall of the home. Bedrooms or private living spaces must be well ventilated and maintained at a comfortable temperature.

(d) If the residents specifically choose in writing to share a private bedroom or living space with another resident of the home, then the residents must be permitted to share the room, subject to the usable square feet requirement and the limitation that no more than four residents may share any bedroom or private living space.

(e) Bedrooms or private living spaces for residents must be separated from halls, corridors and other rooms by floor to ceiling walls.

(f) The floor plan of the home must be such that no person other than the residents assigned to a bedroom or private living space should pass through that residents' bedroom or private living space in order to reach another room.

(g) Doorways of bedrooms or private living spaces occupied by residents must be equipped with side-hinged permanently mounted doors equipped with positively latching hardware which will insure opening of the door by a single motion, such as turning a knob or by pressing with normal strength on a latch. For bedrooms or private living spaces which have locks on doors, both the occupant and administrator or on-site manager must be provided with keys to assure easy entry and exit.

(h) A room must not be used as a bedroom or private living space where more than one-half the room height is below ground level. Bedrooms or private living spaces which are partially below ground level must have adequate natural light and ventilation and be provided with two useful means of egress. Control of dampness must be assured.

(i) When a resident is discharged, the room and its contents must be thoroughly cleaned.

(7) **Bathroom Facilities**. The following minimum standards apply to bathroom facilities:

(a) At least one functional toilet and lavatory must be provided for each four residents and at least one bathing or showering facility must be provided for each eight residents living in a home.

(b) At least one toilet and lavatory must be provided on each floor having residents' bedrooms.

(c) Grab bars and nonskid surfacing or strips must be installed in all showers and bath areas.

(d) Bathrooms and toilet facilities without windows must have forced ventilation to the outside. Bathroom windows used for ventilation must open easily.

(e) Toilets, bathtubs and showers must provide for individual privacy.

(f) All plumbing and bathroom fixtures must be maintained in good working order at all times and must present a clean and sanitary appearance.

(g) A home serving a person dependent upon a wheelchair or scooter for mobility must have at least one bathroom that permits the resident to use all bathroom fixtures easily and independently where able.

(8) **Interior Design and Construction.** The home must be designed and built to provide for the following:

(a) All stairways and ramps must have sturdy and securely fastened handrails, not less than 30 inches nor more than 34 inches above the center of the tread. Exterior stairways, decks and porches must have handrails on the open sides.

(b) Floor covering must be intact and securely fastened to the floor. Any hazard that may cause tripping must be removed.

(c) All areas of the home, including hallways and stairs must provide sufficient ambient lighting such that the residents may move about safely and objects may be easily observed by the residents. In addition, appropriate task lighting necessary for more visually demanding activities such as reading, knitting or preparing food must also be provided for resident use.

Authority: O.C.G.A. §§ 31-2-7, 31-7-1, 31-7-2.1 and 31-7-12.

111-8-62-.13 Physical Plant Health and Safety Standards.

(1) Each home must be in compliance with fire and safety rules promulgated by the Office of the Safety Fire Commissioner for the personal care homes it regulates.

(2) Each home must be in compliance with applicable local

ordinances that specifically address fire safety in homes of that size and function. Private quarters must be maintained in such a manner as to comply with fire safety codes and not threaten the health or safety of residents. In the absence of or in addition to any such local ordinances, the following requirements must be met:

(a) Wall type electric outlets and lamps or light fixtures must be maintained in a safe and operating condition. The home must provide functioning light bulbs for light fixtures.

(b) Cooking appliances must be suitably installed in accordance with approved safety practices. Where metal hoods or canopies are provided, they must be equipped with filters which must be maintained in an efficient condition and kept clean at all times.

(c) Space heaters must not be used, except during an emergency situation after obtaining specific written approval of the fire safety authority having jurisdiction over the home.

(d) Fire screens and protective devices must be used with fireplaces, stoves and heaters, including space heaters.

(e) Each home must be protected with sufficient smoke detectors, powered by house electrical service with battery back-up which, when activated, must initiate an alarm which is audible in the sleeping rooms.

(f) Each home must have at least one charged 5 lb. multipurpose ABC fire extinguisher on each occupied floor and in the basement. These extinguishers must be checked annually to assure they remain in operable condition.

(g) Each home must have a working doorbell or doorknocker which is audible to staff inside at all times.

(h) Exterior doors must be equipped with locks which do not require keys to open them from the inside.

(3) The electrical service of the home must be inspected by a licensed electrician or local code enforcement official and declared free of hazards within no more than six months prior to the date of filing the application for a permit. A signed copy of this inspection report must be submitted to the Department as a part of the application. Electrical service must be maintained in a safe condition at all times. The Department may require a re-inspection of the electrical service at any time renovation or repair work is done in the home or there is a request for a change in capacity or there is reason to believe that a risk to residents exists.

(4) Where the Department has reason to believe, based on the number of residents requiring assistance with ambulation and staffing patterns that the home may not be able to evacuate all of the residents to a designated point of safety within an established period of time as determined by the fire safety officials, the Department may either require the home to conduct an immediate fire safety drill or make a referral for a new compliance determination to responsible fire safety officials. The Department may also require a repeat fire safety inspection where substantial renovations or repairs have been made to the home.

(5) Water and sewage systems must meet applicable federal, state, and local standards and/or regulations.

(6) Floors, walls, and ceilings must be kept clean and in good repair.

(7) Kitchen and bathroom areas must be kept clean and sanitized, at least once daily with disinfectant and more often as needed to insure cleanliness and sanitation.

(8) The storage and disposal of bio-medical and hazardous wastes must comply with applicable federal, state, and local rules and/or standards.

(9) Solid waste which is not disposed of by mechanical means must be stored in vermin-proof, leak-proof, nonabsorbent containers with closefitting covers until removed. Waste must be removed from the kitchen at least daily and from the premises at least weekly.

(10) An insect, rodent or pest control program must be maintained and conducted in a manner which continually protects the health of residents.

(11) Poisons, caustics, and other dangerous materials must be stored and safeguarded in areas away from residents, food preparation and food storage areas, and medication storage areas.

(12) The home must have an adequate hot water system that supplies heated water, comfortable to the touch but not exceeding 120 degrees Fahrenheit (F.) to the residents for their usage.

(13) Entrances and exits, sidewalks, yards and escape routes must be maintained free of any hazards such as refuse, equipment, unsafe furniture, debris or any other impediments. Ice and snow must be cleared from the home’s entrances, exits and walkways.

(14) The home must have its house number displayed so as to be easily visible from the street.

(15) The exterior of the home must be properly maintained to remain safe and in good repair.

(16) The following evacuation requirements must be met:

(a) Residents who need assistance with ambulation must be assigned bedrooms which have a ground-level exit to the outside or to rooms above ground level which have exits with easily negotiable ramps or easily accessible elevators.

(b) There must be an established procedure and mechanism for alerting and caring for residents in case of emergencies and evacuating them to safety. This procedure must include instructions and evacuation plans posted on each floor of a home. Each sleeping room must have a secondary exit. This secondary exit may be a door or a window usable for escape. A plan showing these routes of escape must be posted in the home on each floor.

(c) A home serving person(s) dependent upon wheelchairs or scooters for mobility must provide at least two exits from the home, remote from each other, that are accessible to these persons.

Authority: O.C.G.A. §§ 31-2-7, 31-7-1, 31-7-2.1 and 31-7-12.

111-8-62-.14 Furnishings and Fixtures.

(1) Furnishings of the home in the living room, bedrooms and dining room must be maintained in good condition, intact, and functional.

(2) Furnishings and housekeeping standards must be such that a home presents a clean and orderly appearance.

(3) Resident bedroom furnishings must include all of the following:

(a) An adequate closet or wardrobe.

(b) Working lighting fixtures sufficient for reading and other resident activities.

(c) A bureau or dresser or the equivalent and at least one chair with arms per resident in each bedroom or private living space.

(d) A mirror appropriate for grooming unless the resident or resident's representative specifically requests to have it removed;

(e) An individual bed at least 36-inches wide and 72-inches long with comfortable springs and mattress, clean and in good condition. Where a particular resident is very tall, the home must provide an extra long mattress upon request. The mattress shall be not less than five-inches thick, or four-inches, if of a synthetic construction. Couples may request a double bed when available. Roll-a-ways, cots, double-decks, stacked bunks, hide-a-beds and studio couches are not to be used in lieu of standard beds.

(f) Bedding for each resident which includes two sheets, a pillow, a pillow case, a minimum of one blanket and bedspread. A home must maintain a linen supply for not less than twice the bed capacity where the residents do not choose to provide their own linens. Where the residents choose to provide their own linens, the home must maintain an adequate supply of spare linens on hand to accommodate the needs of the residents. A home must change and launder bed linens for each resident at least weekly or more often if soiled.

(4) Provision must be made for assisting a resident to personalize the bedroom by allowing the use of his or her own furniture if so desired and mounting or hanging pictures on bedroom walls.

Authority: O.C.G.A. §§ 31-2-7, 31-7-1, 31-7-2.1 and 31-7-12.

111-8-62-.15 Admission.

(1) Criteria for admission and retention of residents in a home are as follows:

(a) Persons admitted to a personal care home must be at least 18 years of age.

(b) The home is permitted to admit and retain only ambulatory residents who are capable of self-preservation with minimal assistance, i.e. staff may assist the resident in transferring from a sitting or reclining position and provide verbal directions to residents who are able to self-propel to the nearest exit.

(d) The home must not admit, or retain persons who require the use of physical or chemical restraints, isolation, or confinement for behavioral control.

(e) No home is permitted to admit residents who either require continuous medical services or continuous nursing care and treatment.

(f) Medical, nursing, health or therapeutic services required on a periodic basis, or for short-term illness, must not be provided as services of the home. When such services are required, they must be purchased by the resident or the resident's representative or legal surrogate, if any, from appropriately licensed providers managed independently from the home. The home may assist in arrangement for such services, but not provision of those services.

(2) No home is permitted to admit or retain a resident who needs care beyond which the home is permitted to provide.

(3) The administrator or on-site manager of a home must conduct an interview with the applicant and/or representative or legal surrogate, if any, of the applicant to ascertain that the home can meet the applicant's needs. The administrator or on-site manager must obtain a report of physical examination conducted by a by a licensed physician, nurse practitioner or physician's assistant dated within 30 days prior to the date of admission using the specific report of physical examination form made available by the Department on its website to assess whether the home can meet the applicant's needs. Where a home admits a resident without the required physical examination pursuant to a specific request for an emergency placement made by a governmental agency responsible for adult protective service, local law enforcement or a case manager, the home must retain documentation of the need for the emergency placement and obtain a copy of a physical examination within 14 days following the emergency admission. The required report of physical examination form must be completed in its entirety.

Authority: O.C.G.A. §§ 31-2-7, 31-7-1, 31-7-2.1 and 31-7-12.

111-8-62-.16 Admission Agreement.

(1) A written admission agreement must be entered into between the governing body and the resident. Such agreement must contain the following:

(a) A current statement of all fees and daily, weekly or monthly charges; any other services which are available on an additional fee basis, for which the resident must sign; a request acknowledging the additional cost; and the services provided in the home for that charge.

(b) A statement that residents and their representatives or legal surrogates must be informed, in writing, at least 60 days prior to changes in charges or services.

(c) The resident's authorization and consent to release

medical information to the home as needed.

(d) Provisions for the administrator or on-site manager's continuous assessment of the resident's needs, referral for appropriate services as may be required if the resident's condition changes and referral for transfer or discharge if required due to a change in the resident's condition.

(e) Provision for transportation of residents for shopping, recreation, rehabilitation and medical services, which must be available either as a basic service or on a reimbursement basis. Provision must also be made for access to emergency transportation at all times.

(f) A statement of the home's refund policy including but not limited to when a resident decides not to move into the home, dies, is transferred or discharged.

(g) A statement that a resident may not perform services for the home.

(h) A copy of the house rules, which must be in writing and also posted in the home. House rules must be consistent with residents' rights. House rules must include, but not be limited to, policies regarding the use of tobacco and alcohol, the times and frequency of use of the telephone, visitors, hours and volume for viewing and listening to television, radio and other audiovisual equipment, whether residents’ personal pets or household pets are permitted and the use of personal property.

(i) For residents first admitted after the effective date of these rules, a statement disclosing whether the home permits the resident to hire independent proxy caregivers, sitters, or requires the purchase of such services from the home or approved providers.

(j) For residents first admitted after the effective date of these rules, the admission agreement must disclose how and by what level of staff medications are handled in the home. The agreement must also specify who is responsible for initial acquisition, refilling of prescribed medications and whether unit or multi-dose packaging of medications is required.

(k) An explanation of how and when residents must be discharged or transferred from the home.

(l) For residents first admitted after the effective date of these rules, an explanation of how social media, photos of residents and other media involving residents are handled.

(2) Each resident, and representative, where applicable,

prior to the execution of the admissions agreement, must have an opportunity to read the agreement. In the event that a resident is unable to read the agreement, the administrator or on-site manager must take special steps to assure communication of its contents to the resident.

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

Authority: O.C.G.A. §§ 31-2-7, 31-7-1, 31-7-2.1 and 31-7-12.

111-8-62-.17 Services.

(1) Personal assistance must be given to those residents who are unable to keep themselves neat and clean.

(2) Each home must provide sufficient activities to promote the physical, mental and social well-being of each resident.

(3) Each home must provide books, newspapers, and games for leisure time activities. Each home must encourage and offer assistance to residents who wish to participate in hobbies, music, arts and crafts, religion, games, sports, social, recreational and cultural activities available in the home and in the community.

(4) Each home must have at least one operable, non-pay telephone which is accessible at all times for emergency use by staff. Residents must have access to an operable, non-pay telephone in a private location, both to make and receive personal calls. The same telephone may meet all the requirements of this section.

(5) The daily living routine of the home must be such that a resident may spend the majority of his or her non-sleeping hours out of the resident's bedroom, if he or she so chooses.

(6) A home must not restrict a resident's free access to the common areas of the home unless the resident is living in a specialized memory care unit. If the resident is residing in a specialized memory care unit, unrestricted access to the common areas contained within the memory care unit must be provided to the resident.

(7) A home must not lock the resident into or out of the resident's bedroom or private living space.

(8) Resident Needs Assessment. The home must complete

an assessment of the resident at the time of admission and update as changes occur that addresses the resident's care needs taking into account the resident's family supports, the resident's functional capacity relative to the activities of daily living, physical care needs, medical information provided, cognitive and behavioral impairments, if any, and personal preferences relative to care needs.

(9) Written Care Plan. Utilizing the information acquired during the admission process and the move-in adjustment period, a home which provides proxy caregivers or memory care must develop the resident's individual written care plan within 14 days of admission and require staff to use the care plan as a guide for the delivery of care and services to the resident. The care plan must include the following:

(a) A description of the resident's care and social needs and the services to be provided, including frequency to address care and social needs.

(b) Resident's particular preferences regarding care, activities and interests.

(c) Specific behaviors to be addressed with interventions to be used.

(d) Any physician order or order of a nurse practitioner or physician assistant working under protocol or job description, respectively for assistive devices.

(e) Staff primarily responsible for implementing the care plan.

(f) Evidence of resident and family involvement in the development of the plan when appropriate.

(g) Evidence of the care plan being updated at least annually and more frequently where the needs of the resident change substantially.

Authority: O.C.G.A. §§ 31-2-7, 31-7-1, 31-7-2.1 and 31-7-12.

111-8-62-.18 Requirements for Memory Care Services.

(1) A home which serves residents with cognitive deficits which place the residents at risk of eloping, i.e. engaging in unsafe wandering activities outside the home must do the following:

(a) Develop, train and enforce policies and procedures for staff to deal with residents who may elope from the home including what actions, as specified in rule 111-8-62-.30 are to be

taken if a resident wanders away (elopes) from the home.

(b) Utilize appropriate effective safety devices, which do not impede the residents' rights to mobility and activity choice or violate fire safety standards, to protect the residents who are at risk of eloping from the premises.

1. If the safety devices include locks used on exit doors, as approved by the fire marshal having jurisdiction over the home, then the locking device shall be electronic and release whenever the following occurs: activation of the fire alarm or sprinkler system, power failure to the home or by-pass for routine use by the public and staff for service using a key button/key pad located at the exit or continuous pressure for thirty (30) seconds or less.

2. If the safety devices include the use of keypads to lock and unlock exits, then directions for operation must be posted on the outside of the door to allow individuals' access to the unit. However, if the unit is a whole home, then directions for the operation of the locks need not be posted on the outside of the door. The units must not have entrance and exit doors that are closed with non-electronic keyed locks nor shall a door with a keyed lock be placed between a resident and the exit.

(2) A home serving residents who are at risk of eloping from the premises must retain on file at the home current pictures of residents who are at risk of eloping.

Authority: O.C.G.A. §§ 31-2-7, 31-7-1, 31-7-2.1 and 31-7-12.

111-8-62-.19 Additional Requirements for Specialized Memory Care Units or Homes.

(1) A home must meet the additional requirements contained in rule 111-8-62-.19 where the home serves persons with probable diagnoses of Alzheimer's Disease or other dementia and does any of the following:

(a) Provides additional or specialized care in locked units to such residents.

(b) Holds itself out as providing additional or specialized care to such residents.

(c) Charges rates in excess of that charged other residents because of the cognitive deficits of such residents which may place them at risk of eloping.

(2) Written Description. The home must develop an accurate written description of the special care unit that includes

the following:

(a) A statement of philosophy and mission.

(b) How the services of the special care unit are different from services provided in the rest of the personal care home.

(c) Staffing, including job titles of staff who work in the unit, staff training and continuing education requirements.

(d) Admission procedures, including screening criteria.

(e) Assessment and service planning protocol, including criteria to be used that would trigger a reassessment of the resident's status before the customary quarterly review.

(f) Staffing patterns, maintained within the unit, including the ratio of direct care staff to resident for a 24-hour cycle.

(g) A description of the physical environment including safety and security features.

(h) A description of activities, including frequency and type, how the activities meet the needs of residents with dementia.

(i) The program's fee or fee structure for all services provided by the unit or home.

(j) Discharge criteria and procedures;

(k) The procedures that will be utilized for handling emergency situations.

(l) The involvement of the unit with families and family support programs.

(3) Disclosure of Description. A personal care home with an Alzheimer's/dementia special care unit must disclose the written description of the special care unit to:

(a) Any person upon request.

(b) The family or resident's representative before admission of the resident to the Memory Care Unit or program.

(4) Physical Design, Environment, and Safety. The memory care unit or special care unit must be designed to accommodate residents with severe dementia or Alzheimer’s Disease in a home-like environment which includes the following:

(a) Multipurpose room(s) for dining, group and individual

activities which are appropriately furnished to accommodate the activities taking place.

(b) Secured outdoor spaces and walkways which are wheel chair accessible and allow residents to ambulate safely but prevent undetected egress.

(c) High visual contrasts between floors and walls and doorways and walls in resident use areas except for fire exits, door and access ways which may be designed to minimize contrast to conceal areas where the residents should not enter.

(d) Adequate and even lighting which minimizes glare and shadows.

(e) The free movement of the resident, as the resident chooses, between the common space and the resident's own personal space in a bedroom that accommodates no more than four residents.

(f) Individually identified entrances to residents' rooms to assist residents in readily identifying their own personal spaces.

(g) An effective automated device or system to alert staff to individuals entering or leaving the building in an unauthorized manner. A home need not use an automated alert for an exit door when the particular exit is always staffed by a receptionist or other staff member who views and maintains a log of individuals entering and leaving the home. If the exit door is not always staffed, then the home must have a system that activates an automated alert when the door is not attended;

(h) A communication system(s) which permit staff in the unit to communicate with other staff outside the unit and with emergency services personnel as needed; and

(i) A unit or home which undergoes major renovation or is first constructed after December 9, 2009 must be designed and constructed in compliance with applicable state and local building and fire codes relevant to the specialized unit and the home.

(5) Staffing and Initial Staff Orientation. The home must ensure that the contained unit is staffed at all times with sufficient specially trained staff to meet the unique needs of the residents in the unit, including the following:

(a) Medications for residents living in the memory care unit must be provided to the residents by either or both of the following:

1. A licensed registered nurse or a licensed practical nurse

who is working under the supervision of a licensed physician or registered nurse.

2. A proxy caregiver employed by the home in compliance with the Rules and Regulations for Proxy Caregivers, Chapter 111-8-100.

(b) At least one awake staff member who is supervising the unit at all times and sufficient numbers of trained staff on duty at all times within the unit to meet the needs of the residents.

(c) Staff who, prior to caring for residents independently, have successfully completed an orientation program that includes at least the following components in addition to the general training required in Rule 111-8-62-.09:

1. The home's philosophy related to the care of residents with dementia in the unit.

2. The home's policies and procedures related to care in the unit and the staff's particular responsibilities including wandering and egress control.

3. An introduction to common behavior problems characteristic of residents residing in the unit and appropriate behavior management techniques.

(6) Initial Staff Training. Within the first six months of employment, staff assigned to the unit must receive training in the following topics:

(a) The nature of Alzheimer's Disease and other dementias, including the definition of dementia, the need for careful diagnosis and knowledge of the stages of Alzheimer's Disease.

(b) Common behavior problems and appropriate behavior management techniques.

(c) Communication skills that facilitate better resident-staff relations.

(d) Positive therapeutic interventions and activities such as exercise, sensory stimulation, activities of daily living skills.

(e) The role of the family in caring for residents with dementia, as well as the support needed by the family of these residents.

(f) Environmental modifications that can avoid problematic behavior and create a more therapeutic environment.

(g) Development of comprehensive and individual service plans and how to update or provide relevant information for updating and implementing them consistently across all shifts, including establishing a baseline and concrete treatment goals and outcomes.

(h) New developments in diagnosis and therapy that impact the approach to caring for the residents in the special unit.

(i) Recognizing physical or cognitive changes in the resident that warrant seeking medical attention.

(k) Maintaining the safety of residents with dementia.

(7) Special Admission Requirements for Unit Placement. Residents must have a Report of Physical Examination completed by a licensed physician, nurse practitioner or physician's assistant within 30 days prior to admission to the home or unit on forms provided by Department. The physical examination must clearly reflect that the resident has a diagnosis of probable Alzheimer's Disease or other dementia and has symptoms which demonstrate a need for placement in the specialized unit. However, the unit may also care for a resident who does not have a probable diagnosis of Alzheimer's Disease or other dementia, but desires to live in the unit as a companion to a resident with a probable diagnosis of Alzheimer's Disease or other dementia with which the resident has a close personal relationship. In addition, the physical examination report must establish that each potential resident of the unit does not require 24-hour skilled nursing care.

(8) Post-Admission Assessment. The home must assess each resident's care needs to include the following components: resident's family supports, level of activities of daily living functioning, physical care needs and level of behavior impairment.

(9) Individual Service Plans. The post-admission assessment must be used to develop the resident's individual service plan within 14 days of admission. The service plan must be developed by a team with at least one member of the direct care staff participating and input from each shift of direct care staff that provides care to the resident. All team members participating must sign the service plan and the service plan must be shared with the direct care staff providing care to the resident and serve as a guide for the delivery of services to the resident. The service plan must include the following:

(a) A description of the resident's care and social needs and the services to be provided, including frequency to address care and social needs.

(b) Resident's expressed preferences regarding care, activities and interests.

(c) Specific behaviors to be addressed with interventions to be used.

(d) Names of staff primarily responsible for implementing the service plan.

(e) Evidence of family involvement in the development of the plan when appropriate.

(f) Evidence of the service plan being updated at least quarterly or more frequently if the needs of resident change substantially.

(10) Therapeutic Activities. The unit must provide therapeutic activities appropriate to the needs of the individual residents and adapt the activities, as necessary, to encourage the participation of the residents. The following kinds of therapeutic activities must be provided at least weekly with at least some therapeutic activities occurring daily:

(a) Gross motor activities; e.g. exercise, dancing, gardening, cooking, other outdoor activities.

(b) Self-care activities; e.g. dressing, personal hygiene/grooming;

(c) Social activities; e.g. games, music, crafts.

(d) Sensory enhancement activities, e.g. distinguishing pictures and picture books, reminiscing and scent and tactile stimulation.

(11) No licensed personal care home may provide or hold itself out as providing specialized care for residents with probable Alzheimer's disease or other dementia or charge a differential rate for care of residents with cognitive deficits that place the residents at risk of engaging in unsafe wandering activities (eloping) unless it meets the additional requirements specified in Rule 111-8-62-.19.

Authority: O.C.G.A. §§ 31-2-7, 31-7-1, 31-7-2, 31-7-2.1, 31-7-12, 31-8-180 *et seq*. and 43-26-32.

111-8-62-.20 Medications.

(1) **Self-Administration of Medications**. Residents who have the capacity to self-administer medications safely and

independently without staff assistance or supervision must be allowed to store their own medications securely and self-administer medications if they so desire.

(2) Assistance with Self-Administration. A resident who is not capable of independent self-administration of medication may be assisted and supervised in self-administration by staff to the following extent;

(a) Staff providing such assistance or supervision may perform the following:

1. Take the medication, in its previously dispensed, properly labeled container, from where it is stored, and bring the medication to the resident.

2. Read the label, open the container, remove a prescribed amount of medication from the container, and close the container, in the presence of the resident.

3. Place an oral dosage in the resident's hand or in another container where the resident requests assistance.

4. Apply topical medications.

5. Assist with self-administration of drops, inhalers, nasal sprays and patches.

6. Return the medication container to proper secured storage.

7. Assist the resident’s use of an EPI pen where the resident has known severe allergies for which an EPI pen has been prescribed on condition that there is an established written protocol detailing how it is to be used and when. The protocol must include immediately calling Emergency Services, 911, after any use of the EPI pen.

(b) Staff assisting with or supervising self-administration of medications must be proficient in English and able to read, write and follow written instructions in English.

(3) Basic Medication Training for Staff Assisting with Self-Administration. The home must provide and document medication training for the unlicensed staff that are providing assistance with or supervision of self-administration of medications to capable residents. The medication training must be conducted with an appropriate curriculum for providing medication assistance and include at least the following topics:

(a) The home’s medication policy and procedures, including

actions to take if concerns regarding resident's capacity to self-administer medications are identified.

(b) How to read prescription labels including common abbreviations.

(c) Providing the right medication to the right resident at the right time in the right amount and the right way including how to measure various medications.

(d) Actions to take when concerns regarding medications are identified.

(e) Infection control procedures relative to providing assistance with medications.

(f) Proper medication storage and disposal.

(g) Recognition of side effects and adverse reactions for the specific medications.

(h) Understanding the common classifications of medications, typical side effects and adverse reactions and medications for which unlicensed staff may never provide assistance with or supervision of self administration.

(i) Proper documentation and record keeping using the Medication Assistance Record.

(4) Medication Skills Competency Determinations. Unlicensed staff in homes providing assistance with or supervision of self-administered medications must demonstrate to a qualified supervisor when hired and at least, annually thereafter, the necessary skills to perform the medication tasks assigned competently.

(5) Maintaining Records on Medication Assistance and Administration. Where the home either provides assistance with, or supervision of self-administered medications or health maintenance activities involving medications to residents, the home must maintain a daily Medication Assistance Record (MAR) for each resident receiving such service.

(a) The MAR must include the name of the specific resident, any known allergies, the name and telephone number of the resident's health care provider, the name, strength and specific directions including a summary of severe side effects and adverse reactions for use of each medication and a chart for staff who provide assistance or administration to record initials, time and date when medications are taken, refused or a medication error is identified (e.g. missed dosage).

(b) The staff providing the assistance or administration of medications must update the MAR each time the medication is offered or taken.

(c) The home must make medication information concerning the descriptions of medication, dosing, side effects, adverse reactions and contraindications for each medication being administered to the residents immediately available for reference by staff providing medication assistance or administration.

(d) Staff providing assistance with or administration of medications must document in the resident's record any unusual reactions to the medications and provide such information to the resident, the resident's representative and the health care provider as appropriate.

(e) Refills of prescribed medications must be obtained timely so that there is no interruption in the routine dosing. Where the home is provided with a new medication for the resident, the MAR must be modified to reflect the addition of the new medication within 48 hours or sooner if the prescribing physician, advance practice registered nurse or physician assistant indicates that the medication change must be made immediately. In homes, where unit or multi-dose packaging is not available for immediate changes in medications, unit or multi-dose packaging of the medication must be obtained when the prescription is refilled.

(6) Orders Required for All Medications. A home must not allow its staff to assist with, provide supervision of self-administered medications, including over-the-counter medications, unless there is a physician, advance practice registered nurse or physician assistant's order or individualized prescription bottle, specifying clear instructions for its use on file for the resident.

(7) Timely Management of Medication Procurement. The home must obtain new prescriptions within 48 hours of receipt of notice of the prescription or sooner if the prescribing physician indicates that a medication change must be made immediately. If the pharmacy does not have the medication needed for the immediate change, available and has not obtained further directions from the physician, the home must notify the physician of the unavailability of the prescription and request direction.

(8) Storage of Medications.

(a) The home is accountable for having an effective system to manage the medications it receives including storing medications under lock and key, or other secure system to prevent unauthorized access, at all times, whether kept by a resident or kept by the home for the resident, except when

required to be kept by a resident on his or her person due to need for frequent or emergency use, as determined by the resident's physician, advance practice registered nurse or physician assistant, or when closely attended by a staff member.

(b) Medication kept by a resident may be stored in the resident's bedroom, in a locked cabinet or other locked storage container. Single occupancy bedrooms which are kept locked at all times are acceptable. Duplicate keys for the resident’s locked storage container and room must be available to the resident and the administrator, on-site manager or designated staff.

(c) Medications must be kept in original containers with original labels intact.

(d) A home may stock over-the-counter medications such as aspirin or acetaminophen for the convenience of residents who have PRN (as needed) orders for the specific medication and dosage. However, where the resident takes an over-the-counter medication daily as prescribed in a written order by a licensed physician, nurse practitioner or physicians assistant, such as vitamins or low-dose aspirins, the resident must have an individual bottle of the prescribed medication that is kept for the resident’s individual usage.

(e) Unused or expired medications must be properly disposed of using the current U.S. Food and Drug Administration or U.S. Environmental Protection Agency guidelines for the specific medications.

Authority: O.C.G.A. §§ 31-2-7, 31-7-2.1, 31-7-1 and 31-7-12.

111-8-62-.21 Nutrition.

(1) A minimum of three regularly scheduled, well-balanced, meals must be provided seven days a week. There must be no more than 14 hours elapsing between the scheduled evening and morning meals. Meals must meet the general requirements for nutrition currently found in the Recommended Daily Diet Allowances, Food and Nutrition Board, National Academy of Sciences Meals must be of sufficient quantity, proper form, consistency and temperature. Food for at least one nutritious snack shall be available and offered each mid-afternoon and evening.

(2) Food received or used in a personal care home must be from satisfactory sources and must be clean, wholesome, free from spoilage, adulteration, and misbranding, and safe for human consumption.

(3) **Properly Furnished Food Areas.** A home must have a properly equipped kitchen with appropriate cabinets, drawers, holders and shelves or racks for storage of necessary equipment and utensils to prepare meals safely unless the home has arranged for meals to be obtained from a permitted food service establishment. The kitchen must be kept clean and disinfected at least daily unless more frequent sanitization is required to prevent the spread of infection or food borne illnesses.

(4) Handling of Food. All foods while being stored, prepared and served must be protected from spoilage and contamination and be safe for human consumption. The home must ensure that staff does the following:

(a) Store perishable foods properly, such as but not limited to meat, fish, eggs, dairy products, juices at temperatures that will minimize spoilage, i.e. at or below 41 degrees F.

(b) Thaw frozen foods properly, i.e. in the refrigerator or under cold running water with an unplugged sink.

(c) Provide hot and cold running water and sanitizing agents and ensure that they are used appropriately in the kitchen to clean and sanitize food, hands and utensils as required for safe food preparation.

(d) Prevent cross-contamination of foods via hands, cutting boards or utensils during preparation.

(e) Ensure that hot foods leave the kitchen (e.g. pot, steam table) for serving at or above 140 degrees F. and that cold foods leave the kitchen for serving at or below 41 degrees F.

(5) A home serving 25 or more residents must possess a valid food service permit issued through the authority of the Department of Public Health or a copy of the valid food service permit of the caterer who provides meals to the residents.

(6) Catered Food Service. When the a home uses a catered food service (food service establishment), the home must ensure that the service is properly licensed, provides meals in accordance with these rules, has a satisfactory record of compliance with food safety requirements and properly transports and stores food at time of delivery to maintain food safety.

(7) A home must maintain a three day supply of non-perishable food and water for emergency needs. The quantity of food required to be stored must be based on the usual resident census. The food must be kept in sealed containers which are labeled and dated. The food must be rotated in accordance with shelf life to ensure safety and palatability. Water sufficient for

drinking and food preparation must also be stored.

(8) Menus must be written and posted 24 hours prior to serving the meal. Any change or substitution must be noted and considered as a part of the original menu. Alternatives to the food offered on the menu must be available to accommodate individual resident preferences.

(9) Homes must maintain records of all menus as served for 30 days after use.

(10) The person designated by the home as being responsible for managing the preparation of meals for the residents must enforce safe food handling practices which address basic food safety, hygiene, cross contamination, time and temperature requirements and sanitation with staff and residents.

(11) A home must arrange for special therapeutic diets as prescribed by the resident's physician, advance practice registered nurse of physicians assistant.

Authority: O.C.G.A. §§ 31-2-7, 31-7-2.1 and 31-12-.3.

111-8-62-.22 Temperature Conditions.

(1) The temperature throughout the home must be maintained by an adequate heating and cooling systems or its equivalent at ranges which are consistent with individual health needs of residents and provides a comfortable environment for the residents.

(2) Temperatures in the home must not fall below 68 degrees during waking hours and 62 degrees F during sleeping hours. Mechanical cooling devices must be made available for use in those areas of the building used by residents when inside temperatures exceed 80 degrees F. No resident must be in any residence area that exceeds 85 degrees F.

(3) Where a power outage or mechanical failure impacting the ability of the home to maintain appropriate temperature ranges occurs, the home must take immediate action to provide for the health and safety of the residents, including but not limited to, arranging immediately for a service call, providing additional blankets or fans or utilizing an emergency power generator in accordance with the home's emergency preparedness plan.

Authority: O.C.G.A. §§ 31-2-7 and 31-7-2.1.

111-8-62-.23 Infection Control, Sanitation and Supplies.

(1) The home must have a supply of first-aid materials available for use. This supply must include, at a minimum, gloves, band aids, thermometer, tape, gauze, and an antiseptic.

(2) A home must provide hand-sanitizing agents or soap and water at the sinks, clean towels and toilet tissue at each commode.

(3) Hand washing facilities provided in both kitchen and bathroom areas must include hot and cold running water, soap, and clean towels.

(4) The home must have an effective infection control program which includes, at least the following:

(a) Training provided to staff on effective measures for minimizing the spread of infections and food borne illnesses.

(b) Responding to disease outbreaks appropriately and participating in infection control investigations.

(c) Staff demonstrating their understanding and use of proper infection control practices in their delivery of care to the residents.

(d) Enforcing work and return to work policies to minimize the spread of infection and illnesses.

(f) Providing notices as recommended by public health regarding outbreaks and infestation issues to residents, staff and any visitors.

(5) The home must have an adequate supply of sanitizing and cleaning agents, e.g. effective hand hygiene products, hand soap, laundry soap, household disinfectants and other cleaning materials, properly stored to prevent accidental ingestion but available for and properly used in the home to minimize the spread of infections.

(6) Residents' private living spaces or bedrooms must be thoroughly cleaned and sanitized after residents move out of the rooms.

(7) The home must clean the residents' private living spaces periodically and as needed to ensure that the space does not pose a health hazard.

Authority: O.C.G.A. §§ 31-2-7, 31-7-2.1 and 31-7-12.3.

111-8-62-.24 Resident Files.

(1) An individual resident file must be maintained by the administrator or on-site manager for each resident in the home. Personal information must be treated as confidential and must not be disclosed except to the resident and his or her representative or legal surrogate, if any, an authorized agent of the Department, and others to whom written authorization is given by the resident or his representative or legal surrogate, if any. The resident file must be made available for inspection and/or copy to the Department, the resident or the resident's representative or legal surrogate, if any, upon request.

(2) Each resident file must include the following information:

(a) Identifying information including name, social security number, veteran status and number, age, sex, and previous address.

(b) Name, address and telephone number of next of kin, legal guardian and/ or representative or legal surrogate, if any, or representative payee and any court order or written document designating the resident's representative or legal surrogate, if any.

(c) Name, address and telephone number of any person or agency providing additional services to the resident. This information must include the name of the agency personnel primarily responsible, (i.e. the caseworker, case manager, or therapist).

(d) An admission and discharge log to include the date of admission, prior residence of resident, referral source, agency-contact and telephone number of referral source.

(e) Date of discharge, facility or residence discharged to and telephone number.

(f) The name, address and telephone number of a physician, hospital and pharmacy of the resident's choice.

(g) A record of all monetary transactions conducted on behalf of the resident with itemized receipts of all disbursements and deposits.

(h) A record of all monies and other valuables entrusted to the home for safekeeping; a receipt for same shall be provided to the resident or representative or legal surrogate, if any, at the time of admission and at anytime thereafter when the resident acquires additional property and wishes to entrust such property to the home for safekeeping.

(i) Health information including all health appraisals, diagnoses, prescribed diets, medications, and physician's instructions.

(j) An inventory of all personal items brought to the home by the resident to be updated at anytime after admission if a resident or representative or legal surrogate, if any, submits to the home a new inventory of the resident's personal items.

(k) A signed copy of the Resident's Rights form.

(l) A signed copy of the admission agreement.

(m) Any power of attorney or document issued by a court or by the Social Security Administration or any other governmental authority which designates another person as responsible for management of the resident's finances.

(n) A copy of a living will and/or durable power of attorney for health care if executed prior to 2007 or a copy of the Georgia advance directive for health care and a physician’s order for life-sustaining treatment, if any. At least the advance directive for health care form must be made available at the time of admission and shall remain available to the resident.

(o) A copy of the resident's written waiver of the personal needs allowance charge pursuant to the provisions of Rule 111-8-62-.26(p)1.

(p) Any signed medical orders impacting end of life care, e.g. do not resuscitate, physician’s orders for life sustaining treatment.

(q) All individual written care plans required by these rules and the rules for proxy caregivers, Chapter 111-8-100 if applicable.

(r) Any informed written consents signed by the resident or resident’s representative, designating and delegating to any trained proxy caregiver, whether employed by the home or not, the performance of identified health maintenance activities.

(s) A copy of the search results obtained from the National Sex Offender Registry website maintained through the Department of Justice and any resulting safety plan for residents, staff and visitors.

(3) The following information may be requested to be given voluntarily by the resident, guardian, or representative or legal surrogate, if any, but may not be required of the resident:

(a) Spiritual preference e.g., church membership, name and

telephone number of minister, priest, rabbi, or imam.

(b) Information about insurance policies and prearranged funeral and burial provisions, if any.

(4) Resident files must be maintained by the home for a period of three years after a resident's discharge.

Authority: O.C.G.A. §§ 31-2-7, 31-7-2.1, 31-7-12.3, 31-8-131 *et seq*. and 31-32-1 *et seq*.

111-8-62-.25 Supporting Residents' Rights

(1) The home must operate in a manner that respects the personal dignity of the residents and the human rights of the residents, which rights cannot be waived, except as provided in these rules by the resident or the resident’s representative or legal surrogate.

(a) Each resident must receive care, and services which must be adequate, appropriate, and in compliance with applicable federal and state law and regulations.

(b) The home, its agents or employees, must not punish or harass the resident, because of the resident's efforts to enforce his or her rights.

(c) Each resident must have the right to:

1. Exercise the constitutional rights guaranteed to citizens of this state and this country including, but not limited to, the right to vote.

2. Choose activities and schedules consistent with the resident's interests and assessments.

3. Interact with members of the community both inside and outside the home and to participate fully in the life of the community.

4. Make choices about aspects of his or her life in the home that are significant to the resident.

(d) Each resident must have the right to enjoy privacy in his or her room; home personnel and others must respect this right by knocking on the door before entering the resident's room.

(e) Each resident must have the right to associate and communicate freely and privately with persons and groups of the resident’s choice without being censored by staff.

(f) Each resident must be treated with dignity, kindness, consideration and respect and be given privacy in the provision of personal care. Each resident must be accorded privacy and freedom for the use of bathrooms at all hours.

(g) No religious or spiritual belief or practice may be imposed upon any resident. Residents must be free to practice their religious beliefs as they choose. Each resident must have the right to participate in social, religious, and community activities that do not interfere with the rights of other residents.

(h) Each resident has the right to be free from mental, verbal, sexual and physical abuse, neglect and exploitation. Each resident has the right to be free from actual or threatened physical or chemical restraints and the right to be free from isolation, corporal or unusual punishment and interference with the daily functions of living, such as eating or sleeping.

(i) Each resident has the right to use, keep and control his or her own personal property and possessions in the immediate living quarters, except to the extent a resident's use of his or her property would interfere with the safety or health of other residents. Each resident has the right to reasonable safeguards for the protection and security of his or her personal property and possessions brought into the home.

(j) Each resident's mail must be delivered unopened to the resident on the day it is delivered to the home. Each resident's outgoing correspondence may not be opened or tampered with prior to being mailed or otherwise delivered.

(k) Each resident must have access to a telephone and the right to have a private telephone, at the resident's own expense. Telephones must be placed in areas to insure privacy without denying accessibility.

(l) Each home must permit immediate access to residents by others who are visiting with the consent of the resident. Residents have the right to have visitors at mutually agreed upon hours. Once the hours are agreed upon, no prior notice is necessary. Each resident has the right to refuse to see visitors or terminate any visit.

(m) Each resident has the right to manage his or her own financial affairs, including the right to keep and spend his or her own money unless that resident has been adjudicated incompetent by a court of competent jurisdiction. Each resident has the right to be free from coercion to assign or transfer to the home money, valuables, benefits, property or anything of value other than payment for services rendered by the home.

(n) Each resident has the right to a personal needs allowance for the free use of the resident in the amount of twenty dollars per week to be distributed by the administrator, on-site manager, or a responsible staff person in the home unless waived by the resident. The following conditions must be met regarding the personal needs allowance:

1. The personal needs allowance must be included as a charge for services to each resident's account which a resident or a resident's representative or legal surrogate, if any, may waive by signing a written waiver upon admission or anytime thereafter. No allowance charge may be assessed where a resident or a resident's representative or legal surrogate, if any, has signed a written waiver of the personal needs allowance. Such a waiver must be kept in a resident's file.

2. Where no waiver has been signed, the personal needs allowance must be tendered to each resident, in cash, on the same day each week.

3. The personal needs allowance must not be intended or needed for purchasing necessary goods such as toilet paper and light bulbs which the home ordinarily supplies, and must in no way relieve the home of the obligation to insure that such necessary goods are available to the resident.

(o) Each resident has the right to receive or reject medical care, dental care, or other services except as required by law or regulations.

(p) Each resident has the right to choose and retain the services of a personal physician and any other health care professional or service. No home is permitted to interfere with the resident's right to receive from the resident's attending physician complete and current information concerning the resident's diagnosis, treatment and prognosis. Each resident and his or her representative or legal surrogate, if any, has the right to be fully informed about care and of any changes in that care and the right of access to all information in medical records retained in the home.

(q) Each resident has the right to fully participate in the planning of his or her care. Case discussion, consultation and examination shall be confidential and conducted discreetly. A person who is not directly involved in the resident's care may be present when care is being rendered only if he or she has the resident's permission.

(r) Each resident has the right to inspect his or her records on request. Each resident has the right to make a copy of all

records pertaining to the resident. Each resident has the right to confidential treatment of personal information in the resident file.

(s) Each resident who has not been committed to the home by court order or who does not have a representative or legal surrogate with specific written authority to admit, transfer or discharge, may discharge or transfer himself or herself upon notification to the home in conformance with the home's policies and procedures.

(t) Each resident has the right to access to the State Long-Term Care Ombudsman Program O.C.G.A. § 31-8-50 *et seq.* and the name, address, and telephone number of the ombudsman must be posted in a common area of the home.

(u) Residents have the right to form a Resident Council and have meetings in the home outside the presence of owners, management or staff members of the home.

(v) Each resident has the right to file a complaint with the Department concerning care being provided in the home that violates these rules. The home must post the name of the Department and the address and telephone number where licensing complaints are received in the common area of the home.

(2) Each resident must be provided, at the time of admission to the home, with a copy of the Resident's Bill of Rights, as provided in Rule 111-8-62-.25 which must include provisions for protecting the personal and civil rights of each resident. In the event that a resident is unable to read the Resident's Bill of Rights the manager must take special steps to assure communication of its contents to the resident.

(3) A personal care home must comply with the provisions of the “Remedies for Residents of Personal Care Homes Act” as outlined in O.C.G.A. § 31-8-131 *et seq.*

Authority: O.C.G.A. §§ 31-2-7 and 31-8-131 *et seq.*

111-8-62-.26 Procedures for Change in Resident Condition.

(1) In case of an accident or sudden adverse change in a resident's physical condition or emotional adjustment, a home must take the actions appropriate to the specific circumstances to address the needs of the resident, including notifying the representative or legal surrogate, if any. The home must retain a record of all such accidents or sudden adverse changes and the home’s response in the resident's files.

(2) Where the sudden change in the resident's condition causes the resident to experience cardiac or respiratory arrest, the home must immediately take one of the following actions:

(a) If the resident is enrolled in a licensed hospice and has a specific hospice plan of care, the home must contact the hospice for directions regarding the care to be provided. If the hospice staff is not available to provide direction, then home must immediately contact the duly-appointed health care agent for direction. If no health care agent has been appointed or is not available and if no Do Not Resuscitate (DNR) order has been written, then the home must initiate cardiopulmonary resuscitation immediately and must contact emergency medical services immediately to arrange for emergency transport.

(b) If the resident has a valid DNR order, the caregiver may effectuate the DNR order if done in good faith.

(c) If the resident has appointed a health care agent in a living will, durable power of attorney for health care or an advance directive for health care which complies with the requirements of O.C.G.A. §31-32-1 *et seq*. then the home must immediately contact the health care agent for directions regarding the care to be provided. Where the health care agent is not immediately available and there is no valid DNR order for the resident, the home must initiate cardiopulmonary resuscitation immediately and contact emergency medical services to arrange for emergency transport.

(d) If the resident is not enrolled in hospice, and does not have either a DNR or an advance directive, then the staff of the home must immediately initiate cardiopulmonary resuscitation where it is not obvious from physical observation of the resident's body (e.g. body is stiff, cool to the touch, blue or grayish in color) that such efforts would be futile and there is not a physician, or authorized registered nurse or physician assistant on site to assess and provide other direction and contact emergency medical services immediately to arrange for emergency transport.

(3) The staff must have ready access to phone numbers for emergency medical personnel and the resident's file or appropriate emergency medical and contact information for each resident, both at the home and when residents are being transported by the home for any reason.

(4) An immediate investigation of the circumstances associated with an accident or injury involving a resident must be initiated by the administrator or on-site manager of the home. Additionally, a report of the occurrence of the accident or injury must be made to the representative or legal surrogate, if any, with

a copy of the notification report maintained in the resident's file. The complete investigative review concerning the circumstances, cause of the incident and opportunities identified to improve care, must be retained in a central file for quality assurance/peer review.

(5) In the event a resident develops a significant change in physical or mental condition, the governing body must provide to the Department, upon request, a current physical examination report from a physician, nurse practitioner or physician assistant, indicating the resident's continued ability to meet the resident retention requirements in these rules.

Authority: O.C.G.A. §§ 31-2-7, 31-7-2.1 and 31-7-12.3.

111-8-62-.27 Death of a Resident.

(1) Should a resident die while in the home, the administrator, on-site manager or responsible staff person must immediately notify the resident's physician, the next of kin, and the representative or legal surrogate, as applicable. Statutes applicable to the reporting of sudden or unexpected death and reports which must accompany the deceased must be followed.

(2) Upon death of the resident, the home must refund to the representative or legal surrogate, as applicable, any security deposit made to the home by or on behalf of the resident in compliance with O.C.G.A. § 44-7-30 *et seq*.

Authority: O.C.G.A. §§ 31-2-7, 31-7-2.1 and 44-7-30 *et seq*.

111-8-62-.28 Immediate Transfer of Residents.

(1) The administrator or on-site manager of the home must initiate immediate transfer if the resident develops a physical or mental condition requiring continuous medical care or nursing care or if a resident's continuing behavior or condition directly and substantially threatens the health, safety and welfare of the resident or any other resident.

(2) In the event such immediate transfer is required, the administrator or on-site manager of the home must advise both the resident and the resident's representative or legal surrogate and case manager, if any, and immediate arrangements must be made based on the written admission agreement to transfer such resident to an appropriate facility. The administrator or on-site manager must document in the resident's file the reasons for the transfer.

(3) Where immediate transfer is to be made pursuant to

paragraphs (1) and (2), the administrator or on-site manager must make arrangements for transfer in accordance with the admission agreement and shall transfer the resident to an appropriate facility where the resident's needs can be met. Prior to making such transfer, the administrator or on-site manager must:

(a) Inform the resident and representative or legal surrogate and case manager, if any, of the reason for the immediate transfer.

(b) Inquire as to any preference of the resident and representative or legal surrogate, if any, regarding the facility to which the resident is to be transferred.

(c) Inform the representative or legal surrogate, if any, of the resident's choice regarding such transfer.

(d) Inform the resident and the representative or legal surrogate, if any, of the place to which the resident is to be transferred.

(e) Provide a copy of the resident file to the receiving facility within 24 hours of transfer.

(f) Document in the resident's file the following:

1. The reason for the immediate transfer.

2. The manner in which the resident and the representative or legal surrogate, if any, were informed pursuant to this paragraph.

3. The name, address, and telephone number of the place to which the resident is to be transferred or discharged.

(4) Upon immediate transfer of the resident, the home must refund to the resident or representative or legal surrogate, if applicable, any security deposit made to the home by or on behalf of the resident in compliance with O.C.G.A. § 44-7-30 *et seq*.

Authority: O.C.G.A. §§ 31-2-7, 31-7-2.1 and 44-7-30 *et seq*.

111-8-62-.29 Discharge or Transfer of Residents.

(1) The administrator or on-site manager must contact the representative or legal surrogate, if any, when there is need for discharge or transfer of a resident. The home must provide 30 days' written notice of its intent to discharge or transfer the resident unless an immediate transfer is required. The written notice must be issued to both the resident and the representative

or legal surrogate, if any.

(2) In all cases, except those requiring immediate transfer pursuant to Rule 111-8-62-.28, residents whose needs cannot be met by the home or who no longer choose to live in the home must be discharged or transferred to an appropriate facility based on discharge and transfer procedures entered into at the time of admission. Where the resident is incapable of making informed decisions and there is no representative or legal surrogate or the representative or legal surrogate is unwilling to act, the administrator or on-site manager must petition the probate court in the county where the home is located for an order authorizing the discharge or transfer. The transferring home must provide a copy of the resident's file to the receiving facility prior to or at the time of transfer.

(3) Where the Department has reason to believe that a resident is receiving or requires continuous medical or nursing care, the Department may require the home to discharge the resident. However, the provision of medical, nursing or health services required by the resident on a periodic basis or for a short-term illness, where such services are not provided by the home is permissible.

(4) Upon discharge or transfer of the resident, the home must refund to the resident or representative or legal surrogate, if any, any security deposit made to the home by or on behalf of the resident in compliance with O.C.G.A. § 44-7-30 *et seq.*

Authority: O.C.G.A. §§ 31-2-7, 31-7-2.1 and 44-7-30 *et seq*.

111-8-62-.30 Reporting.

(1) The staff of the personal care home must call the local police department to report the elopement of any resident from the home within 30 minutes of the staff receiving actual knowledge that such person is missing from the home in accordance with the Mattie's Call Act and the requirements set forth in O.C.G.A. § 35-3-170 *et seq.* The home must also report the initiation and discontinuation of a Mattie's call to the Department utilizing the complaint intake system within 30 minutes of communications with local law enforcement authorities having occurred.

(2) The personal care home must report a serious incident using the complaint intake system and location designated by the Department within 24 hours following the occurrence of a serious incident or the home's learning that a serious incident involving a resident may have occurred. The serious incidents that must be reported to the Department include the following:

(a) Any accidental or unanticipated death of a resident not directly related to the natural course of the resident's underlying medical condition.

(b) Any serious injury to a resident that requires medical treatment.

(c) Any rape, assault, any battery on a resident, or any abuse, neglect, or exploitation of a resident in accordance with the Long Term Care Resident Abuse Reporting Act O.C.G.A. § 31-8-80 *et seq.*

(d) An external disaster or other emergency situation that affects the continued safe operation of the residence.

(e) Any circumstances where a member of the governing body, administration, staff associated with or affiliated with the personal care home, or family member of staff becomes associated with an account at a financial institution, will, trust, benefit of substantial value or life insurance policy of a resident or former resident to verify that such gift is knowingly and voluntarily made and not the result of any coercion.

(f) When an owner, director or employee acquires a criminal record as defined in these rules.

(3) The incident report, submitted through the home's peer review process will be received by the Department in confidence and must include at least:

(a) The name of the personal care home and the name of the administrator or site manager.

(b) The date of the incident and the date the personal care home became aware of the incident.

(c) The type of incident suspected, with a brief description of the incident.

(d) Any subsequent remedial and quality measures determined through peer review to be taken by the personal care home to make such injury or harm arising from the particular incident less likely to recur.

(4) Where the Department determines that a rule violation related to the reported incident has occurred, the Department will initiate a separate complaint investigation of the incident. The complaint investigation report and the report of any rule violation compiled by the Department arising either from the initial report received from the personal care home or an independent source is subject to disclosure in accordance with applicable laws.

Authority: O.C.G.A. §§ 31-2-7, 31-7-2.1, 31-7-12, 31-8-80 *et seq*. and 35-3-170 *et seq*.

111-8-62-.31 Deemed Status.

The Department may accept the certification or accreditation of a home by an accreditation body or certifying authority recognized and approved by the Department provided that certification or accreditation constitutes compliance with standards that are substantially equivalent to these rules. Nothing herein shall prohibit any departmental inspection to determine compliance with licensure rules.

Authority: O.C.G.A. §§ 31-7-1 and 31-7-3(b).

111-8-62-.32 Variance and Waiver.

(1) The Department may, in its discretion, grant variances and waivers of specific rules upon application or petition filed on forms provided by the Department. The Department may establish conditions which must be met by the home in order to operate under the variance or waiver granted.

(a) **Variance**. A variance may be granted by the Department upon a showing by the applicant or petitioner that the particular rule or regulation that is the subject of the variance request should not be applied as written because strict application of the rule would cause undue hardship. The applicant or petitioner must also show that adequate standards affording protection for the health, safety, and care of the residents exist and will be met in lieu of the exact requirements of the rule or regulations in question. The Department may require additional documentation by the home to support its application for a variance or waiver.

(b) **Waiver.** The Department, in its discretion, may dispense entirely with the enforcement of a rule or regulation by granting a waiver upon a showing by the applicant or petitioner that the purpose of the rule or regulation is met through equivalent standards affording equivalent protection for the health, safety, care, and rights of the residents.

(c) **Experimental Variance or Waiver**. The Department may grant variances and waivers to allow experimentation and demonstration of new and innovative approaches to delivery of services upon a showing by the applicant or petitioner that the intended protections afforded by the rule or regulation which is the subject of the request are met and that the innovative approach has the potential to improve service delivery without compromising

health, safety, residents' rights, or other relevant standards.

(2) The home may request a final review of the initial waiver or variance decision made by program staff to the chief of the division by filing a written request for review of the initial decision and providing any additional written information which supports the request for review. The chief of the division will issue a final decision on behalf of the Department. Where the governing body believes that the Department has abused its discretion in acting upon the waiver or variance request, it may seek appropriate relief.

(3) Where the Department has denied the application for a waiver or variance in writing, the Department will not consider a subsequent application for the same waiver or variance as a new application unless the applicant includes new evidence of a substantial change in the circumstances which formed the basis for the initial request.

Authority: O.C.G.A. §§ 31-2-7, 31-7-2.1 and 31-7-12.

111-8-62-.33 Enforcement and Penalties.

A home that fails to comply with licensing requirements contained in these rules, the Rules and Regulations for the Use of Proxy Caregivers, Chapter 111-8-100 as applicable and the Rules and Regulations for General Licensing and Enforcement Requirements, Chapter 111-8-25, is subject to civil and administrative actions brought by the Department to enforce licensing requirements as provided by law and rules. Such actions will be initiated in compliance with the Georgia Administrative Procedures Act, O.C.G.A. §50-13-1 *et seq*., O.C.G.A. §31-2-11 and the Rules and Regulations for General Licensing and Enforcement Requirements, Chapter 111-8-25.

Authority: O.C.G.A. §§ 31-2-7, 31-2-8, 31-7-1 *et seq*., 43-26-12 and 50-13-1 *et seq*.

111-8-62-.34 Severability.

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

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