

Rules for Personal Care Homes – Interpretive Guidelines

	<p>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</p> <p>Effort has been made to ensure the accuracy of the 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.</p>	<p>Clarification for Providers</p> <p>This information is intended to clarify rules and to provide technical assistance and examples for providers with occasional notes on how surveyors may survey for a particular requirement. Such clarification and examples are subject to change from time to time as necessary to better reflect rule requirements. Any references which may reflect "Best Practices" are suggestions for raising the quality of care but may not be requirements at this time. Reference to other related rules may be provided here to assist the reader in finding the information.</p>
111-8-62-.01 Authority	<p>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.</p>	
	<p>Authority: O.C.G.A. §§ 31-2-4, 31-2-7, 31-2-8, and 31-7-1 <i>et seq.</i></p>	
111-8-62-.02 Purposes	<p>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,</p>	<p>These rules establish minimum requirements that personal care homes must meet to obtain and retain their permit to operate the facility. Individual facilities may be required to exceed these minimum requirements as explained in the rules to meet the specific health and safety needs of their resident population. This is particularly applicable for facilities choosing to serve special populations such as Alzheimer's residents. Safety needs include an ability of the facility to evacuate the residents in the event of an emergency.</p>

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		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		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.	Activities of daily living are those routine things that one does to live a healthy and safe life.
		(c) "Administrator" means the manager designated by the governing body as responsible for the day-to-day management,	

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	<p>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.</p>	
	<p>(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.</p>	<p>Ambulatory" means able to move from place to place</p> <ol style="list-style-type: none"> 1. by walking, either unaided or aided by prosthesis, brace, cane, crutches, walker or hand rails or 2. by self-propelling a wheelchair. <p>And</p> <p>Is able 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. "Respond" means to act or react.</p> <p>"Minimal human assistance" means cueing, verbal encouragement, or limited physical assistance such as guiding a resident or assisting with a transfer.</p> <p>"Assistance with a transfer" is included in personal services as defined by Rule. 111-8-62-.03(dd). If assistance with transfer is provided, the resident must be able to move from place to place by self-propelling his/her own wheelchair once transferred.</p> <p>If the resident cannot move from place to place by self-propelling the wheelchair once transferred, the resident does not meet the definition of "ambulatory resident".</p> <p>A resident's cognitive ability is not a factor in the consideration of a resident's ambulatory status.</p>

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	<p>(e) “Applicant” means any of the following:</p> <p>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.</p>	
	<p>(e) “Applicant” means any of the following:</p> <p>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.</p>	
	<p>(e) “Applicant” means any of the following:</p> <p>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.</p>	
	<p>(e) “Applicant” means any of the following:</p> <p>4. When the personal care home is owned by a corporation, the</p>	

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	<p>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.</p>	
	<p>(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.</p>	<p>Notice: Use of the Term, Assisted Living, by Personal Care Homes O.C.G.A. §10-1-393(26) prohibits a personal care home from offering, advertising or soliciting the public to provide services "which are outside the scope of personal care services of assisted living care" which the facility is specifically authorized to provide . Accordingly, effective April 2012, the Department will not issue an initial permit to a personal care home which uses the term, "assisted living" in the name of the home or any of its marketing materials, unless it is applying to become licensed as an "assisted living community". Currently licensed personal care homes, which use the term, "assisted living" must remove the term, "assisted living" from their names and marketing materials, as soon as practical, but not later than May 1, 2013 or become licensed as assisted living communities.</p>
	<p>(g) "Chemical Restraint" means a psychopharmacologic drug that is used for discipline or convenience and is not required to treat medical symptoms.</p>	<p>Every antipsychotic medication that is used in PCH must have a specific medical diagnosis supporting the use of the medication, e.g. schizophrenia, dementia with psychosis, Huntington's and turrets syndrome are examples of medical diagnoses that might support the use of antipsychotic medications.</p>
	<p>(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.</p>	

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	<p>(i) "Criminal record" means:</p> <ol style="list-style-type: none"> 1. Conviction of a crime; or 2. Arrest, charge, and sentencing for a crime where: <ol style="list-style-type: none"> (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 <i>et seq.</i> 	
	<p>(j) "Department" means the Georgia Department of Community Health operating through the Division of Healthcare Facility Regulation.</p>	<p>Division of Healthcare Facility Regulation, DCH, 2 Peachtree Street, NW; Suite 31-447; Atlanta, GA 30303 404-657-5850</p>
	<p>(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.</p>	
	<p>(l) "Employee" means any</p>	<p>An individual need not receive monetary compensation to meet the</p>

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	<p>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.</p>	<p>definition of an employee.</p>
	<p>(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.</p>	<p>Removing funds inappropriately from a resident's bank account would be a form of financial exploitation that these rules prohibit.</p> <p>"Undue influence" means persuasion, pressure, or influence short of actual force, but stronger than mere advice, that so overpowers the party's freewill that he/she cannot act intelligently or freely, but acts, instead, subject to the will of the domineering party.</p> <p>"Coercion" means forcefully compelling by actual direct threat in order to compel one to act against his/her will. Example: Threatening a resident with psychiatric hospitalization if he/she does not sign over a check to the domineering party.</p>
	<p>(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.</p>	
	<p>(o) "Governing Body" means the person or group of persons as defined in Georgia law who</p>	

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		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; malnutrition; or pressure ulcers, such as skin breakdowns, for which the home has not provided proper care.	Example of an injury: A worker intentionally slaps a resident across the face to get the resident to do or stop doing something. The resident is observed to cry out and appears startled or upset.
		(r) "Law enforcement agency" means the Georgia Bureau of Investigation or a local law	

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	<p>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).</p>	
	<p>(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.</p>	

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		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.	Once this Profile form is loaded on the Healthcare Facility Regulation Division link at the DCH website, www.dch.ga.gov , the home will need to complete the Profile on-line. In the interim, the home must download the form when it is developed, complete it, and make it available to residents, potential residents, and their families.
		(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.	Where a facility does not have a special memory care unit, the facility must still have systems in place to provide watchful oversight for those residents determined to have cognitive deficits which place the resident(s) at risk of eloping. See Rule 111-8-62-.18 – Requirements for Memory Care Services

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	(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.	See Rule 111-8-62-.19 regarding specific rules for Memory Care Units .
	(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.	Third degree of consanguinity means mother, father, grandmother, grandfather, great-grandmother, great-grandfather, sister, brother, daughter, son, granddaughter, grandson, aunt, uncle, great aunt, great uncle, niece, nephew, first cousin, first cousin once removed, and second cousin. By marriage includes spouse.
	(y) "Nursing services" means those services which may be rendered by a person licensed pursuant to Articles 1 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	

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	<p>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:</p> <ol style="list-style-type: none"> 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. 	
	<p>(bb) "Permit" or "Regular Permit" means the authorization granted by the Department to the governing body to operate a Personal Care Home.</p>	

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	(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.	A PCH needs to decide and disclose whether it provides proxy caregivers or permits the residents to employ independent proxy caregivers. If proxy caregivers are permitted to function in the PCH, the PCH must comply with the Rules for Proxy Caregivers which are available on the HFRD web site at http://dch.georgia.gov/laws-regulations
	(ff) "Physical Restraints" are any manual or physical device,	

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	<p>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.</p>	
	<p>(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.</p>	
	<p>(hh) "Representative" means a person who voluntarily, with the</p>	

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	<p>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.</p>	
	<p>(ii) "Resident" means any non-family adult receiving or requiring personal assistance and residing in a personal care home.</p>	
	<p>(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.</p>	
	<p>(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.</p>	
	<p>(ll) "Self-administration of</p>	<p>The home must document that the resident has been assessed and</p>

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	<p>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.</p>	<p>determined capable of self-administration. This documentation can take the form of a simple assessment tool for periodically assessing the resident’s capability to self-administer. It is not necessary that a full-blown nursing assessment be done to determine whether the resident is capable of self-administering. The tool used should provide information that answers the question: Can the resident tell the staff person that s/he takes a pill for pain in the morning and it is a little pill. GUIDANCE TO SURVEYORS: Hand-over-hand delivery of medication to the resident’s mouth should trigger a review to determine whether the resident has the cognitive capacity to engage in “self-administration”, e.g. the resident knows what the medication is for and when it is to be taken but simply has an arthritic condition that prevents the resident from grasping the pill and getting it to the mouth without the assistance of staff. If this procedure is observed, interview resident(s) and staff to determine if the resident(s) are capable of self-administration.</p>
	<p>(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.</p>	
	<p>(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</p>	<p>O.C.G.A. Sec. 31-7-250 states as follows: ...(2) "Crime" means commission of any of the following offenses: (A) A violation of Code Section 16-5-21, relating to aggravated assault; (B) A violation of Code Section 16-5-24, relating to aggravated battery; (C) A violation of Code Section 16-6-1, relating to rape; (D) A felony violation of Code Section 16-8-2, relating to theft by taking;</p>

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	<p>crimes outlined in O.C.G.A. § 31-7-250 <i>et seq.</i>, if applicable, or as outlined in O.C.G.A. § 31-2-9, if applicable.</p>	<p>(E) A felony violation of Code Section 16-8-3, relating to theft by deception; (F) A felony violation of Code Section 16-8-4, relating to theft by conversion; (G) A felony violation of Code Section 16-9-1; (H) A violation of Code Section 16-5-1, relating to murder and felony murder; (I) A violation of Code Section 16-4-1, relating to criminal attempt as it concerns attempted murder; (J) A violation of Code Section 16-8-40, relating to robbery; (K) A violation of Code Section 16-8-41, relating to armed robbery; (L) A violation of Chapter 13 of Title 16, relating to controlled substances; (M) A violation of Code Section 16-5-23.1, relating to battery; (N) A violation of Code Section 16-6-5.1, relating to sexual assault against a person in custody; (O) A violation of Code Section 30-5-8, relating to abuse, neglect, or exploitation of a disabled adult or elder person; (P) Any other offense committed in another jurisdiction which, if committed in this state, would be deemed to be such a crime without regard to its designation elsewhere; or (Q) Any other criminal offense as determined by the department and established by rule adopted pursuant to Chapter 13 of Title 50, the "Georgia Administrative Procedure Act," that would indicate the unfitness of an individual to provide care to or be in contact with persons residing in a facility.</p> <p>For Owners : O.C.G.A. Sec. 31-2-9 defines crime as follows: (2) "Crime" means commission of the following offenses: (A) A violation of Code Section 16-5-1, relating to murder and felony murder; (B) A violation of Code Section 16-5-21, relating to aggravated assault; (C) A violation of Code Section 16-5-24, relating to aggravated battery;</p>
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			<p>(D) A violation of Code Section 16-5-70, relating to cruelty to children;</p> <p>(E) A violation of Code Section 16-5-100, relating to cruelty to a person 65 years of age or older;</p> <p>(F) A violation of Code Section 16-6-1, relating to rape;</p> <p>(G) A violation of Code Section 16-6-2, relating to aggravated sodomy;</p> <p>(H) A violation of Code Section 16-6-4, relating to child molestation;</p> <p>(I) A violation of Code Section 16-6-5, relating to enticing a child for indecent purposes;</p> <p>(J) A violation of Code Section 16-6-5.1, relating to sexual assault against persons in custody, detained persons, or patients in hospitals or other institutions;</p> <p>(K) A violation of Code Section 16-6-22.2, relating to aggravated sexual battery;</p> <p>(L) A violation of Code Section 16-8-41, relating to armed robbery;</p> <p>(M) A violation of Code Section 30-5-8, relating to abuse, neglect, or exploitation of a disabled adult or elder person;</p> <p>(N) Any other offense committed in another jurisdiction that, if committed in this state, would be deemed to be a crime listed in this paragraph without regard to its designation elsewhere; or</p> <p>(O) Any other criminal offense as determined by the department and established by rule adopted pursuant to Chapter 13 of Title 50, the "Georgia Administrative Procedure Act," that would indicate the unfitness of an individual to provide care to or be in contact with persons residing in a facility.</p>
		<p>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 <i>et seq.</i> and 31-8-80 <i>et seq.</i></p>	
111-8-62-.04 Applicability		<p>111-8-62-.04 Applicability of Rules and Exemptions</p> <p>(1) These rules apply to all personal care homes unless the facility is specifically exempted as provided in paragraph (2) of this rule.</p>	

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	<p>(2) These regulations do not apply to the following facilities:</p> <p>(a) Boarding homes or rooming houses which provide no personal services other than lodging and meals.</p> <p>(b) Facilities offering temporary emergency shelter, such as those for the homeless and victims of family violence.</p> <p>(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.</p> <p>(d) Facilities providing residential services for federal, state, or local correctional institutions under the jurisdiction of the criminal justice system.</p> <p>(e) Facilities licensed by the Department of Behavioral Health, Developmental Disabilities, and Addictive Diseases.</p> <p>(f) Host homes as defined in O.C.G.A. §37-1-20-(18).</p>	<p>Boarding homes and rooming houses, temporary shelters, charitable organizations, etc, should have a local business permit or certificate of occupancy from their local authority.</p> <p>Other facilities licensed by the Department should have a permit to identify such. Community Living Arrangements exclusively serve consumers of DBHDD services only and must comply with Rules and Regulations for Community Living Arrangements. See website for latest regulations applicable to Community Living Arrangements at http://dch.georgia.gov/laws-regulations</p> <p>Host Homes serve clients of the Department of Behavioral Health and Developmental Disabilities exclusively.</p> <p>For this exemption to apply for group residences for persons who choose</p>

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	<p>(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.</p> <p>(h) Charitable organizations providing shelter and other services without charging any fee to the resident.</p> <p>(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.</p>	<p>to live independently, the residents must independently arrange or manage their own care. If the care is arranged or managed by the owner or manager or staff of the building/home/community, then this exemption does not apply. The provision of housing plus one or more personal services requires a personal care home (or other licensed facility) permit. To fall within this exemption, the ownership cannot provide housing and one or more personal services.</p>
	<p>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).</p>	
<p>111-8-62-.05 Application</p>	<p>111-8-62-.05 Application for Permit.</p> <p>(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</p>	<p>Application forms are made available for downloading from the HFRD website at www.dch.ga.gov under Forms and Applications.</p>

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		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.	Rules and Regulations for Enforcement of General Licensing and Enforcement Requirements, Chapter 111-8-25 are available at the HFRD website.
		(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.	<p>If multiple buildings, the sketch must include a sketch of the grounds with all buildings identified.</p> <p>If multiple stories, the floor sketch must include all floors.</p> <p>The floor sketch must include all rooms, regardless of whether they will be occupied by resident.</p>
		(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	

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		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.	A list of individual owners (persons) who have any involvement with the operation of the facility must also be submitted to ensure that those owners who require criminal records checks under the law get them. See the legal definition of owner under 111-8-62-.03 Definitions.
		(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.	The application must include evidence that there has been communication with the local jurisdiction regarding zoning, etc. NOTE: Not having zoning approval, etc may result in the local authorities taking action against you and may result in your facility being closed by local authorities.
		(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.	As of the specified application date, the applicant is held accountable for the results of any on-site inspection made by HFRD.
		(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		111-8-62-.06 Permits. (1) The governing body of each	Guidance for surveyors: Cite here for operation of a PCH without a valid permit.

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Permits	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.	Permits are non-transferrable and valid only for the facility address printed on the permit.
	(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.	For example, licensed personal care homes are not allowed to provide services such as medication storage and management to residents of independent living facilities or boarding houses.
	(7) A home licensed as a personal care home, but not specifically licensed as an assisted living community, must not provide	A personal care home must not provide assisted living care services that include medication administration and the provision of assisted self-preservation, as defined in the Rules and Regulations for Assisted Living Communities. A personal care home is not permitted to call its caregiving

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		assisted living care.	staff certified medication aides even though the staff may have received such training. Certified medication aides are only permitted to function in assisted living communities. A personal care home is permitted to use proxy caregivers who have been trained to provide assistance with medications.
		(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.	<p>Quiet enjoyment means that the governing body exercises control over the community and does not allow another business to disturb or interrupt the residents.</p> <p>Use of the premises means that the facility and all of its amenities are available for use by the residents at all times and that the operation of a business on the premises is not perceived by the residents as intruding on their use of the facility.</p>
		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		<p>111-8-62-.07 Governing Body</p> <p>(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.</p>	<p>The governing body must function in a capacity which ensures that residents receive appropriate and sufficient care in compliance with requirements through necessary oversight.</p> <p>Chapter 111-8-25, Rules for General Licensing and Enforcement; Chapter 111-8-62, Rules for Personal Care Homes; and Chapter 111-8-100, Rules for Proxy Caregivers can all be accessed on the HFRD website at the following address: http://dch.georgia.gov/hfr-laws-regulations</p>
		(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	

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	<p>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.</p>	
	<p>(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:</p>	<p>No policy established by the facility can violate resident rights or other laws or regulations.</p> <p>Policies must be developed prior to granting a permit. The policies may be inspected during annual on-site visits, and may be requested during complaint investigations and follow up visits. A copy of the policies and procedures must be maintained at the facility at all times.</p> <p>Policies and procedures stored electronically must be accessible at the facility for use by staff and reviewable by surveyors on request. All staff must be trained on the facility policies and procedures, including any changes or additions.</p>
	<p>(3) . . . 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</p>	<p>The PCH's policies need to state clearly whether memory care units and/or designated proxy caregiver services are provided by the PCH and whether independent proxy caregivers are allowed to function in the PCH. Some homes may prefer to require residents to use a particular agency with whom they have established a working relationship to provide proxy caregiver services or the home may have certain employees that it designates as proxy caregivers whom the residents can choose to use.</p>

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		designated proxy caregivers;	
		(3) . . . At a minimum, the policies and procedures that are developed must provide direction for the staff and residents on the following: (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;	Admission criteria, discharge criteria, and criteria for immediate transfers must be included in the facility's policies and procedures.
		(3) . . . At a minimum, the policies and procedures that are developed must provide direction for the staff and residents on the following: (c) Refunds when a resident is transferred or discharged;	Policies regarding refunds should include the conditions under which a refund will and will not be given and the timeframe for the refund. The refund policy should cover all types of fees collected, including security deposits, personal needs allowances, room and board, or any monies provided to the facility by or on behalf of the resident. The refund policy should also address the method of pro-rating refunds if a resident moves or is transferred out of the facility during the month, compensation for damages made, and unpaid charges.
		(3) . . . At a minimum, the policies and procedures that are developed must provide direction for the staff and residents on the following: (d) Training and ongoing evaluation of staff, including specialized training if designated proxy caregivers are provided or memory care is offered;	Designated proxy caregiver training requirements are found in the Rules and Regulations for Proxy Caregivers, Chapter 111-8-100.
		(3) . . . At a minimum, the policies and procedures that are developed must provide direction for the staff and residents on the following: (e) House rules and their enforcement;	
		(3) . . . At a minimum, the policies	

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	and procedures that are developed must provide direction for the staff and residents on the following: (f) Protecting the rights of the residents as set forth in these rules;	
	(3) . . . At a minimum, the policies and procedures that are developed must provide direction for the staff and residents on the following: (g) Medication management, procurement and the professional oversight provided for such services;	Requirements for medication can be found in Rule 111-8-62-.20 Medications. Policy must address who provides professional oversight and well as the frequency of the oversight.
	(3) . . . At a minimum, the policies and procedures that are developed must provide direction for the staff and residents on the following: (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;	
	(3) . . . At a minimum, the policies and procedures that are developed must provide direction for the staff and residents on the following: (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;	
	(3) . . . At a minimum, the policies and procedures that are developed	

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		must provide direction for the staff and residents on the following: (j) Discipline procedures for handling conduct which is inconsistent with the policies of the home committed by staff;	
		(3) . . . At a minimum, the policies and procedures that are developed must provide direction for the staff and residents on the following: (k) Emergency preparedness, drills, and evacuation requirements;	
		(3) . . . At a minimum, the policies and procedures that are developed must provide direction for the staff and residents on the following: (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;	The PCH must establish a mechanism that gathers and reviews information from the reports and investigations of serious incidents to identify ways to improve the care being provided to minimize the recurrence of serious incidents, etc.
		(3) . . . At a minimum, the policies and procedures that are developed must provide direction for the staff and residents on the following: (m) The use of volunteers, who have unsupervised access to the residents and their orientation regarding resident's rights and basic safety precautions;	Guidance to Surveyors: Ask and/or view how staff coordinate the use of volunteers in the home? If the home does use unsupervised volunteers, do they receive orientation regarding residents' rights and basic safety precautions?
		(3) . . . At a minimum, the policies and procedures that are developed must provide direction for the staff	

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		and residents on the following: (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;	
		(3) . . . At a minimum, the policies and procedures that are developed must provide direction for the staff and residents on the following: (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;	Safety and security precautions may include a search of the National Sex Offender Registry, a criminal history background check, employment references, a review of DMV records, sign in sheets for visitors, etc.
		(3) . . . At a minimum, the policies and procedures that are developed must provide direction for the staff and residents on the following: (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.	See Rules for Staffing at Rule 111-8-62-.10 for additional guidance.
		(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	Representative is defined in 111-8-62-.03

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		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.	The Social Security Administration has very specific requirements for serving as a representative payee. Please refer to this website to ensure that funds are being used appropriately and accounted for. http://www.socialsecurity.gov/payee/newpubs.htm
		(6) The governing body must ensure that staff accepts certified mail from the Department when sent to the licensed home.	A PCH will be cited for violation of this rule if certified mail properly addressed to the licensed home by the Department is returned to the Department as “refused” by the receiver.
		Authority: O.C.G.A. §§ 31-2-7, 31-7-1, 31-7-2.1 and 31-7-12.	
111-8-62-.08 Administration		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.	If the governing body of a home gives up its license for any reason and then subsequently applies for a new license, the administrator must meet the new educational requirements.
		(2) The administrator or on-site manager of each personal care home must do the following:	The administrator is responsible for the overall management of the PCH and for carrying out the rules and policies adopted by the governing body. Guidance to Surveyors: Cite here if the administrator is not taking

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	(a) Ensure that the policies and procedures are effective and enforced to support the health and safety of the residents.	responsibility for enforcing the policies and procedures, e.g. the policies look okay on paper but the staff ignore the policies and the administrator does not appear to holding the staff accountable for following the policies.
	(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.	<p>The personal care home must be staffed by an administrator, on-site manager, or responsible staff person whenever residents are present in the home.</p> <p>Responsible staff person is defined in Rule 111-8-62-.03(jj). The responsible staff person's personnel file should reflect their designation as responsible staff person and training should be consistent with the requirements of the position.</p> <p>Temporary absence means one that is confined, fixed, narrow or restricted within certain limits. A temporary absence may be daily; however, if daily, the absence must be for a limited period of time. Responsible staff persons act on behalf of the administrator or on-site manager and therefore must have access to or be able to obtain access to items and documents needed for the day-to-day operation of the facility. Such items and documents include, but are not limited to, residents' medications and files and employee files. Responsible staff persons have the same obligation to cooperate with an inspection and provide access to the home and files to representatives of the Department upon request. See Rule 111-8-62-.11(1).</p>
	(c) Investigate serious incidents involving residents which result in injuries or death in order to identify and implement opportunities for improvement in care.	Refer to Rule 111-8-62-.30 (Reporting) for additional guidance.
	(d) Monitor and document staff performance to ensure that care and services are being delivered safely and in accordance with these rules.	The administrator must document that staff performance is being monitored on a regular basis.
	(3) Personnel must be assigned duties consistent with their	Assigned duties must be consistent with the staff members' work in the home as reflected on initial and annual work performance reviews. See

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	<p>positions, training, experience, and the requirements of Rule 111-8-62-.09.</p>	<p>Rule 111-8-62-.09(11)(f)</p>
	<p>(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.</p>	<p>All drills for emergencies must include practice using the fire escape routes. The plan must include staff response, including fire protection procedures, and must be revised or amended for use on admission to the home for any resident with unusual or special needs. Employees must be periodically instructed and kept informed of their duties and responsibilities under the plan. Note: The format of a preparedness plan that is acceptable to the Department requires that at least one complete evacuation to the outside of the building is done annually</p> <p>Fire drills must be conducted every other month with at least two drills conducted during non-waking hours during any one calendar year. Each shift must be drilled ensuring all staff members receive training. The disaster plan must be rehearsed at least semi-annually (twice yearly). Drills conducted on evening or night shifts that may have a lower staffing level should be drilled with the usual staffing level. Staff should not be increased for the performance of the drills.</p> <p>See NFPA 101, Life Safety Code for additional information.</p> <p>The drills may be announced in advance to the residents. The drills must involve actual evacuation to the assembly point specified in the emergency plan.</p> <p>See the HFRD website for example drill records.</p> <p>The disaster preparedness plan will be reviewed during inspections. A copy of the disaster preparedness plan must be maintained at the facility at all times and be available for use by staff at all times. If the plan is stored electronically, it must be accessible for review and use. At least one paper copy should be maintained at the facility at all times in the event of an emergency that precludes staff from accessing the electronic copy such as power failure or computer failure. See the Disaster Plan</p>

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			checklist on the HFR website under HFR Forms and Applications to ensure that the plan meets all requirements.
		(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.	The plan must include, but not be limited to, plans for resident care, food service, medication management, and record management.
		(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.	Timely notification is determined based on what is reasonable considering the circumstances of the emergency situation. If high winds remove the roof and the residents must be immediately relocated to a shelter, then the home would need to notify relatives and the Department immediately following the relocation. But if an emergency evacuation order is issued in advance of an approaching storm, the home would need to notify relatives and the Department as soon as a location is identified. Some relatives may prefer to make other relocation arrangements for the resident.
		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		111-8-62-.09 Workforce Qualifications and Training.	Direct-care supervisory staff include those staff who are responsible for

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<p>Workforce Qualifications and Training</p>	<p>(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.</p>	<p>overseeing the hands-on care that is provided to the residents. Such supervisors must be 21 years of age or older. Other staff providing hands-on care to the residents must be at least 18 years old.</p>
	<p>(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:</p> <p>(a) Evidence of current certification in emergency first aid except where the staff person is a currently licensed health care professional;</p>	<p>Current certification means that the first aid training has not expired as designated on the card or other proof of training. Training provided by the American Red Cross, American Heart Association, American Health and Safety Institute, National Safety Council, Gwinnett County Department of Fire and Emergency Services, First Response Safety Training, or Medic First Aid are acceptable to the Department so long as they continue to require return demonstration of necessary skills. All other training provided by any other source must contain necessary content and require return demonstration by the student in the presence of the instructor.</p>
	<p>(2) Such training must include, at a minimum, the following:</p> <p>(b) Evidence of current certification in cardiopulmonary resuscitation where the training course required return demonstration of competency;</p>	<p>Current certification mean that the CPR training has not expired as designated on the card or other proof of training. Training provided by the American Red Cross, American Heart Association, American Health and Safety Institute, National Safety Council, Gwinnett County Department of Fire and Emergency Services, First Response Safety Training, or Medic First Aid is acceptable to the Department. All other training provided by any other source must be substantially equivalent to the training provided by the American Red Cross or American Heart Association. ON-LINE TRAINING COURSES or other training courses that do not have a “hands on” demonstration of competency included as part of the curriculum ARE NOT ACCEPTABLE.</p>

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	<p>(2) Such training must include, at a minimum, the following:</p> <p>(c) Emergency evacuation procedures;</p>	<p>All staff must be trained in implementing the facility’s disaster preparedness plan which includes emergency evacuation procedures.</p>
	<p>(2) Such training must include, at a minimum, the following:</p> <p>(d) Medical and social needs and characteristics of the resident population;</p>	<p>All staff must receive training on how to meet the needs of the specific types of residents living in the facility. For example, if the home serves residents with dementia or residents with disabilities, the staff must receive training about the characteristics and needs of such residents. The training is determined by the type of residents residing in the home. See Rules for Memory Care Services and Memory Care Units for additional guidance.</p>
	<p>(2) Such training must include, at a minimum, the following:</p> <p>(e) Residents' rights;</p>	<p>See Rule 111-8-62-.25 - Supporting Residents’ Rights</p>
	<p>(2) Such training must include, at a minimum, the following:</p> <p>(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</p>	<p>In addition to receiving a copy of the Long-Term Care Abuse Reporting Act, staff must receive training in how to identify conduct that constitutes abuse, neglect, or exploitation and all reporting requirements.</p>
	<p>(2) Such training must include, at a minimum, the following:</p> <p>(g) General infection control principles including the importance of hand hygiene in all settings and attendance policies when ill.</p>	<p>All staff must receive training in proper hand-washing and the importance of hand hygiene along with general infection control principles and attendance policies when ill.</p>

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	<p>(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.</p>	<p>If the PCH has a secure unit, both the secure unit and the non-secure unit must have at least one trained staff person on duty at all times. This rule does not address the total staffing required. See additional Rules under Staffing. Note: If the “new” employee is the only employee working in the home, the “new” employee must have completed all the training required before being left alone to care for the residents, even if less than 60 days has elapsed.</p>
	<p>(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.</p>	<p>Documentation of the continuing education per year should include the topic/title, date, instructor's name and qualifications, summary of the content, and attendance roster or certificate, as appropriate. Copies of the documentation may be maintained in a separate file or maintained in the staff file. Training may be provided in the home by qualified persons.</p> <p>Continuing education includes only the actual instruction time. The home may develop an in-service training plan or program for the year. The Department may require the home to provide training on a particular issue as part of an acceptable plan of correction where the Department identifies related deficient practices.</p>
	<p>(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.</p>	

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	<p>(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.</p>	<p>Each employee means all staff employed by the facility or volunteers who work in the facility and function as staff by providing care or supervision of residents. Documentation must be included in the employees' personnel files. The TB screening and the physician's report of physical examination required by this rule must be no older than 12 months at the time of hire or initial application for permit.</p> <p>Medical follow-up examinations are required when an employee returns to work following any significant illness or injury, not on an annual basis.</p>
	<p>(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.</p>	<p>All fingerprint records checks must be done using Cogent/GAPS. See the HFR website for instructions in using Cogent/GAPS or go to the Cogent/GAPS website for additional information.</p>

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	<p>(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.</p> <p>(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.</p> <p>(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.</p> <p>(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.</p>	
	<p>(8) Criminal History Background Checks for Directors,</p>	<p>All fingerprint records checks must be done using Cogent/GAPS. See the HFR website for instructions in using Cogent/GAPS or go to the</p>

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	<p>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.</p> <p>(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.</p> <p>(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.</p> <p>(c) The director, administrator or</p>	<p>Cogent/GAPS website for additional information.</p> <p>The satisfactory fingerprint records check determination must be obtained prior to employment.</p>
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	<p>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:</p> <ol style="list-style-type: none"> 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. 	
	<p>(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.</p> <p>(a) A person with an unsatisfactory criminal history background check determination</p>	<p>All employees other than owners, administrators, and on-site managers require a state-wide (Georgia) criminal records check from local law enforcement. If the employee has lived in a state other than Georgia in the three years prior to 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 residence. See definitions under Rule 111-8-62-.03 for listings of crimes.</p>

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	<p>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.</p> <p>(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.</p> <p>(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:</p> <ol style="list-style-type: none">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.	
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	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.	The administrator or on-site manager must check the employment history (i. e. references) prior to hiring an employee. Verification requires maintaining some documentation of checking with previous employers, not simply a list of previous employers. Verification and reference check documentation must be kept in the personnel file.
	(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:	Personnel files must be maintained in the home, available for inspection by the Department staff within one hour of request, or by the end of the on-site survey. All personnel files must be maintained for three (3) years following the employee's departure or discharge from employment. Each file must contain those items listed in (a) through (f) of this rule.
	(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.	The physical examination must include a tuberculosis screening.
	(c) Evidence of trainings, skills competency determinations and	

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	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.	Evidence of verification of previous employment must be included.
	(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	<p>If the facility chooses to hire or allow proxy caregivers, see Rules for Proxy Caregivers, Chapter 111-8-100 for additional requirements.</p> <p>Health maintenance activities is defined in Georgia law and the Rules for Proxy Caregivers as those limited activities that, but for a disability, a person could reasonably be expected to do for himself or herself. Such activities are typically taught by a registered professional nurse, but may be taught by an attending physician, advanced practice registered nurse, physician assistant, or directly to a patient and are part of ongoing care. Health maintenance activities are those activities that do not include complex care such as administration of intravenous medications, central line maintenance, and complex wound care; do not require complex observations or critical decisions; can be safely performed and have reasonably precise, unchanging directions; and have outcomes or results</p>

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	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.	that are reasonably predictable. Health maintenance activities conducted pursuant to this paragraph shall not be considered the practice of nursing
	(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,	See Rules for Proxy Caregivers, Chapter 111-8-100 for additional requirements.
	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	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,	Staffing outlined in this section is a minimum. Minimum staffing refers to staff who are directly involved in the provision of direct care to residents. The home may need to exceed these minimum requirements in order to provided needed protective care and watchful oversight to all residents. Sufficient staff must be physically present in the home at all times residents are present to implement the home's emergency disaster plan. The home must have the number of staff needed to meet the needs of the residents and provide for their health safety, and well-being at all times. The degree of oversight and care the particular residents in the home

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	<p>safety and care needs.</p>	<p>requires determines when these minimum ratios must be exceeded.</p> <p>Surveyor Instructions for Surveying Compliance:</p> <ul style="list-style-type: none"> • Review staffing schedules to verify that at least the minimum number of staff are assigned and readily available on site for day and night time needs. • Review a sample of resident files to verify that residents' needs during the day and night are being met in a timely manner. The focus of this compliance inquiry is: are the needs of the residents being met in a timely manner. • Probing Questions: • If residents have toileting or medication needs during the day or night, do staff respond when called? • If residents have demonstrated a known propensity to wander at night, are staff responding to this identified need appropriately to keep the individual safe? • Are night-time staff in areas within the home which permit them to hear and respond timely to residents' calls or identified needs for help? (The area may be a bedroom so long as it accommodates a timely and alert response from a staff person (whether previously asleep or awake) when a resident calls or it is known that the resident requires specific assistance at night.
	<p>(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</p>	<p>Only those employees involved in the oversight and delivery of direct personal services and receiving appropriate training may be counted in the minimum staffing ratios.</p> <ul style="list-style-type: none"> • Personnel who are not employed by the facility, such as hospice staff, private home care providers, and private sitters may not be counted toward the staffing ratios.

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		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.	Each staff member must be knowledgeable about residents' normal appearance and condition and be able to recognize changes in the residents' conditions and must appropriately intervene if a resident's state of health appears in jeopardy.
		(3) For purposes of these regulations, a resident must not be considered a staff person.	The home must not treat a resident as a staff person. As just one example, a home must not put a resident in charge of supervising other residents and/or providing personal care services to other residents.
		(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.	The home must effectively plan sufficient staff coverage in the form of a monthly work schedule that includes all staff working and the hours of work. The home must maintain documentation of the actual coverage as well. Actual coverage can be payroll records or the monthly schedule provided that the monthly work schedule has been corrected to show actual work coverage and times.
		(5) The home must retain the completed staff schedules for a minimum of one year.	Records of actual coverage and the planned work schedules must be maintained for one year.
		(6) Sufficient staff time must be provided by the home such that	Guidance to Surveyors: determine that there is an adequate number of staff being provided to meet the particular needs of the residents. Check

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	<p>each resident:</p> <p>(a) Receives treatments, medications and diet as prescribed.</p>	<p>to determine that staffing appears adequate to provide medications timely. Check to determine that home has adequate staff to prepare and serve prescribed diets.</p>
	<p>(6) Sufficient staff time must be provided by the home such that each resident:</p> <p>(b) Receives proper care to prevent pressure ulcers and contractures.</p>	<p>Each resident must receive sufficient staff time in the provision of proper care to prevent pressure ulcers and contractures. Is there evidence that staff provides assistance as needed to keep residents dry and properly positioned and repositioned to avoid pressure ulcers and contractures?</p> <p>In some situations, it is possible that a resident may develop pressure ulcers even though the resident is receiving proper preventive care. In these situations, it is particularly important that the home document the extent of the care it is providing and the efforts being made to ensure that the resident's personal care needs are being addressed by the home and that the medical and nursing needs are being addressed by authorized providers not associated with the personal care home, e.g. home health, hospice.</p>
	<p>(6) Sufficient staff time must be provided by the home such that each resident:</p> <p>(c) Is kept comfortable and clean.</p>	<p>The home must maintain sufficient staff time to ensure that residents are kept clean and comfortable. Guidance to Surveyors: Cite here if it appears that there is a staffing issue that is impacting the capability of the staff to keep all residents comfortable and clean. Otherwise, cite under Rule 111-8-62-.17(1) if the failure to keep the resident clean appears to be a more isolated performance issue.</p>
	<p>(6) Sufficient staff time must be provided by the home such that each resident:</p>	<p>Cite here if it appears that there is a staffing issue that is impacting the capability of the staff to treat residents with dignity and respect. Otherwise, consider citing under Rule 111-8-62-.25(1)(f).</p>

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		(d) Is treated with dignity, kindness, and consideration and respect.	
		(6) Sufficient staff time must be provided by the home such that each resident: (e) Is protected from avoidable injury and infection.	Guidance to Surveyors: Check resident and staffing records to determine that the staff are available and working to protect residents from avoidable injuries, e.g. staff appear to encourage the use of appropriate assistive devices, such as walkers where residents appear unsteady on their feet or have a history of falls.
		(6) Sufficient staff time must be provided by the home such that each resident: (f) Is given prompt, unhurried assistance if she or he requires help with eating.	Guidance to Surveyors: If possible, observe resident(s) requiring special assistance with eating at meal time to determine whether staff time for assistance is adequate. Inquire of residents regarding availability of assistance with eating for those who need it.
		(6) Sufficient staff time must be provided by the home such that each resident: (g) Is given assistance, if needed, with daily hygiene, including baths, oral care.	The home must maintain sufficient staff time to ensure that residents are kept clean and comfortable. Guidance to Surveyors: Cite here if it appears that there is a staffing issue that impacting the capability of the staff to keep all residents comfortable and clean. Otherwise, cite under Rule 111-8-62-.17(1) if the failure to keep the resident clean appears to be a more isolated performance issue.
		(6) Sufficient staff time must be provided by the home such that each resident: (h) Is given assistance with transferring when needed.	Guidance to Surveyors: Observe residents who require assistance with transferring. Review resident records and staffing as necessary to verify that sufficient staff are available for residents who require transfer assistance. Consider interviewing residents requiring assistance to determine timeliness of staff in responding to requests for assistance.
		(7) The administrator, on-site manager, or staff person must not be under the influence of alcohol or other controlled substances	

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		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.	Guidance to Surveyors: In only those homes serving 25 or more residents , check to see that staff are issued and wearing ID badges. Do not cite the facility for being in violation of this rule unless either it appears that a majority of the staff are not wearing their ID badges or staff is purposefully concealing their identities.
		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		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.	The facility must grant access to representatives of the Department and make records available. A home will be cited for violating this rule if a properly identified representative of the Department is denied access to the home or records required to be maintained on site are not available.
		(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.	

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	<p>(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.</p>	<p>Submitting a statement of disagreement does not delay the requirement to submit the written plan of correction timely or delay the posting of the inspection report on the Department's website.</p>
	<p>(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.</p>	<p>The facility is responsible for posting the most recent inspection report and plan of correction in a location that is routinely used for communications with residents and visitors.</p>
	<p>(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.</p>	<p>The home needs to monitor that the plan of correction is actually correcting the deficient practice. If the plan isn't working, the home must change it.</p>

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	<p>(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.</p>	<p>The home must complete the licensed residential profile when the Department makes the specific form available.</p>
	<p>(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.</p>	<p>The facility is required to complete and maintain the profile on file with the Department using the system developed by the Department when it becomes available.</p>
	<p>(8) The home must provide services that are consistent with the information reported on its licensed residential care profile, its license and these rules.</p>	<p>If a home says it provides a particular service on its licensed residential profile, it needs to provide that service, e.g. a home says it provides a specialized memory care unit, but the home has no special unit or program for residents with dementia.</p>
	<p>(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.</p>	<p>Notice: Use of the Term, Assisted Living, by Personal Care Homes</p> <p>O.C.G.A. §10-1-393(26) prohibits a personal care home from offering, advertising or soliciting the public to provide services “which are outside the scope of personal care services of assisted living care” which the facility is specifically authorized to provide . Accordingly, effective April 2012, the Department has stopped issuing initial permits to personal care homes wanting to use the term, “assisted living” in the name of the home or any of its marketing materials, unless it is applying to become licensed as an “assisted living community”.</p>

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		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;	The facility must be structurally sound and maintained in a safe condition for occupancy. Visible water leaks, and plumbing or sewage problems must be corrected when discovered in order to keep the home healthy and safe for residents. Residents must have unobstructed access to exit routes.
		(b) Independence, privacy and dignity of the residents; and	Guidance for Surveyors: Cite here if the home , while properly constructed is not maintaining the home in a manner that respects the residents' rights to independence, etc.
		(c) Safe access of all residents with varying degrees of functional impairments to living, dining and activity areas within the home.	Accommodations must be made for those residents with varying degrees of impairments. Where the home services residents who have significant functional impairments, check to make sure that the accommodations made meet the needs of the resident with the significant functional impairments but also do not impede the safe access of other residents.
		(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.	Contact state and local authorities for 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	The home must get prior approval if it is changing the purpose of any rooms shown on the floor plan, e.g. converting the living room to an additional bedroom, changing a staff' room to a resident's room.

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		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.	
		<u>(5) Common Areas.</u> 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.	Living areas and sleeping areas must be separate. All areas must allow for supervision and assistance by staff. Commons areas must be within easy walking distance of a resident's room or private living space. Common areas must be available for resident use at any time and must not require the resident to leave the building to use. A home must have a living area that is easily accessible to the resident in the same building where the resident has his or her private living space.
		(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	Grab bars are required for showers and bath areas pursuant to Rule 111-8-62-.12(7) - Bathrooms. Handrails on stairways and ramps are required pursuant to Rule 111-8-62-.12(8) – Interior Design and Construction. For example, where residents living in a home use wheel chairs or

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	<p>safety and allow the residents to move about the home freely.</p>	<p>motorized scooters, the home would be cited for being in violation of this rule if the home did not have ramps or elevators that would allow the resident to move about the home freely.</p> <p>Additional grab bars, handrails in hallways do not slope, and other supportive devices are not required in every personal care home. Supportive devices are required when the population served by the personal care home has ambulation difficulties and can benefit from the installation of such devices to enable them to achieve a greater degree of mobility and safety.</p> <p>Supportive devices, if installed, must be firmly affixed and secured to walls, structurally appropriate for use, and accessible to resident.</p>
	<p>(d) The home must provide an area for use by residents and visitors which affords privacy.</p>	<p>Personal care homes with private rooms are not required to have a separate area for privacy. This is because the private room itself constitutes an area for privacy. All other homes must have an area apart from congregate space which affords privacy and is for use by residents. Privacy means the resident is free from eavesdropping and unwanted and unauthorized intrusion and is allowed private and uncensored communications. Privacy may mean being apart from all people or being apart from some persons, or being apart from observation. Privacy does not mean that a home is prohibited from having the staff monitor the residents' whereabouts and well-being.</p>
	<p>(e) The home must place at least one current calendar and working clock in the common living area.</p>	
	<p>(f) The home must provide a comfortable dining area which is properly equipped and adequate in size for the number of residents being served.</p>	<p>The dining area must be of adequate size for the number of residents being served with adequate tables and chairs for residents to use in dining. The space should be adaptable to the needs of the residents eating in the dining room at that time. The dining area should not be</p>

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			congested or crowded. Residents and staff must be able to move freely and safely around the room.
		(g) The home must provide a means of locked storage for any resident's valuables or personal belongings, upon request.	If a resident asks that a home lock-up or secure items, the home must do so. However, the rule does not require that a home have a safe or a separate space just for storage.
		(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.	Residents sleep in their bedrooms and family or staff must have their own sleeping areas if they sleep in the home.
		(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.	Guidance to Surveyors: Check laundering facilities on site to ensure that they are adequate to prevent cross-contamination, e.g. there is a functioning washing machine and dryer and separate hampers/areas for clean and dirty laundry. A home may contract with a linen service for bed, bath, and kitchen linens. A resident may have a contract for personal laundry. The facility, regardless of contract, must have functioning clothes laundering facilities on the premises.
		<u>(6) Bedrooms or Private Living Spaces.</u> 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	The 80 square feet of usable floor space per resident requirement has been in effect since February 6, 1981. Homes permitted prior to February 6, 1981 and remaining in continuous operation may have bedrooms with 70 square feet of usable floor space per resident. For all homes permitted after that date, usable floor space does not include closet space or bathroom space.

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	<p>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.</p>	
	<p>(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.</p>	
	<p>(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.</p>	<p>There is more than one rule about windows. This requirement is intended to relate to ventilation and not secondary means of exits [111-8-62-.13(16)(b)].</p> <p>Well ventilated: means good air circulation, lack of drafts, lack of odors and humidity,</p>

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		(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.	<p>A resident must not have to pass through another resident's room in order to enter his/her own room.</p> <p>Staff/residents must not have to pass through a resident's room in order to reach a common room.</p> <p>Staff must not have to pass through a resident's room to reach a chore room (cleaning closet, laundry room, kitchen, etc.)</p>
		(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	<p>If the bedroom doors are equipped with locks, the locks should be of the type that allows door to open with a single motion from the inside even when locked.</p>

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		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.	Adequate natural light and ventilation is typically provided by a window or door that opens to the outside. The means of egress must be usable and accessible at all times. Windows with bars are not considered an acceptable and usable means of egress. Room must have a secondary means of egress.
		(i) When a resident is discharged, the room and its contents must be thoroughly cleaned.	“Thoroughly cleaned” means all furniture, surfaces, closets, cabinets, and mattress must be washed with a sanitizing solution. Floors must be swept and mopped with a sanitizing solution. Carpets must be vacuumed and cleaned. All bed and bath linens must be laundered.
		(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.	There must be at least one functional toilet and lavatory (sink) for each four persons in the personal care home. Bathrooms which are not accessible to residents may not be counted toward the required number. For example, if one bathroom is located in an individual resident’s separate private living area (unit), and 6 other residents must use one common bathroom, the home is not meeting the minimum requirement. Additional bathrooms may be needed for family members or staff living in the home to maintain the required facilities for the residents.
		(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	“Forced ventilation” means exhaust vents and/or fans which move the bathroom air to the outside such that unpleasant odors are removed from

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	ventilation to the outside. Bathroom windows used for ventilation must open easily.	the interior of the home. Bathrooms well ventilated by mechanical means are not required to have windows that open easily.
	(e) Toilets, bathtubs and showers must provide for individual privacy.	“Individual privacy” means the resident can have privacy by means of permanently affixed doors, walls, blinds, curtains, or screens.
	(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.	
	<u>(8) Interior Design and Construction.</u> 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.	All raw building materials in the home must be appropriately covered. Acceptable floor coverings may include but are not limited to tile, linoleum, finished wood, carpet, etc. Floors may be painted or sealed so as to be impervious to moisture and dirt. Floor coverings shall be firmly and securely affixed to the floor. Floor coverings shall not be torn, loose, cracked, or different elevations (heights) which may cause a resident to trip, fall, or lose balance. Floor coverings which are loose, torn, cracked,

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		or of different elevations constitute a “hazard” and may cause harm or injury. Area rugs or throw rugs are not prohibited by this rule; however, rugs must not present a tripping hazard to residents.
	(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.	Guidance to Surveyors: Check to see that light fixtures are working and lighting is adequate for tasks being performed by residents.
	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	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.	.Contact the State Fire Safety Commissioner’s Office, Number 2 Martin L. King, Jr. Drive; Suite 620 West Tower; Atlanta, GA 30334, if questions. Telephone number 404-656-2064. Website: www.gainsurance.org Guidance for Surveyors: Cite fire safety violations for facilities of seven (7) or more beds under this tag.
	(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	All applicants for a personal care home permit must submit evidence of compliance with state or local fire safety requirements as applicable. Applicants should contact local and state fire authorities to determine who holds jurisdiction. Guidance for Surveyors: Cite fire safety violations for facilities of 2 to 6 beds under this tag.

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	<p>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:</p>	<p>Electric appliances, etc. utilized in residents rooms : must not threaten the health or safety of residents. For example, electric blankets must have the Underwriter’s Laboratories (UL) listing (tag); and used according to manufacturer’s guidelines. Moreover, the use of electric blankets may be contraindicated for residents with diabetes and other diseases or conditions that decrease his/her ability to distinguish or recognize hot/cold sensations.</p>
	<p>In the absence of or in addition to any such local ordinances, the following requirements must be met:</p> <p>(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.</p>	<p>All electrical cords and wires must not be frayed, bare, cracked, or broken. Wall outlets and switches must be in safe working order and must be covered with face plates.</p> <p>Extension cords or drop cords may be used only if they do not present a hazard to resident safety. Residents and their families shall not be required to furnish, provide, or purchase light bulbs. The home is responsible for providing lighting.</p>
	<p>In the absence of or in addition to any such local ordinances, the following requirements must be met:</p> <p>(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</p>	<p>Gas appliances must be properly installed with working pilot lights and burners. Electric cooking equipment must be plugged into the appropriate type outlet; i. e. 120 or 240 lines where suited for the equipment.</p> <p>Drip pans and filters must be cleaned on a regular basis.</p> <p>Guidance to Surveyors: Check hoods or canopies over cooking appliances to determine that there does not appear to be a build-up of</p>

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		and kept clean at all times.	grease, etc. which could pose a fire hazard.
		<p>In the absence of or in addition to any such local ordinances, the following requirements must be met:</p> <p>(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.</p>	<p>Portable electric and liquefied petroleum gas or liquid fire space heating devices are prohibited in all portions of residential personal care homes. These include LP gas or liquid fire space heaters fueled by LP gas, propane, kerosene, wood, etc. Contact the State Fire Safety Commissioner’s Office for further information or guidance. Number 2 Martin L. King, Jr. Drive, Suite 620 West Tower, Atlanta, GA 30334; Telephone 404-656-2064. Website: www.gainsurance.org</p>
		<p>In the absence of or in addition to any such local ordinances, the following requirements must be met:</p> <p>(d) Fire screens and protective devices must be used with fireplaces, stoves and heaters, including space heaters.</p>	<p>Fire screens and protective devices mean something in front of an open flame that shields a person from the flame and blocks flying debris or embers.</p>
		<p>In the absence of or in addition to any such local ordinances, the following requirements must be met:</p> <p>(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.</p>	<p>All applicants for a personal care home permit must submit evidence of compliance with state or local fire safety requirements. This approval covers the requirements for smoke detectors.</p> <p>Guidance for Surveyors: “Chirping” or “beeping” smoke detectors are indicators that the battery for back-up power must be replaced. Cite at the “A” level if the staff and residents report that the chirping or beeping just started. Do not cite if the home immediately replaces the battery while on site.</p>

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	<p>In the absence of or in addition to any such local ordinances, the following requirements must be met:</p> <p>(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.</p>	<p>Contact the State Fire Safety Commissioner’s Office for further information or guidance. Number 2 Martin L. King, Jr. Drive, Suite 620 West Tower, Atlanta, GA 30334; Telephone 404-656-2064. Website: www.gainsurance.org</p> <p>Fire extinguishers, must have a tag signed by a technician that shows an inspection in the past 12 months.</p> <p>All discharged refillable fire extinguishers must be refilled by a technician and inspected. All discharged non-refillable (disposable) fire extinguishers must be disposed of properly and immediately replaced.</p>
	<p>In the absence of or in addition to any such local ordinances, the following requirements must be met:</p> <p>(g) Each home must have a working doorbell or doorknocker which is audible to staff inside at all times.</p>	<p>The doorbell or knocker must be loud enough to alert the staff that someone is at the door. A monitored intercom or entrance system is a suitable substitute.</p>
	<p>In the absence of or in addition to any such local ordinances, the following requirements must be met:</p> <p>(h) Exterior doors must be equipped with locks which do not require keys to open them from the inside.</p>	<p>The purpose of this rule is to ensure that persons are not locked inside a building and unable to evacuate.</p> <p>Key pads may be utilized under the following conditions:</p> <ol style="list-style-type: none"> 1. Resident must be able to exit the facility when desired if the resident is not in a specialized memory care unit; 2. The code or instructions for egress (exit) must be posted; and

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			<p>3. The facility must provide sufficient staff to ensure appropriate watchful oversight.</p> <p>Magnetic locks may be utilized as long as the evacuation plan can be implemented safely. Residents must be able to evacuate safely and within the required time frame.</p> <p>Electronic and magnetic locks must be integrated into the fire alarm and suppression system so that the doors release when a fire alarm station is pulled.</p>
		<p>(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.</p>	
		<p>(4) Where the Department has reason to believe, based on the</p>	<p>Guidance to Surveyors: Any observed fire safety issues that are not</p>

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	<p>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.</p>	<p>immediately corrected should be referred to the appropriate fire safety authority having jurisdiction.</p> <p>Guidance to Surveyors: Do not require the facility to initiate an immediate fire drill without the surveyor having obtained specific verbal approval from HFRD program management and taking into account weather conditions at the facility and the time of day/night.</p>
	<p>(5) Water and sewage systems must meet applicable federal, state, and local standards and/or regulations.</p>	
	<p>(6) Floors, walls, and ceilings must be kept clean and in good repair.</p>	
	<p>(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.</p>	<p>Clean means free from dirt, soil, residue, stains, spills, and odors. This includes all surfaces, equipment, utensils, and resident care equipment. A “disinfectant” means any agent or solution, such as a household bleach, that cleans a surface of harmful microorganisms. Note that the rule requires cleaning more often than once a day if necessary to keep the area clean.</p>
	<p>(8) The storage and disposal of bio-medical and hazardous wastes must comply with applicable federal, state, and local rules and/or standards.</p>	<p>The purpose of this rule is to promote health and sanitation, and prevent the spread of infection.</p> <p>Appropriate waste containers must be utilized for disposal of hazardous waste. Local hospital(s) and pharmacy(s) and bio-hazardous waste</p>

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			companies are good sources of additional information.
		(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.	Solid waste includes garbage and refuse. The staff must remove waste from the kitchens daily and garbage must be picked up from the home at least weekly. Garbage and refuse should not collect around the premises. Any solid waste receptacles, including those in the kitchen, must have covers or lids that fit and are actually used
		(10) An insect, rodent or pest control program must be maintained and conducted in a manner which continually protects the health of residents.	“Pest control program” means measures to eradicate and contain common pests such as roaches, ants, mosquitoes, flies, rats, and mice. The program may be done by the facility’s staff or by an outside contract. Guidance to Surveyors: If residents complain about pests or evidence of insects, rodents or pests are observed, ask the home what evidence it has that its pest program is being maintained and conducted in a way that protects the health of the residents. Check for physical evidence of pest contamination in likely locations.
		(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.	Safeguarded means out of reach or not accessible. If evidence indicates there is a need for the materials to be locked up, then the materials must be locked up. For example: resident population includes resident(s) with a history of rummaging or history of ingesting non-food items, etc.
		(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.	Adequate hot water is determined by the residents and their needs. The hot water heater must provide comfortable hot water necessary for bathing, showering, and residents’ personal use. Guidance to Surveyors: Ask the residents if the hot water is adequate, run the water at a sink to ascertain if it feels comfortable warm.
		(13) Entrances and exits, sidewalks, yards and escape routes must be maintained free of any hazards such as refuse,	The yard area must be free of hazards.. “Hazards” means possible sources of danger or harm. Some additional examples of hazards that surveyors will look for include loose walkways, excavation holes, dangerous yard equipment, stagnant water sources in the yard that serve

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	<p>equipment, unsafe furniture, debris or any other impediments. Ice and snow must be cleared from the home's entrances, exits and walkways.</p>	<p>as a breeding ground for insects, etc.</p> <p>All exits must be usable and free of impediments, hindrance, or obstruction so as to allow for safe entering and exiting of the building at all times by staff, residents, and emergency personnel.</p>
	<p>(14) The home must have its house number displayed so as to be easily visible from the street.</p>	<p>The house number may be displayed on the home, mailbox, sign, etc. so long as it is easily visible from the street. If the home has had a change in address (such as due to 911 service), it must notify the Department and obtain a revised permit.</p>
	<p>(15) The exterior of the home must be properly maintained to remain safe and in good repair.</p>	
	<p>(16) The following evacuation requirements must be met:</p> <p>(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.</p>	
	<p>The following evacuation requirements must be met:</p> <p>(b) There must be an established procedure and mechanism for alerting and caring for residents in</p>	

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		<p>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.</p>	
		<p>The following evacuation requirements must be met: (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.</p>	
		<p>Authority: O.C.G.A. §§ 31-2-7, 31-7-1, 31-7-2.1 and 31-7-12.</p>	
111-8-62-.14 Furnishings and Fixtures		<p>111-8-62-.14 Furnishings and Fixtures.</p> <p>(1) Furnishings of the home in the living room, bedrooms and dining room must be maintained in good condition, intact, and functional.</p>	<p>“Functional furniture” means the furniture in the home allows for residents to use without risk or danger. “Furnishings” includes but are not limited to furniture, appliances, and other moveable articles in the home. Furnishings should be of a permanent type and designed for indoor use.</p> <p>“Intact” means whole, having all parts. For example, upholstered furniture is not ripped or torn and capable of being used for the intended purpose.</p>
		<p>(2) Furnishings and housekeeping standards must be such that a home presents a clean</p>	<p>The home and furnishings should be free from dirt, stains, foreign matter, and objectionable pervasive odors. If noxious odors permeate the furnishings or other areas of the home, the home is not presenting a</p>

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	and orderly appearance.	clean appearance. “Orderly” means tidy, neat, an uncluttered physical environment where residents and staff are able to function safely. Equipment should be stored in appropriate storage places, hallways should be uncluttered, and spills should not be left unattended,
	(3) Resident bedroom furnishings must include all of the following: (a) An adequate closet or wardrobe.	The closet or wardrobe must be of adequate size and function for a typical resident’s belongings.
	(b) Working lighting fixtures sufficient for reading and other resident activities.	Guidance for surveyors: Observe lighting in a sample of residents’ rooms to verify that light fixtures are functioning. If lights are burned out, Interview the residents to ensure that bulbs are replaced promptly when they burn out.
	(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.	A full-length mirror is not required. The mirrors should be of sufficient size and positioned appropriately for residents to groom themselves. If a resident or the resident’s representative specifically requests that the mirror be removed, the facility should document this request in some way.
	(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	A separate bed must be available for and individually assigned to each resident (unless a double bed is assigned for couple). Beds should be of a permanent nature. For example, roll-aways, cots, or other bedding typically for temporary use and futons/studio couches typically used for

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	<p>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.</p>	<p>seating should not be used in lieu of a standard bed.</p> <p>Hospital beds are considered permanent in nature, whether or not equipped with wheels. Mattresses for hospital beds must meet the 36-inch width minimum.</p> <p>Observe the use of a hospital bed for proper use of side rails and potential risk of injury.</p> <p>If side rails are observed on a bed, the side rails must also be evaluated under Rule 111-8-62-.15(c) Rule 111-8-62-.25(h).</p>
	<p>(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.</p>	<p>“Linens” means sheets, pillow cases, towels, and washcloths.</p>
	<p>(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</p>	<p>The bedroom should reflect the personality of each resident who resides in the room. Personal belongings such as pictures, books, knick-knacks, mementos, and pieces of furniture should be allowed and encouraged.</p>

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		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 Admissions		<p>111-8-62-.15 Admissions.</p> <p>(1) Criteria for admission and retention of residents in a home are as follows:</p> <p>(a) Persons admitted to a personal care home must be at least 18 years of age.</p>	
		<p>(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.</p>	<p>“Ambulatory” means able to move from place to place</p> <ol style="list-style-type: none"> 1. By walking, either unaided or aided by prosthesis, brace, cane, crutches, walker, or handrails <p>OR</p> <ol style="list-style-type: none"> 2. By self-propelling a wheelchair <p>AND</p> <p>Is able to respond to an emergency condition, whether caused by fire or otherwise, and escape with minimal human assistance such as guiding to an exit, using the normal means of egress.</p> <p>“Minimal human assistance” means cueing, verbal encouragement, or limited physical assistance such as guiding a resident or assisting with a transfer.</p> <p>“Assisting with a transfer” is a personal assistance. If assistance with</p>

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		<p>transfer is provided, the resident must be able to move from place to place by self-propelling his/her own wheelchair once transferred.</p> <p>Guidance to Surveyor: Residents requiring more than assistance with ambulation or transfers, or who cannot self-propel a wheel chair need care beyond that which the facility is permitted to provide. This should be evaluated under Rule 111-8-62-.15(2).</p>
	<p>(c) The home must not admit, or retain persons who require the use of physical or chemical restraints, isolation, or confinement for behavioral control.</p>	<p>Restraint use may constitute an accident hazard and professional standards of practice have eliminated the need for physical restraints except under limited medical circumstances in facilities authorized to restrain residents. Personal care homes are not authorized to restrain residents. Bedrails used as restraints add risk of fatal and/or near-fatal injury to the resident due to entrapment. Bedrails used as restraints increase the risk of avoidable decline in physical and mental well-being of the resident including falls, urinary and/or fecal incontinence, pressure sores, loss of muscle tone, loss of independent mobility, increased agitation, loss of balance, symptoms of withdrawal or depression, reduced social contact, and decreased appetite, and weight loss. Bedrail use in general increases the risk of more significant injury from a fall from a bed with raised side rails as compared to a fall from a bed without side rails.</p> <p>Physical restraint is defined in Rule 111-8-62-.03(ff) as “any manual or physical device, material, or equipment attached or adjacent to the</p>

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		<p>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.”</p> <p>Chemical restraint is defined in Rule 111-8-62-.03(g) as “a psychopharmacologic drug that is used for discipline or convenience and is not required to treat medical symptoms.”</p> <p>Psychotropic medications in and of themselves are not chemical restraints, if properly prescribed. All psychotropic or mood-altering medications prescribed as PRN must include specific documentation under which the medications are to be taken. The written physician’s order should include the symptoms to be relieved by the medication and the maximum number of doses to be taken in a 24-hour period. Residents’ behavior and request for the PRN medication shall be documented on the medication assistance record.</p> <p>“Confinement” means the involuntary removal of a resident from his/her present environment or activity in order to restrict him/her to another specific area, such as a bedroom, for control of behavior.</p> <p>“Isolation” means the placement of a resident in a locked room without direct monitoring by staff.</p>
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		<p>Guidance to Surveyor: Observe residents during walk through of facility. If restraints are observed, question staff and residents as needed to determine whether the device, material, equipment, or practice functions as a restraint' i.e. restricts the resident's movement or is not easily removed by the resident. Review resident files for instructions and/or orders for the device.</p>
	<p>(d) No home is permitted to admit residents who either require continuous medical services or continuous nursing care and treatment.</p>	<p>Continuous medical or nursing care and treatment means services which are ordered by a physician for a resident whose condition requires the supervision of a physician and continued monitoring of vital signs and physical status.</p> <p>Services which are scheduled and provided on an intermittent basis (meaning periodic or cyclical), are not considered to be continuous medical or nursing care and treatment.</p>
	<p>(e) 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</p>	<p>A personal care home may not provide medical, nursing, or other health services to its residents.</p>

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	<p>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.</p>	
	<p>(2) No home is permitted to admit or retain a resident who needs care beyond which the home is permitted to provide.</p>	<p>A facility must not admit or retain a resident who requires continuous medical or nursing care, requires the use of any type of restraint, or is unable to respond to an emergency condition, and escape with minimal human assistance such as guiding to an exit, using the normal means of egress.</p> <p>Guidance to Surveyor: Observe residents, interview residents and staff, and review resident files to determine if the residents requires continuous medical or nursing services.</p>
	<p>(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</p>	<p>The administrator or on-site manager must assess if the home can meet each resident's needs prior to admission based on the administrator's or on-site manager's interview with the applicant and/or representative and the physical examination required by this rule.</p> <p>The required physical examination contains an area for documentation of a tuberculosis screening.</p> <p>The report of physical examination by appropriate healthcare provider required by this rule must be no older than 30 days at the time of admission. This physical examination is a pre-admission physical.</p> <p>If a resident is admitted pursuant to an emergency placement made by Adult Protective Services, local law enforcement, or a governmental agency case manager, the home has up to 14 days to obtain a physical examination.</p>

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	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.	The physical examination form can be found at the HFR website.
	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	<p>111-8-62-.16 Admission Agreement.</p> <p>(1) A written admission agreement must be entered into between the governing body and the resident. Such agreement must contain the following:</p> <p>(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</p>	<p>The Admission Agreement constitutes a contract between the Resident and the Governing Body. The Admission Agreement must be in the resident's file.</p> <p>A new written Admission Agreement must be entered into when there is a change in the Governing Body.</p> <p>The written admission agreement must contain a statement of all provisions and accommodations provided in the base fee (ie. the daily, weekly, or monthly fee or rate). All provisions and accommodations included in the base fee such as number of meals, types of personal services, activities, transportation, etc. must be listed.</p> <p>Any additional services not included in the base fee must be listed with the cost of each. This cost list must be part of or attached to the admission agreement. If additional services are charged, the resident must sign a request for the service and acknowledge the additional fee.</p>

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	charge.	The actual charges for services must be reflected.
	Such agreement must contain the following: (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.	The admission agreement must inform the resident that the home is required to provide a written notice at least 60 days in advance of changes in fee and/or services. Actual changes in fees and/or services must be in writing, signed by the resident or legal surrogate, if any, and reflect the date of notification and the effective date of the change. The signed statement of changes in fees and/or services must be maintained in the resident file as part or addendum to the admission agreement. The admission agreement and any changes or addendums must be maintained in the file for the duration of the resident's stay and for a period of three (3) years after discharge. Note: But if the resident or representative voluntarily requests that additional services be added to the services provided, the 60-day notice of change may be waived by the resident or representative.
	Such agreement must contain the following: (c) The resident's authorization and consent to release medical information to the home as needed.	
	Such agreement must contain the following: (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	

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	discharge if required due to a change in the resident's condition.	
	Such agreement must contain the following: (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.	Provision of transportation for shopping, recreation, rehabilitation, and medical services, etc. may be provided as services included in the basic rate or offered as an additional charge. This must be in writing and included in the Admission Agreement. The agreement must disclose the provisions that are made for emergency transportation.
	Such agreement must contain the following: (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.	The facility must have a written refund policy (see Rule 111-8-62-.07(3)(c) which is given to each resident or legal surrogate when the admission agreement is executed.
	Such agreement must contain the following: (g) A statement that a resident may not perform services for the home.	
	Such agreement must contain the following: (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	Note: House rules that are developed must not conflict with Residents' Rights, Rule 111-8-62-.25

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	<p>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.</p>	
	<p>Such agreement must contain the following:</p> <p>(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.</p>	<p>For all residents admitted January 8, 2013 or after.</p> <p>The admission agreement must disclose whether and how proxy caregiver services are provided.</p>
	<p>Such agreement must contain the following:</p> <p>(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</p>	<p>For all residents admitted January 8, 2013 or after.</p> <p>The admission agreement must identify what level of staff handle medications, e.g. designated proxy caregivers, registered nurses, licensed practical nurses or a combination thereof.</p> <p>Guidance to Surveyor: Determine whether the home require residents to have prescriptions prepared using unit or multi-dose packaging. The home may have an established relationship with a particular pharmacy but cannot require the residents to use a particular pharmacy or pharmacist. The resident has the right to choose his or her own pharmacy. See Residents Rights, Rule 111-8-62-.25(1)(p)</p>

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	required.	
	Such agreement must contain the following: (k) An explanation of how and when residents must be discharged or transferred from the home.	The admission agreement must be consistent with the facility's policy regarding discharges and transfers.
	Such agreement must contain the following: (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.	Residents must be given opportunity to consent to or decline the use of his/her photo in such things as advertisements, social media, etc. See Residents Rights, Rule 111-8-62-.25(1)(c)4 and (f).
	(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.	Prior to execution of the admission agreement, each resident must have the opportunity to read and understand the agreement. If the resident cannot read the agreement, the administrator or on-site manager is responsible for ensuring the resident understands the contents of the agreement and documenting the steps taken to assure communication
	(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	A signed copy must be given to the resident and his/her representative or legal surrogate, if any, and a signed copy must be maintained in the resident file. "Signed copy" means a copy that has been signed by both parties to the contract; the resident or his/her legal surrogate and the administrator or on-site manager as representative of the facility's governing body.

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		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		111-8-62-.17 Services. (1) Personal assistance must be given to those residents who are unable to keep themselves neat and clean.	Guidance to Surveyors: Observe residents. Where residents appear to have hygiene issues, such as dirty clothes, hair, or nails, investigate whether the hygiene issues are a result of the individual residents' choices and preferences or are evidence that the home is not providing needed personal assistance.
		(2) Each home must provide sufficient activities to promote the physical, mental and social well-being of each resident.	Guidance to Surveyors: Observe and interview residents to determine whether residents report that activities are available for participation.
		(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.	Books, newspapers, and games for leisure activities are required. A home should actively encourage residents to participate in the described activities. For example, if a resident wishes to attend a church or synagogue, the home should assist the resident by reminding the resident of the day and time of the services or arranging for or providing transportation. A resident has the right to choose activities and interact with members of the community both inside and outside of the facility.
		(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.	This rule does not necessarily require a home to have two telephones. A home must have a telephone that works and is accessible and that can be used by residents.

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	<p>(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.</p>	<p>An active and meaningful activities program should get residents up and out of their rooms. A home may not require that residents remain in a specific location or go to a specific location due to limited staff or for the convenience of the personal care home.</p>
	<p>(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.</p>	<p>Locking a resident into or out of a room is entirely unacceptable. Immediate correction is required for resident(s) locked in a room. Restricting a resident to a room constitutes isolation and violates Residents' Rights. Generally, a home must permit residents access to all common areas of the home. This means those areas shared by all residents such as the living room, dining room, and activities areas. Memory care units must have secure common areas to which residents of the memory care unit have free access. In personal care homes with a food service permit, the kitchen is not a common area.</p>
	<p>(7) A home must not lock the resident into or out of the resident's bedroom or private living space.</p>	<p>Staff must not lock a resident into or out of his/her bedroom or private living space for any reason.</p>
	<p><u>(8) Resident Needs Assessment.</u> 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.</p>	<p>The assessment must be completed at the time of admission and be updated as changes occur in the resident's condition. The assessment should identify the resident's needs such that care can be planned accordingly.</p> <p>Assessments are required for all residents at the time of admission.</p>

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	<p><u>(9) Written Care Plan.</u> 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:</p> <p>(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.</p>	<p>All residents who utilize the services of a proxy caregiver and all residents receiving services in a memory care unit must have a written care plan. The staff of the home must use this written care plan as a guide for delivery of care and services specific to the residents' needs.</p> <p>The written care plan must be developed within 14 days of admission. The care plan must be revised and updated as the assessment is updated.</p>
	<p>The care plan must include the following:</p> <p>(b) Resident's particular preferences regarding care, activities and interests.</p>	
	<p>The care plan must include the following:</p> <p>(c) Specific behaviors to be addressed with interventions to be used.</p>	
	<p>The care plan must include the following:</p> <p>(d) Any physician order or order of a nurse practitioner or physician</p>	

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		assistant working under protocol or job description, respectively for assistive devices.	
		The care plan must include the following: (e) Staff primarily responsible for implementing the care plan.	
		The care plan must include the following: (f) Evidence of resident and family involvement in the development of the plan when appropriate.	
		The care plan must include the following: (g) Evidence of the care plan being updated at least annually and more frequently where the needs of the resident change substantially.	The care plan must be updated as resident's needs change.
		Authority: O.C.G.A. §§ 31-2-79, 31-7-1, 31-7-2.1 and 31-7-12.	
111-8-62-.18 Requirements for Memory Care Services.		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:	Requirements for Memory Care Services are specific for homes that do not have a specialized, secure unit but serve residents with various levels of memory impairment. Any memory impairment that places a resident at risk of eloping or wandering outside of the home must be addressed. A home must not wait until a resident with impaired memory wanders outside of the home to determine that the resident is at risk. All homes that serve any resident with impaired memory must meet these requirements.

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		(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.	Such devices could include alarms that sound when an exterior door is opened and alert the staff to a resident's leaving.
		(b) 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.	Before installing locks, check with the local fire marshal to ensure that the device meets local requirements and that there is always a safe method of exiting the door in the event of a power failure, fire, etc.
		(b) 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	

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	<p>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.</p>	
	<p>(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.</p>	
	<p>Authority: O.C.G.A. §§ 31-2-7, 31-7-1, 31-7-2.1 and 31-7-12.</p>	
<p>111-8-62-.19 Additional Requirements for Specialized Memory Care Units or Homes</p>	<p>111-8-62-.19 Additional Requirements for Specialized Memory Care Units or Homes.</p> <p>(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:</p> <p>(a) Provides additional or specialized care in locked units to such residents;</p> <p>(b) Holds itself out as providing additional or specialized care to such residents; or</p>	<p>If a home has locked or secure units, the home must meet the additional requirements regardless of whether the home calls the unit itself a “memory care unit” or other specialized unit.</p> <p>The purpose of this rule is to assist potential residents and families in understanding what services are provided, by whom, when, and at what cost.</p>

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		(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 descriptions 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.	Potential residents and families need to know who is staffing the unit. Check the description to determine that it identifies the level of staffing provided, e.g. nurse with number of hours per week, aides, level of staff on call.
		(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.	The protocol should explain the kinds of changes in condition that would trigger a re-evaluation.
		(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	

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		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.	Residents and their families must be given clear information on all fees that might be charged.
		(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.	
		<p>(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:</p> <p>(a) Any person upon request. (b) The family or resident's representative before admission of the resident to the Memory Care Unit or program.</p>	
		<p>(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</p>	

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	<p>following:</p> <p>(a) Multipurpose room(s) for dining, group and individual activities which are appropriately furnished to accommodate the activities taking place.</p>	
	<p>(b) Secured outdoor spaces and walkways which are wheel chair accessible and allow residents to ambulate safely but prevent undetected egress.</p>	
	<p>(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.</p>	
	<p>(d) Adequate and even lighting which minimizes glare and shadows.</p>	
	<p>(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.</p>	
	<p>(f) Individually identified entrances to residents' rooms to assist residents in readily identifying their own personal spaces.</p>	
	<p>(g) An effective automated device or system to alert staff to</p>	

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	<p>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;</p>	
	<p>(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.</p>	<p>The unit must have a functioning communication system to allow staff in the unit to summon for help from others outside the unit. The system should include an internal intercom or alarm system to alert other staff and a telephone to contact emergency medical services.</p>
	<p>(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.</p>	
	<p>(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:</p> <p>(a) Medications for residents</p>	

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	<p>living in the memory care unit must be provided to the residents by either or both of the following:</p> <ol style="list-style-type: none"> 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. 	
	<p>(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.</p>	
	<p>(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:</p> <ol style="list-style-type: none"> 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 	

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	<p>responsibilities including wandering and egress control.</p> <p>3. An introduction to common behavior problems characteristic of residents residing in the unit and appropriate behavior management techniques.</p>	
	<p>(6) Initial Staff Training. Within the first six months of employment, staff assigned to the unit must receive training in the following topics:</p> <p>(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.</p>	
	<p>(b) Common behavior problems and appropriate behavior management techniques.</p>	
	<p>(c) Communication skills that facilitate better resident-staff relations.</p>	
	<p>(d) Positive therapeutic interventions and activities such as exercise, sensory stimulation, activities of daily living skills.</p>	
	<p>(e) The role of the family in caring for residents with dementia, as well as the support needed by the family of these residents.</p>	
	<p>(f) Environmental modifications that can avoid problematic</p>	

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		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.	
		<p>(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</p>	<p>A pre-admission physical examination on the departmental physical examination form is required. The physical must not be older than 30 days at the time of admission. A resident who requires 24-hour skilled nursing care for management of their medical needs must not be admitted to the Memory Care Unit. The resident must be appropriate for admission to a personal care home.</p>

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	<p>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.</p>	
	<p>(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.</p>	
	<p>(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</p>	

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	<p>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:</p>	
	<p>(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.</p> <p>(b) Resident's expressed preferences regarding care, activities and interests.</p> <p>(c) Specific behaviors to be addressed with interventions to be used.</p> <p>(d) Names of staff primarily responsible for implementing the service plan.</p> <p>(e) Evidence of family involvement in the development of the plan when appropriate.</p> <p>(f) Evidence of the service plan being updated at least quarterly or more frequently if the needs of resident change substantially.</p>	
	<p>(10) Therapeutic Activities. The unit must provide therapeutic</p>	

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	<p>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:</p> <p>(a) Gross motor activities; e.g. exercise, dancing, gardening, cooking, other outdoor activities.</p> <p>(b) Self-care activities; e.g. dressing, personal hygiene/grooming;</p> <p>(c) Social activities; e.g. games, music, crafts.</p> <p>(d) Sensory enhancement activities, e.g. distinguishing pictures and picture books, reminiscing and scent and tactile stimulation.</p>	
	<p>(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</p>	

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	(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.	<p>111-8-62-.20 Medications.</p> <p>(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.</p>	<p>Staff at the home must be able to explain how the home determines which residents maintain the capacity to self-administer medications. For example, a home might develop a simple assessment tool that staff can use periodically or when a change in condition is noted to determine if the resident has the capacity to self-administer medications. The tool that the home chooses to use need not be a nursing assessment. The simple assessment could be used to determine that the specific resident can generally identify what medications he or she takes, the reason for taking them, the part of the day that the medication is usually taken and what the medication normally looks like. For example: the resident knows that s/he takes a little pill in the morning for pain and can tell you if he or she is experiencing physical symptoms (weak, dizzy, etc.) that might be indicative of an adverse drug reaction.</p> <p>Note: The home may not require residents to obtain medications from a specific pharmacy or pharmacist as this is a violation of Rule 111-8-62-.25(p).</p>
	<p>(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:</p> <p>(a) Staff providing such assistance or supervision may perform the following:</p>	<p>If the resident is not capable of self-administration, then the PCH staff is performing a “health maintenance activity” for the resident and must comply with the proxy caregiver rules.</p> <p>Note: PCH staff may provide assistance with or supervision of self-administered medications ONLY TO THOSE RESIDENTS WHO ARE CAPABLE OF SELF-ADMINISTRATION BUT CHOOSE TO HAVE PCH STAFF HANDLE THE MEDICATIONS FOR THEM.</p> <p>Surveyors will observe how the residents are interacting with staff providing medication assistance and review the self-administration</p>

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	<ol style="list-style-type: none"> 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 	<p>assessment process used by the home. Observe whether the residents appear capable of telling the staff if they don't want the medication, what condition generally the medication is prescribed for, etc.</p> <p>If the residents do not appear to be capable of self-administration, the surveyor will look to see that the home appropriately utilizes proxy caregivers to provide medication assistance.</p> <p>Epinephrine and insulin may be administered by non-licensed staff serving as proxy caregivers, if there is a written plan of care developed in accordance with the Rules for the Use of Proxy Caregivers, Chapter 111-8-100. Training on insulin and epinephrine for all non-licensed staff should include instructions on the limited use of "Sliding Scale Insulin". Documentation from the physician included in the written plan of care should include the specific protocols to be followed.</p> <p>Residents' abilities/needs regarding glucose monitoring devices fall into three categories with different requirements related to each:</p> <ol style="list-style-type: none"> 1. For residents who are capable of self-administration with respect to glucose monitoring i.e. they can read, understand and utilize the read out results, the home staff may assist the resident by providing watchful oversight such as reminding the resident or may physically assist the resident to perform the blood glucose test. 2. For residents who are not capable of self-administration of the glucose monitoring function, the home staff serving as proxy caregivers, may perform the blood glucose testing if the home obtains a CLIA (Clinical Laboratories Improvements Amendments of 1988) certificate of waiver from the Department and performs the monitoring in accordance with all state and federal regulations. Contact the Healthcare Facility Regulation Division, Diagnostic Services Unit, 2 Peachtree Street, Suite 32-415, Atlanta, Georgia 30303; telephone 404-657-5450 for information on CLIA
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	immediately calling Emergency Services, 911, after any use of the EPI pen.	waivers.
	(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.	<p>Note: If the PCH staff are serving as proxy caregivers and providing assistance with medications, then the caregiver must have one of the following: a GED, or high school diploma or have passed a Test of Functional Health Literacy. The Test of Functional Health Literacy in Adults (TOFHLA) measures the functional literacy level of the person taking the test, using real-life health care materials. These materials include patient education information, prescription bottle labels, registration forms, and instructions for diagnostic tests.</p> <p>The TOFHLA is available for purchase from http://www.peppercornbooks.com/ for \$90.00 and permits the purchaser to reproduce without additional charge the assessment instruments for use in its own testing program.</p>
	<p>(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:</p> <p>(a) The home's medication policy</p>	This training must be provided to all staff providing assistance with medications.

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		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.	Sample medication skills competency checklists are included in the Ohio

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	<p>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.</p>	<p>training materials for medication assistance. See Appendix "C". of the Proxy Caregiver Rules or go to the HFRD website at www.dch.georgia.gov under Healthcare Facility Regulation, then Forms and Applications, then scroll down to Other Forms, Skills Checklist. A home is free to use another medication skills competency checklist so long as it assesses the skills necessary for the tasks being performed by PCH staff.</p>
	<p>(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.</p>	
	<p>(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).</p>	

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		(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	

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		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	Prescriptions for antibiotics must be started as soon as feasibly possible.

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	<p>direction.</p>	
	<p>(8) Storage of Medications.</p> <p>(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.</p>	<p>All medications are to be kept under lock and key, or other secure storage system to protect medications from unintentional use or diversion. Medications include prescription medications, vitamins, herbal medications and all over the counter medications.</p> <p>Refrigerated medications must also be kept under lock and key. The home may place the medication in a locked container and place the container in the refrigerator.</p> <p>Bio-hazardous waste containers must be made available as warranted.</p>

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	<p>(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.</p>	
	<p>(c) Medications must be kept in original containers with original labels intact.</p>	<p>Weekly pill organizers or other containers which are not original containers with original labels from the pharmacist are prohibited by this rule unless provided by the resident or resident's family for residents who do not require assistance with or supervision of medications. If non-original containers are provided by the resident or the resident's family or guardian, the admissions agreement or other document must clearly specify that the responsibility for resident's medications has been specifically assigned to the resident or resident's family or guardian.</p> <p>All medications, including injectable medications, must be properly labeled. All labels must be prepared by the pharmacist or the physician.</p> <p>All sample medications must be under written order from the physician and properly labeled prior to routing to the facility.</p>
	<p>(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</p>	<p>If stock OTC medications are used, surveyor may check a resident's record to ensure that there is a physician order authorizing the specific medication with dosing and symptoms noted, for example, 325 mg. acetaminophen for body aches every 4 hours, not to exceed 4 doses in 24 hours.</p>

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		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.	Discontinued medications are considered resident's property and must be safely returned to the resident, resident's representative or guardian or appropriate family member. Medications left by the resident and unclaimed after notice to the resident may be disposed of by the facility staff and documented in the resident's record. Facilities may contract with waste disposal services, who are licensed to dispose of chemical waste. The facility may obtain additional guidance on the disposal of medications from their local pharmacy.
		Authority: O.C.G.A. §§ 31-2-7, 31-7-2.1, 31-7-1 and 31-7-12.	
111-8-62-.21 Nutrition.		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	The personal care home is required to provide three meals per day served at approximately the same time each day. Resident preferences should be considered in scheduling meal times. A home that serves clients who attend a day program may provide a packed lunch or make arrangements with the day program for lunch for the residents. General requirements for meal planning for generally accepted nutritional guidelines include meal patterns/plans from

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	<p>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.</p>	<p>associations or organizations such as the Dairy Council, American Diabetes Association, American Diabetic Association, United States Department of Agriculture (Food Guide Pyramid), a state Dietetic Association Diet Manual, etc. Menus and meals must include a variety of food items representing all food types. A sample of food groups and servings which may be served each day to meet general minimum requirements include: MILK: 2 ONE CUP SERVINGS (or cheese, ice cream, cottage cheese, pudding made from milk) MEAT: 2 OR MORE 3 OUNCE SERVINGS (edible meat, meat substitutes, 1 egg equals one ounce of meat) FRUITS AND VEGETABLES: 4 OR MORE 1/2 CUP SERVINGS BREADS AND CEREALS: 4 OR MORE SERVINGS Meals should be of quality and quantity to maintain resident weight and be acceptable to the residents.</p> <p>Food should be in a form and of a consistency which the resident can tolerate, chew and swallow. Food should be served at appropriate temperatures, i.e. hot foods are served hot and cold foods are served cold.</p> <p>A nutritious snack is any food item or combination of items from the generally accepted food guides. Snacks must be listed on the menu in accordance with Rule 111-8-62-.21(1) and (8).</p> <p>Guidance to Surveyor: Ask the residents if they are satisfied with the spacing of meal-times in the home. If not, calculate the time between the evening and morning meals thirty (30) minutes after the beginning of the evening meal to the beginning of the morning meal.</p> <p>If resident chooses to sleep in, then the home is responsible for making alternatives available for the resident.</p>
	<p>(2) Food received or used in a</p>	<p>Surveyors will check food that is available for use to determine that food</p>

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	<p>personal care home must be from satisfactory sources and must be clean, wholesome, free from spoilage, adulteration, and misbranding, and safe for human consumption.</p>	<p>appears safe for human consumption. For example, dented, rusty, out-of-date cans of food on the shelf will result in the home being cited for a violation of this rule.</p>
	<p>(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.</p>	
	<p>(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:</p> <p>(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.</p>	<p>The temperature in the refrigerator is at or below 41 degrees F at all times. All food items must be stored off the floor and on clean surfaces. Refrigerators and freezers, cupboards and food storage areas should be clean.</p> <p>Perishable foods include but are not limited to potentially hazardous foods such as meat, poultry, fish, eggs, milk, milk products, fresh fruits and vegetables, juices, mayonnaise. Perishable foods must be maintained in refrigeration units at 41 degrees F. or below or in freezers</p>

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			at or below 0 degrees F.
		(b) Thaw frozen foods properly, i.e. in the refrigerator or under cold running water with an unplugged sink.	Frozen foods are not left out on a counter to thaw.
		(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.	Determine that separate cutting boards are used for meats and vegetables.
		(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.	Homes permitted for more than twenty-four (24) residents must possess a valid food service permit issued under Chapter 290-5-14, Rules and Regulations for Food Service. Homes licensed to serve fewer than twenty-five (25) residents are not required to obtain a food service permit.
		(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	

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		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.	Sufficient non-perishable food should be on hand to serve the resident population three (3) meals per day for three (3) days. Nonperishable food is defined as foods that are stored without refrigeration or freezing and may be served without cooking. Nonperishable food which requires cooking may be counted in the food supply provided the home demonstrates that an alternative means of cooking the food is available for food preparation. This 3-day food supply must be in addition to the daily pantry supply for the home. The 3-day supply does not necessarily have to be stored in a separate sealed container, such as a plastic tub.
		(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.	The menu for the entire day should be planned and posted in an area where residents know the menu can be found. The menu should include snacks.
		(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	Interview or observe the person responsible for meal preparation to determine that food is handled safely.

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		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 or physician's assistant.	A personal care home may limit the special diets provided by the home and must include this restriction in its admission policies. However, if a resident has orders for a special diet from a physician, then the special diet must be prepared and served for the resident or the resident must be relocated to a facility which can meet the resident's needs.
		Authority: O.C.G.A. §§ 31-2-7, 31-7-2.1 and 31-12-3	
111-8-62-.22 Temperature Conditions		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.	Equivalents to central heating may include individual room heaters and air conditioning units or combination heating/cooling units. NOTE: Portable space heaters are generally prohibited from use according to fire safety regulations unless specifically approved in writing by fire safety officials. All areas of the home used by the residents must have heat. Residents should not be made susceptible to conditions that induce loss of body heat or hypothermia or that increase susceptibility to respiratory ailments or colds.
		(2) Temperatures in the home must not fall below 68 degrees during waking hours and 62 degrees F during sleeping hours.	Residents should be comfortable in all areas of the home. Residents should not exhibit signs or symptoms related to exposure to heat extremes. A personal care home may be required to monitor the inside

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	<p>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.</p>	<p>temperatures if there is a question as to whether this rule is met.</p> <p>Guidance to Surveyor: If the residents do not appear to be comfortable in the environment, check the temperature using the facility’s thermometer as well as your thermometer. Document date, time and location of the temperature check.</p> <p>Interview residents and staff to determine the effect of the temperature condition on residents. Where appropriate, check resident files for medications that may have adverse effects in excessive temperatures. Waking hours at a minimum are from 7:00 A.M. to 8:00 P.M., but may vary according to the needs of the specific resident population.</p>
	<p>(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.</p>	
	<p>Authority: O.C.G.A. §§ 31-2-7 and 31-7-2.1.</p>	
<p>111-8-62-.23 Infection Control, Sanitation and Supplies</p>	<p>111-8-62-.23 Infection Control, Sanitation and Supplies.</p> <p>(1) The home must have a supply of first-aid materials available for use. This supply must include, at a</p>	<p>The first aid materials are not limited to band aids, thermometer, tape, gauze and an antiseptic. Other materials may also be needed depending on the needs of the residents.</p> <p>First aid materials must not be expired.</p>

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	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.	Paper towels are acceptable as meeting the requirement of this rule.
	(3) Hand washing facilities provided in both kitchen and bathroom areas must include hot and cold running water, soap, and clean towels.	Paper towels are acceptable as meeting the requirement of this rule.
	<p>(4) The home must have an effective infection control program which includes, at least the following:</p> <p>(a) Training provided to staff on effective measures for minimizing the spread of infections and food borne illnesses;</p> <p>(b) Responding to disease outbreaks appropriately and participating in infection control investigations;</p> <p>(c) Staff demonstrating their understanding and use of proper infection control practices in their delivery of care to the residents;</p> <p>(d) Enforcing work and return to work policies to minimize the spread of infection and illnesses; and</p>	<p>The effectiveness of the infection control program will be measured in a variety of ways including:</p> <ul style="list-style-type: none"> • observation of staff delivering care to residents. Staff are washing their hands as necessary, but especially when moving from one resident to another to provide care. • Supplies, e.g. disinfectant are made available. • Cook staff understand and demonstrate safe food preparation techniques. • Staff understand and cooperate with public health regarding reporting and managing outbreaks in accordance with recommendations.

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		(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.	Surveyors will determine compliance with this requirement by checking availability of cleaning agents for use by residents and staff and how supplies of these items are stored to prevent accidental ingestion.
		(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.		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	The home must have the needed information in a separate file for each resident and the information must be maintained in a confidential manner.

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	<p>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.</p>	
	<p>(2) Each resident file must include the following information:</p> <p>(a) Identifying information including name, social security number, veteran status and number, age, sex, and previous address.</p>	
	<p>(2) Each resident file must include the following information:</p> <p>(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.</p>	<p>The home must have the necessary information to contact the resident's next of kin, legal guardian or representative in case of an accident or sudden change in condition. This information must be kept up to date.</p>

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	<p>(2) Each resident file must include the following information:</p> <p>(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).</p>	<p>The home must have the necessary information to contact the agency personnel responsible in case of an accident or sudden change in condition. This information must be kept up to date.</p>
	<p>(2) Each resident file must include the following information:</p> <p>(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.</p> <p>(e) Date of discharge, facility or residence discharged to and telephone number.</p>	
	<p>(2) Each resident file must include the following information:</p> <p>(f) The name, address and telephone number of a physician, hospital and pharmacy of the resident's choice.</p>	<p>The home must have the necessary information to identify and contact the resident's physician, hospital and pharmacy when needed. This information must be kept up to date.</p>
	<p>(2) Each resident file must include the following information:</p> <p>(g) A record of all monetary transactions conducted on behalf</p>	<p>When the home purchases items for a resident with the resident's money, the home must keep a record of all monetary transactions and itemized receipts.</p>

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		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.	
		(2) Each resident file must include the following information: (i) Health information including all health appraisals, diagnoses, prescribed diets, medications, and physician's instructions.	A copy of all physician's orders must be maintained in the resident's file. All PRN and sample medications must be under written orders from the physician. The home must maintain documentation of all medications, prescriptions or over the counter medications, which are supervised by staff. The documentation record must include the observed drug and dosage taken by the resident, the date and time, the name of the staff person responsible for supervising or assisting in self-administration of medications.
		(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.	An "inventory" means an itemized list of property. Items such as toiletries do not need to be inventoried.
		(2) Each resident file must include the following information: (k) A signed copy of the	This can be a signed copy of Rule 111-8-62-.26 (Residents Rights), a signed statement acknowledging receipt of a copy of the Residents' Rights rule, a signed copy of the Residents' Rights form from the Exhibits packet, etc..

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	Resident's Rights form.	
	(2) Each resident file must include the following information: (l) A signed copy of the admission agreement.	This means a signed copy of the admission agreement between the resident and the home.
	(2) Each resident file must include the following information: (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.	If the resident has a power of attorney or other such document in effect, a copy must be maintained in the resident's file.
	(2) Each resident file must include the following information: (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.	If the resident has an advance directive for durable power of attorney for health care or living will if executed <i>prior to 2007</i> or an advance directive for healthcare if executed <i>after 2007</i> , a copy must be maintained in the resident's file. If the resident does not have an advance directive or durable power of attorney for health care or a living will, the home must make the forms available. This does not mean that the home should require or otherwise coerce a resident to execute an advance directive for health care. The home must maintain documentation in the resident's file indicating that this information was provided to residents upon admission. Advance directive forms for health care are available at this website for downloading: http://www.gabar.org/newsandpublications/consumerpamphlets/Advance-Directive-for-Health-Care.cfm
	(2) Each resident file must	Note: the requirements regarding personal needs allowance are

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	<p>include the following information:</p> <p>(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>	<p>contained in Rule 111-8-62-.26(n)1.</p>
	<p>(2) Each resident file must include the following information:</p> <p>(p) Any signed medical orders impacting end of life care, e.g. do not resuscitate, physician's orders for life sustaining treatment.</p>	
	<p>(2) Each resident file must include the following information:</p> <p>(q) All individual written care plans required by these rules and the rules for proxy caregivers, Chapter 111-8-100 if applicable.</p>	
	<p>(2) Each resident file must include the following information:</p> <p>(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.</p>	
	<p>(2) Each resident file must include the following information:</p> <p>(s) A copy of the search results</p>	<p>The purpose of the inquiry is to ensure that the home develops an appropriate safety plan to ensure the safety of the residents, staff and visitors if the resident has a finding on the registry. The website to be checked is:</p>

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	obtained from the National Sex Offender Registry website maintained through the Department of Justice and any resulting safety plan for residents, staff and visitors.	http://www.nsopw.gov/?AspxAutoDetectCookieSupport=1 The home does not need to print out all results page, just a page showing that the inquiry on the name of the resident has been made.
	<p>(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:</p> <p>(a) Spiritual preference e.g., church membership, name and telephone number of minister, priest, rabbi, or imam.</p> <p>(b) Information about insurance policies and prearranged funeral and burial provisions, if any.</p>	
	(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	<p>111-8-62-.25 Supporting Residents' Rights</p> <p>(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,</p>	

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		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: <ul style="list-style-type: none"> 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	

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		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.	<p>Staff must address a resident in a respectful and dignified manner. Residents should be called by their names. Residents must not be subjected to derogatory language or rough handling.</p> <p>Residents must be granted privacy when going to the bathroom and in other activities of personal hygiene. "Privacy" means the resident has the right to be free from unwanted and unauthorized intrusions. Staff must examine residents in a manner that maintains the privacy of their bodies at all times. If a resident requires assistance, authorized staff should respect the resident's need for privacy. Only authorized staff directly involved in the resident's care or treatment should be present when care and treatments are provided. People not involved in the resident's care should not be present without the resident's consent. Methods of providing privacy include, but are not limited to, closing doors, blinds, curtains, and use of screens. Residents should not be denied access or have restrictions or limitations placed on the use of bathrooms.</p>
		(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	<p>Residents are not coerced, forced, or compelled to accept or practice a particular religion or to attend religious services or activities not of their choice.</p> <p>The home, to the extent possible, should accommodate an individual's needs and choices for how he or she spends time, both inside and outside of the facility. The staff should assist the resident in the pursuit of activities outside and inside the facility.</p>

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		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.	Possessions of the resident, regardless of the value, must be treated with respect. The resident should be able to retain personal possessions without fear of theft, damage or pilferage. The facility has the right to limit the size of furnishings brought into the immediate living quarters based on space limitations and health or safety to other residents. The home must have methods of safeguarding residents' property of value, upon request, such as in a locked area or a safe.
		(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.	This includes mail from the post office and parcel services.

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	<p>(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.</p>	<p>Residents must have access to an operable, non-pay telephone in a private location. Residents must be able to place long distance calls from this telephone at their own expense. "Access" includes placing telephones at a height and location accessible to chair bound residents and adapting telephones for use by the hearing impaired. Residents who request a private phone in their room should be assisted with arranging for the telephone installation, if needed.</p>
	<p>(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.</p>	
	<p>(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.</p>	
	<p>(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</p>	<p>A home may set a different amount for a personal needs allowance than stated in these rules provided the resident or the resident's representative has signed a written waiver of the personal needs allowance that specifically waives the allowance entirely or sets forth different amounts and/or times for distribution.</p>

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	<p>a responsible staff person in the home unless waived by the resident. The following conditions must be met regarding the personal needs allowance:</p> <ol style="list-style-type: none">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	
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		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	"Records" include but are not limited to medical or clinical records,

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	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.	resident account records and/or ledgers, contracts with the home or outside agencies, and incident or accident reports. Residents and their representatives or legal surrogates must have access to all records pertaining to the resident that are maintained by the personal care home. All records must be maintained for the duration of the resident's stay and for a period of 3 years after resident's discharge.
	(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	Division of Healthcare Facility Regulation Department of Community Health 2 Peachtree Street, N.W., Suite 31-447 Atlanta, Georgia 30303 Complaint Intake Phone: 404-657-5726.

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		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.	The home must have alternatives to communicate the content of the Bill of Right's such as reading it to the resident, audiotape, etc. where the resident is unable to read.
		(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.	For more information regarding this Act, you may contact the State Long Term Care Ombudsman Program at 404/657-5319 or your community ombudsman.
		Authority: O.C.G.A. §§ 31-2-7 and 31-8-131 et seq.	
111-8-62-.26 Procedures for Change in Resident Condition		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,	Facilities must keep incident/accident reports on all residents. Whenever a resident is accidentally injured or has an adverse change in physical condition, the representative or legal surrogate must be notified after immediately obtaining needed care. This report may be in writing. If not in writing, the facility must maintain documentation of the notification.

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	<p>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.</p>	
	<p>(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:</p> <p>(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.</p> <p>(b) If the resident has a valid DNR order, the caregiver may</p>	

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	<p>effectuate the DNR order if done in good faith.</p> <p>(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.</p> <p>(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</p>	
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		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	

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		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		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		111-8-62-.28 Immediate Transfer	Should a resident develop a physical or mental condition requiring continuous

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<p>Immediate Transfer of Residents</p>	<p>of Residents.</p> <p>(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.</p>	<p>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, the administrator or on-site manager should initiate immediate transfer of the resident in accordance with these rules to a more appropriate living environment.</p>
	<p>(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.</p>	
	<p>(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</p>	

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	<p>appropriate facility where the resident's needs can be met. Prior to making such transfer, the administrator or on-site manager must:</p> <p>(a) Inform the resident and representative or legal surrogate and case manager, if any, of the reason for the immediate transfer.</p>	
	<p>(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.</p>	
	<p>(c) Inform the representative or legal surrogate, if any, of the resident's choice regarding such transfer.</p>	
	<p>(d) Inform the resident and the representative or legal surrogate, if any, of the place to which the resident is to be transferred.</p>	
	<p>(e) Provide a copy of the resident file to the receiving facility within 24 hours of transfer.</p>	
	<p>(f) Document in the resident's file the following:</p> <ol style="list-style-type: none"> 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 	

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	<p>paragraph.</p> <p>3. The name, address, and telephone number of the place to which the resident is to be transferred or discharged.</p>	
	<p>(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.</p>	
	<p>Authority: O.C.G.A. §§ 31-2-7, 31-7-2.1 and 44-7-30 et seq.</p>	
<p>111-8-62-.29 Discharge or Transfer of Residents</p>	<p>111-8-62-.29 Discharge or Transfer of Residents.</p> <p>(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.</p>	
	<p>(2) In all cases, except those requiring immediate transfer pursuant to Rule 111-8-62-.28,</p>	<p>In cases which meet the criteria for immediate transfer, thirty (30) days written notice is not required as defined in Rule 111-8-62-.29(1). However, information required to be provided to the resident and/or representative in the event of an</p>

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	<p>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.</p>	<p>immediate transfer should be in writing (i.e., reason for the transfer, resident choice regarding discharge preferences, and place to which the resident is to be discharged).</p>
	<p>(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.</p>	
	<p>(4) Upon discharge or transfer of the resident, the home must refund</p>	

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		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		<p>111-8-62-.30 Reporting.</p> <p>(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.</p>	<p>The after regular business hours number for reporting elopements, deaths or serious injuries to the Department is 404-657-5726 or 1-800-878-6442. The Personal Care Home program has developed a suggested PCH Incident/Accident form that can be used to record the information required by this rule. Homes may obtain a copy for use when applying for a permit or from the HFRD web site under Forms and Applications.</p>
		<p>(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</p>	

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	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.	For instance, a home is not required to report the death of a resident who is enrolled in hospice and the condition of the resident at the time of the discovery is consistent with the resident's underlying medical condition. But a home would be required to report the death of resident who is enrolled in hospice, if the resident appeared to die from sustaining a fall.
	(b) Any serious injury to a resident that requires medical treatment.	Taking a resident to be checked out at the emergency room as a precaution does not need to be reported. But if the resident is taken to the emergency room and has to be treated for the injury, e.g. hip fracture, then the home would need to report the serious injury.
	(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.	Example: A fire destroys part or all of the home.
	(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	

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		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.	
		<p>(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:</p> <p>(a) The name of the personal care home and the name of the administrator or site manager.</p> <p>(b) The date of the incident and the date the personal care home became aware of the incident.</p> <p>(c) The type of incident suspected, with a brief description of the incident.</p> <p>(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.</p>	
		(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	

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		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		<p>111-8-62-.31 Deemed Status.</p> <p>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.</p> <p>Authority: O.C.G.A. §§ 31-7-1 and 31-7-3(b).</p>	
111-8-62-.32 Variance and Waiver		<p>111-8-62-.32 Variance and Waiver.</p> <p>(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</p>	<p>The purpose of this rule is to allow a facility to depart from the strict application of a rule or to dispense with enforcement of a particular rule in certain circumstances. Because these rules apply only to personal care homes, the PCH is responsible for filing the application for the waiver or variance. The PCH should not file an application for a waiver unless it believes that the alternative standards it proposes will protect the residents in its care. The Department may grant a variance or waiver of a</p>

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	<p>conditions which must be met by the home in order to operate under the variance or waiver granted.</p>	<p>specific rule. However, the Department has no authority to waive a provision of law.</p> <p>A copy of the Department’s written policy and procedure on how to apply for a variance or waiver is online at http://dch.georgia.gov/licensure-forms-applications . Scroll down to near the bottom of the page.</p> <p>By law, all variances and waivers must be posted on the State’s website for a minimum of fifteen (15) days to allow interested members of the public to comment on the proposed waiver or variance request before it can be acted upon by the Department. See http://services.georgia.gov/sos/sos-rw/searchHome.doc.</p>
	<p>(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.</p>	
	<p>(b) Waiver. The Department, in its discretion, may dispense entirely with the enforcement of a</p>	

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	<p>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.</p>	
	<p>(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.</p>	
	<p>(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</p>	

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		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		<p>111-8-62-.33 Enforcement and Penalties.</p> <p>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</p>	<p>Copies of the applicable rules may be viewed on HFRD's website at http://dch.georgia.gov/hfr-laws-regulations</p>

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		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		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.	