

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

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

**SYNOPSIS OF REVISED RULES**

**STATEMENT OF PURPOSE:** The Georgia Department of Community Health proposes to revise the Rules and Regulations for Personal Care Homes, Chapter 111-8-62. These rules are being proposed pursuant to the authority granted the Department of Community Health in O.C.G.A. § 31-2-5 and O.C.G.A. § 31-2-7.

**MAIN FEATURE OF THE REVISED RULE:** Revision of the rules to comply with portions of House Bill 987, the “Disabled Adults and Elder Persons Protection Act of 2020,” pertaining to requirements for staffing and memory care services, and to establish exemptions for aging in place.

**DEPARTMENT OF COMMUNITY HEALTH  
CHAPTER 111-8  
HEALTHCARE FACILITY REGULATION**

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

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**Rule 111-8-62-.03 Definitions**

In these rules, unless the context otherwise requires, the words, phrases and symbols shall mean the following:

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

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

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

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

(e) "Applicant" means any of the following:

1. When the personal care home is owned by a sole proprietorship, the individual proprietor shall be the applicant for the license, complete the statement of responsibility and serve as the licensee.
2. When the personal care home is owned by a partnership, the general partners shall be the applicant for the license, complete the statement of responsibility and serve as the licensee.
3. When the personal care home is owned by an association or limited liability company (LLC), the governing body of the association or LLC shall authorize the application for the license and complete the statement of responsibility and the association shall serve as the licensee.

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

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

(g) "Certificate" means a certificate issued by the Department to operate a memory care center in a licensed assisted living community or personal care home.

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

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

(j) "Direct care staff person" means any employee, facility volunteer or contract staff who provides to residents any personal services, including but not limited to, medication administration or assistance, assistance with ambulation and transfer, and essential activities of daily living such as eating, bathing, grooming, dressing, and toileting.

(ik) "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.

(jl) "Employee" means any person, other than a director, utilized by a personal care home to provide personal services to any resident on behalf of the personal care home or to perform at any facilities of the

personal care home any duties which involve personal contact between that person and any paying resident of the personal care home.

(~~kn~~) "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.

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

(~~mo~~) "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.

(~~np~~) "Injury" as used in the definition of abuse means a wrong or harm caused by an individual to a resident which is manifested by a physical or behavioral reaction or change in the appearance or actions of the resident, such as, but not limited to, reddened or bruised skin not related to routine care, crying, startling or cowering reaction by the resident and malnutrition or pressure ulcers, such as skin breakdowns, for which the home has not provided proper care.

(~~oq~~) "Legal Surrogate" means a duly appointed person who is authorized to act, within the scope of the authority granted under the legal surrogate's appointment, on behalf of a resident who is adjudicated or certified incapacitated. The legal surrogate may act on a resident's behalf where a resident has not been adjudicated as incapacitated provided that the action is consistent with the resident's wishes and intent and is within the scope of the authority granted. Where such authority is exercised pursuant to a Power of Attorney executed by a resident, the facility must maintain a copy of this document in the resident's files. The resident's duly appointed legal

surrogate(s) shall have the authority to act on the resident's behalf as established by written applicable federal and state of Georgia law, and shall be entitled to receive information relevant to the exercise of his or her authority. No member of the governing body, administration, or staff of the personal care home or affiliated personal care homes or their family members may serve as the legal surrogate for a resident.

(r) "Limited nursing services" means the assessment of the physical, mental, and emotional status to determine the appropriate level of care for an individual; the performance of health maintenance activities, as defined in division (a)(9)(C)(ii) of Code Section 43-26-12; and the provision of any nursing care within the direct care staff person's scope of practice that can be completed within seven days or intermittently.

~~(ps)~~ "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.

~~(qt)~~ "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.

~~(ru)~~ "Memory care ~~center~~unit" means the freestanding or incorporated specialized unit within a personal care home or assisted living community that either: (i) holds itself out as providing additional or specialized care to persons with diagnoses of probably Alzheimer's or other dementias or with cognitive deficits that may place the resident at risk; or (ii) charges higher rates for care for residents with Alzheimer's or other dementias than for care to other residents~~memory care services or provides personal services in secured surroundings.~~

(~~sv~~) "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.

(~~tw~~) "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.

(~~ux~~) "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.

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

1. purports to or exercises authority of the owner in a facility;
2. applies to operate or operates a facility;
3. maintains an office on the premises of a facility;
4. resides at a facility;
5. has direct access to persons receiving care at a facility;
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.

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

(~~x~~aa) "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.

(~~y~~bb) "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.

(cc) "Physician" means an individual who is currently licensed to practice medicine in the State of Georgia. For purposes of these rules, it shall be acceptable for any services required to be performed by a physician to be performed by any other licensed medical professional (i.e., Nurse Practitioner, Physician Assistant, etc.) who is permitted to provide such services under applicable state scope of practice rules and regulations.

(~~z~~dd) "Proxy caregiver" means an unlicensed person or a licensed health care facility that 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.

(~~aaa~~ee) "Physical Restraints" are any manual or physical device, material, or equipment attached or adjacent to the resident's body that the individual cannot remove easily which restricts freedom or normal access to one's body. Physical restraints include, but are not limited to, leg restraints, arm restraints, hand mitts, soft ties or vests, and wheelchair safety bars. Also included as restraints are practices employed by the home which function as a restraint, such as tucking in a sheet so tightly that a bedbound resident cannot move, bedrails, or chairs that prevent rising, or placing a wheelchair-bound resident so



close to a wall that the wall prevents the resident from rising. Wrist bands or devices on clothing that trigger electronic alarms to warn staff that a resident is leaving a room do not, in and of themselves, restrict freedom of movement and should not be considered as restraints.

(~~b~~bff) "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.

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

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

(~~e~~eej) "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.

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

(~~g~~ggk) "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.

**Authority:** O.C.G.A. §§ 31-2-7, 31-2-8, 31-2-9, 31-7-2.1, 31-7-1 et seq. and 31-8-80 et seq.

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

- (1) These rules apply to all personal care homes unless the facility is specifically exempted as provided in paragraph (2) of this rule.
- (2) These regulations do not apply to the following facilities:
  - (a) Boarding homes or rooming houses which provide no personal services other than lodging and meals.
  - (b) Facilities offering temporary emergency shelter, such as those for the homeless and victims of family violence.
  - (c) Other facilities, homes or residences licensed by the Department which have not been classified as personal care homes, e.g. assisted living communities, hospices, traumatic brain injury facilities, drug abuse treatment facilities.
  - (d) Facilities providing residential services for federal, state or local correctional institutions under the jurisdiction of the criminal justice system.
  - (e) Facilities ~~regulated~~licensed by the Department of Behavioral Health and Developmental Disabilities ~~and Addictive Diseases~~.
  - (f) Host homes as defined in O.C.G.A. § 37-1-20(18).
  - (g) Group residences organized by or for persons who choose to live independently or who manage their own care and share the cost of services including but not limited to attendant care, transportation, rent, utilities and food preparation.

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

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

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

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

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

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

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

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

(5) The name of the administrator or on-site manager, who will be working in the home, if known, must be included with the application

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

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

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

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

(9) For initial application for licensure of a home with twenty-five (25) beds or more, the applicant shall include a financial stability affidavit from a certified public accountant affirming the applicant's ability to operate as a going concern for the next two years.

(9-10) No personal care home shall be operated and no residents admitted without such a permit which is current under these rules and regulations.

(11) No memory care center shall be operated and no residents admitted without a certificate which is current under these rules and regulations.

**Authority:** O.C.G.A. §§ 31-2-7, 31-2-9, 31-2-14 and 31-7-1 et. seq.

**Rule 111-8-62-.07 Governing Body**

(1) The governing body is responsible for providing the oversight necessary to ensure that the home operates in compliance with applicable requirements: Chapter 7 of Title 31 of the Official Code of

Georgia Annotated, administrative rules and regulations of the Department of Community Health, Chapters 111-8-25, 111-8-62 and 111-8-100, and all other statutes, rules and regulations.

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

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

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

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

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

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

(e) House rules and their enforcement.

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

- (g) Medication management, procurement and the professional oversight provided for such services.
- (h) Health and hygiene issues for residents and staff relating to infection control, work policies and return to work policies, food borne illnesses and reportable diseases.
- (i) The investigation and reporting of abuse, neglect, exploitation of residents, residents' wandering away from the community, accidents, injuries and changes in residents' conditions to required parties.
- (j) Discipline procedures for handling conduct which is inconsistent with the policies of the home committed by staff.
- (k) Emergency preparedness, drills and evacuation requirements.
- (l) Quality assurance and peer review mechanisms to determine opportunities for improving care utilizing information acquired from reports and investigations of serious incidents, including resident and family feedback.
- (m) The use of volunteers, who have unsupervised access to the residents and their orientation regarding resident's rights and basic safety precautions.
- (n) The specific use of proxy caregivers allowed within the home and the oversight of proxy caregivers the home requires or provides in accordance with Georgia law, these rules and the rules for proxy caregivers, Chapter 111-8-100.
- (o) The safety and security precautions that will be employed by the home to protect residents from harm by other residents, designated proxy caregivers and other individuals, not employed by the home who routinely come into the home.
- (p) The staffing plan which takes into account the specific needs of the residents and also includes arrangements for staffing in the absence of regularly scheduled staff.

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

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

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

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

**Rule 111-8-62-.08 Administration**

(1) ~~For homes first licensed after the effective date of these rules, t~~The home must have an administrator, who is at least 21 years of age and, ~~has either~~meets the following requirements, as applicable:

(a) Administrators of homes licensed for fewer than twenty-five (25) beds must have either (i) an Associate's Degree or, (ii) a G.E.D. or a high school diploma and 2 years of experience working in a licensed personal care home or other healthcare-related setting.

(b) Administrators of homes licensed for twenty-five (25) or more beds must hold a valid license from the State Board of Long-Term Care Facility Administrators with an effective date no greater than sixty (60) days from the date of hire or July 1, 2021, whichever is later. ~~a G.E.D. or a high school diploma and 2 years experience working in a licensed personal care home or other healthcare-related setting.~~

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

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

- (b) Designate qualified staff as responsible staff to act on his or her behalf and to carry out his or her duties in the administrator or on-site manager's absence. No resident shall be designated as staff.
- (c) Investigate serious incidents involving residents which result in injuries or death in order to identify and implement opportunities for improvement in care.
- (d) Monitor and document staff performance to ensure that care and services are being delivered safely and in accordance with these rules.
- (3) Personnel must be assigned duties consistent with their positions, training, experience, and the requirements of Rule 111-8-62-.09.
- (4) The facility must comply with the requirements of Chapter 111-8-16, Rules and Regulations for Disaster Preparedness Plans.
- (5) Each home must have a telephone which is maintained in working order at all times and is accessible to the residents.
- (6) **Notification of Emergency Relocation.** 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.

**(7) Notification of Bankruptcy, Eviction or Change of Ownership.**  
**The home must provide:**

- (a) a minimum of sixty (60) days written notice to the department and all residents of any impending bankruptcy or property eviction that may force discharge or relocation of residents or otherwise adversely impact the provision of safe care and oversight; and**



(b) a minimum of thirty (30) days written notice to the department and all residents of any impending change of ownership. The notice to the department shall be in the form of an application which must be approved before the permit is issued to the new owner(s).

**Authority:** O.C.G.A. §§ 31-2-7, 31-2-9, 31-7-1 et seq. and 43-27-1 et seq.

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

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

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

- (a) Evidence of current certification in emergency first aid except where the staff person is a currently licensed health care professional;
- (b) Evidence of current certification in cardiopulmonary resuscitation where the training course required return demonstration of competency;
- (c) Emergency evacuation procedures;
- (d) Medical and social needs and characteristics of the resident population;
- (e) Residents' rights;
- (f) Identification of conduct constituting abuse, neglect or exploitation of a resident and reporting requirements to include the employee's receipt of a copy of the Long-Term Care Facility Resident Abuse Reporting Act as outlined in O.C.G.A. § 31-8-81et seq.; and

- (g) General infection control principles including the importance of hand hygiene in all settings and attendance policies when ill.
- (3) At least one staff person having completed the minimum training requirements of Rule 111-8-62-.09(2)(a) through (g) above must be present in the home at all times resident(s) are present in the home. ~~Where the home provides a secure unit, the unit itself must have at least one person present in the unit who has completed all the required training.~~
- (4) All direct care staffpersons, including the administrator or on-site manager, ~~who offer direct care to the residents,~~ must satisfactorily complete continuing education each year, in courses, relevant to their job duties, including, but not limited to, appropriate medication assistance, working with the elderly, working with residents with Alzheimer's or other cognitive impairments, working with the ~~mentally retarded,~~ mentally ill and developmentally disabled, social and recreational activities, legal issues, physical maintenance and fire safety, housekeeping, or other topics as needed or as determined by the Department.
- (5) All direct care staff, including the administrator or on-site manager, ~~ors and employees involved with the provision of personal services to the residents~~ must have at least sixteen (16) hours of training per year.
- (6) The administrator, on-site manager, and each employee must have received a tuberculosis screening and a physical examination by a licensed physician, nurse practitioner or physician assistant within twelve months prior to their employment with the home which examination was sufficiently comprehensive to assure that the employee is free of diseases communicable within the scope of employment and physically qualified to work. Follow-up examinations must be conducted by a licensed physician, nurse practitioner or physician assistant of each administrator or staff person to determine readiness to return to work following a significant illness or injury.

Copies of information regarding staff member health must be kept in the staff person's file accessible at the licensed home or within one hour of the request.

(7) **Criminal History Background Checks for Owners Required.** Prior to the issuance of any new license, the owner of the business or agency applying for the license must comply with the requirements of the Rules and Regulations for Criminal Background Checks, Chapter 111-8-12.

(8) **Criminal History Background Checks for Directors, Administrators and Onsite Managers Required.** The home must obtain a satisfactory fingerprint records check determination for the person being considered for employment as a director, administrator or onsite manager. The records check determination must be done in compliance with the Rules and Regulations for Criminal Background Checks, Chapter 111-8-12.

(9) **Criminal History Background Checks for Direct Access Employees Required.** Prior to serving as a direct access employee, the home must obtain a satisfactory fingerprint records check determination for the person to be hired in compliance with the Rules and Regulations for Criminal Background Checks, Chapter 111-8-12.

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

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

- (a) Evidence of a satisfactory fingerprint record check determination, if applicable.
  - (b) Report of a physical examination completed by a licensed physician, nurse practitioner or physician assistant.
  - (c) Evidence of trainings, skills competency determinations and recertifications as required by these rules and, if applicable, the Rules for Proxy Caregivers, Chapter 111-8-100.
  - (d) Employment history, if previously employed, including places of work, employers and telephone contacts with previous employers.
  - (e) Supporting documentation reflecting that the employee has the basic qualifications as represented, e.g. personal references, documentation of good standing by nursing board, no findings of abuse, neglect or exploitation entered against the individual in the nurse aide registry, satisfactory report of motor vehicle driving record where the employee may be transporting residents.
  - (f) Written evidence of satisfactory initial and annual work performance reviews, which can take the form of skills competency checklists, for unlicensed staff providing hands-on personal care. Where the unlicensed staff performs specialized tasks, such as health maintenance activities, such performance reviews must include the satisfactory completion of skills competency checklists as specified in applicable rules. Such reviews must be conducted by staff or contractors qualified by education, training and experience to assess that the assigned duties are being performed in accordance with applicable rules and accepted health and safety standards.
- (12) Where the home permits a resident to hire his or her own companion-sitter, proxy caregiver to perform health maintenance activities or aide of any sort, the home must require assurance that the companion-sitter, proxy caregiver or aide so hired is familiar with emergency evacuation routes and has documentation reflecting

compliance with the provisions of the Rules for Proxy Caregivers, Chapter 111-8-100, as applicable.

**Authority:** O.C.G.A. §§ 31-2-7, 31-2-9, 31-7-2.1, 31-7-12 and 31-7-350.

**Rule 111-8-62-.10 Staffing**

(1) ~~The home-Homes licensed for less than 25 beds~~ 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. Homes licensed for 25 or more beds must maintain an average monthly 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 20 residents during non-waking hours. Average monthly minimum staffing levels shall be calculated and documented by the home using methods and forms specified by the department. However, the ~~Notwithstanding the above requirements, all~~ homes must staff above these minimum on-site staff ratios to meet the specific residents' ongoing health, safety and care needs.

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

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

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

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

(3) For purposes of these regulations, a resident must not be considered a staff person.

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

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

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

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

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

(c) Is kept comfortable and clean.

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

(e) Is protected from avoidable injury and infection.

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

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

(h) Is given assistance with transferring when needed.

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

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

**Authority:** O.C.G.A. §§ 31-2-7, 31-2-9, 31-2-14, 31-7-1 et seq. and 31-7-250 et seq.

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

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

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

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

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

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

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

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

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

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

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

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

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



- (5) Water and sewage systems must meet applicable federal, state, and local standards and/or regulations.
- (6) Floors, walls, and ceilings must be kept clean and in good repair.
- (7) Kitchen and bathroom areas must be kept clean and sanitized, at least once daily with disinfectant and more often as needed to insure cleanliness and sanitation.
- (8) The storage and disposal of bio-medical and hazardous wastes must comply with applicable federal, state, and local rules and/or standards.
- (9) Solid waste which is not disposed of by mechanical means must be stored in vermin-proof, leak-proof, nonabsorbent containers with closefitting covers until removed. Waste must be removed from the kitchen at least daily and from the premises at least weekly.
- (10) An insect, rodent or pest control program must be maintained and conducted in a manner which continually protects the health of residents.
- (11) Poisons, caustics, and other dangerous materials must be stored and safeguarded in areas away from residents, food preparation and food storage areas, and medication storage areas.
- (12) The home must have an adequate hot water system that supplies heated water, comfortable to the touch but not exceeding 120 degrees Fahrenheit (F.) to the residents for their usage.
- (13) Entrances and exits, sidewalks, yards and escape routes must be maintained free of any hazards such as refuse, equipment, unsafe furniture, debris or any other impediments. Ice and snow must be cleared from the home's entrances, exits and walkways.
- (14) The home must have its house number and name displayed so as to be easily visible from the street.

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

(16) The following evacuation requirements must be met:

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

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

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

**Authority:** O.C.G.A. §§ 31-2-9, 31-7-1, 31-7-2.1 and 31-7-12.

**Rule 111-8-62-.15 Admission**

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

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

(b) Except for aging in place exceptions, 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.

(c) Aging in Place Exceptions. The home may allow up to three (3) non-ambulatory residents to remain in the home to support an aging in place strategy that is in the best interests of the resident, subject to the requirements herein. These aging in place exceptions may be revoked by the Department at any time, as part of the survey process, if the facility fails to meet any of the following criteria:

(i) The resident has not experienced any significant change in a physical or medical condition which would make continued placement in the facility inappropriate;

(ii) The facility maintains responsibility for meeting resident needs for continuing care provided within the scope of services the personal care home is licensed to deliver;

(iii) The resident remains under hospice services (if the resident was under such services at the time of the aging in place decision);

(iv) The facility monitors its performance of fire drills to ensure that it can safely evacuate all of the residents at any time in 13 minutes or less;

(v) The facility increases the number of documented fire drills to a minimum of one fire drill per month, covering all shifts, as long as one or more residents in the facility are non-ambulatory;

(vi) The facility notifies the local fire department in writing within two (2) weeks of the change in the resident's status to aging in place so that there is local awareness of the presence of a non-ambulatory resident at the home;

(vii) The facility ensures sufficient staff on all shifts to support the safe and timely evacuation of all residents in the event of an emergency; and

(viii) The facility is in substantial compliance with the department's rules and is not subject to any pending enforcement action by the department.

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

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

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

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

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

physical examination within 14 days following the emergency admission. The required report of physical examination form must be completed in its entirety.

**Authority:** O.C.G.A. §§ 31-2-7, 31-2-9 and 31-7-1 et seq.

**Rule 111-8-62-.17 Services**

- (1) Personal assistance must be given to those residents who are unable to keep themselves neat and clean.
- (2) Each home must provide sufficient activities to promote the physical, mental and social well-being of each resident.
- (3) Each home must provide books, newspapers, and games for leisure time activities. Each home must encourage and offer assistance to residents who wish to participate in hobbies, music, arts and crafts, religion, games, sports, social, recreational and cultural activities available in the home and in the community.
- (4) Each home must have at least one operable, non-pay telephone which is accessible at all times for emergency use by staff. Residents must have access to an operable, non-pay telephone in a private location, both to make and receive personal calls. The same telephone may meet all the requirements of this section.
- (5) The daily living routine of the home must be such that a resident may spend the majority of his or her non-sleeping hours out of the resident's bedroom, if he or she so chooses.
- (6) A home must not restrict a resident's free access to the common areas of the home unless the resident is living in a specialized memory care centerunit. If the resident is residing in a specialized memory care centerunit, unrestricted access to the common areas contained within the memory care centerunit must be provided to the resident.

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

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

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

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

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

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

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

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

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

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

**Authority:** O.C.G.A. §§ 31-2-7, 31-2-9 and 31-7-1 et seq.

**Rule 111-8-62-.18 Precautions for Residents at Risk of Elopement**  
~~Requirements for Memory Care Services~~

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

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

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

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

2. If the safety devices include the use of keypads to lock and unlock exits, then directions for operation must be posted on the outside of the door to allow individuals' access to the memory care center~~unit~~. However, if the center~~unit~~ is a whole home, then directions for the operation of the locks need not be posted on the outside of the door. The center~~unit~~s must not have entrance and exit doors that are

closed with non-electronic keyed locks nor shall a door with a keyed lock be placed between a resident and the exit.

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

**Authority:** O.C.G.A. §§ 31-2-7, 31-2-9 and 31-7-1 et seq.

**Rule 111-8-62-.19 Additional Requirements for ~~Specialized~~Certified Memory Care ~~Centers~~Units or Homes**

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

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

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

~~(c)~~ Charges rates in excess of that charged other residents for the provision of additional or specialized care ~~because of the cognitive deficits of such residents which may place them at risk of eloping.~~

(2) **Written Description.** The home must develop an accurate written description of the special memory care center ~~unit~~ that includes the following:

(a) A statement of philosophy and mission.

(b) How the services of the special memory care center ~~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 center ~~unit~~, staff training and continuing education requirements.

(d) Admission procedures, including screening criteria.



- (e) Assessment and service planning protocol, including criteria to be used that would trigger a reassessment of the resident's status before the customary quarterly review.
  - (f) Staffing patterns, maintained within the centerunit, including the ratio of direct care staff to resident for a 24-hour cycle.
  - (g) A description of the physical environment including safety and security features.
  - (h) A description of activities, including frequency and type, how the activities meet the needs of residents with dementia.
  - (i) The program's fee or fee structure for all services provided by the centerunit or home.
  - (j) Discharge criteria and procedures;
  - (k) The procedures that will be utilized for handling emergency situations.
  - (l) The involvement of the centerunit with families and family support programs.
- (3) **Disclosure of Description.** A personal care home with a ~~an Alzheimer's/dementia special care unit~~ memory care center must disclose the written description of the ~~centerspecial care unit~~ to:
- (a) Any person upon request.
  - (b) The family or resident's representative before admission of the resident to the ~~centerMemory Care Unit or program~~.
- (4) **Physical Design, Environment, and Safety.** The memory care ~~centerunit or special care unit~~ must be designed to accommodate residents with severe dementia or Alzheimer's Disease in a home-like environment which includes the following:

- (a) Multipurpose room(s) for dining, group and individual activities which are appropriately furnished to accommodate the activities taking place.
- (b) Secured outdoor spaces and walkways which are wheel chair accessible and allow residents to ambulate safely but prevent undetected egress.
- (c) High visual contrasts between floors and walls and doorways and walls in resident use areas except for fire exits, door and access ways which may be designed to minimize contrast to conceal areas where the residents should not enter.
- (d) Adequate and even lighting which minimizes glare and shadows.
- (e) The free movement of the resident, as the resident chooses, between the common space and the resident's own personal space in a bedroom that accommodates no more than four residents.
- (f) Individually identified entrances to residents' rooms to assist residents in readily identifying their own personal spaces.
- (g) An effective automated device or system to alert staff to individuals entering or leaving the building in an unauthorized manner. A home need not use an automated alert for an exit door when the particular exit is always staffed by a receptionist or other staff member who views and maintains a log of individuals entering and leaving the home. If the exit door is not always staffed, then the home must have a system that activates an automated alert when the door is not attended;
- (h) A communication system(s) which permit staff in the ~~center~~unit to communicate with other staff outside the ~~center~~unit and with emergency services personnel as needed; and
- (i) A ~~center~~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 ~~center~~~~specialized unit~~ and the home.

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

(a) ~~One dementia trained direct care staff person for every 12 residents on-site during all waking hours and for every 15 residents on-site during all nonwaking hours based on a monthly average; provided, however, that such ratio is adequate to meet the needs of the residents; Medications for residents living in the memory care unit must be provided to the residents by either or both of the following:~~

~~1. — A licensed registered nurse or a licensed practical nurse who is working under the supervision of a licensed physician or registered nurse.~~

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

(b) ~~One registered professional nurse, licensed practical nurse, or certified medication aide on-site at all times; At least one awake staff member who is supervising the unit at all times and sufficient numbers of trained staff on duty at all times within the unit to meet the needs of the residents.~~

(c) ~~Two direct care staff persons on-site at all times, with at least one on each occupied floor; and Staff who, prior to caring for residents independently, have successfully completed an orientation program that includes at least the following components in addition to the general training required in Rule 111-8-62-.09:~~

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

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

(d) One registered professional nurse or licensed practical nurse on-site or available in the building at all times as follows:

(i) For memory care centers with one to 12 residents, a minimum of eight hours per week;

(ii) For memory care centers with 13 to 30 residents, a minimum of 16 hours per week;

(iii) For memory care centers with 31 to 40 residents, a minimum of 24 hours per week; or

(iv) For memory care centers with more than 40 residents, a minimum of 40 hours per week.

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

(6) **Initial Staff Training Requirements.** The home shall ensure that all staff are properly trained initially and on an annual basis to provide safe, quality care to residents in the memory care center. Effective July 1, 2021, the memory care center shall meet the following training requirements: Within the first six months of employment, staff assigned to the unit must receive training in the following topics:

(a) General Orientation. All staff, regardless of role, shall receive at least four (4) hours of dementia-specific orientation within the first thirty (30) days of working in the center. Such orientation shall include: ~~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.~~

- (i) Basic information about the nature, progression, and management of Alzheimer's and other dementias;
  - (ii) Techniques for creating an environment that minimizes challenging behavior from residents with Alzheimer's and other dementias;
  - (iii) Methods of identifying and minimizing safety risks to residents with Alzheimer's and other dementias; and
  - (iv) Techniques for successful communication with individuals with Alzheimer's and other dementias.
- (b) Direct Care Orientation. All direct care staff shall receive initial orientation training within the first thirty (30) days of caring for residents independently that, at a minimum, includes: ~~Common behavior problems and appropriate behavior management techniques.~~
- (i) General training, to include:
    - (A) Development, updating, and implementation of comprehensive and individual service plans;
    - (B) Skills for recognizing physical or cognitive changes in the resident that warrant seeking medical attention;
    - (C) Residents' rights and identification of conduct constituting abuse, neglect, or exploitation;
    - (D) General infection control principles;
    - (E) Emergency preparedness training;
    - (F) Emergency first aid; and
    - (G) Cardiopulmonary resuscitation.

(iii) A minimum of sixteen (16) hours of specialized, competency-based training using forms specified by the department, to include, at a minimum:

(A) The nature of Alzheimer's and other dementias;

(B) The center's philosophy related to the care of residents with Alzheimer's and other dementias;

(C) The center's policies and procedures related to care of residents with Alzheimer's and other dementias;

(D) Common behavior problems characteristic of residents with Alzheimer's and other dementias;

(E) Positive therapeutic interventions and activities;

(F) Skills for maintaining the safety of the resident; and

(G) The role of the family in caring for residents with Alzheimer's and other dementias.

(c) Ongoing Training. Direct care staff shall complete a minimum of eight (8) hours of specialized competency-based training in dementia care on an annual basis using forms specified by the department. Communication skills that facilitate better resident-staff relations.

(d) Hospice Training for Certified Medication Aides Administering Morphine. The memory care center shall ensure that any medication aide(s) who will be administering liquid morphine to any hospice patient(s) residing in the center receive adequate training from a licensed hospice on the safe and proper administration of liquid morphine prior to such administration and on an annual basis thereafter. The memory care center shall maintain documentation of all training provided. Positive therapeutic interventions and activities such as exercise, sensory stimulation, activities of daily living skills.

- (e) Training Documentation. The memory care center shall maintain documentation reflecting course content, instructor qualifications, agenda, and attendance rosters for all training sessions provided. ~~The role of the family in caring for residents with dementia, as well as the support needed by the family of these residents.~~
- ~~(f) Environmental modifications that can avoid problematic behavior and create a more therapeutic environment.~~
- ~~(g) Development of comprehensive and individual service plans and how to update or provide relevant information for updating and implementing them consistently across all shifts, including establishing a baseline and concrete treatment goals and outcomes.~~
- ~~(h) New developments in diagnosis and therapy that impact the approach to caring for the residents in the special unit.~~
- ~~(i) Recognizing physical or cognitive changes in the resident that warrant seeking medical attention.~~
- ~~(k) Maintaining the safety of residents with dementia.~~

(7) **Special Admission Requirements for Memory Care Center 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 ~~center home or unit~~ on forms provided by Department. The physical examination must clearly reflect that the resident has a diagnosis of probable Alzheimer's Disease or other dementia and has symptoms which demonstrate a need for placement in the ~~center specialized unit~~. However, the ~~center 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 ~~center 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 ~~center unit~~ does not require 24-hour skilled nursing care.

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

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

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

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

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

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

(e) Evidence of family involvement in the development of the plan, if possible, with incorporation of family and personal history to support a person-centered approach to care when appropriate.

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

(10) **Therapeutic Activities.** The ~~center~~unit must provide therapeutic activities appropriate to the needs of the individual residents and adapt the activities, as necessary, to encourage the participation of the



residents. The following kinds of therapeutic activities must be provided at least weekly with at least some therapeutic activities occurring daily:

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

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

**Authority:** O.C.G.A. §§ 31-2-7, 31-2-9, 31-7-1 et seq. and 43-26-32.

**Rule 111-8-62-.20 Medications**

- (1) **Self-Administration of Medications.** Residents who have the capacity to self-administer medications safely and independently without staff assistance or supervision must be allowed to store their own medications securely and self-administer medications if they so desire.
- (2) **Assistance with Self-Administration.** A resident who is not capable of independent self-administration of medication may be assisted and supervised in self-administration by staff to the following extent;
  - (a) Staff providing such assistance or supervision may perform the following:

1. Take the medication, in its previously dispensed, properly labeled container, from where it is stored, and bring the medication to the resident.
  2. Read the label, open the container, remove a prescribed amount of medication from the container, and close the container, in the presence of the resident.
  3. Place an oral dosage in the resident's hand or in another container where the resident requests assistance.
  4. Apply topical medications.
  5. Assist with self-administration of drops, inhalers, nasal sprays and patches.
  6. Return the medication container to proper secured storage.
  7. Assist the resident's use of an EPI pen where the resident has known severe allergies for which an EPI pen has been prescribed on condition that there is an established written protocol detailing how it is to be used and when. The protocol must include immediately calling Emergency Services, 911, after any use of the EPI pen.
- (b) Staff assisting with or supervising self-administration of medications must be proficient in English and able to read, write and follow written instructions in English.
- (3) **Basic Medication Training for Staff Assisting with Self-Administration.** The home must provide and document medication training for the unlicensed staff that are providing assistance with or supervision of self-administration of medications to capable residents. The medication training must be conducted with an appropriate curriculum for providing medication assistance and include at least the following topics:

- (a) The home's medication policy and procedures, including actions to take if concerns regarding resident's capacity to self-administer medications are identified.
- (b) How to read prescription labels including common abbreviations.
- (c) Providing the right medication to the right resident at the right time in the right amount and the right way including how to measure various medications.
- (d) Actions to take when concerns regarding medications are identified.
- (e) Infection control procedures relative to providing assistance with medications.
- (f) Proper medication storage and disposal.
- (g) Recognition of side effects and adverse reactions for the specific medications.
- (h) Understanding the common classifications of medications, typical side effects and adverse reactions and medications for which unlicensed staff may never provide assistance with or supervision of self administration.
- (i) Proper documentation and record keeping using the Medication Assistance Record.

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

(5) **Memory Care Medication Administration.** Medications for residents living in the memory care center must be provided to the residents by a proxy caregiver trained in accordance with the

requirements of Chapter 111-8-100; a licensed registered nurse; a licensed practical nurse working under the supervision of a physician or registered nurse; or a certified medication aide subject to the requirements set forth below.

(6) **Certified Medication Aide Requirements.** A home using certified medication aides must meet the requirements below. CMAs working in the memory care center may also assist non-memory care residents in the same building.

(a) Check the Registry. The home must check to ensure that the medication aides employed in the home are listed in good standing on the Georgia Certified Medication Aide Registry and have no record of being terminated for cause relating to the performance of medication aide tasks before permitting the aides to administer medications.

(b) Administer Skills Competency Checks. The home must administer skills competency checks to determine and document that the medication aides who have been certified for more than one year upon hiring continue to have the knowledge and skills necessary to administer medications properly for the residents in care. The home must use a skills competency checklist which meets the requirements contained in the standardized clinical skills competency checklist used to certify medication aides.

(c) Quarterly Observations. The home must use a licensed registered professional nurse or a pharmacist to conduct quarterly random medication administration observations to determine that the aides are administering medications correctly and in compliance with these rules and report any issues to the home's administration for resolution.

(d) Quarterly Drug Regimen Reviews. The home must secure the services of a licensed pharmacist to perform all of the following duties: (i) conduct quarterly reviews of the drug regimen for each resident of the assisted living community and report any irregularities to the assisted living community administration; (ii) remove for proper

disposal any drugs that are expired, discontinued or in a deteriorated condition or where the resident for whom such drugs were ordered is no longer a resident; (iii) establish or review policies and procedures for safe and effective drug therapy, distribution, use and control; and (iv) monitor compliance with established policies and procedures for medication handling and storage.

(e) Authorized Tasks for Certified Medication Aides. A home may allow a certified medication aide to do only the following tasks related the administration of medications utilizing only unit or multidose packaging of medications:

(i) Administer physician ordered oral, via a feeding tube, ophthalmic, topical, otic, nasal, vaginal and rectal medications;

(ii) Administer insulin, epinephrine, and B12 pursuant to physician direction and protocol;

(iii) Administer medications via a metered dose inhaler;

(iv) Conduct finger stick blood glucose testing following established protocol;

(v) Administer a commercially prepared disposable enema ordered by a physician;

(vi) Assist residents in the supervision of self-administration of medications; and

(vii) Administer liquid morphine to a resident of the community who is the patient of a licensed hospice, pursuant to a hospice physician's written order that contains specific instructions for indication, dosage, frequency and route of administration.

(f) Annual Competency Reviews. Complete comprehensive clinical skills competency reviews for each certified medication aide utilizing the skills competency checklist at least, annually after hiring to determine

that the aides continue to have the necessary skills to perform the medication tasks assigned competently. Such skills competency checklists must be administered by Georgia-licensed registered nurses, pharmacists or physicians, who indicate in writing that the tasks observed are being performed competently.

(g) Proper Notice of Separation for Cause. Ensure that where a medication aide is terminated for cause relating to the performance of medication aide tasks, the aide is provided with the following: (i) a separation notice that clearly describes the facts that support the termination for cause; (ii) written notice that being terminated for cause related to the administration of medications, if not successfully appealed through a hearing on right to unemployment benefits will result in the loss of good standing on the Georgia Certified Medication Aide Registry; and (iii) the loss of good standing on the Certified Medication Aide Registry will make the aide ineligible for hiring as a certified medication aide by another assisted living community.

(h) Registry Notification. Submit to the Georgia Certified Medication Aide Registry a copy of the Separation Notice for the certified medication aide only if the separation related specifically to the performance of medication aide tasks and the termination for cause has either been finally upheld by the Department of Labor or the time for appealing the Separation Notice has expired.

(7) Homes Conducting Certified Medication Aide Training. A home choosing to provide a certified medication aide training program must do all of the following:

(a) Utilize the state-approved medication aide training program ensuring that the training is administered by a Georgia licensed registered nurse, pharmacist, or physician;

(b) Require the aide to demonstrate the requisite clinical skills to serve as a medication aide before a Georgia-licensed registered nurse, pharmacist or physician utilizing the standardized medication administration checklist developed by the Department;

(c) Prepare the aide to take the written competency examination to become a certified medication aide;

(d) Verify that the aide is in good standing on the Georgia certified nurse aide registry;

(e) Provide information to the aide on the registration and locations for taking the written competency examination;

(f) Provide the documentation to the Georgia Certified Medication Aide Registry that is necessary to complete the application for placement of the aide's name on the Georgia Certified Medication Aide Registry; and

(g) Not permit the aide to administer medications independently unless the aide is listed on the Georgia certified medication aide registry in good standing.

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

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

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

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

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

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

(f) For any administration of liquid morphine by a certified medication aide, staff shall observe and document the following in the resident's record:

(i) the resident's need for PRN liquid morphine, including but not limited to verbalizations of pain, groaning, grimacing or restlessness;

(ii) the date, time and location of the initial dose administered by a licensed hospice health care professional;



(iii) the dosage, time and route of administration for the morphine administered in the community;

(iv) the training provided by the licensed hospice; and

(v) information regarding the special circumstances under which the hospice was unavailable to administer the medication.

**(69) 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.

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

**(811) Storage of Medications.**

(a) The home is accountable for having an effective system to manage the medications it receives including storing medications under lock and key, or other secure system to prevent unauthorized access, at all times, whether kept by a resident or kept by the home for the resident, except when required to be kept by a resident on his or her person due to need for frequent or emergency use, as determined by the resident's physician, advance practice registered nurse or physician assistant, or when closely attended by a staff member. Additionally, for controlled substances, the secure storage must be a locked cabinet or box of substantial construction and a log must be maintained and updated daily by the home to account for all inventory.

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

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

(d) A home may stock over-the-counter medications such as aspirin or acetaminophen for the convenience of residents who have PRN (as needed) orders for the specific medication and dosage. However, where the resident takes an over-the-counter medication daily as prescribed in a written order by a licensed physician, nurse practitioner or physician's 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.

(f) The supply of liquid morphine on site shall be limited to 50 ml for each hospice patient in the home for which there is a physician's order for such medication.

**Authority:** O.C.G.A. §§ 31-2-7, 31-2-9, 31-7-1, 31-7-2, 31-7-2.1, 31-7-12, 31-8-180 et seq. and 43-26-32.

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

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

- (2) A home must provide hand-sanitizing agents or soap and water at the sinks, clean towels and toilet tissue at each commode.
- (3) Hand washing facilities provided in both kitchen and bathroom areas must include hot and cold running water, soap, and clean towels.
- (4) The home must have an effective infection control program which includes, at least the following:
  - (a) Training provided to staff on effective measures for minimizing the spread of infections and food borne illnesses.
  - (b) Responding to disease outbreaks appropriately and participating in infection control investigations.
  - (c) Staff demonstrating their understanding and use of proper infection control practices in their delivery of care to the residents.
  - (d) Enforcing work and return to work policies to minimize the spread of infection and illnesses.
  - (f) Providing notices as recommended by public health regarding outbreaks and infestation issues to residents, staff and any visitors.  
[Homes licensed for twenty-five \(25\) or more beds must meet the notification requirements of the Rules and Regulations for Disaster Preparedness Plans, Chapter 111-8-16.](#)
- (5) The home must have an adequate supply of sanitizing and cleaning agents, e.g. effective hand hygiene products, hand soap, laundry soap, household disinfectants and other cleaning materials, properly stored to prevent accidental ingestion but available for and properly used in the home to minimize the spread of infections.
- (6) Residents' private living spaces or bedrooms must be thoroughly cleaned and sanitized after residents move out of the rooms.
- (7) The home must clean the residents' private living spaces periodically and as needed to ensure that the space does not pose a health hazard.

(8) Homes licensed for twenty-five (25) or more beds must follow the additional infection control requirements set forth in the Rules and Regulations for Disaster Preparedness Plans, Chapter 111-8-16, regarding pandemic plans, supplies and policies and procedures.

**Authority:** O.C.G.A. §§ 31-2-7, 31-2-9, 31-7-2.1, 31-7-12.3 and 31-7-12.5.