GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

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

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

Dear CLA Applicant:

Please note that applicants are now required to pay application fees and annual licensure activity fees. For additional information about fees, click here.

All Community Living Arrangements (CLAs) are licensed by the Georgia Department of Community Health (DCH) Healthcare Facility Regulation Division (HFRD) and serve consumers of the Department of Behavioral Health and Developmental Disabilities (DBHDD) services *exclusively*.

Effective January 1, 2011, applicants who will subsequently apply to become a DD provider of Community Residential Alternatives (CRA), and/or existing providers adding new DD CRA sites must submit a CLA license from HFRD.

You must review the DBHDD Policy 02-701, Recruitment and Application to Become a Provider of Developmental Disabilities Services, located at www.dbhdd.georgia.gov to make sure that your agency can meet the requirements to become a developmental disabilities provider. Obtaining a CLA license does not ensure that your agency will be approved through DBHDD to serve individuals with developmental disabilities under the CRA comprehensive waiver services.

Applicants for a CLA permit that are currently licensed as a Personal Care Home (PCH) should submit to HFRD a complete application form and a Letter of Verification signed by the DBHDD Regional Office. Please **see Section VIII** of the "CLA Steps for Successful Application."

Applicants for a CLA permit that are NOT currently licensed as a PCH should follow the instructions in the **INITIAL APPLICATION PACKAGE**. See Section I of the "CLA Steps for Successful Application**."** All enclosed forms except the "RULES CHECKLIST" must be completed and returned to this office. Follow the steps below.

1. Download and read the Rules and Regulations for Community Living Arrangements, Chapter 290-9-37. Make sure you fully understand all the rules you are responsible for meeting as a licensed CLA provider.

2. Download and read carefully and answer all questions on the "RULES CHECKLIST" for Community Living Arrangements. This form is solely for your use in helping you determine if you meet the rules. DO NOT RETURN IT. If there are rules you do not meet, you are to start taking action to meet that rule or rules. After you have determined that you are in compliance with the rules, have obtained all other necessary inspections as identified on the "CLA APPLICATION CHECKLIST," submit your completed application package to HFRD. Staff will call you to schedule an initial on-site inspection. **NOTE:** Failure to demonstrate compliance during the initial survey may delay the issuing of your permit to operate a CLA. You will be given only one follow up visit to show compliance or your application may be denied.

Ensure that you have met all local requirements. Local requirements vary by county and by cities within a county. Your plans may need to be reviewed by a local or state fire safety inspector. You may need to meet local zoning requirements. You may be required to obtain a business license.

There may be fees associated with various reviews, inspections, permits, or licenses. Check these local requirements out carefully.

3. Obtain all necessary criminal history background checks. Fingerprint record check determinations are processed electronically through Cogent-GAPS. **CLA owners** (those owning a 10% or more interest) are required to have a determination made by DCH or provide evidence of a satisfactory fingerprint record check within 12 months of the date of the application. **CLA employees** must obtain a satisfactory fingerprint record check determination through DBHDD or provide evidence of a satisfactory fingerprint record check within 12 months of the date of the application. **NOTE**: CLA owners who also are employees must have both a satisfactory determination from DCH *and* from DBHDD.

   Click here for complete instructions regarding fingerprinting and access to the instructions, "*Fingerprinting Process Using COGENT Instructions*".

6. Complete the application. Be sure to read the application fully, complete all blanks, and date and sign the application. Also carefully review and follow the CLA STEPS FOR SUCCESSFUL APPLICATION. These steps advise you of other inspections or documentation that must be obtained and submitted as part of your application package.

7. Return the application, all applicable fees and payment coupon, DBHDD letter of verification, inspections and other materials required in your application package to the following address:

Personal Care Home Program
Healthcare Facility Regulation Division
Georgia Department of Community Health
2 Peachtree Street, N.W., Suite 31.447
Atlanta, GA 30303-3167

You are responsible for meeting all the Rules and Regulations for CLAs. Your signature on the application form certifies to the HFRD that you have read and that you meet those rules.

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

When your application has been deemed complete, all fees have been paid, and the residence is in compliance with all requirements, you will receive a permit. Receipt of this permit is your authorization to begin operation of the CLA. Please allow adequate time for processing of your application.

If you cease operation of the CLA or if you move, your permit is not transferable and should be returned to HFRD. If you cease providing services exclusively to residents funded by DBHDD, you no longer meet the requirements of a CLA and you should return your permit to HFRD and obtain an appropriate license.

If you have questions about the licensing process, you may contact HFRD at 404-657-4076 or check the HFRD web site at www.dch.georgia.gov for further information.

FAQ

Georgia Department of Community Health

GCHEXS Frequently Asked Questions (FAQ)

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

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

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

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

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

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

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

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

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

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

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

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

- Internet 8.0 or higher
- Google Chrome

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

FAQ

Georgia Department of Community Health

How to Become a Requesting Agency

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

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

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

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

FAQ

GEORGIA DEPARTMENT OF COMMUNITY HEALTH

Navigating to Become a Requesting Agency

Go to: www.ga.cogentid.com

Click on "Become a Requesting Agency"

FAQ

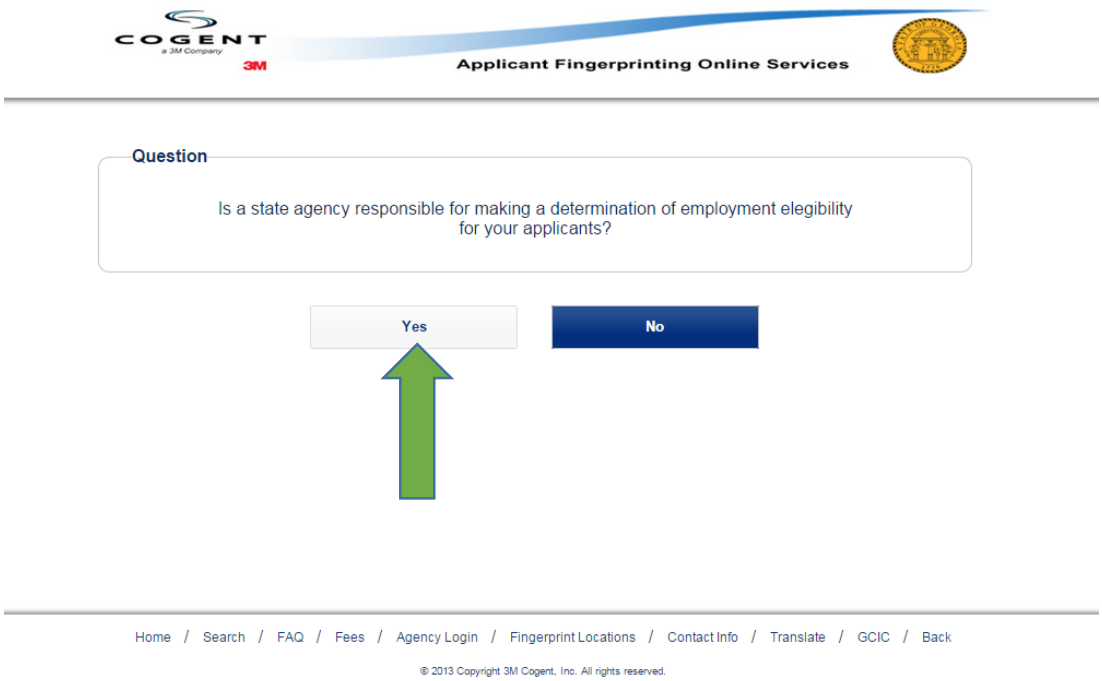
GEORGIA DEPARTMENT OF COMMUNITY HEALTH

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

FAQ

GEORGIA DEPARTMENT OF COMMUNITY HEALTH

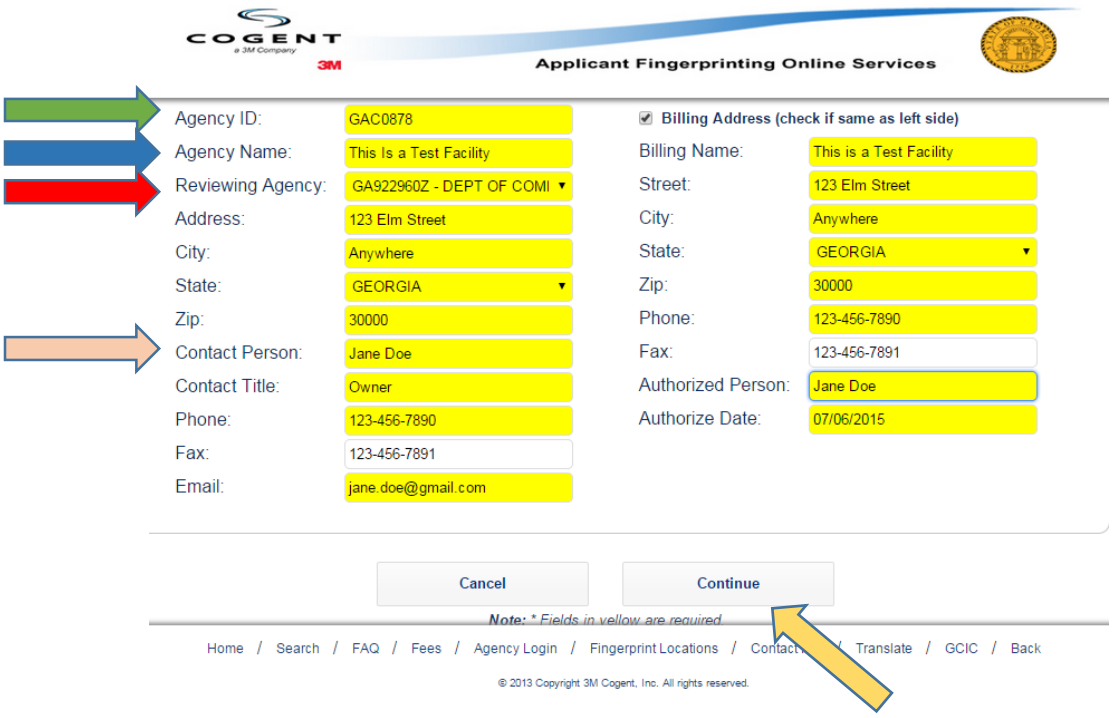
DCH will make the fitness determination. Click "Yes."



FAQ

GEORGIA DEPARTMENT OF COMMUNITY HEALTH

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



Click Continue

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

Enter your business or company name and address.

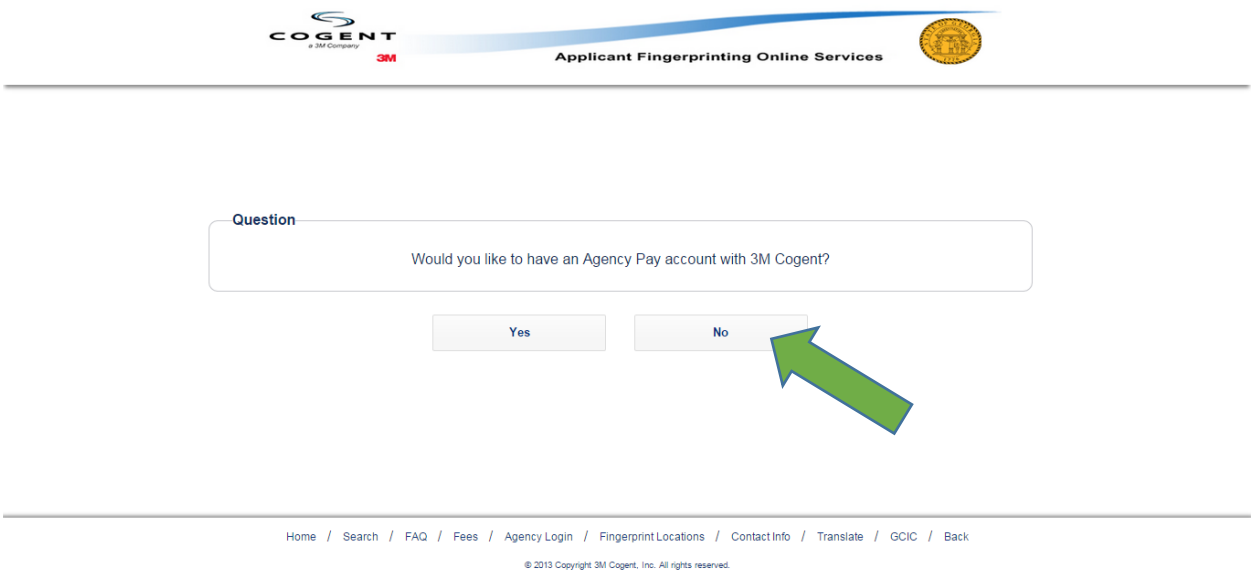
Select “Dept. of Community Health” from the drop down menu.

The Contact person is normally the business’ authorized individual.

FAQ

GEORGIA DEPARTMENT OF COMMUNITY HEALTH

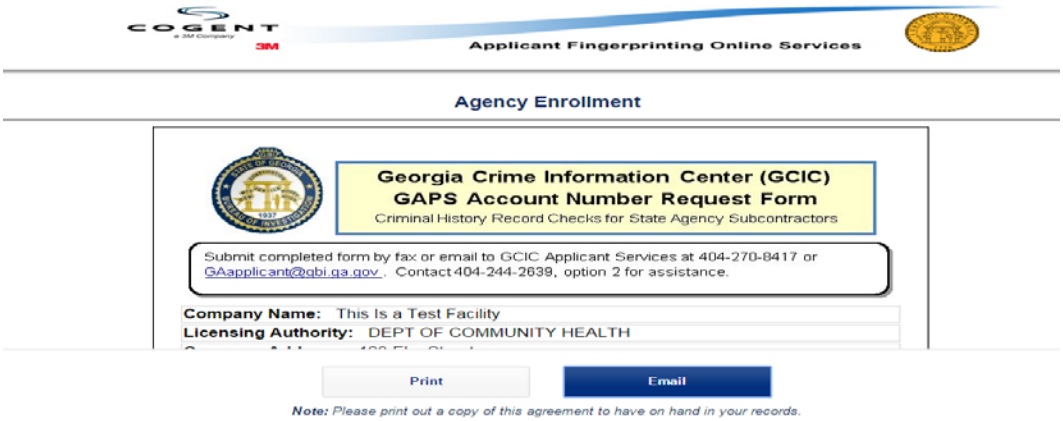
Only answer "Yes" to this question if you want to setup a billing account with 3M Cogent. If you plan to pay the fingerprint registration fee using a credit card, click "No."



FAQ

GEORGIA DEPARTMENT OF COMMUNITY HEALTH

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



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

Agency Enrollment

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

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

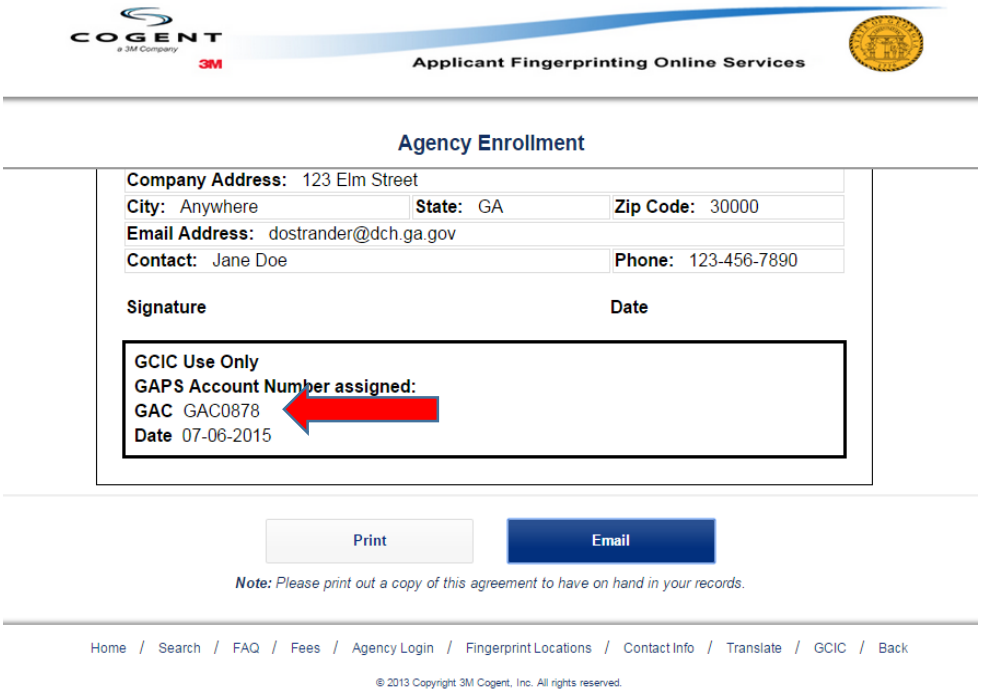
Company Name: This Is a Test Facility
Licensing Authority: DEPT OF COMMUNITY HEALTH

Print | Email

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

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

© 2013 Copyright 3M Cogent, Inc. All rights reserved.



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

Agency Enrollment

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

Signature **Date**

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

Print | Email

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

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

© 2013 Copyright 3M Cogent, Inc. All rights reserved.

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

FAQ

Georgia Department of Community Health

Applicant Registration for Fingerprinting

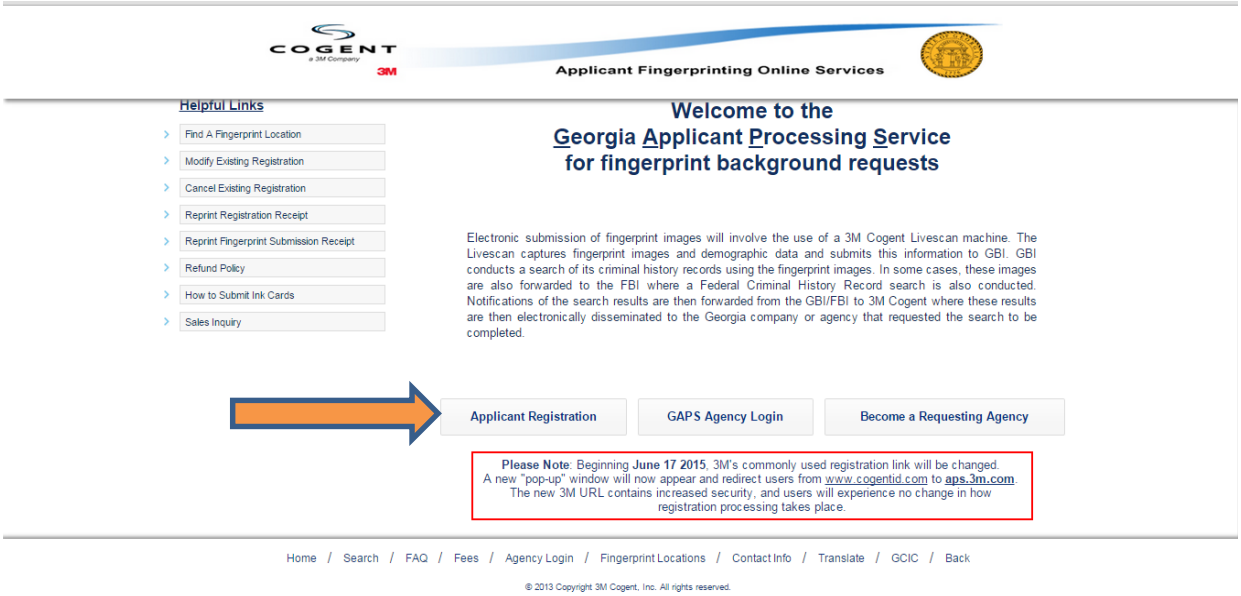
Fingerprinting Process for Owners of Personal Care Homes, Assisted Living Communities, Private Home Care Providers, Community Living Arrangements and Administrators/Managers/Directors of Personal Care Homes and Assisted Living Communities

Helpful hints in completing your 3M Cogent Applicant Fingerprint Registration

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

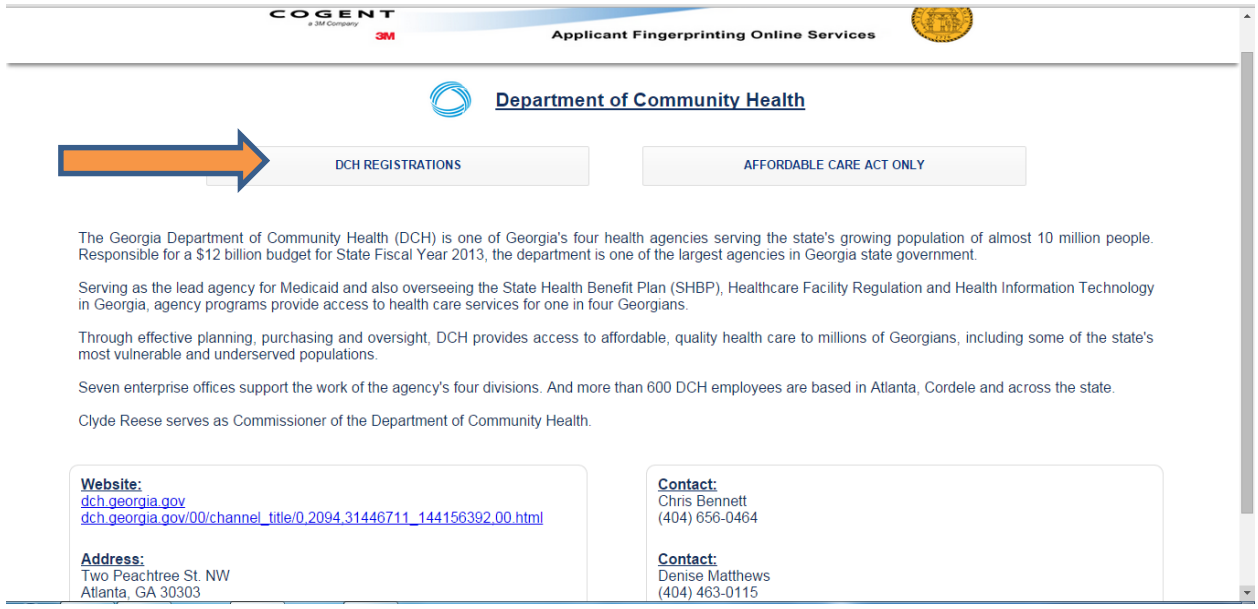
NOTE: The screenshots used in this module are based on one example information.

1. **Click on Applicant Registration**



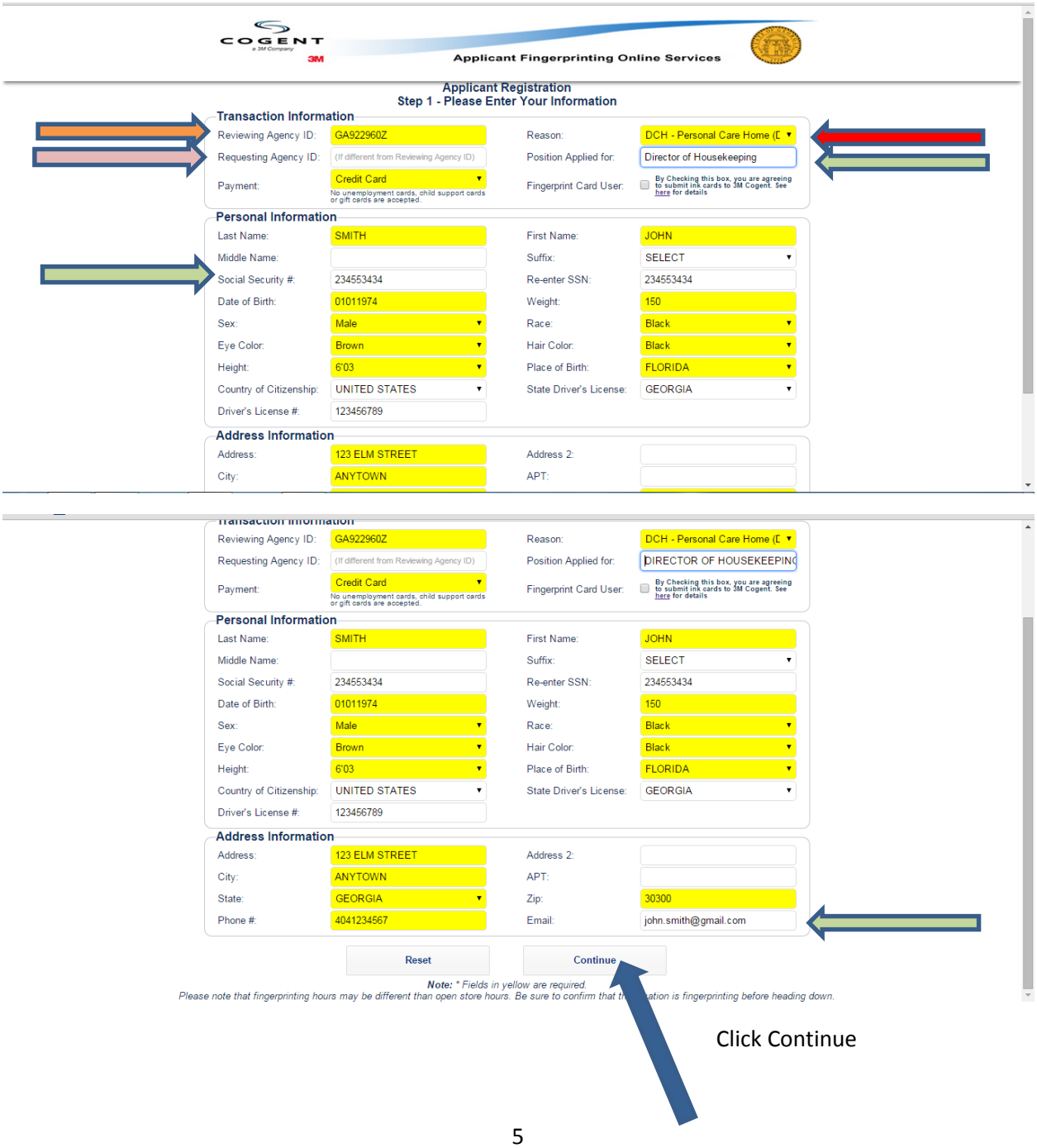
2. Click on Department of Community Health

3. Click on DCH REGISTRATIONS



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

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



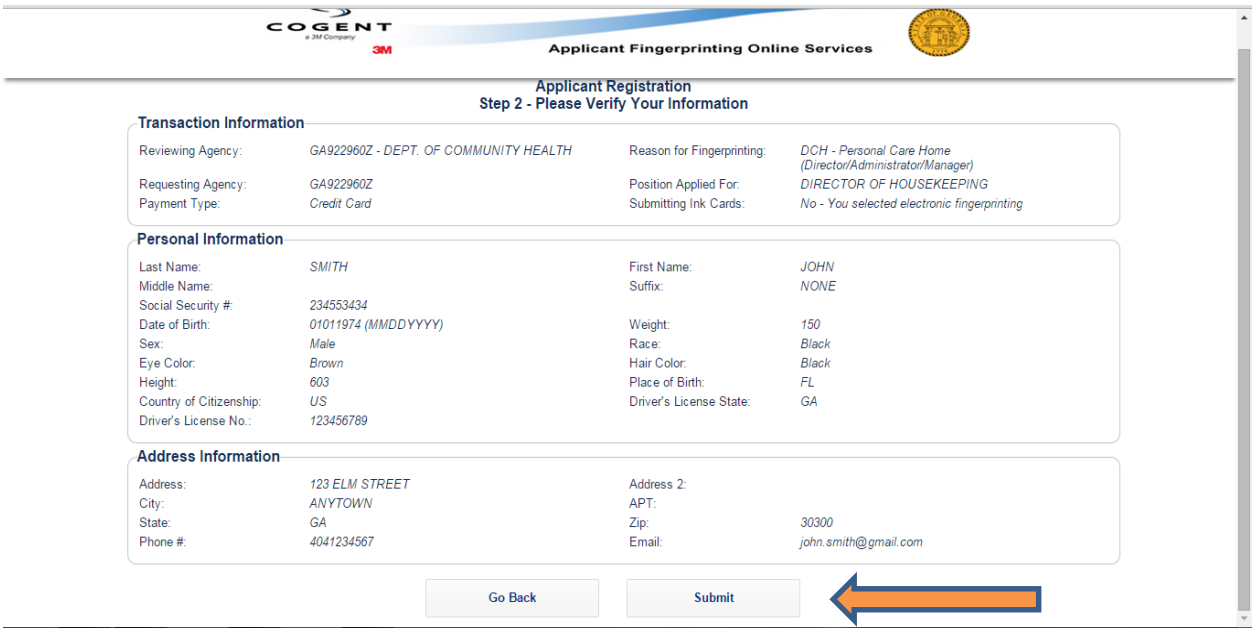
This is DCH's Agency ID number. Do not change or edit this field.

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

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

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

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



COGENT a 3M Company 3M

Applicant Fingerprinting Online Services

Applicant Registration
Step 2 - Please Verify Your Information

Transaction Information

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

Personal Information

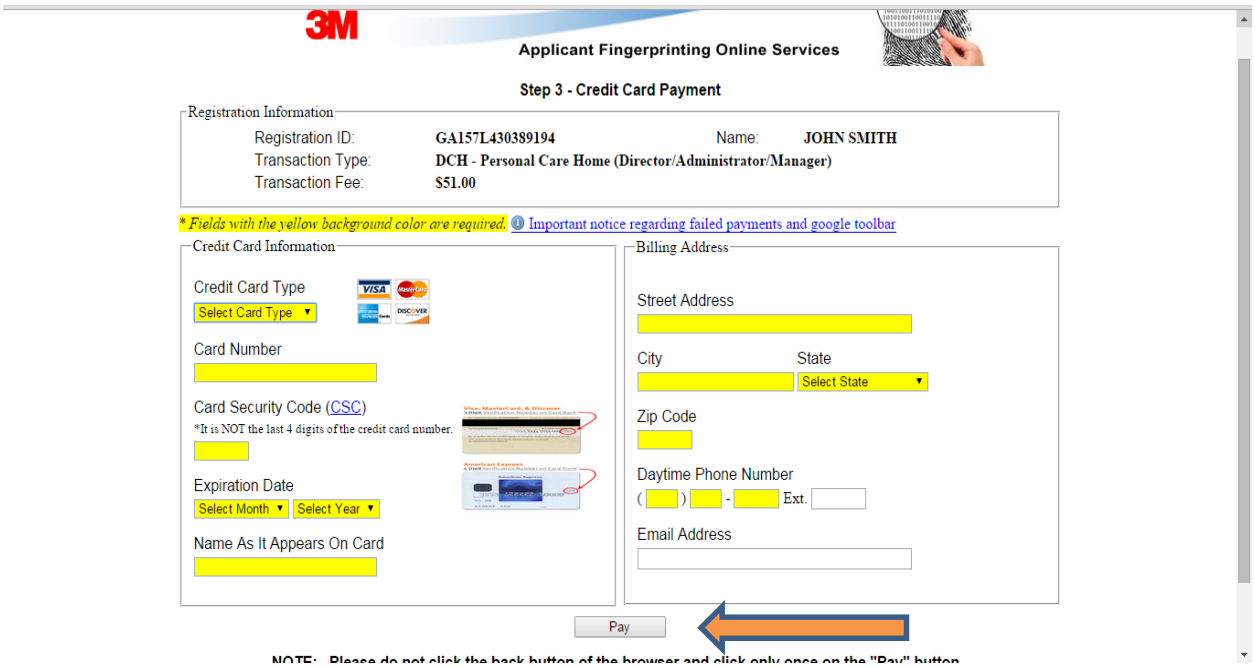
Last Name:	SMITH	First Name:	JOHN
Middle Name:		Suffix:	NONE
Social Security #:	234553434		
Date of Birth:	01011974 (MMDDYYYY)	Weight:	150
Sex:	Male	Race:	Black
Eye Color:	Brown	Hair Color:	Black
Height:	603	Place of Birth:	FL
Country of Citizenship:	US	Driver's License State:	GA
Driver's License No.: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

Address Information

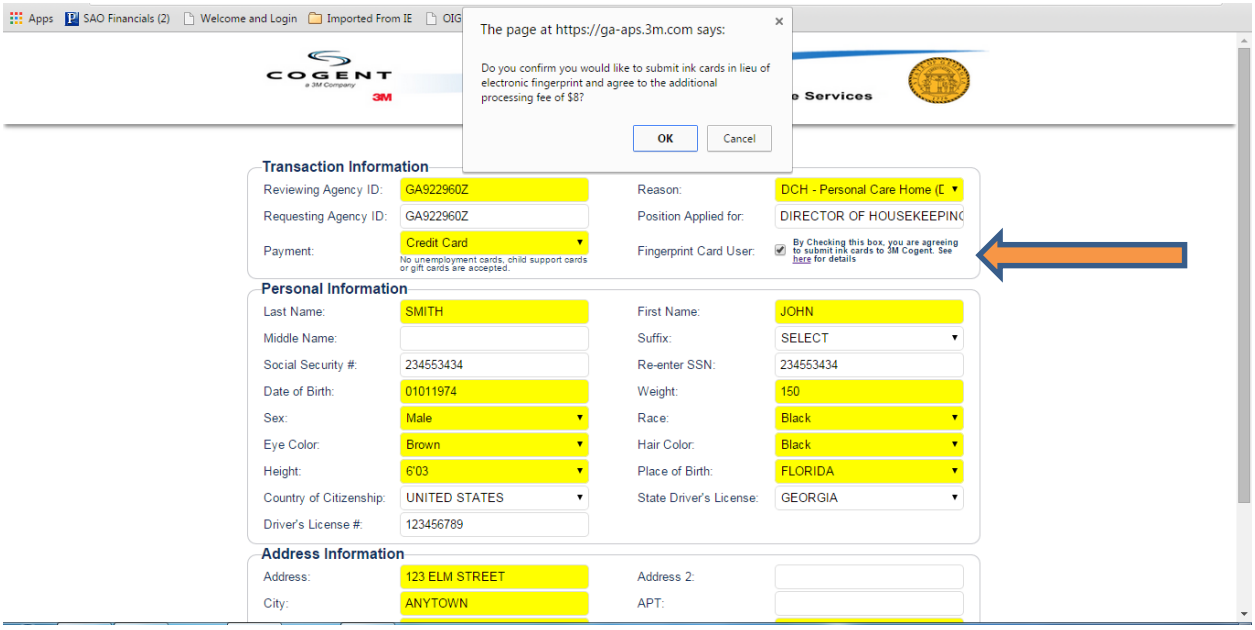
Address:	123 ELM STREET	Address 2:	
City:	ANYTOWN	APT:	
State:	GA	Zip:	30300
Phone #:	4041234567	Email:	john.smith@gmail.com

Go Back | Submit

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



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



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

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

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

Georgia Applicant Processing Service

Hardcopy Fingerprint Card Submission Instructions

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

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

CLA STEPS FOR SUCCESSFUL APPLICATION

General Information:

PLEASE NOTE: CLAs are now required to pay application fees and annual licensure activity fees. The Department has developed a "payment coupon" to accompany all applications and payments. Click here **for a link to additional information about fees and a link to the payment coupon.**

All Community Living Arrangements are licensed by the Georgia Department of Community Health (DCH) Healthcare Facility Regulation Division (HFRD) and serve consumers of the Department of Behavioral Health and Developmental Disabilities (DBHDD) services *exclusively.*

Effective January 1, 2011, applicants who will subsequently apply to become a DD provider of Community Residential Alternatives (CRA), and/or existing providers adding new DD CRA sites must submit a Community Living Arrangement (CLA) license approved by the HFRD with their DD provider application.

You must review the DBHDD Policy 02-701, Recruitment and Application to Become a Provider of Developmental Disabilities Services located at www.dbhdd.georgia.gov to make sure that your agency can meet the requirements to become a developmental disabilities provider. Obtaining a CLA license does not ensure that your agency will be approved through DBHDD to serve individuals with developmental disabilities under the Community Residential Alternative Comprehensive waiver services.

Before making application for a permit to operate a CLA:

1. Become familiar with the Rules and Regulations for Community Living Arrangements, Chapter 290-9-37, and all applicable laws and regulations.
2. Review the Licensing Application Package.
3. Become familiar with local and state ordinances, where applicable. Examples may include fire, zoning, building and health regulations. IF THE HOME IS SERVED BY WELL WATER OR A SEPTIC TANK YOU MUST CONTACT THE COUNTY HEALTH DEPARTMENT TO CONDUCT A WATER TEST OR SEPTIC TANK APPROVAL.
4. Select a site and plan the residence.
5. Conduct the Compliance Self Test to ensure that you meet the rules and are ready for an initial inspection.
6. Submit the completed initial application package (described below in I. A through N below). **Remember to include a check or money order for the appropriate fees and include the "payment coupon" as well.**
7. Submit a map and detailed directions to the residence with the initial application package.
8. When you receive your permit you may begin operation.

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

A. Complete the Application Form
What HFRD checks:
1. Verify the telephone is listed
2. Legal documentation of ownership
   a. If a corporation – include Certificate of Incorporation and Articles of Incorporation for <u>all</u> corporations having an interest in the home
   b. If a Partnership – include Partnership Agreement
   c. If a Limited Liability Company (LLC) – include Certificate of Organization and Articles of Organization for <u>all</u> LLCs having an interest in the home
   d. If a Non-Profit – include documentation of Non-Profit status [5O1(c)3]
3. A list of who owns 10% or more interest in the residence/home or in each corporation, L.L.C., etc.
4. Use the back of the application to provide HFRD with a map and directions to your residence
5. <u>Submit a Letter of Verification signed by a DBHDD Regional Office representative</u>

B. Submit the required payment coupon and applicable application and annual licensure activity fees. Click here for a link to the payment coupon and fee information.

C. Submit Affidavit of Personal Identification completed by the owner of the home and notarized

D. Submit Warranty Deed, Bill of Sale, Lease Agreement or recent mortgage statement. The document must show the address of the residence

E. Submit the Fire Safety Inspection
What HFRD checks:
1. Inspection Report that verifies the residence is in compliance with NFPA 101 Life Safety Code
2. The report is free of violations
3. Number of residents approved by the inspector
4. Report is signed and dated

NOTE: The State Fire Marshal governs CLA homes with 7 or more residents. If you have questions regarding the appropriate fire authority, contact the State Fire Marshall's office at (404) 656-7281.

F. Submit an Electrical Inspection (See Electrical Inspection Form attached)
What HFRD checks:
1. The inspection is signed and dated 6 months or less from the application date
2. A statement that the residence meets all applicable codes and is free of electrical hazards

3. The report is free of violations
4. The State license number of the electrician (HFRD verifies with the Secretary of State)

G. Submit a Floor Plan (See example Floor Plan)
What HFRD checks:
1. Complete floor sketch showing
   a. Windows, doors and bedroom measurements
   b. Bed placement for residents, family and staff
   c. Label bathrooms as full bath or half bath
2. HFRD reviews
   a. Residence layout and room sizes
   b. Number of toilets and bathing facilities
3. Blue prints are allowed if they provide all required information as noted above and are legible

H. Submit the Owner Survey Form (See Owner Survey Form attached)
What HFRD checks:
1. Each owner (10% or more interest) is listed
2. Social Security Number, Date of Birth and percent ownership
3. A satisfactory fingerprint check
4. Form should be signed by the governing body representative

I. Obtain Criminal Records (Please refer to the "Fingerprinting Process Using Cogent" instructions on the HRF website at www.dch.georgia.gov.) Fingerprint results must be completed prior to HFRD's issuing a permit.
What HFRD checks:

1. A fingerprint record check is required for each administrator and/or on-site manager, each owner (owning 10% or more of the facility) and employee of the home. **NOTE: The fitness determination for owners must be made by DCH.**
2. A Live Scan must be completed at a COGENT/GAPS location.
3. If you have had a criminal records check in the past for child care or you have had a criminal records check that is more than one year old from employment at a personal care home, you must obtain a new record check determination.
4. If you have had a criminal records check in the past as an Administrator or Employee, you must obtain a new record check determination as an owner with DCH making the fitness determination.
5. Contact numbers with questions regarding this process should be addressed at these numbers only after reading the instructions:

   COGENT representative – 1-888-439-2512
   GBI, Evelyn Richardson – 404-270-8648
   GBI, Donna Harrison – 404-270-8650
   OIG, Chris Bennett – 404-656-0464

   NOTE: Before a permit can be issued, proof of the completed COGENT Live Scan must be obtained.

J. Submit the Well Water and Septic Tank Inspection/Approval (See Inspection Form attached)
   1. Submit written approval of the water source if from other than a city or county water system
   2. Submit written approval from the County Health Department for the sewage disposal system, including the number of persons the system is approved to serve, if other than a city or county sewage system
   3. If on a city or county water system, submit a copy of the previous month's water/sewer bill

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

   NOTE: POLICIES AND PROCEDURES MUST BE DEVELOPED PRIOR TO GRANTING A PERMIT)

   Refer to the Community Living Arrangements Policies and Procedures Checklist in the application package (see list attached)

L. Develop the Admission Agreement to be used by the residence

M. Develop the Disaster Preparedness Plan to be used by the residence and submit a copy of the completed Disaster Preparedness Plan Overview

   Refer to Disaster Preparedness Plan checklist in the application package

N. HFRD Inspection
   This inspection will be scheduled after A through M (as applicable) have been submitted to HFRD

   NOTE: Please ensure that items A-M are complete prior to requesting the initial inspection. Any follow-up visit required may delay the issuing of the permit.

II. APPLICATION FOR CHANGE IN GOVERNING BODY
Submit A – H below:

A. Complete the Application Form
   1. Indicate the name of the previous governing body/owner
   2. Indicate the name of the new governing body/owner
   3. Legal documentation of ownership
      a. If a corporation – include Certificate of Incorporation and Articles of Incorporation for all corporations having an interest in the home
      b. If a Partnership – include Partnership Agreement
      c. If a Limited Liability Company (LLC) – include Certificate of Organization and Articles of Organization for all LLCs having an interest in the home
      d. If a Non-Profit – include documentation of Non-Profit status [5O1(c)3]

B. Submit the required payment coupon and applicable application and annual licensure activity fees. Click here for a link to the payment coupon and fee information.

C. Submit the Affidavit of Personal Identification completed by the owner of the home and notarized

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

E. Complete the Owner Survey Form (See Owner Survey Form Attached)
What HFRD checks:
1. Each owner (10% or more interest) is listed
2. Social Security Number, Date of Birth and Percent ownership
3. A satisfactory fingerprint check through DCH for owner(s)
4. Form should be signed by the governing body representative

F. Include the Letter of Verification signed by the DBHDD Regional Office Representative

G. Obtain the required Criminal Records checks (Please refer to the "Fingerprinting Process Using Cogent" instructions on the HRF website at www.dch.georgia.gov.) Fingerprints results must be completed prior to issuing a permit.
What HFRD checks:

1. A fingerprint record check is required for each administrator and/or on-site manager, each owner (owning 10% or more of the facility) and employee.
NOTE: The fitness determination for owners must be made by DCH.
2. A Live Scan must be completed at a COGENT/GAPS location
3. If you have had a criminal records check in the past for child care or you have had a criminal records check that is more than one year old from employment at another personal care home, you must obtain a new record check determination
4. If you have had a criminal records check in the past as an Administrator or Employee, you must obtain a new record check determination as an owner with DCH making the fitness determination.
5. Contact numbers with questions regarding this process should be addressed at these numbers only after reading the instructions

COGENT representative – 1-888-439-2512
GBI, Evelyn Richardson – 404-270-8648
GBI, Donna Harrison – 404-270-8650
OIG, Chris Bennett – 404-656-0464

NOTE: Before a permit can be issued, proof of the completed COGENT Live Scan must be obtained.

H. Plan of correction if there are any violations cited on the last Inspection Report.

.

III. APPLICATION FOR CHANGE IN NAME OF GOVERNING BODY

A. Submit the Application Form
   1. Indicate the previous name of the governing body
   2. Indicate the new name of the governing body

B. The required payment coupon and licensure activity fees. Click here for a link to the payment coupon.

C. Submit legal documentation showing ownership

D. Submit the Owner Survey Form

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

A. Submit the Application Form
   1. Indicate the new name of the Community Living Arrangement
   2. Indicate the old name

B. Submit the required payment coupon and applicable application and annual licensure activity fees. Click here for a link to the payment coupon and fee information.

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

A. The Application Form
   1. Include the new address
   2. Include the old address

B. Submit the required payment coupon and applicable application and annual licensure activity fees. Click here for a link to the payment coupon and fee information.

C. Submit documentation regarding why the address has changed

D. HFRD will verify with the Post Office that the home has not changed location

VI. APPLICATION FOR A CHANGE IN LOCATION OF THE RESIDENCE

Treat as an application for a new residence (See I. A through M)

VII. APPLICATION FOR AN INCREASE IN CAPACITY

Submit A – G below:

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

B. Submit the required payment coupon and applicable application and annual licensure activity fees. Click here for a link to the payment coupon and fee information.

C. Submit the Letter of Verification signed by the DBHDD Regional Office staff

D. Submit the Fire Safety Inspection
   1. Indicating compliance with NFPA 101 Life Safety Code
   2. No violations on the report
   3. Capacity occupant load indicated by the inspector
   4. Report is signed and dated
   5. If you have any questions regarding the appropriate fire authority contact the State Fire Marshall's office at (404-657-7281)

E. Submit the Electrical Inspection (See Inspection Form Attached)
Necessary only if the home has had structural changes since receiving initial permit. (If necessary follow instructions as for an initial application (See I E)

F. Submit a copy of the Floor Plan (See Floor Plan Example)
Submit an updated floor plan showing where the additional residents will reside. Follow instructions as for an initial application (See I F)

G. Submit the Well Water and Septic Tank Inspection/Approval (See Inspection Form Attached) Follow directions as for an initial Application (see I J)

H. HFRD Inspection
This inspection will be scheduled after A-G are complete (as applicable) and have been submitted to HFRD

VIII. APPLICATION FOR A CLA PERMIT IF RESIDENCE IS CURRENTLY PERMITTED AS A PERSONAL CARE HOME

A. Complete the Application Form as you would for a new home
B. Submit the required payment coupon and applicable application and annual licensure activity fees. Click here for a link to the payment coupon and fee information.
C. Complete and have signed the Letter of Verification by the DBHDD Regional Office.

Community Living Arrangement Application

CHECK ALL THAT APPLY

- ☐ New Permit
- ☐ Change Governing Body (ownership)
- ☐ Change Governing Body Name
- ☐ Change of CLA Name
- ☐ Change of Address (not location)
- ☐ Change of Capacity
- ☐ Other _____

1. Name of Residence			(Area Code) Telephone	
2. Residence Address	Street	City	County	Zip
3. Governing Body			(Area Code) Telephone	
4. Address	Street	City	County	Zip
5. Type of Ownership	☐ Individual ☐ Corporation ☐ Non-Profit ☐ Partnership ☐ Government ☐ Church ☐ Other			
6. Attach name, address, phone number, birth date and social security number for the Administrator.				

7. Attach list of names, addresses, and phone numbers of individuals or organizations having a 10% or more ownership interest in the facility.	**8. Attach letter of verification signed by representative of the DBHDD Regional Office.**
9. Attach a floor sketch of the entire facility (including multiple floors and buildings) and identify each room and the locations and doors, room measurements, and bed placements for residents, family, and staff.	
10. Requested Capacity (specific # of residents)	**11. Facility or Governing Body E-mail Address**

12. Change in Capacity **From** **To**	**13. Previous Governing Body**
14. Previous CLA Name	**15. Previous CLA Address**

16. By signature below, I certify that I intend to exclusively serve consumers funded by the DBHDD or its contract provider. The above information is true and correct to the best of my knowledge. I understand that submitting false information may result in denial of my application.

_____

Print Name of the Owner of the Community Living Arrangement **Date**

_____

Signature of the Owner of the Community Living Arrangement

CORPORATION DOCUMENTS TO BE SUBMITTED FOR <u>ALL</u> CORPORATIONS HAVING AN INTEREST IN THE FACILITY

CORPORATIONS:
- Certificate of Incorporation
- Articles of Incorporation

LIMITED LIABILITY COMPANY
- Certificate of Organization
- Articles of Organization

LEGAL PARTNERSHIP
- Partnership Agreement

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

NOTE: Also submit names, addresses and telephone numbers of ALL persons having a 10% or more interest in the residence.

MAIL COMPLETED APPLICATION PACKAGE TO:
Healthcare Facility Regulation Division
Personal Care Home Program
2 Peachtree Street, N.W., Suite 31.447
Atlanta, GA 30303-3167

Home Name _____ **Number of Residents** _____

Home Address _____ **County**_____

Community Living Arrangement (CLA) Application Checklist

A complete Application Package for a Community Living Arrangement permit includes the following:

___ 1. Application – completed and signed by the Governing Body Representative
If a corporation – include Certificate of Incorporation and Articles of Incorporation for **ALL** corporations having an interest in the CLA
If partnership – include Partnership Agreement
If Limited Liability Company (LLC) - include Certificate of Organization and Articles of Organization for ALL LLCs with an interest in the residence
If a non-profit – include documentation of non-profit status [5O1(c)3]

___ 2. The appropriate application fee and payment coupon. Amount enclosed: $_____.

___ 3. A completed Letter of Verification from the DBHDD Regional Office that the residence meets the definition of a CLA and the approved number of residents noted on the form

___ 4. An original completed Affidavit of Personal Identification

___ 5. A copy of Proof of Ownership for the property or a copy of the Lease Agreement

___ 6. A fingerprint record check for all employees and all owners (10% or more interest in the home).

___ 7. Fire Safety Inspection Report with no violations or hazards identified and the occupant load noted by the inspector from the appropriate fire safety authority

___ 8. Electrical Service Inspection Report with no violations or hazards identified and the electrician's State license number noted on the report from a Georgia licensed electrician

___ 9. Floor Sketch (including labeling of all rooms, room measurements, location of all doors, windows and bed placement for residents, family and staff)

___ 10. PCH/CLA Owner Survey Form signed and dated by the Governing Body Representative

___ 11. Written approval for water source and sewage disposal system or a copy of the last water/sewer bill

___ 12. Completed Disaster Preparedness Plan Overview form

___ 13. Written directions to the residence from Atlanta

___ 14. This checklist signed and dated.

By my signature below, I (print name) _____ affirm that I have read and understand the Rules and Regulations for Community Living Arrangements; I have developed the required policies and procedures, disaster preparedness plan, and admission agreement; and I am prepared for an on-site inspection. NOTE: When all of the above information has been submitted, an HFR surveyor will conduct an unannounced on-site inspection.

_____ _____
Signature Date

Georgia Department of Behavioral Health & Developmental Disabilities
Frank E. Shelp, M.D., M.P.H., Commissioner

Division of Developmental Disabilities
Two Peachtree Street NW, Suite 22.210, Atlanta, Georgia 30303-3142 ***Telephone: 404-463-8037***

VERIFICATION OF INTENT TO BE LICENSED AS A COMMUNITY LIVING ARRANGEMENT

Residence Name _____

Expected Number of Bedrooms for the Community Living Arrangement _____

Street Address _____

City, County, Zip Code _____

Telephone Number _____

Agency Provider _____

Owner Signature/Title-Legal Authority for Corporation _____

Completed By: _____ Tax ID #_____

For Potential Providers of DD Services Only: I verify that I have read and understand the requirements found in DBHDD Policy 02-701 "Recruitment and Application to Become a Provider of Developmental Disabilities Services" located at www.dbhdd.georgia.gov. I further verify that I am authorized to sign this form by and on behalf of the potential provider of developmental disabilities services. Finally, I understand that obtaining a CLA license does not ensure that the potential provider agency will be approved through DBHDD to serve individuals with developmental disabilities under the CRA comprehensive waiver services.

Owner Signature/Title-Legal Authority for Agency: _____

*** *** *** *** *** *** *** *** *** *** *** *** *** *** ***

To: Healthcare Facility Regulation Division
Georgia Department of Community Health

From: DBHDD

This is to verify that the above named participant has identified themselves as the legal authority for this location.

DBHDD Regional Office _____

Print Name and Title _____

Signature _____

Telephone Number _____ Date _____

"Community Living Arrangement" means any residence, whether operated for profit or not, that undertakes through its ownership or management to provide or arrange for the provision of daily personal services, supports, care, or treatment exclusively for two or more adults who are not related to the owner or administrator by blood or marriage and whose residential services are financially supported, in whole or in part, by funds designated through the Department of Human Resources, Division of Mental Health, Developmental Disabilities, and Addictive Diseases.

O.C.G.A. § 50-36-1(e)(2) Affidavit

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

1) _____ I am a United States citizen.

2) _____ I am a legal permanent resident of the United States.

3) _____ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

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

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

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

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

Executed in _____ (city), _____ (state).

_____
Signature of Applicant

_____
Printed Name of Applicant

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE
___ DAY OF _____, 20____

_____
NOTARY PUBLIC
My Commission Expires:

INSTRUCTIONS FOR COMPLETING AFFIDAVIT
REQUIRED TO BECOME LICENSED

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

1. Review the list of Secure and Verifiable Documents under O.C.G.A. §50-36-2 which follows these instructions. This list contains a number of identification sources to choose from that are considered secure and verifiable that you can use to establish your identity, such as a U.S. driver's license or a U.S. passport. Locate one original document on the list to bring to the Notary Public to establish your identity.

2. Print out the affidavit. (If you do not have access to a printer, you can go to your local library or an office supply store to print out the document for a small fee.)

3. Fill in the blanks on the Affidavit above the signature line only—**BUT DO NOT SIGN THE AFFIDAVIT at this time**. (You will sign the affidavit in front of the Notary Public.) Fill in the name of the secure and verifiable document (for example, Georgia driver's license, U.S. passport) that you will be presenting to the Notary Public as proof of your identity. **CAUTION: Put your initials in front of only ONE of the choices listed on the affidavit and described here below:**

   - Option 1) is to be initialed by you if you are a United States citizen; or

   - Option 2) is to be initialed by you if you are a legal permanent resident of the United States. You are not a U.S. citizen but you have a green card; or

   - Option 3) is to be initialed by you if you are a qualified alien or non-immigrant (but not a U.S. citizen or a legal permanent resident) with an alien number issued by the Department of Homeland Security or other federal immigration agency. Fill in the alien number, as well.

4. Find a Notary Public in your area. Check the yellow pages, the internet or with a local business, such as a bank.

5. Bring your affidavit and the identification you selected (from the list of Secure and Verifiable Documents) to appear before the Notary Public.

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

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

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

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

- A United States passport or passport card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

- A United States military identification card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

- A driver's license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

- An identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

- A tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be found at: http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory/ind/ex.htm [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

- A United States Permanent Resident Card or Alien Registration Receipt Card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

- An Employment Authorization Document that contains a photograph of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

- A passport issued by a foreign government [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

- A Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

- A Free and Secure Trade (FAST) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

- A NEXUS card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

- A Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

- A driver's license issued by a Canadian government authority [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

- A Certificate of Citizenship issued by the United Stated Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

- A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-550 or Form N-570) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

- In addition to the documents listed herein, if, in administering a public benefit or program, an agency is required by federal law to accept a document or other form of identification for proof of or documentation of identity, that document or other form of identification will be deemed a secure and verifiable document solely for that particular program or administration of that particular public benefit. [O.C.G.A. § 50-36-2(c)]

6. Show the Notary Public your secure and verifiable identification (anything on List that follows these instructions) and state under oath in the presence of the Notary Public that you are who you say you are and that you are in the United States lawfully. Then sign your name.

7. Make certain that the Notary Public signs and dates the affidavit and puts when the notary commission expires.

8. Make a copy of the affidavit and the identification that you presented to the Notary Public for your own records.

9. Attach the **ORIGINAL SIGNED AFFIDAVIT** and a copy of the identification you presented to your application for licensure. **DO NOT SEND US YOUR AFFIDAVIT SEPARATELY. IT MUST BE INCLUDED IN THE COMPLETE APPLICATION PACKET WHICH YOU MAIL TO US.**

ELECTRICAL INSPECTION COMPLIANCE FORM

NAME of HOME:_____

ADDRESS:_____

_____

OWNER:_____

OWNER'S CURRENT ADDRESS:_____

_____

OWNER'S PHONE #:_____

- -

TO BE COMPLETED BY THE ELECTRICIAN

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

Signature:_____

Printed Name:_____

Date of Inspection:_____

Georgia State License #:_____

Phone #:_____

08/09

Water and Septic Tank Report Form

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

To be completed by applicant:

Home Name: _____

Address: _____ City: _____

County: _____ Telephone _____

To be completed by the County Environmentalist:

WATER (check only one):

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

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

SEWAGE (check only one):

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

_____ The home is served by an on-site sewage system adequate for proposed use for _____ residents.
Maximum Number of Residents

County Environmentalist: _____
Print Name

Signature: _____ Date: _____

08/09

OWNER'S SURVEY FORM

PERSONAL CARE HOME or COMMUNITY LIVING ARRANGEMENT

Name of Facility: _____ County: _____

Mailing Address:_____ City:_____ Zip:_____

NAME OF OWNER(S)	DATE OF BIRTH	SOCIAL SECURITY #	PERCENTAGE OWNERSHIP

Owner's Signature: _____ Date: _____

08/09

COMMUNITY LIVING ARRANGEMENTS
POLICIES AND PROCEDURES CHECKLIST

Name of Residence _____ Survey Date_____

County _____ Surveyor _____

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

POLICY AND PROCEDURE	YES	NO	COMMENTS
1. A description of the services the residence intends to provide. **[See Rule .07 and .13.]**			
2. How the residence ensures that it does not admit or retain residents who require more care than the residence can provide. **[See Rule .16(1).]**			
3. How the residence guarantees the rights of residents. **[See Rule .19.]**			
4. How the residence supervises medications. **[See Rule .20.]**			
5. Procedures for reporting and investigating abuse, neglect, exploitation, incidents, injuries, and changes in a resident's condition, including death. **[See Rule .24 and .25.]** a How the residence handles a change in a resident's condition: 1) Obtain needed care 2) Notify family 3) Keep records 4) Investigate cause of accident 5) Maintain incident reports on file. b. How the home handles the death of a resident: 1) Notify physician, family, etc. 2) How/when money is refunded c. How the residence handles A/N/E: 1) Staff immediately report to HFRD 2) Staff immediately notify law enforcement Staff follows DBHDD reporting protocol			
6. How the residence handles admissions. **[See Rule .16(2)-(4).]**			
7. Procedures for discharge/transfers and expedited transfers of residents. **[See Rule .26 and .27.]** a. Discharges/transfers: 1) 30 day notice except for emergencies 2) Transfers of record b. Expedited transfer of residents: 1) Under what conditions 2) Based on written admissions 3) Defines responsibilities 4) Discharge Planning			

8. How the residence handles refunds when a resident is transferred, discharged or dies. **[See Rule .17(1)(c).]**			
9. Expectations regarding cooperative living address the following: **[See Rule .17(1)(e).]** a. Sharing of common space; other resources b. Use of tobacco c. Use of alcohol d. Explanation of items prohibited by the CLA			
10. The quality assurance procedures used to maintain or improve the quality of care and services provided to the residents. **[See Rule .07(3)(j).]** a. Performance indicators are routinely measured and evaluated b. Indicators include any injury to a resident			
11. How the residence will ensure that staff are trained. **[See Rule .15(3).]**			
12. How the residence handles acts committed by staff or residents that are inconsistent with policies of the residence. **[See Rule .07(l).]**			
13. How the residence will manage the use of medical protection devices and adaptive support devices. **[See Rule .21(1-7).]** (1) Documentation that the least restrictive methods/devices were evaluated and determined to be appropriate.			
(2) Assessment in file describing and supporting need(s)for device.			
(3) MD order in file including the following: a) No longer than 180 days or 6 months b) Type of device c) Rationale for use d) Duration e) Plan for reduction f) Instructions for release and monitoring g) MD exam prior to reordering			
(4) Use of device discussed in advance with resident and legal guardian, if any.			
(5) Use of device is specified in ISP.			
(6) Staff trained in the application of the device and care of the resident(s) to whom device is applied.			
(7) RN or appropriate health care professional assesses resident at least once per quarter with documentation of findings in file.			

(8) Devices shall be: a. Authorized in ISP b. Kept clean and used to cause no harm c. Inspected to ensure in good repair d. Discontinued when no longer needed			
(9) Use of device shall be monitored by staff to ensure that terms of the order are followed and used appropriately.			
(10) Training updated annually to reflect staff competency.			
(11) No use of chemical, mechanical, and seclusion under any circumstances.			
14. How the residence will manage the use of personal restraint and quiet time. **[See Rule .22.]** (1) Specified in the ISP (2) Emergency Care Plan in place			
(3) Ineffective interventions prior to use of restraints documented.			
(4)(6) Restraint time no longer than one hour for personal restraint.			
For personal restraints: a. Door left open; checked every 15 minutes and documented; pressure sites checked every 15 minutes b. Resident spoken to; checked for indications of distress; offered water; provided opportunity to meet bathroom needs. c. Food offered if restraint is used during meal times.			
(7) Notification to DBHDD and legal guardian within 24 hrs of use of personal restraints and documented in file.			
(8) Adverse change of condition documented.			
(9)(10) For Quiet Time: Documented in ISP. Use documented in sequence. Staff identified.			
(11) Use of Quiet Time should not exceed 15 minutes.			
(12) Quiet time conducted in unlocked, well-lighted, well-ventilated area with observation.			
(13) Quiet time and personal restraint use must be monitored and evaluated to ensure steps taken to minimize or eliminate need.			

Approved by: _____ **Date:** _____

DISASTER PREPAREDNESS PLAN CHECKLIST

FACILITY: _____ **COUNTY:** _____

1. Is the plan approved by person/persons legally responsible for facility's operation? Yes ___ No ___

2. Does the plan designate who has primary responsibility for rehearsals and implementation of plan? Yes ___ No ___

3. Does the plan stipulate that any subsequent change be forwarded to the Department for approval? Yes ___ No ___

4. Does the plan identify emergency situations to be addressed? And for each emergency situation does the plan identify how the emergency procedures are to be carried out?

A. Fire	Yes ___ No ___	Yes ___ No ___
B. Explosion	Yes ___ No ___	Yes ___ No ___
C. Bomb scare	Yes ___ No ___	Yes ___ No ___
D. Missing resident	Yes ___ No ___	Yes ___ No ___
E. An interruption of each utility:		
1. Electricity	Yes ___ No ___	Yes ___ No ___
2. Gas	Yes ___ No ___	Yes ___ No ___
3. Other fuel	Yes ___ No ___	Yes ___ No ___
4. Water	Yes ___ No ___	Yes ___ No ___
F. Loss of:		
1. Air conditioning	Yes ___ No ___	Yes ___ No ___
2. Heat	Yes ___ No ___	Yes ___ No ___
G. Floods	Yes ___ No ___	Yes ___ No ___
H. Severe weather	Yes ___ No ___	Yes ___ No ___
I. Damage to facility	Yes ___ No ___	Yes ___ No ___

5. Does the plan contain written procedures which address:
   - A. Assigning responsibility to staff members. Yes ___ No ___
   - B. Care of residents. Yes ___ No ___
   - C. Notification of attending physician and responsible party. Yes ___ No ___
   - D. Arrangement for transportation and hospitalization. Yes ___ No ___
   - E. Availability of appropriate records. Yes ___ No ___
   - F. Alternative living arrangements. Yes ___ No ___
   - G. Emergency energy sources. Yes ___ No ___

6. Does the plan outline:
   - A. Frequency of rehearsals. Yes ___ No ___
   - B. Procedures to follow during rehearsals. Yes ___ No ___

7. If plan is contingent on services/resources of other agencies/facilities/institutions, a written agreement with each agencies/facilities/institutions is attached to plan. Yes ___ No ___

8. Does plan specify that HFR will be notified within 24 hours if an emergency situation occurs that results in injury or loss of life. Yes ___ No ___

9. Does plan stipulate that when other emergency situations dictate implementation of plan, a written incident report and critique of performance under the plan be done? Yes ___ No ___

10. Plan has plan been provided to local EMA? Yes ___ No ___

Approved by Surveyor: _____ Date : _____

10/01/09

Disaster Preparedness Plan Overview

Facility Name: _____ Address: _____
City: _____ County: _____ Phone: _____
Facility email address: _____ Fax: _____
Licensed Capacity: _____ Number of Residents: _____

Owner: _____ Emergency Contact # _____
Admin/Manager: _____ Emergency Contact # _____

Emergency Generator: _____Yes _____No Emergency Food Supply: _____days
Emergency Water Supply: _____days Source: _____

Evacuation Plan

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

Type of Facility	Name of Facility	City	Contact Person	Phone Numbers

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

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

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

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

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

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

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

Community Living Arrangements

COMPLIANCE SELF TEST

This list is enclosed to assist you in evaluating your residence in terms of the Rules and Regulations for Community Living Arrangements, Chapter 290-9-37. **It is NOT an all-inclusive list** but covers many areas in the rules. This is not intended to be part of your application package but to help you ensure that the facility meets the rules necessary to obtain a permit and is prepared for the initial inspection by the Healthcare Facility Regulation Division (HFR) staff.

Y N

1. I understand that as the Governing Body, I am responsible for making sure the residence is in compliance with the rules and regulations at all times.
2. I have developed all required policies and procedures. All policies and procedures are appropriate to the size of the residence and the resident population. Minimum policies and procedures include the following:
   a. What services the residence intends to provide.
   b. How the residence ensures that it does not admit or retain persons who require more care than the residence can provide.
   c. How the residence guarantees the rights of residents.
   d. How the residence supervises medications.
   e. Procedures for reporting and investigating abuse, neglect, exploitation, incidents, injuries, and changes in a resident's condition, including death.
   f. How the residence handles admissions.
   g. Procedures for discharge/transfers and expedited/transfers of residents.
   h. How the residence handles refunds when a resident is transferred, discharged or dies.
   i. Expectations regarding cooperative living.
   j. The quality assurance procedures used to maintain or improve the quality of care and services provided to the residents.
   k. How the residence will ensure that staff are trained.
   l. How the residence handles acts committed by staff or residents that are inconsistent with policies of the residence.
3. The residence has developed a written disaster preparedness plan.
4. The residence has a currently listed telephone number and a non-pay working telephone that is accessible at all time for emergency use by staff and residents in a private location to make and receive personal calls.
5. The residence meets the following physical plant requirements:
   a. The residence is constructed, arranged, and maintained to provide adequately for the health, safety, access, and well-being of the resident.
   b. Windows and doors used for ventilation have screens that are in good repair.
   c. The residence has installed supportive devices as necessary to enable residents to achieve a greater degree of mobility and safety from falling.
   d. The residence has laundering facilities on the premises.
   e. Floor coverings do not present a tripping hazard.
   f. Furnishings are clean and in safe, usable condition.
   g. Lighting fixtures are sufficient for reading and other activities.
   h. The residence has adequate heating/cooling system to ensure that temperatures are maintained at 65-80 degrees Fahrenheit year round.
   i. The residence and grounds are clean and free of rodents, flies, vermin, nuisances, hazards, refuse and litter.
   j. The house number is displayed and easily visible from the street.
6. The residence meets the following requirements for the living and dining area(s):
   a. There is at least one centrally located living room for the free access and informal use of the residents.
   b. The living room(s) is large enough to accommodate residents without crowding.
   c. The residence has an area for use by residents and visitors which affords privacy.
   d. The living and dining areas are large enough to accommodate all residents without crowding.
7. The residence has a means of providing locked storage for any residents' valuables or personal belongings when requested.
8. All bedrooms meet the following requirements:

a. Sleeping areas adjoin living areas of the home.
b. Bedrooms provide sufficient floor space per resident without crowding.
c. Bedrooms have at least one-half of the room height above ground level.
d. There is no more than one resident per bedroom unless adequate bedroom space is available for two residents to accommodate without crowding.
e. Bedrooms have at least one window opening easily to the outside.
f. Bedrooms are well ventilated and maintained at a comfortable temperature.
g. Family members, staff and residents each have their own separate designated bedrooms.
h. Duplicate keys are available to the residents and staff for any residents in single-occupancy bedrooms.

9. Bathrooms meet the following requirements:
   a. At least one functional toilet and lavatory is provided for each four residents.
   b. At least one fully handicap accessible bathroom is available if any resident requires handicap access.
   c. Toilets, bathtubs, and showers provide for individual privacy.
   d. Each bathroom has either forced ventilation to the outside or a window that opens easily.
   e. Bathroom plumbing and fixtures are in good working order and presents a clean and sanitary appearance.
10. Each resident bedroom has the following:
    a. An adequate closet or wardrobe,
    b. Lighting fixtures sufficient for reading and other activities.
    c. A bureau, dresser or the equivalent,
    d. A mirror appropriate for grooming,
    e. An individual bed with comfortable springs and mattress,
    f. Bedding for each resident.
11. The residence has a provision to allow residents to personalize their bedrooms with the use of their own furniture, pictures, etc.
12. The residence meets the following safety requirements:
    a. At least one charged 5lb. Multipurpose ABC fire extinguisher is available on each floor and in the basement.
    b. The residence has sufficient smoke detectors that are hard wired to the residence's electrical system and have a battery back-up.
    c. The residence does not have exterior doors that required the use of a key to exit from the inside.
    d. Poisons, caustics and other dangerous materials are properly stored and safeguarded.
    e. Hot water temperatures do not exceed 120 degrees F. at the point of use by residents.
13. Trash is removed as needed from the kitchen and at least weekly from the premises.
14. I have documentation available to show that pets have current inoculations.
15. First aid materials are available for use.
16. Soap is provided at each sink and toilet tissue at each commode.
17. Activities are provided to promote the physical, mental and social well-being of each resident.
18. I understand that I cannot restrict a resident's access to the common areas of the residence or lock the resident into or out of the resident's bedroom.
19. I will ensure that sufficient staff is available at all times to evacuate the residents in case of an emergency and to ensure the provision of services required.
    a. At a minimum, a staffing ratio sufficient to ensure that all residents can be evacuated from the residence within three minutes.
20. I have a monthly work schedule for all employees, including relief workers. The schedule shows adequate coverage for the resident population.
21. The administrator or site manager is at least 21 years of age. Other staff members are at least 18 years of age.
22. Staff has been assigned duties consistent with their position, training and experience.
23. At least one staff person having completed the minimum training requirements is in the residence at all times.
24. A personnel file is available for review in the residence for each employee and contains the following
    a. Evidence of a satisfactory fingerprint record check determination from the DHS OIS.
    b. Evidence of a satisfactory criminal records check determination from the local law enforcement (police department) using the GCIC system.
    c. Evidence of TB screening.

d. Evidence of current certification in CPR and first aid and evidence of training in emergency evacuation procedures, medical and social needs and characteristics of the resident populations, ethics and cultural competence and appropriateness, techniques of de-escalating and techniques to prevent behavioral crises, techniques of Standard Precautions and medication of residents.
e. Evidence of 16 hours of continuing education yearly.
f. Employment history for the past five years.

25. A written admission agreement has been developed which contains the following:
    a. A current statement of all fees or charges and services to be provided.
    b. A provision for 60 days written notice prior to changes in services or charges.
    c. Designation of responsibility for initial acquisition and refilling of medications.
    d. A statement of the residence's refund policy.
    e. A written copy of expectations regarding cooperative living, with evidence of review by residents.
    f. A statement about the responsibility by the Community Living Arrangement for the resident's valuables and other personal belongings.
26. An individual file for each resident maintained in chronological order and contain the following information at a minimum:
    a. Identifying information.
    b. Next of kin, legal guardian, representative payee, etc.
    c. Name, address, phone number and relationship of person(s) to contact in an emergency.
    d. Physician, hospital and pharmacy name address, phone number.
    e. Record of all monies and valuables entrusted to the home for safekeeping.
    f. Health information including physical exam and TB screening.
    g. Personal items inventory.
    h. Signed copy of residents' right form.
    i. Signed copy of the admission agreement.
    j. Copy of the resident's living will and/or durable power of attorney for health care.
    k. Copy of the resident's individual service plan.
    l. Summary of any incident, accident, or adverse change in resident's condition.
27. I understand residents' rights and acknowledge that these rights cannot be waived.
28. The home stores medications under lock and key.
29. I keep a record to document assistance with medications as provided by staff.
30. The home meets the following requirements for nutrition and food service:
    a. I provide three nutritious meals and two nutritious snacks each day.
    b. The temperature of each refrigerator is 41 degrees F. or below.
    c. The temperature of each freezer is 0 degrees F. or below.
    d. Records of meals served are maintained for 30 days.
    e. I have a three day supply of non-perishable foods for emergency needs.
31. I keep a summary of all incident reports including follow-up and notifications.
32. I have the following items available for inspection in my home:
    a. Evacuation Plan on each floor.
    b. Copy of cooperative living expectations.
    c. Most recent inspection report.
    d. Permit to operate a Community Living Arrangement Residence issued by HFR.
    e. Ombudsman Poster.
33. The residence has met the following requirements for inspections:
    a. The residence has been inspected by the appropriate fire department and has no outstanding fire safety violations.
    b. A Georgia licensed electrician has inspected the residence within six months of the application date and found no electrical hazards.
    c. Water supply and sewage disposal systems that are not part of an approved county or city system have been approved by the county public health department.
34. The residence has met all local requirements. NOTE: Local requirements vary and may include the following: business license, zoning approval, etc.
35. I understand that I and all staff must report suspected abuse, neglect or exploitation to the ORS.
36. I understand that as a licensed home, my residence will be subjected to unannounced inspection visits and that I will cooperate with all investigations at any time.

RULES
OF
DEPARTMENT OF HUMAN RESOURCES
OFFICE OF REGULATORY SERVICES

Chapter 290-9-37
RULES AND REGULATIONS FOR COMMUNITY LIVING ARRANGEMENTS

TABLE OF CONTENTS

290-9-37-.01 Authority
290-9-37-.02 Purpose.
290-9-37-.03 Applicability.
290-9-37-.04 Exemptions.
290-9-37-.05 Definitions.
290-9-37-.06 Governing Body.
290-9-37-.07 Administration, Criminal History Background Checks.
290-9-37-.08 Minimum Floor Plan Requirements.
290-9-37-.09 Furnishings and Fixtures.
290-9-37-.10 Temperature Conditions.
290-9-37-.11 Physical Plant Health and Safety Standards.
290-9-37-.12 Supplies.
290-9-37-.13 Services.
290-9-37-.14 Staffing.
290-9-37-.15 Personnel.
290-9-37-.16 Admission.
290-9-37-.17 Admission Agreement.
290-9-37-.18 Resident Files and Information.
290-9-37-.19 Resident's Rights.
290-9-37-.20 Medications.
290-9-37-.21 Medical Protection Devices and Adaptive Support Devices.
290-9-37-.22 Use of Personal Restraints and Quiet Time.
290-9-37-.23 Nutrition.
290-9-37-.24 Procedures for Change in Condition or Serious or Unusual Incident.
290-9-37-.25 Death of a Resident.
290-9-37-.26 Discharge or Transfer of a Resident.
290-9-37-.27 Expedited Transfer or Discharge Planning.
290-9-37-.28 Application for License.
290-9-37-.29 Licenses.
290-9-37-.30 Provisional Licenses.
290-9-37-.31 Inspections and Plans of Correction.
290-9-37-.32 Reporting to the Department.
290-9-37-.33 Variances and Waivers.
290-9-37-.34 Enforcement and Sanctions.
290-9-37-.35 Severability.

290-9-37-.01 Authority

The Legal authority for this Chapter is O.C.G.A. §§ 31-7-1 et seq. and 37-1-22.
Authority O.C.G.A. Secs. 31-7-1 et seq., 37-1-22. **History.** Original Rule entitled "Authority" adopted. F.Oct. 24, 2002; eff. Nov. 13, 2002.

290-9-37-.02 Purpose.

The purpose of these rules is to establish the minimum operating requirements for Community Living Arrangements that provide residential services to the citizens of this state whose services are financially supported, in whole or in part, by funds designated through the Department of Human Resources, Division of Mental Health, Development Disabilities, and Addictive Diseases.
Authority O.C.G.A. Secs. 31-7-1 et seq., 37-1-22. **History.** Original Rule entitled "Purpose" adopted. F. Oct. 24, 2002; eff. Nov. 13, 2002.

290-9-37-.03 Applicability.

These rules apply to all Community Living Arrangements that serve exclusively two or more adult persons who are receiving services authorized or financed, in whole or in part, by the Division of mental Health, Developmental Disabilities, and Addictive Diseases. Residents regulated under these rules provide services specified by the individual service plan of each resident, including daily personal services.
Authority O.C.G.A. Secs. 31-7-1 et seq., 37-1-22. **History.** Original Rule entitled Applicability" adopted. F. Oct. 24, 2002; eff. Nov. 13, 2002.

290-9-37-.04 Exemptions.

These rules do not apply to the following facilities;

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

(b) Facilities offering temporary or emergency shelter, such as those for the homeless or victims of family violence, respite homes serving persons for 30 days or less, or homes serving one person;

(c) Emergency receiving, evaluation, and treatment facilities that provide medical and nursing services and that are approved by the state and regulated under the more specific authorities;

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

(e) Hospices that serve terminally ill persons as defined in O.C.G.A. § 31-7-172(3);

(f) Therapeutic substance abuse treatment facilities and residences that are not intended to be an individual's permanent residence;

(g) Group residences organized by or for persons who choose to live independently and mange their own care and who share the cost of service 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 and without billing other agencies for services provided.

(i) Residences in which a person lives with his or her family;

(j) Residences in which a person lives under his or her own lease or warranty deed, in which the agency providing services do not manage the person's residence and the resident is not required to move when the agency providing services is changed;

(k) Apartments or other clustered residential arrangements where staff is available that are developed as permanent housing for adults with mental illness, in which each person lives within his or her residential arrangement with immediate support of staff; or

(l) Personal care homes as defined in Chapter 290-5-35.
Authority O.C.G.A. Secs. 31-7-1 et seq., 37-1-22. **History.** Original Rule entitled "Exemptions" adopted. F. Oct. 24, 2002; eff. Nov. 13, 2002.

290-9-37-.05 Definitions.

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

(a) "Administrator" means the manager designated by the governing body as responsible for overall operations of the Community Living Arrangement;

(b) "Applicant" means:

(i) When the Community Living Arrangement 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;

(ii) When the Community Living Arrangement 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;

(iii) When the Community Living Arrangement 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; and

(iv) When the Community Living Arrangement 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.

(c) "Biomedical waste" as defined in O.C.G.A. § 12-8-22(1.1) means, in relevant part, pathological waste, sharps, chemotherapy waste, discarded medical equipment and parts, not including expendable supplies and materials that have been contaminated and have not been decontaminated, as further defined in Rule 391-3-4- .15, and other such waste materials;

(d) "Capacity" means the physical and mental capability of an individual as determined by health care professionals through clinical evaluation, observation, interview, or other assessments;

(e) "Chemical restraint" means drugs that are administered to manage a resident's behavior in a way that reduces the safety risk to the resident or others; that have the

temporary effect of restricting the resident's freedom of movement; and that are not a standard treatment for the resident's medical or psychiatric condition;

(f) "Choice" means following the preferences of residents served concerning decisions about the residential environment and daily activities to the extent possible;

(g) "Community Living Arrangement" means any residence, whether operated for profit or not, that undertakes through its ownership or management to provide or arrange for the provision of daily personal services, supports, care, or treatment exclusively for two or more adults who are not related to the owner or administrator by blood or marriage and whose residential services are financially supported, in whole or in part, by funds designated through the Department of Human Resources, Division of Mental Health, Developmental Disabilities, and Addictive Diseases. A Community Living Arrangement is also referred to as a "residence";

(h) "Criminal record" means:

1. Conviction of a crime; or

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

   (i) A plea of nolo contendere was entered to the charge; or
   (ii) First offender treatment without adjudication of guilt pursuant to the charge was granted; or
   (iii) Adjudication or sentence was otherwise withheld or not entered on the charge; or
   (iv) Arrest and being charged for a crime if the charge is pending, unless the time for prosecuting such crime has expired pursuant to O.C.G.A. Sec. 17-3-1 et seq.

(i) "Criminal history background check" means a search of appropriate records to obtain criminal background information on an owner of a business or agency licensed as a community living arrangement or seeking licensure as a community living arrangement.

(j) "Department" means the Department of Human Resources of the State of Georgia;

(k) "Director" means the chief administrator, executive officer or manager.

(l) "Disaster preparedness plan" means a written document that identifies potential hazards or events that, should they occur, would cause an emergency situation at the Community Living Arrangement and that proposes, for each identified emergency situation, a course of action so as to minimize the threat to the health and safety of the residents within the Community Living Arrangement;

(m) "Fingerprint criminal history record check" means the satisfactory or unsatisfactory determination by the Management Actions and Appeals Section of the Office of Human

Resources Management of the Department of Human Resources based upon a criminal history record check comparison of Georgia Crime Information Center data with fingerprints and other information, as specified in O.C.G.A. § 49-2-14(b);

(n) "Governing body" means the board of trustees, partnership, corporation, association, agency, entity, or person or group of persons who maintain and control the residence and who are legally responsible for the operation of the residence;

(o) "Health care professional" means a physician, physician's assistant, registered nurse, psychologist, social worker, physical therapist, audiologist, or speech pathologist providing professional services, within the scope of his or her practice as authorized by Georgia law, and participating in the care of the resident;

(p) "License" means the permit issued by the Department to operate a Community Living Arrangement;

(q) "Individual service plan" or "ISP" means a comprehensive written plan of care which specifies services, supports, care, or treatment required to assist the resident in achieving self-sufficiency and community integration and maintaining a satisfactory quality of life;

(r) "Legal guardian" means a duly appointed person who is authorized to act, within the scope of the authority granted under the legal guardian's appointment, on behalf of a resident who is adjudicated incapacitated;

(s) "Mechanical restraint" means a device attached or adjacent to the resident's body that he or she cannot easily remove that restricts freedom of movement or normal access to his or her body and that is not used for a therapeutic purpose. Mechanical restraint may also be referred to as "physical restraint";

(t) "Medical protection device" and "adaptive support device" mean devices that may restrain movement but are applied for protection from injury or to support or correct the body alignment of the person, are required for the treatment of the person's physical condition, and may be used only as treatment interventions;

(u) "Medical services" means services that may be provided by a person licensed under Chapter 34 of Title 43 of the O.C.G.A.; (r) "Non-family adult" means a person 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 Community Living Arrangement or to a member of the governing body;

(v) "Nursing services" means those services that may be rendered by a person licensed under the Georgia Registered Professional Nurse Practice Act, O.C.G.A. § 43-26-1 et seq., or the Georgia Practical Nurses Practice Act, O.C.G.A. § 43-26-30 et seq.;

(w) "Owner" means any individual or any person affiliated with a corporation, partnership, or association with 10 percent or greater ownership interest in a business or agency providing community living arrangement services and who:

1. Purports to or exercises authority of an owner in the business or agency;
2. Applies to operate or operates the business or agency; or
3. Enters into a contract to acquire ownership of such a business or agency.

(x) “Personal restraint” means the application of physical force, without the use of any device, for the purpose of restricting the free movement of a resident’s body. Personal restraint does not include briefly holding a resident without undue force in order to calm or comfort the resident or holding a resident’s hand to safely escort the resident from one area to another;

(y) “Personal services” means provision of services, on a daily basis, that include, but are not limited to, individual assistance with or supervision of medications, ambulation and transfer, and essential activities of daily living such as eating, bathing, grooming, dressing, and toileting;

(z) “Plan of correction” means a written plan in response to a report of deficiencies in meeting rules and regulations of the Department of Human Resources, which states what the residence will do, and when, to correct each of the violations identified;

(aa) “Quiet time” means the restriction of a resident for a period of time to a designated area, from which the resident is not physically prevented from leaving, for the purpose of providing the resident an opportunity to regain self-control;

(bb) "Records check application" means two sets of classifiable fingerprints, a records search fee to be established by the department by rule and regulation, payable in such form as the department may direct to cover the cost of a fingerprint records check, and an affidavit by the applicant disclosing the nature and date of any arrest, charge, or conviction of the applicant for the violation of any law; except for motor vehicle parking violations, whether or not the violation occurred in this state, and such additional information as the department may require.

(cc) “Representative” means an individual, selected by a resident to receive notices of admission, discharge, transfer, or significant change in condition of the resident and to otherwise advocate for the well-being of the resident. In the event that the resident is unable because of capacity to select a representative, a representative shall be selected from the following persons in the order of listing: legal guardian; spouse; adult child; parent; attorney; adult next of kin; or adult friend. The representative’s power to act on behalf of the resident under these rules shall be completely consistent with the definition of representative under Georgia law as it may be amended from time to time;

(dd) “Resident” means any non-family adult living in a Community Living Arrangement and receiving services, supports, care, or treatment;

(ee) “Responsible staff person” means the employee designated by the administrator or site manager as responsible for supervising the operation of the residence during periods of temporary absence of the site manager;

(ff) "Satisfactory criminal history background check determination" means a written determination that a person for whom a records check was performed was found to have no criminal record which indicates an arrest, charge or conviction of a covered crime as outlined in the current or amended Department of Human Resources Policy #504, if applicable, or as outlined in O.C.G.A. Sec. 49-2-14.1 et seq., if applicable.

(gg) “Seclusion” means the involuntary confinement of a resident alone in a room or an area from which the resident is physically prevented from leaving;

(hh) “Site manager” means the person directly responsible for the operations of a particular residence;

(ii) “Standard precautions” means activities designed to reduce the risk of transmission of microorganisms from both recognized and unrecognized sources of infection. Standard precautions apply to: blood; all body fluids, secretions, and excretions, except sweat, regardless of whether they contain visible blood; skin that is not intact; and mucous membranes; and

(jj) “Supports, care, or treatment” means specific services that are provided to the resident in the Community Living Arrangement, coordinated by the administrator as necessary, or reasonably requested by the resident and that include but are not limited to: mental health services, habilitation, rehabilitation, social services, medical, dental, and other health care services, education, financial management, legal services, vocational services, transportation, recreational and leisure activities, and other services required to meet a resident’s needs.

(kk) “Unsatisfactory criminal history background check determination” means a written determination that a person for whom a records check was performed has a criminal record which indicates an arrest, charge or conviction of one of the covered crimes as outlined in the current or amended Department of Human Resources Policy #504, if applicable, or as outlined in O.C.G.A. Sec. 49-2-14.1 et seq., if applicable.
Authority O.C.G.A. Secs. 31-7-1 et seq., 37-1-22. History. Original Rule entitled “Definitions” adopted. F. Oct. 24, 2002; eff. Nov. 13, 2002.

290-9-37-.06 Governing Body.

(1) The governing body shall be responsible for compliance with the requirements of the Official Code of Georgia Annotated and with applicable standards, regulations, and administrative rules of the Department of Human Resources.

(2) The governing body shall identify in its application the name of the administrator who has been designated as responsible for the overall management of its Community Living Arrangements and for carrying out the rules and policies adopted by the governing body.

(3) The governing body shall ensure that no member of the governing body, administration, staff associated with the Community Living Arrangement or affiliated

Community Living Arrangements, or family member of staff serves as the representative or legal guardian for a resident.

(4) The governing body shall ensure that no member of the governing body, administration, staff associated with or affiliated with the Community Living Arrangement, or family member of staff causes, encourages, or persuades any resident to name any person affiliated with the Community Living Arrangement as outlined herein as a beneficiary under a will, trust, or life insurance policy. The governing body shall investigate the circumstances associated with any such gift to verify that such gift is knowingly and voluntarily made and not the result of any coercion. Where such gift is not voluntarily made, the governing body shall notify appropriate law enforcement authorities and any legal representative of the resident.

(5) The governing body shall ensure that no member of the governing body, administration, staff associated with or affiliated with the Community Living Arrangement, or family member of staff takes out or otherwise secures a life insurance policy on any resident or former resident.

Authority O.C.G.A. Secs. 31-7-1 et seq., 37-1-22. **History.** Original Rule entitled "Governing Body" adopted. F. Oct. 24, 2002; eff. Nov. 13, 2002.

290-9-37-.07 Administration, Criminal History Background Checks.

(1) Prior to being issued a license, each residence shall develop written policies and procedures outlining the responsibilities of the governing body of the Community Living Arrangement and of the residents that ensure compliance with these rules.

(2) The governing body of the Community Living Arrangement shall ensure that the policies and procedures are developed and followed in accordance with these rules.

(3) The policies and procedures of the governing body shall include, but may not be limited to, the following:

(a) A description of the services the residence intends to provide;

(b) How the residence ensures that it does not admit or retain persons who require more care than the residence can provide;

(c) How the residence guarantees the rights of residents;

(d) How the residence supervises medications;

(e) Procedures for reporting and investigating abuse, neglect, exploitation, incidents, accidents, injuries, and changes in a resident's condition, including death;

(f) How the residence handles admissions;

(g) Procedures for discharge and immediate transfers;

(h) How refunds are handled when a resident is transferred, is discharged, or dies;

(i) Expectations regarding cooperative living;

(j) The quality assurance procedures that shall be used to maintain or improve the quality of care and services provided to the residents, including indicators of performance that shall be routinely measured and evaluated. At a minimum, the residence shall include as an indicator to be measured and improved, as necessary, any injury to a resident;

(k) How the residence will ensure that staff are trained; and

(l) How the residence handles acts committed by staff or residents that are inconsistent with policies of the residence.

(4) The Community Living Arrangement administrator shall designate a qualified staff member as the responsible staff person to act on his or her behalf and to carry out his or her duties in the administrator's absence. Residents of the Community Living Arrangement may not serve as the responsible staff person.

(5) Personnel shall be assigned duties consistent with their position, training, and experience and with the requirements of Section .15 of these rules.

(6) Each residence shall have a written plan that effectively addresses the Community Living Arrangement's strategy for responding to the following emergency situations:

(a) Local and widespread weather emergencies or natural disasters, such as tornadoes, hurricanes, earthquakes, ice or snow storms, or floods;

(b) Manmade disasters such as acts of terrorism and hazardous materials spills;

(c) Unanticipated interruption of service of utilities, including water, gas, or electricity, either within the facility or within a local or widespread area;

(d) Fire, explosion, or other physical damage to the residence; and

(e) Reporting the elopement of any disabled person from a Community Living Arrangement to local law enforcement within 30 minutes of the Community Living Arrangement staff receiving actual knowledge that such person is missing.

(7) Evacuation plan drills shall be held at each residence at least semiannually. The residence shall provide evidence that residents have participated in drills in anticipation of what might be expected to occur in Community Living Arrangements.

(8) Each resident shall have a telephone available for incoming and outgoing calls that is maintained in working order. The telephone must be accessible at all times for emergency use by staff and accessible to residents in a private location to make and receive personal calls.

(9) 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 shall submit a records check application so as to permit the department to obtain a criminal history background check. An owner holding a valid license as a Community Living Arrangement provider prior to June 30, 2007 shall be required to submit a records check application at the request of the department.

(a) An owner may not be required to submit a records check application if it is determined that the owner neither:

1. Maintains an office at the location where services are provided to residents;

2. Resides at a location where services are provided to residents;

3. Has direct access to residents receiving care; nor

4. Provides direct personal supervision of personnel by being immediately available to provide assistance and direction during the time services are being provided.

(b) 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.

(c) A community living arrangement provider license shall not be issued, and any license issued shall be revoked where it has been determined that the owner has a criminal record which includes an arrest, charge or conviction for any of the following covered crimes, as outlined in O.C.G.A. Sec. 49-2-14.1 et seq.:

1. A violation of Code Section 16-5-1, relating to murder and felony murder;

2. A violation of Code Section 16-5-21, relating to aggravated assault;

3. A violation of Code Section 16-5-24, relating to aggravated battery;

4. A violation of Code Section 16-5-70, relating to cruelty to children;

5. A violation of Code Section 16-5-100, relating to cruelty to a person 65 years of age or older;

6. A violation of Code Section 16-6-1, relating to rape;

7. A violation of Code Section 16-6-2, relating to aggravated sodomy;

8. A violation of Code Section 16-6-4, relating to child molestation;

9. A violation of Code Section 16-6-5, relating to enticing a child for indecent purposes;

10. 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;

11. A violation of Code Section 16-6-22.2, relating to aggravated sexual battery;

12. A violation of Code Section 16-8-41, relating to armed robbery;

13. A violation of Code Section 30-5-8, relating to abuse, neglect, or exploitation of a disabled adult or elder person; or

14. 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.

(d) An owner with a valid community living arrangement license issued on or before June 30, 2007 who has received an unsatisfactory criminal records check determination which includes one of the listed crimes above, shall not have the license revoked prior to a hearing being held before a hearing officer pursuant to Chapter 13 of Title 50, the 'Georgia Administrative Procedure Act.'

(e) If at any time the department has reason to believe an owner holding a valid license has been arrested, charged or convicted of any of the crimes listed above, the department shall require the owner to submit a records check application immediately for determination of whether a revocation action is necessary.

(10) Criminal History Background Checks for Directors and Employees Required. Prior to working in a Community Living Arrangement, a potential employee is required to obtain a Georgia Crime Information Center state criminal history record check comparison of data with information other than fingerprints done through local law enforcement authorities. At the time of hiring, the Community Living Arrangement shall submit two sets of fingerprints for the staff member and the director to the Georgia Bureau of Investigations for a fingerprint criminal history record check.

(a) A person with an unsatisfactory criminal history background check determination may not serve as a director of a licensed Community Living Arrangement if it is determined that such person has a criminal record which indicates an arrest, charge or conviction of any of the covered crimes outlined in the current or amended Department of Human Resources Policy #504.

(b) If the determination of a fingerprint criminal history background check is unsatisfactory, the Community Living Arrangement shall take the necessary steps to ensure that such staff member is no longer an employee.

Authority O.C.G.A. Secs. 31-7-1 et seq., 37-1-22. History. Original Rule entitled "Administration" adopted. F. Oct. 24, 2002; eff. Nov. 13, 2002.

290-9-37-.08 Minimum Floor Plan Requirements.

(1) A residence shall be constructed, arranged, and maintained so as to provide adequately for the health, safety, access, and well-being of the resident.

(2) A Community Living Arrangement shall provide for common living space and private sleeping areas.

(a) The living and sleeping areas for a given resident shall be within the same building.

(b) Windows used for ventilation to the outside and exterior doors used for ventilation shall be screened and in good repair.

(c) Supportive devices shall be installed as necessary to enable residents to achieve a greater degree of mobility and safety from falling.

(3) All residences shall provide an area for use by residents and visitors that affords privacy.

(4) There must be common space, such as living and dining rooms, for use by the residents without restriction.

(5) Common areas of the residence must be large enough to accommodate all residents without crowding. The areas must be comfortably furnished.

(6) The residence shall provide a means of locked storage for the valuables or personal belongings of any resident, upon request.

(7) A residence shall provide laundering facilities on the premises for resident's personal laundry.

(8) The following minimum standards for bedrooms must be met:

(a) Bedrooms shall have sufficient space to accommodate without crowding the resident, the resident's belongings, and the minimum furniture of bed, dresser, and closet;

(b) There shall be no more than one resident per bedroom unless adequate bedroom space is available for two residents to accommodate without crowding the residents, their belongings, and their beds, dressers, and closets;

(c) Each bedroom shall have at least one window;

(d) Bedrooms for residents shall be separated from halls, corridors and other rooms by floor to ceiling walls. Hallways shall not be used for sleeping;

(e) The floor plan shall be such that no person other than the occupant of that bedroom shall pass through a bedroom in order to reach another room;

(f) Bedrooms occupied by residents shall have doors that can be closed. For bedrooms that have locks on doors, both the occupant and staff must be provided with keys to ensure easy entry. Double-cylinder locks (locks requiring a key on both sides) may not be used on the bedroom of a resident;

(g) A room shall not be used as a bedroom where more than one-half the room height is below ground level. Bedrooms which are partially below ground level shall have adequate natural light and ventilation and be provided with two useful means of egress; and

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

(9) The following minimum standards apply to bathroom facilities:

(a) At least one functional toilet, lavatory, and bathing or showering facility shall be provided for each four persons residing in a Community Living Arrangement;

(b) At least one fully handicap accessible bathroom must be available if any resident requires handicap access;

(c) Grab bars and non-skid surfacing or strips shall be installed in all showers and bath areas, as required by the needs of the residents;

(d) Bathrooms and toilet facilities shall have a window that can be opened or shall have forced ventilation;

(e) Toilets, bathtubs, and showers shall provide for individual privacy; and

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

(10) All stairways and ramps shall have sturdy handrails, securely fastened not less than 30 inches nor more than 34 inches above the center of the tread. Exterior stairways, decks, and porches shall have handrails on the open sides unless the surface of the deck or porch is so close to ground level that it does not pose a significant risk of injury to the resident to fall from the deck or porch.

(11) Floor coverings shall be intact, safely secured, and free of any hazard that may cause tripping.

(12) All areas including hallways and stairs shall be lighted sufficiently.

(13) The following exterior conditions must be maintained:

(a) Entrances and exits, sidewalks, and escape routes shall be maintained free of any obstructions that would impede leaving the residence quickly in the case of fire or other emergency. All such entrances and exits, sidewalks, and escape routes shall be kept free of any hazards such as ice, snow, or debris;

(b) The yard area, if applicable, shall be kept free of all hazards, nuisances, refuse, and litter; and

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

Authority O.C.G.A. Secs. 31-7-1 et seq., 37-1-22. History. Original Rule entitled "Minimum Floor Plan Requirements" adopted. F. Oct. 24, 2002; eff. Nov. 13, 2002.

290-9-37-.09 Furnishings and Fixtures.

(1) Furnishings of the residents in the living room, bedroom, and dining room, including furnishings provided by the resident, shall be maintained in good condition, intact, and functional.

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

(3) Where a resident does not choose to provide furnishings for his or her own use, the Community Living Arrangement shall pro- vide the following bedroom furnishings based on safety and personal choice:

(a) An adequate closet or wardrobe;

(b) Lighting fixtures sufficient for reading and other activities;

(c) A bureau, dresser, or the equivalent;

(d) A mirror appropriate for grooming;

(e) A standard, non-portable bed measuring at least 36 inches wide and 72 inches long with comfortable springs and a clean mattress. 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; and

(f) Bedding for each resident, including two sheets, a pillow, a pillowcase, a minimum of one blanket and bedspread. A residence shall maintain a linen supply for not less than twice the bed capacity.

(4) A residence shall provide to each resident clean towels and washcloths at least twice weekly and more often if soiled. The residence shall provide sufficient bed linen so that all beds may be changed at least weekly and more often if soiled.

(5) Provision shall be made for assisting a resident to personalize the bedroom by allowing the use of his or her own furniture if so desired and by mounting or hanging pictures on bedroom walls.
Authority O.C.G.A. Secs. 31-7-1 et seq., 37-1-22. **History.** Original Rule entitled "Furnishings and Fixtures" adopted. F. Oct. 24, 2002; eff. Nov. 13, 2002.

290-9-37-.10 Temperature Conditions.

(1) The temperature throughout the residence shall be maintained by a central heating system or its equivalent at ranges that are consistent with individual health needs of residents. No resident shall be in any area of the residence that falls below 65 degrees Fahrenheit or that exceeds 85 degrees Fahrenheit.

(2) Mechanical cooling devices shall be made available for use in those areas of the building used by residents when inside temperatures exceed 80 degrees Fahrenheit.
Authority O.C.G.A. Secs. 31-7-1 et seq., 37-1-22. **History.** Original Rule entitled "Temperature Conditions" adopted. F. Oct. 24, 2002; eff. Nov. 13, 2002.

290-9-37-.11 Physical Plant Health and Safety Standards.

(1) Each Community Living Arrangement shall provide a safe and healthy home for its residents, and where subject to fire and safety standards promulgated by the Office of the Safety Fire Commissioner, such Community Living Arrangement shall be in compliance with those standards.

(2) Each Community Living Arrangement shall comply and remain in compliance with any and all local ordinances for fire safety in residences of that size and function. Private quarters shall 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 shall be met:

(a) Wall-mounted electric outlets and lamps or light fixtures shall be maintained in a safe and operational condition;

(b) Cooking appliances shall be suitably installed in accordance with approved safety practices;

(c) Space heaters shall not be used;

(d) Fire screens and protective devices shall be used with fireplaces, stoves, and heaters;

(e) Sufficient AC powered smoke detectors, with battery backup, shall be in place and, when activated, shall initiate an alarm that is audible in the sleeping rooms. Strobe alarms shall be used when required by the needs of the resident, e.g., for hearing impaired persons;

(f) If natural gas or heating oil is used to heat the residence, or if a wood-burning fireplace is in the residence, the residence shall be protected with carbon monoxide detectors;

(g) Each residence must have at least one charged, 5 lb. multipurpose ABC fire extinguisher on each occupied floor and in the basement that shall be readily accessible. These extinguishers shall be checked annually by a fire safety technician and monthly by the staff of the Community Living Arrangement to ensure they are charged and in operable condition; and

(h) Exterior doors shall be equipped with locks that do not require keys to open the door from the inside.

(3) Fire drills shall be conducted every month at alternating times and shifts. At least two drills per calendar year shall be during sleeping hours. All fire drills shall be documented with staffing involved. The Department maintains the right to require an immediate demonstration of a fire drill during any on-site visit.

(4) The Department may require an appropriate fire safety inspection of any Community Living Arrangement at any time, including, but not limited to, when the physical plant undergoes a substantial change, such as repairs, renovations, or additions, or the Department has reason to believe that residents are at risk. Further, if the Department determines that a substantial increase in the amount of personal assistance is being offered to residents, a repeat fire safety inspection may be required. The residence shall correct all fire safety violations identified in the inspection.

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

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

(7) Kitchen and bathroom areas shall be cleaned with disinfectant and maintained to ensure cleanliness and sanitation.

(8) The storage and disposal of biomedical wastes and hazardous wastes shall comply with applicable federal and state rules and standards.

(9) The storage and disposal of garbage, trash, and waste shall be accomplished in a manner that will not permit the transmission of disease, create a nuisance, or provide a breeding place for insects or rodents. Waste shall be removed from the kitchen as necessary and from the premises at least weekly.

(10) Procedures for the prevention of infestation by insects, rodents, or other vermin or vectors shall be maintained and conducted in a manner that continually protects the health of residents.

(11) Pets living at the residence shall meet the following requirements:

(a) No vicious animals shall be kept at the residence;

(b) All pets shall have a current inoculation for rabies as required by law;

(c) Exotic animals shall be obtained from federally approved sources; and

(d) Parrots, cockatoos, macaws, and other psittacine birds shall be domestic birds or USDA inspected and banded and must be free of disease.

(12) Poisons, caustics, and other dangerous materials shall be stored in clearly labeled and appropriate containers, safeguarded in an area away from medication storage areas and from food preparation and storage areas and secured as required by the capacity of the residents.

(13) A residence shall be equipped and maintained so as to provide a sufficient amount of hot water for the use of residents. Heated water provided for use of residents shall not exceed 120 degrees Fahrenheit at the hot water fixture, unless a cooler temperature is required by the needs of the individual. A water temperature monitor or a scald valve shall be installed where necessary to ensure the safety of the residents.

(14) The following evacuation requirements must be met:

(a) Residents who need assistance with ambulation shall be provided bedrooms that have access to a ground-level exit to the outside or provided bedrooms above ground level that have access to exits with easily negotiable ramps or easily accessible lifts;

(b) There shall be established procedures and mechanisms for alerting and caring for residents in case of emergencies and for evacuating them to safety. An evacuation plan with clear instructions shall be available within each residence. Each sleeping room shall have a secondary exit, which may be a door or a window usable for escape;

(c) A Community Living Arrangement serving a resident dependent upon a wheelchair or other mechanical device for mobility shall provide at least two (2) exits from the Community Living Arrangement, remote from each other, that are accessible to the residents; and

(d) There shall be clearly accessible route(s) for emergencies throughout the residence.

Authority O.C.G.A. Secs. 31-7-1 et seq., 37-1-22. **History.** Original Rule entitled “Physical Plant Health and Safety Standards” adopted. F. Oct. 24, 2002; eff. Nov. 13, 2002.

290-9-37-.12 Supplies.

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

(2) A residence shall ensure that toilet tissue is available for use at each commode.

(3) Hand-washing facilities provided in both kitchen and bathroom areas shall include hot and cold running water, soap, and clean towels.
Authority O.C.G.A. Secs. 31-7-1 et seq., 37-1-22. History. Original Rule entitled "Supplies" adopted. F. Oct. 24, 2002; eff. Nov. 13, 2002.

290-9-37-.13 Services.

(1) Each Community Living Arrangement shall provide room, meals, and services that are commensurate with the needs of the residents. Services shall be provided by appropriately qualified staff members designated by the Community Living Arrangement administrator. Intensity of services required by each resident shall be noted in the individual services plan for each resident.

(2) The Community Living Arrangement shall ensure that each resident has either an individual service plan or a course of action written by an appropriate licensed health care professional that specifies the medical, physical, behavioral, and social needs of the resident and the services, supports, care, or treatment that the resident will receive from the Community Living Arrangement. The individual service plan or course of action shall contain at least the following information:

(a) Identified areas of life in which the resident requires services, supports, care, or treatment;

(b) Goals, outcomes, or what is expected to be achieved through the services, supports, care, or treatment;

(c) Objectives or what the resident will do to achieve the goal;

(d) Interventions or what services, supports, care, or treatment will be carried out by staff to achieve the goal, including the name or title of staff responsible for the intervention and the frequency of the intervention; and

(e) Indicators that will signify the need for decrease or increase in intensity of services. The individual service plan shall reflect the preferences of the resident as well as perspectives from those individuals or agencies participating in the services, supports, care, or treatment of the resident. The ISP shall reflect both formal (paid) and informal services, supports, care, or treatment, as appropriate.

(3) Personal hygiene assistance shall be given to those residents who are unable to keep themselves neat and clean.

(4) The Community Living Arrangement administrator or his or her designee shall teach each resident the techniques of "Standard Precautions," as appropriate to the resident's ability, or shall support each resident in the performance of the techniques of "Standard

Precautions," including washing his or her hands thoroughly after toileting, sneezing, or any other activity during which the resident's hands may become contaminated.

(5) Each Community Living Arrangement shall offer a range of social, recreational, and educational activities as required to meet the needs and preferences of each resident.

(6) The routine of the residence shall be such that a resident may spend the majority of his or her non-sleeping hours out of the bedroom if he or she so chooses.

(7) A residence shall not restrict a resident's free access to common areas of the residence or to the resident's own bedroom unless the rationale for not meeting this requirement is documented in the individual service plan of the resident, which justifies that exceptions are based on the needs of the resident.

(8) The Community Living Arrangement administrator or his or her designee shall be available to any person within the Community Living Arrangement, including each resident, in the event of an emergency.
Authority O.C.G.A. Secs. 31-7-1 et seq., 37-1-22. **History.** Original Rule entitled "Services" adopted. F. Oct. 24, 2002; eff. Nov. 13, 2002.

290-9-37-.14 Staffing.

(1) The Community Living Arrangement shall have as many qualified and trained employees on duty as shall be needed to safeguard properly the health, safety, and welfare of residents and ensure the provision of services the residents require to be delivered in the Community Living Arrangement. The Community Living Arrangement must maintain a staffing ratio sufficient to ensure that all residents can be evacuated from the residence within three minutes.

(2) If residents are in the residence and staff are not present within the residence, the individual service plan for each resident must support evidence of assessment regarding capacity to be independent within the residence.

(3) All Community Living Arrangements must maintain a monthly plan for specific staff coverage in advance of the month, a record of actual staff coverage, and a plan for provision of all required services.

(4) For purposes of these rules, a resident shall not be considered a staff person in the residence in which they live. The Community Living Arrangement shall not require any resident to perform tasks that are ordinarily considered staff responsibilities, unless there is documentation in the individual service plan of the resident, or elsewhere, that indicates that participation of the resident is voluntary and appropriate.
Authority O.C.G.A. Secs. 31-7-1 et seq., 37-1-22. History. Original Rule entitled "Staffing" adopted. F. Oct. 24, 2002; eff. Nov. 13, 2002.

290-9-37-.15 Personnel.

(1) The administrator for the Community Living Arrangement shall be at least 21 years of age and shall be qualified by training and experience to operate competently the Community Living Arrangement in accordance with these rules.

(2) All staff members working in Community Living Arrangements shall be at least 18 years of age and shall be able and qualified by training or experience to carry out all duties and responsibilities of the job competently.

(3) The administrator for the Community Living Arrangement agency or residence shall ensure that any staff member who interacts with residents, under contract or otherwise, receives work-related training acceptable to the Department. At no time may a staff member be allowed to work alone with residents until all minimum required training has been completed, including documented evidence of that staff member's competence in each topic area.

(a) Prior to having any contact with residents, each staff member shall be trained and show continuing evidence of competence in:

1. Rights and responsibilities of residents according to these rules; and

2. Requirements that staff recognize and immediately report suspected abuse, neglect, or exploitation of any resident or former resident to the Department and to appropriate law enforcement agencies.

(b) Before working independently with residents, each staff member shall be trained and show continuing evidence of competence in:

1. The medical, physical, behavioral, and social needs and characteristics of the residents served, including training regarding care required to meet the specific needs of each resident;

2. Ethics and cultural competence and appropriateness;

3. Techniques of de-escalation and techniques to prevent behavioral crises;

4. Fire safety and emergency evacuation procedures;

5. Techniques of Standard Precautions;

6. Policies and procedures for the use of personal restraint, quiet time, and medical protection devices and adaptive support devices; and

7. Medications of residents, including risks and benefits.

(c) Each staff member shall have current certification in emergency first aid, except where the staff member is a currently licensed physician, physician's assistant, or nurse.

(d) Each staff member shall have current certification in basic cardiac life support (BCLS) or cardiopulmonary resuscitation.

(4) All staff members who offer direct care to residents must satisfactorily complete a total of at least 16 hours of continuing education per year in curriculum related to the needs of the residents or to the responsibilities of the position.

(5) All staff members who offer direct care to any resident shall be responsible for maintaining awareness of each resident's usual appearance and condition and shall take appropriate action if a change in the resident's usual appearance or condition occurs.

(6) The administrator and each staff member of a Community Living Arrangement shall have received a tuberculosis screening within 12 months prior to employment (or initial application for licensure or being issued a license for the residence) to ensure that those persons are free of tuberculosis.

(7) An employment history for the five most recent years, including previous places of work, contact names, and contact telephone numbers, for each staff member shall be verified by the Community Living Arrangement administrator and shall be maintained on file at the agency operating the Community Living Arrangement.

(8) A personnel file shall be maintained for each staff member. These files shall be available for inspection by the appropriate enforcement authorities on the premises but shall otherwise be maintained to protect the confidentiality of the information contained in them, and shall include the following:

(a) Evidence of a Georgia Crime Information Center state criminal history record check comparison of data with information other than fingerprints done through local law enforcement authorities and a satisfactory fingerprint criminal history background check;

(b) Evidence of satisfactory screening for tuberculosis;

(c) Evidence of first aid and BCLS training and recertification as required; and

(d) Evidence of required training and competency evaluations, including evidence of 16 hours of continuing education annually.

(9) No administrator or staff member shall be under the influence of alcohol or other controlled substances while on duty.

Authority O.C.G.A. Secs. 31-7-1 et seq., 37-1-22. History. Original Rule entitled "Personnel" adopted. F. Oct. 24, 2002; eff. Nov. 13, 2002.

290-9-37-.16 Admission.

(1) Community Living Arrangements shall not admit or retain a resident whose care requirements are beyond that which the residence is able to support.

(2) The Community Living Arrangement administrator or his or her designee shall conduct a complete review of all medical, physical, behavioral, and social health documentation as part of the personal interview process. If the individual is not currently enrolled in another Division of MHDDAD funded service, or if documentation is not available, an appropriate health care professional shall conduct an assessment of the individual to assist the administrator or his or her designee in determining whether the Community Living Arrangement can meet the individual's needs.

(3) The Community Living Arrangement administrator shall conduct an interview with the individual requesting services and, as authorized by the individual, the individual's legally authorized representative or legal guardian, if any, to ascertain that the residence can meet the individual's needs.

(4) The administrator or site manager shall require the individual to provide the residence with a report of a physical examination from a licensed physician or other health care professional authorized by law dated within 12 months prior to the date of admission. Additionally, the report shall indicate that the individual shall be free of signs or symptoms of any infectious disease that is likely to be transmitted.

(5) The results of a satisfactory screening for tuberculosis of the individual by a health care professional or licensed practical nurse authorized by law dated within 12 months prior to the date of admission shall be documented in the individual's file prior to admission.

(6) The Community Living Arrangement shall not provide residential services to individuals whose services are not authorized and reimbursed, in whole or in part, by the Division of Mental Health, Developmental Disabilities, and Addictive Diseases of the Department of Human Resources.

Authority O.C.G.A. Secs. 31-7-1 et seq., 37-1-22. **History.** Original Rule entitled "Admission" adopted. F. Oct. 24, 2002; eff. Nov. 13, 2002.

290-9-37-.17 Admission Agreement.

(1) A written admission agreement shall be entered into between the governing body and the resident. Such agreement shall be signed by a representative of the Community Living Arrangement, the resident, and the resident's legally authorized representative or legal guardian, if any, and shall contain the following:

(a) A statement of all services to be delivered, all associated fees or charges and how fees or charges shall be assessed.

(b) A statement that the resident and his or her representative or legal guardian, if any, shall be informed, in writing, at least 60 days prior to changes in charges or services;

(c) A statement of the residence's refund policy when a resident is transferred, is discharged, or dies;

(d) A statement about the responsibility assumed, if any, by the Community Living Arrangement for the resident's valuables and other personal belongings; and

(e) A copy of expectations regarding cooperative living, which must be in writing, with evidence of review by the resident and the resident's representative or legal guardian, if any. Expectations regarding cooperative living may not violate the rights and responsibilities of the resident enumerated in Section .19 of these rules. Expectations shall include, but not be limited to, a statement about sharing of common space and other resources, expectations regarding the use of tobacco and alcohol, and explanation regarding items, if any, prohibited by the Community Living Arrangement.

(2) Each resident, prior to the execution of the admissions agreement, shall have an opportunity to read the agreement. In the event that a resident is unable to read the agreement, the administrator or site manager shall take special steps to ensure communication of its contents to the resident.

(3) The resident and his or her representative or legal guardian, if any, shall each be given a photocopy of the signed agreement. A photocopy shall be retained in the file of the resident.

Authority O.C.G.A. Secs. 31-7-1 et seq., 37-1-22. **History.** Original Rule entitled "Admission Agreement" adopted. F. Oct. 24, 2002; eff. Nov. 13, 2002.

290-9-37-.18 Resident Files and Information.

(1) An individual file shall be maintained for each resident. Personal information shall be treated as confidential and shall not be disclosed except to the resident and his or her legally authorized representative or legal guardian, if any. The file shall be disclosed to an authorized agent of the Department or others to whom written authorization is given by the resident or his or her legally authorized representative or legal guardian, if any. The file shall be made available, upon request, for inspection and copy to the Department and to the resident or his or her legally authorized representative or legal guardian, if any.

(2) If the primary file for the resident is kept at a location other than the Community Living Arrangement, information maintained within the residence shall be sufficient in order to allow staff to respond to residents' emergencies and shall include the following information:

(a) Identifying information including name, social security number, and date of birth;

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

(c) Name, address, and telephone number and relationship of the person to be contacted in the event of an emergency;

(d) The name, address, and telephone number of the resident's physician, hospital and pharmacy of choice;

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

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

(g) An inventory of or system for marking and identifying all personal items brought to the residence by the residents. The inventory may be updated upon request at any time. Such inventory or marking requirement may be waived by the resident or his or her legally authorized representative or legal guardian, if any;

(h) A copy of resident rights and responsibilities including all rights and responsibilities enumerated in Section .19 of these rules, or a statement asserting that the resident has a copy of such rights and responsibilities signed by the resident or his or her representative or legal guardian, if any;

(i) A photocopy of the signed admission agreement;

(j) A copy of a living will and durable power of attorney for health care, if any. Original documents shall remain within possession of the resident or his or her legally authorized representative or legal guardian, if any;

(k) A copy of the resident's individual service plan, and

(l) A summary of any incident, accident, or adverse change in the condition of the resident, including follow-up and notifications.

(3) A written record reflecting the services, supports, care, or treatment, as applicable, provided to the resident shall be maintained in chronological order by the Community Living Arrangement.

Authority O.C.G.A. Secs. 31-7-1 et seq., 37-1-22. **History.** Original Rule entitled "Resident Files and Information" adopted. F. Oct. 24, 2002; eff. Nov. 13, 2002.

290-9-37-.19 Resident's Rights.

(1) Rules and Regulations for Clients' Rights, Chapter 290-4-9 shall be followed.

(2) Residents shall have the following rights concerning the community ombudsman program currently being operated by the State Long-term Care Ombudsman:

(a) All residents shall have the right to complain to the state or community ombudsman designated by the Department to receive, investigate, refer, and attempt to resolve such complaints concerning any act, omission to act, practice, policy, or procedure that may adversely affect the health, safety, or welfare of any resident;

(b) The resident shall have the right to participate in planning any course of action to be taken on his or her behalf by the designated state or community ombudsman, and the resident shall have the right to approve or disapprove any proposed action to be taken on his or her behalf by such ombudsman;

(c) The resident shall have the right to report to the designated state or community ombudsman any suspicion that a resident of a Community Living Arrangement is being, or has been, abused, neglected, exploited, or abandoned or is in a condition which is the result of abuse, neglect, exploitation, or abandonment. Where the subject of the investigation involves suspected abuse, neglect, or exploitation of a resident, the resident shall have the right to communicate with the designated state or community ombudsman in a private and confidential setting notwithstanding any objection by the resident's representative or legal guardian, if any;

(d) The resident shall have the right to confidentiality of his or her identity with respect to any investigation conducted by the designated state or community ombudsman. The identity of any complainant, resident on whose behalf a complaint is made, or individual providing information on behalf of the resident or complainant relevant to the investigation of a complaint shall be confidential and may be disclosed only with the express permission of such person or his or her legally authorized representative or legal guardian, if any; and

(e) The resident shall have the right to be free from discrimination and retaliation due to any complaint or report made to the designated state or community ombudsman. No Community Living Arrangement shall discriminate or retaliate in any manner against any resident, his or her relative, or his or her representative or legal guardian, if any, any staff member of a Community Living Arrangement, or any other person because of the making of a complaint in good faith or providing of information in good faith to the designated state or community ombudsman.

(3) A Community Living Arrangement shall not infringe upon any resident's rights and shall ensure that residents may communicate privately and confidentially, individually or in groups, with the designated state or community ombudsman. A Community Living Arrangement shall cooperate fully with the designated state or community ombudsman.

(4) At a minimum, the following rights shall be guaranteed and cannot be waived by the resident or his or her representative or legal guardian, if any:

(a) Each resident shall receive personal services, supports, care, or treatment, as applicable, which shall be adequate, appropriate, and in compliance with applicable federal and state law and regulations, without discrimination in the quality of service

based on age, gender, race, physical or mental disability, religion, sexual orientation, national origin, marital status, or the source of payment for the services.

(b) No resident shall be punished or harassed by staff of the Community Living Arrangement, its agents, or its employees because of efforts by or on behalf of the resident to enforce his or her rights;

(c) Each resident shall have the right to:

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

2. Choose activities and schedules consistent with interests and assessments of the resident;

3. Interact with members of the community both inside and outside the Community Living Arrangement and to participate fully in the life of the community; and

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

(d) Each resident shall have the right to enjoy privacy in his or her bedroom. Staff, residents, and others shall respect this right by knocking on the door before entering the room of a resident. Each resident may associate and communicate privately with persons and groups of his or her choice. Persons served shall have the right of freedom from eavesdropping and the right to private and uncensored communication with anyone of the resident's choice;

(e) If the resident is married and the spouse is also a resident in the Community Living Arrangement, they shall be permitted to share a room unless they request otherwise;

(f) Each resident shall be treated with respect and given privacy in the provision of personal care. Each resident shall be accorded privacy and freedom for the use of bathrooms at all hours;

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

(h) Each resident shall have 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 mechanical or chemical restraint, isolation, seclusion, corporal punishment, or any disciplinary methods not specifically authorized by the ISP, including interference with the daily functions of living such as eating or sleeping;

(i) Each resident shall have the right to use, keep, and control his or her own personal property and possessions in the immediate living quarters, except to the extent as use of his or her property would interfere with the safety or health of other residents. Each resident shall have the right to reasonable safeguards for the protection and security of his or her personal property and possessions brought into the Community Living Arrangement;

(j) Each Community Living Arrangement shall permit access to residents by others who are visiting with the consent of the resident during mutually agreed upon times. Residents have the right to have visitors at mutually agreed upon times. Once the times are agreed upon, no prior notice is necessary. Each resident shall have the complete right to terminate any visit by any person who is visiting that resident;

(k) Each resident shall have access to a telephone to make and receive personal calls, the phone number of which shall be made available to the resident and his or her representative or legal guardian, if any. The resident shall also have the right to have a private telephone, at the expense of the resident. Telephones shall be placed in areas to ensure privacy without denying accessibility;

(l) Each resident shall have 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 shall have the right to be free from coercion to assign or transfer to the residence money, valuables, benefits, property, or anything of value other than payment for services rendered by the residence;

(m) Each resident shall have the right to access a personal needs allowance as specified in the admission agreement to be distributed by the administrator, site manager, or staff person in the residence for the free use by the resident. The following conditions shall be met regarding the personal needs allowance:

1. The personal needs allowance shall be included as a charge for services to the account of each resident. The resident may waive the personal needs allowance by signing a written waiver upon admission or anytime thereafter. If, pursuant to an assessment of capacity by an appropriate health care professional, the resident cannot understand the purpose of money, the resident or his or her authorized representative under the law may waive the personal needs allowance by signing a written waiver upon admission or anytime thereafter. No allowance charge shall be assessed where the resident's legally authorized representative or legal guardian, if any, has signed a written waiver of the personal needs allowance. Such a waiver shall be kept in the resident's file;

2. The personal needs allowance shall not be intended or required to be used for purchasing necessary goods such as toilet paper, light bulbs, and supplies that the residence shall provide and shall in no way relieve the residence of the obligation to ensure that such necessary goods are available to the resident; and

3. Upon written authorization of a resident or his or her legally authorized representative or legal guardian, if any, the Community Living Arrangement must hold, safeguard, manage, and account for the personal funds of the resident deposited with the residence;

(n) Each resident shall also have the right to receive or reject medical care, dental care, or other services except as required by law or regulations;

(o) Each resident shall have the right to choose and retain the services of a personal physician and any other health care professional or licensed practical nurse or service. No administrator or staff of the Community Living Arrangement shall interfere with the right of the resident to receive from his or her attending physician complete and current information concerning his or her diagnosis, treatment, and prognosis. Each resident and his or her legally authorized representative or legal guardian, if any, shall have the right to be fully informed about the care of the resident and of any changes in that care and the right of access to all information in the resident's medical records.

(p) Each resident shall have 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 care of a resident may be present when care is being discussed or rendered only if he or she has the permission of the resident; provided, however, that authorized representatives of the Department shall have full access to the residence and all residents for purposes of ensuring compliance with these rules;

(q) Each resident who does not have a legal guardian with authority to admit, transfer, or discharge may choose to discharge or transfer himself or herself upon notification to the residence in conformance with the residence's policies and procedures;

(r) Each resident shall have the right to inspect his or her files and records upon request. Each resident shall have the right to make a copy of all files and records pertaining to the resident. Each resident has the right to confidential treatment of personal information in the resident's file;

(s) Each resident shall have the right to utilize all applicable complaint and grievance procedures. The telephone numbers for the regional MHDDAD office and for the Division of MHDDAD shall be posted and made known to all residents within the Community Living Arrangement; and

(t) Each resident shall have the right to access the appropriate ombudsman and the Office of Regulatory Services of the Department of Human Resources. The name, address, and telephone number of the ombudsman assigned to the residence and of the Office of Regulatory Services shall be posted in an accessible area of the residence.

Authority O.C.G.A. Secs. 31-7-1 et seq., 37-1-22. **History.** Original Rule entitled "Resident's Rights" adopted. F. Oct. 24, 2002; eff. Nov. 13, 2002.

290-9-37-.20 Medications.

(1) All medications required by a resident in a Community Living Arrangement shall be administered appropriately and only in accordance with a physician's order. Where a resident does not have the capacity to self-administer the medications, a licensed nurse, physician's assistant, or other certified staff as determined by the Division of MHDDAD shall administer the medications.

(2) Notwithstanding other provisions of these rules to the contrary, a staff member who is not a licensed nurse or physician's assistant may appropriately administer epinephrine for analphylactic reaction, insulin required for diabetes, suppositories for ameliorating serious seizure activity, and medications through a nebulizer under the following conditions:

(a) The Community Living Arrangement shall have written protocol for the administration of the medication as ordered by a physician for a resident;

(b) The staff shall have been trained by a licensed nurse or physician's assistant in the written protocol and proper technique for the administration of the medication as ordered by a physician for a resident;

(c) The written protocol and staff training shall be updated annually; and

(d) A licensed nurse or physician's assistant shall verify the training and ability of the unlicensed staff member by signing and dating a copy of the written protocol. The signed and dated copy shall be kept in the file of the staff member.

(3) Responsibility for initial acquisition and refilling of prescribed medications shall be specifically assigned in the admission agreement to the resident, his or her representative or legal guardian, if any, or the Community Living Arrangement's designee.

(4) A resident who is not capable of fully independent self-administration of medication may be assisted and supervised in self-administration by staff to the following extent:

(a) He or she may be reminded of the time to take medication;

(b) The medication regimen as indicated by the physician's order or commercially labeled container may be read to him or her;

(c) The dosage he or she self-administers may be checked according to the physician's order or commercially labeled container; and

(d) He or she may be physically assisted in pouring medication.

(5) Over the counter drugs or dietary supplements, including vitamins and herbal supplements, shall be used by the resident under the following circumstances:

(a) Use of the drug is not contraindicated by allergies or sensitivities of the resident;

(b) Use of the drug is according to physician's order; and

(c) Use of the drug is documented on the medication administration record.

(6) All medication shall be administered solely for the purpose of providing effective treatment. Medications shall not be used as punishment or for the convenience of staff.

(7) Storage of medications. Medications shall be stored safely and appropriately monitored to prevent unauthorized use or access.

(a) Medications shall be stored under lock and key at all times whether kept by a resident or kept by the residence, except when required to be kept by the resident on his or her person due to need for frequent or emergency use, as determined by the physician. A key must be maintained within the residence and accessible to authorized staff at all times.

(b) Medication kept by a resident shall be stored in the resident's bedroom in a locked cabinet or other locked storage container, stored in a single-occupancy bedroom which is kept locked at all times, or stored in such a way as to make it inaccessible to others.

(c) Medications requiring refrigeration shall be stored separately from food. If a separate refrigerator is not available, these medications may be placed in a locked container in the same refrigerator in which food is stored. The temperature of the refrigerator shall be maintained between 36 degrees Fahrenheit and 41 degrees Fahrenheit.

(8) Medications shall be properly labeled and handled in accordance with current accepted standards of practice. Outdated, mislabeled, or otherwise unusable medications shall not be available for resident use.

(9) Staff members providing supervision of self-administration of medications shall be trained by a licensed nurse or physician's assistant prior to supervising self-administration of medications. Documented evidence of training shall be kept within the staff member's personnel file. Staff competencies related to the supervision of self-administration of medications shall be tested and documented annually.

(10) Staff training must include but may not be limited to:

(a) Purpose of a resident's medications, including risks and benefits;

(b) Identifying and responding appropriately to adverse reactions to medications;

(c) Following physician's orders, including rationale for ensuring timely receipt of medications;

(d) Documenting all medications, including vitamins and dietary and herbal supplements, taken by the resident on the Medication Administration Record (MAR);

(e) Documenting medications changed or discontinued by a physician;

(f) Proper storage of medication;

(g) Proper disposal of medication; and

(h) Information about medication errors, error-prone situations, and strategies to prevent such medication errors and instructions on proper documentation and reporting of medication errors.

(11) Community Living Arrangements shall have a written policy that specifies the procedures to be followed regarding oversight of medication. Such policy shall include but may not be limited to:

(a) Emergency procedures such as the employees to be notified, the local poison information center telephone number, the person responsible for decision making, and the physician, clinic, emergency room, or comparable medical personnel to be contacted in the event of a medication emergency;

(b) Procedures regarding management of medications including disposal of discontinued or out-of-date medications;

(c) Definitions and procedures for documenting and reporting medication errors;

(d) Procedures to flag allergies and other critical information; and

(e) Requirements for staff training.

Authority O.C.G.A. Secs. 31-7-1 et seq., 37-1-22. **History.** Original Rule entitled "Medications" adopted. F. Oct. 24, 2002; eff. Nov. 13, 2002.

290-9-37-.21 Medical Protection Devices and Adaptive Support Devices.

(1) Medical protection devices and adaptive support devices are designed to facilitate and not impede the resident's participation in usual activities of daily living. Medical protection devices and adaptive support devices shall be used appropriately as treatment interventions only where less restrictive methods and devices have been evaluated and determined to be inappropriate and so documented.

(2) Where medical protection devices and adaptive support devices have been determined to be the least restrictive alternative in accordance with subparagraph (1) above, the following steps shall be taken prior to use:

(a) An appropriate health care professional conducts an assessment, a copy of which shall be kept in the resident's file, that describes and supports the specific needs for the device(s);

(b) An order shall be written by a physician for the use of the device and shall be filed in the resident's record. The order shall be for no longer than 180 days or six calendar months. The order shall include the type of device, the rationale for its use, the duration of its use, a plan for reduction in its use, and appropriate instructions for release and monitoring of its use. Reordering the device's use shall be preceded by the physician's physical examination of the resident;

(c) The proposed use of the device is discussed in advance with the resident and his or her legally authorized representative or legal guardian, if any;

(d) The use of the device shall be specifically authorized in the individual service plan; and

(e) Staff shall be trained in the application of the device and the care of the residents to whom they are applied.

(3) A registered nurse, or other appropriate health care professional, shall personally assess the resident once per quarter, or more frequently as ordered by a physician, and shall document his or her findings in the file of the resident, including the resident's response to the use of the device.

(4) Devices shall be:

(a) Authorized specifically in a resident's ISP;

(b) Kept clean and used only in ways which cause no physical harm to the resident;

(c) Fully inspected prior to use to ensure that they are in good repair and free from tears or protrusions that might cause injury; and

(d) Discontinued when no longer needed as a treatment intervention.

(5) The use of medical protection devices and adaptive support devices shall be monitored by staff to ensure that the terms of the order are followed and the devices are used appropriately.

(6) On an annual basis, training must be updated and staff must demonstrate competency in the application of medical protection devices and adaptive support devices as part of the training activities enumerated in Section .15 of these rules.

(7) Chemical restraints, mechanical restraints, and seclusion may not be used under any circumstances.

Authority O.C.G.A. Secs. 31-7-1 et seq., 37-1-22. **History.** Original Rule entitled "Medical Protection Devices and Adaptive Support Devices" adopted. F. Oct. 24, 2002; eff. Nov. 13, 2002.

290-9-37-.22 Use of Personal Restraints and Quiet Time.

(1) The Community Living Arrangement shall have and enforce effective procedures to minimize to the greatest extent possible the use of personal restraints. The use of personal restraints shall be specified in the individual service plan and shall be used as a safety intervention solely for the purposes of protecting the safety of the resident or other persons in the residence after a hierarchy of appropriate interventions have been utilized in the situation and the resident continues to be a danger to self or other persons in the residence.

(2) Prior to the use of personal restraints, Community Living Arrangements shall have evidence that an appropriate plan is in place in the event emergency care is required.

(3) All interventions utilized but not effective prior to the use of personal restraints must be documented in the sequence used and identified as to the staff member conducting the intervention.

(4) The length of time permitted to use personal restraints for any one episode shall not exceed one hour. Consecutive periods of personal restraints, which have the effect of restraining the resident in excess of one hour, are not permitted.

(5) In the event that personal restraints are used, the resident shall be cared for in the following way:

(a) During the use of personal restraints, the door to the room shall be left open. The physical and emotional status of the resident shall be checked at least every 15 minutes by staff members trained in the use of personal restraint, and a written record of these checks and all other activities shall be made. The personal restraint pressure sites should be checked every 15 minutes for evidence of swelling or abrasion;

(b) When personal restraints are used, the resident shall be spoken to, checked for indications of obvious physical distress, offered water, and provided an opportunity to meet his or her need to urinate and defecate as needed or at least one time during the episode unless the resident is asleep or his or her condition does not permit; and

(c) The resident shall be provided an opportunity to eat if the application of personal restraints occurs during meals. If the resident is unable to participate in the meal, the resident will be offered food immediately following the personal restraint episode.

(6) In all cases, the resident shall be released from personal restraints when that resident's demeanor evidences that he or she is no longer a danger to himself or herself or to others. A resident shall not remain in personal restraints longer than 15 minutes beyond which time he or she is no longer a danger to himself or herself or to others but in no event, shall the total time exceed one hour.

(7) Notification of the use of personal restraints shall be given by telephone to the resident's representative or legal guardian, if any, and to the regional MHDDAD office within 24 hours of the use of personal restraints and shall be documented in the resident's file. In the event the resident's representative or legal guardian, if any, cannot be reached, that fact shall be documented in the resident's file, and a report shall be faxed or mailed to the resident's representative or legal guardian, if any.

(8) In the case of an accident or adverse change in the condition of a resident resulting from the use of personal restraints, procedures specified in Section .24 of these rules shall apply.

(9) The use of quiet time shall be specified in the individual service plan and shall be used under the supervision and observation of staff.

(10) All interventions utilized prior to the use of quiet time must be documented in the sequence used and identified as to the staff member conducting the intervention.

(11) The length of time permitted for the use of quiet time shall not exceed 15 minutes per episode.

(12) Every use of quiet time shall be conducted in an unlocked, well-lighted, well-ventilated area with a means of observation available. The area to be used for quiet time shall be identified within the Community Living Arrangement's policy for the utilization of quiet time.

(13) The Community Living Arrangement shall maintain documentation reflecting that the residence monitors and evaluates all aspects of its use of personal restraints and quiet time to ensure that the Community Living Arrangement takes all appropriate steps to minimize or eliminate the need for personal restraints and quiet time to be used in the residence at all.

Authority O.C.G.A. Secs. 31-7-1 et seq., 37-1-22. **History.** Original Rule entitled "Use of Personal Restraints and Quiet Time" adopted. F. Oct. 24, 2002; eff. Nov. 13, 2002.

290-9-37-.23 Nutrition.

(1) A minimum of three regularly scheduled, well-balanced meals shall be available seven days a week. Meals shall be served in the early morning, at midday, and the evening, with the last meal taking place no earlier than 5:00 P.M. Meals shall meet the general requirements for nutrition published by the Department or currently found in the Recommended Daily Diet Allowances, Food and Nutrition Board, National Academy of Sciences or a diet established by a registered dietitian. Meals shall be of sufficient and proper quantity, form, consistency, and temperature. Food for at least one nutritious snack shall be available and offered mid-afternoon and evening. All food groups shall be available within the residence and represented on the daily menu.

(2) All foods, while being stored, prepared, or served, shall be protected against contamination and be safe for human consumption in accordance with accepted standards for food safety.

(3) Food received or used in a Community Living Arrangement shall be clean, wholesome, free from spoilage, adulteration, and misbranding, and safe for human consumption.

(4) A residence shall have a properly equipped kitchen to prepare regularly scheduled, well-balanced meals unless it arranges for meals to be provided by a permitted food service establishment.

(5) A residence shall maintain a three-day supply of non-perishable foods for emergency needs.

(6) A residence shall arrange for and serve special diets as prescribed.

(7) The Community Living Arrangement shall show evidence of individual choice and participation in the planning of meals, as appropriate. Records of the meals as served shall be kept on file for 30 days for review by the Department.
Authority O.C.G.A. Secs. 31-7-1 et seq., 37-1-22. **History.** Original Rule entitled "Nutrition" adopted. F. Oct. 24, 2002; eff. Nov. 13, 2002.

290-9-37-.24 Procedures for Change in Condition or Serious or Unusual Incident.

(1) In case of an accident or adverse change in the condition of a resident, the residence shall immediately obtain needed care and notify the resident's emergency contact, representative or legal guardian, if any.

(2) In case of an accident or adverse change in the condition of a resident, the Community Living Arrangement administrator or designee shall conduct an immediate investigation to determine the cause and shall follow Division of MHDDAD protocol on reporting serious or unusual incidents.

(3) A summary of the incident, including follow-up and notifications, shall be documented.
Authority O.C.G.A. Secs. 31-7-1 et seq., 37-1-22. **History.** Original Rule entitled "Procedures for Change in Condition or Serious or Unusual Incident" adopted. F. Oct. 24, 2002; eff. Nov. 13, 2002.

290-9-37-.25 Death of a Resident.

Should a resident die while in the residence or while at another location when still a resident of the Community Living Arrangement, the resident shall immediately notify the resident's next of kin, physician, and representative or legal guardian, if any. Statutes applicable to the reporting of death and reports that must accompany the deceased shall be observed. The residence shall report the death to the Office of Regulatory Services of the Department of Human Resources within 24 hours and follow Department policy and Division of MHDDAD protocol on reporting deaths.
Authority O.C.G.A. Secs. 31-7-1 et seq., 37-1-22. **History.** Original Rule entitled "Death of a Resident" adopted. F. Oct. 24, 2002; eff. Nov. 13, 2002.

290-9-37-.26 Discharge or Transfer of a Resident.

(1) Each admission agreement shall include a written procedure for handling discharge and transfer of the resident that complies with these rules. Thirty days' written notice, including the reason for the proposed discharge or transfer, shall be given to both the resident and his or her representative or legal guardian, if any, prior to discharge or transfer of the resident except where an expedited transfer or discharge planning process is initiated, per Section .27 of these rules.

(2) The applicable regional office of the Division of MHDDAD shall be copied on the notice provided to the resident.

(3) The Department may require an appropriate physical examination and psychosocial assessment of a resident at any time when the Department has reason to believe that the needs of a resident are not being met.

(4) In all cases, except those requiring expedited transfer, residents whose needs cannot be met by the residence or who no longer choose to live in the residence shall be discharged or transferred to an appropriate residence based on discharge and transfer procedures entered into at the time of admission. For such discharge or transfer, a 30 day written notice shall be given to both the resident and his or her representative or legal guardian, if any, except when transfer is necessitated by a change in physical or mental condition as specified in these rules.

(5) The residence shall notify the Division of MHDDAD for the county in which residence is located and other appropriate agencies when transfer assistance is needed and no legally authorized representative or legal guardian is willing to provide assistance.

Authority O.C.G.A. Secs. 31-7-1 et seq., 37-1-22. **History.** Original Rule entitled "Discharge or Transfer of a Resident" adopted. F. Oct. 24, 2002; eff. Nov. 30, 2002.

290-9-37-.27 Expedited Transfer or Discharge Planning.

(1) A Community Living Arrangement may initiate an expedited transfer or discharge planning process to relocate a resident immediately from the residence if the resident develops a physical or mental condition requiring continuous medical care or nursing care, beyond that for which the Community Living Arrangement is capable of providing care, or if the condition or continuing behavior of a resident directly and substantially threatens the health, safety, or welfare of that resident or any other resident.

(2) As appropriate, the expedited transfer or discharge planning process shall involve the resident (if he or she is able to participate), the treatment team, a family member or a friend who has been active with the resident, a representative from the regional MHDDAD office, and, as appropriate, the resident's representative or legal guardian, if any.

(3) In all cases where an expedited transfer or discharge is to be made, the residence shall transfer the resident to an appropriate facility or service provider where the needs

of the resident can be met. Prior to making such transfer or discharge, the administrator or site manager shall:

(a) Notify the resident and his or her representative or legal guardian, if any, of the reason for the immediate transfer;

(b) Inquire as to any preference of the resident and his or her legally authorized representative or legal guardian, if any, regarding the facility or service provider to which the resident is to be discharged or transferred;

(c) Inform the resident and his or her representative or legal guardian, if any, about resident rights and choice regarding the proposed discharge or transfer; and

(d) Inform the resident and his or her representative or legal guardian, if any, of the place to which the resident is to be discharged or transferred.

(4) Within 24 hours of the discharge or transfer, the administrator or site manager of the Community Living Arrangement shall:

(a) Provide a full photocopy of the resident's file to the receiving facility or service provider; and

(b) Document in the resident's file the following:

1. The reason for the discharge or transfer;

2. The fact that the resident, his or her representative or legal guardian, if any, and the Regional MHDDAD Board were informed pursuant to this subparagraph; and

3. The name, address, and telephone number of the place to which the resident is to be transferred or discharged.

Authority O.C.G.A. Secs. 31-7-1 et seq., 37-1-22. **History.** Original Rule entitled "Expedited Transfer or Discharge Planning" adopted. F. Oct. 24, 2002; eff. Nov. 13, 2002.

290-9-37-.28 Application for License.

(1) The governing body of the Community Living Arrangement shall submit to the Department an application for a license to operate under these rules. No Community Living Arrangement shall operate or provide services to residents without a valid license issued by the Department.

(2) The application for a license shall be made on forms provided by the Department.

(3) The following shall accompany the application for a license to operate a Community Living Arrangement:

(a) A fingerprint records check application for the administrator or site manager;

(b) A copy of the application submitted to the Department's Office of Human Resource Management that has been submitted within the year immediately preceding the date of application for licensure as a Community Living Arrangement shall be submitted unless the administrator or director was serving as an administrator or site manager of a personal care home immediately prior to application for the Community Living Arrangement license and has a satisfactory fingerprint criminal history background check on file with the Department,

(c) Evidence of a satisfactory Georgia Crime Information Center (GCIC) state criminal history background check done by local law enforcement authorities for the administrator or site manager shall accompany the application.

(4) Each application for a license shall be accompanied by a floor sketch of the residence to be licensed as a Community Living Arrangement showing windows, doors, room measurements, and bed placement for residents, family, and staff.

(5) The ownership of the residence shall be fully disclosed in the application for a license. In the case of ownership by corporations, partnerships, and other bodies created by statute, the corporate officers and all other individuals or family groups owning 5 percent or more of the corporate stock or ownership, as well as the registered agent for service of process, shall be disclosed in the application for a license.

(6) Where a residence has not been licensed as a Personal Care Home immediately prior to application for licensure as a Community Living Arrangement, satisfactory proof shall accompany license applications that all electrical, water, and sewage systems of the residence meet applicable federal, state, and local standards and regulations and that the residence is in compliance with any local fire safety standards and the fire and safety standards promulgated by the Office of the Safety Fire Commissioner.

(7) Proof that at least one staff member is qualified by training or experience to perform competently all duties and responsibilities of his or her job shall accompany the application.

Authority O.C.G.A. Secs. 31-7-1 et seq., 37-1-22. History. Original Rule entitled "Application for License" adopted. F. Oct. 24, 2002; eff. Nov. 13, 2002.

290-9-37-.29 Licenses.

(1) The governing body of each Community Living Arrangement shall obtain a valid license or provisional license from the Department prior to beginning operation. To be eligible for a license the residence must be in compliance with these rules.

(2) The license shall be available within the residence.

(3) Licenses are not transferable from one residence to another.

(4) A license shall no longer be valid and shall be returned to the Department when the residence ceases to operate or is moved to another location, the ownership changes,

the governing body is significantly changed, the service requirement changes, or the license is suspended or revoked.

(5) A license shall be required for each residence located on different premises where more than one residence is operated under the same governing body.

(6) A Community Living Arrangement shall not exceed its licensed capacity. The licensed capacity of a Community Living Arrangement shall not exceed six residents except under the following circumstances:

(a) The Division of Mental Health, Developmental Disabilities, and Addictive Diseases limits its funding of residents to a lesser number; or

(b) 1. The Division of Mental Health, Developmental Disabilities, and Addictive Diseases authorizes, under special circumstances, the placement and funding of one or more additional residents in the Community Living Arrangement; and

2. Pursuant to authorization by the Division of Mental Health, Developmental Disabilities, and Addictive Diseases, the Community Living Arrangement makes direct application to the Office of Regulatory Services of the Department of Human Resources to increase the licensed capacity for a Community Living Arrangement; and

3. The Office of Regulatory Services approves the increase in licensed capacity based upon the written authorization of the Division of Mental Health, Developmental Disabilities, and Addictive Diseases and the demonstration of the Community Living Arrangement's compliance with applicable regulations; or

(c) A residence licensed under the Rules and Regulations for Personal Care Homes that may become a Community Living Arrangement upon promulgation of these rules shall continue to be licensed to serve the same number of residents previously permitted that residence under the Rules and Regulations for Personal Care Homes provided that the Community Living Arrangement maintains compliance with applicable regulations.

Authority O.C.G.A. Secs. 31-7-1 et seq., 37-1-22. **History.** Original Rule entitled "Licenses" adopted. F. Oct. 24, 2002; eff. Nov. 13, 2002.

290-9-37-.30 Provisional Licenses.

(1) Provisional licenses may be issued to the governing body of a Community Living Arrangement to provide time in which to demonstrate compliance with these rules.

(2) Provisional licenses shall be issued to a Community Living Arrangement that has been previously licensed as a personal care home to allow a reasonable time to demonstrate compliance with operating procedures or to allow reasonable time to correct violations of rules that relate to the structural or physical condition of the residence shall not exceed six months.

(3) A provisional license shall not be issued to the governing body of a residence that has never been previously issued a license and is not in compliance with the rules and regulations relating to the structural or physical condition of the residence.

(4) A provisional license shall not be issued to a Community Living Arrangement in which there are conditions that present an immediate hazard to the life, health, or safety of resident or staff.

(5) A provisional license shall not be issued to a Community Living Arrangement unless the governing body shall first present to the Department a plan of correction acceptable to the Department. The plan of correction shall specify how each deficiency is to be corrected and the time, methods, and procedures to be used in the correction of the deficiencies.

(6) A Community Living Arrangement shall not exceed its licensed capacity.
Authority O.C.G.A. Secs. 31-7-1 et seq., 37-1-22. **History.** Original Rule entitled "Provisional Licenses" adopted. F. Oct. 24, 2002; eff. Nov. 13, 2002.

290-9-37-.31 Inspections and Plans of Correction.

(1) The Community Living Arrangement, its residents, and its records shall be available for review and examination by properly identified representatives of the Department. Inspections may be conducted both on an announced and unannounced basis as determined by the Department.

(2) For the purposes of conducting any inspection, investigation, or survey, the Department shall have the authority to require the production of any books, records, papers, or other information related to the initial or continued licensing of the residence.

(3) If violations of these licensing rules are identified, the Community Living Arrangement shall be given a written inspection report that identifies the violations. The Community Living Arrangement shall submit to the Department a written plan of correction in response to the inspection report of violations that states what the Community Living Arrangement will do and when to correct each of the violations identified. The plan of correction shall be submitted within 10 days of the Community Living Arrangement's receipt of the inspection report of violations and shall be determined to be acceptable by the Department. The Community Living Arrangement must correct all violations cited.

(4) A copy of the inspection report shall be available for inspection at the residence upon request by any person.
Authority O.C.G.A. Secs. 31-7-1 et seq., 37-1-22. **History.** Original Rule entitled "Inspections and Plans of Correction" adopted. F. Oct. 24, 2002; eff. Nov. 13, 2002.

290-9-37-.32 Reporting to the Department.

(1) The Community Living Arrangement shall report to the Office of Regulatory Services and also follow Division of MHDDAD reporting protocol whenever any of the

following incidents involving residents occurs or the Community Living Arrangement has reasonable cause to believe that an incident involving a resident has occurred:

(a) Any death of a resident;

(b) Any rape that occurs in the residence;

(c) Any serious injury to a resident that requires medical attention;

(d) Any assault, any battery on a resident, or any abuse, neglect, or exploitation of a resident;

(e) Any time a resident cannot be located, where there are circumstances that place the health, safety, or welfare of the resident or others at risk and the resident has been missing for more than 24 hours;

(f) An external disaster or other emergency situation that affects the continued safe operation of the residence; and

(g) Any circumstances where a member of the governing body, administration, staff associated with or affiliated with the Community Living Arrangement, or family member of staff is associated with a will, trust, or life insurance policy of a resident or former resident to verify that such gift is knowingly and voluntarily made and not the result of any coercion.

(2) The report shall be received by the Department, operating through the Office of Regulatory Services, in confidence and shall include at least:

(a) The name of the Community Living Arrangement and the name of the administrator or site manager;

(b) The date of the incident and the date the Community Living Arrangement became aware of the incident;

(c) The type of incident suspected, with a brief description of the incident; and

(d) Any immediate corrective or preventative action taken by the residence to ensure against the replication of the incident.

(3) Where the Department's Office of Regulatory Services determines that a rule violation related to the incident has occurred, the Department, through the Office of Regulatory Services, will initiate a separate complaint investigation of the incident. The complaint investigation report and the report of any rule violation compiled by the Office of Regulatory Services on behalf of the Department arising either from the initial report received from the Community Living Arrangement or an independent source shall be subject to disclosure in accordance with applicable laws.

Authority O.C.G.A. Secs. 31-7-1 et seq., 37-1-22. **History.** Original Rule entitled "Reporting to the Department" adopted. F. Oct. 24, 2002; eff. Nov. 13, 2002.

290-9-37-.33 Variances and Waivers.

The Department may, in its discretion, grant variances and waivers of specific rules upon application or petition filed on forms provided by the Department. The Department may establish conditions that must be met by the Community Living Arrangement in order to operate under the variance or waiver granted.

(a) Variance. A variance may be granted by the Department upon 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, care, and rights of the residents exist and will be met in lieu of the exact requirements of the rule or regulations in question.

(b) Waiver. The Department may dispense entirely with the enforcement of a rule or regulation by granting a waiver upon a showing by the applicant or petitioner that the purpose of the rule or regulation is met through equivalent standards affording equivalent protection for the health, safety, care, and rights of the residents.

(c) Experimental variance or waiver. The Department may grant variances and waivers to allow experimentation and demonstration of new and innovative approaches to delivery of services upon a showing by the applicant or petitioner that the intended protections afforded by the rule or regulation that is the subject of the request are met and that the innovative approach has the potential to improve service delivery without compromising the health, safety, care, or rights of the residents or other relevant standards.

Authority O.C.G.A. Secs. 31-7-1 et seq., 37-1-22. **History.** Original Rule entitled "Variances and Waivers" adopted. F. Oct. 24, 2002; eff. Nov. 13, 2002.

290-9-37-.34 Enforcement and Sanctions.

The Department may refuse to grant an initial license, revoke a current license, or impose other sanctions as described in these rules and in the rules for the "Enforcement of Licensing Requirements," Chapter 290-1-6.

(a) Denial of an application for a license. The Department may refuse to grant an initial license or provisional license without the requirement of holding a hearing prior to the action. An application for a license may be refused or denied if:

1. The residence has failed to demonstrate compliance with these rules and regulations;

2. The governing body of the residence has had a license denied, revoked, or suspended within one year of the date of a new application;

3. The governing body of the residence has transferred ownership or governing authority of a Community Living Arrangement within one year of the date of the new application when such transfer was made in order to avert denial, suspension, or revocation of a license; or

4. The governing body of the residence has knowingly made any verbal or written false statements of material fact in connection with the application for the license or on documents submitted to the Department as part of any inspection or investigation or in the falsification or alteration of records made or maintained by the residence.

(b) Sanction of a license. The Department may take an action to sanction the Community Living Arrangement license holder, subject to notice and opportunity for a hearing, where the Department finds that the governing body of the Community Living Arrangement has:

1. Knowingly made any verbal or written false statement of material fact either in connection with the application for the license or on documents submitted to the Department as part of any inspection or investigation or in the falsification or alteration of records made or maintained by the residence;

2. Failed or refused, without legal cause, to provide the Department with access to the premises subject to regulation or information pertinent to the initial and continued licensing of the residence;

3. Failed to comply with the licensing requirements of this state; or

4. Failed to comply with the provisions of O.C.G.A. Section 31-2-6 or Rules for the Enforcement of Licensing Requirements, Chapter 290-1-6.

(c) Sanctions may include any one or more of the following:

1. Administration of a public reprimand;

2. Suspension of the license;

3. Prohibition of persons in management or control;

4. Imposition of civil penalties as provided by law; and

5. Revocation of the license.

(d) If the sanction hearing process results in revocation of the license, the license shall be returned to the Department.

(e) The Department may suspend any requirements of these rules and the enforcement of any rules where the Governor of the State of Georgia has declared a public health emergency.

Authority O.C.G.A. Secs. 31-7-1 et seq., 37-1-22. **History.** Original Rule entitled “Enforcement and Sanctions” adopted. F. Oct. 24, 2002; eff. Nov. 13, 2002.

290-9-37-.35 Severability.

In the event that any rule, sentence, clause, or phrase of any of these 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 shall remain in full force and effect, as if such rule or portions thereof so determined, declared, and adjudged invalid or unconstitutional were not originally a part of these rules.

Authority O.C.G.A. Secs. 31-7-1 et seq., 37-1-22. History. Original Rule entitled “Severability” adopted. F. Oct. 24, 2002; eff. Nov. 13, 2002.