Old Tag	New Tag	Title	CFR	RULE	IG
0000	0000	Opening Comments		**This is an unofficial copy of the rules that has been reformatted for the convenience of the public by the Department of Community Health. The official rules for this program are on record with the Georgia Secretary of State's office. The Secretary of State's website for reviewing the rules is http://rules.sos.state.ga.us/cgi-bin/page.cgi?d=1. Effort has been made to ensure the accuracy of this unofficial copy. The Department reserves the right to withdraw or correct text in this copy if deviations from the official text as published by the Georgia Secretary of State are found.**	**Clarification for Providers** **(This information is intended to clarify rules and to provide technical assistance and examples for providers with occasional notes on how surveyors may survey for a particular requirement. Such clarification and examples are subject to change from time to time as necessary to better reflect rule requirements. Any references which may be made to "Best Practices" are suggestions for raising the quality of care but are not requirements at this time. References to other related rules may be provided here to assist the reader in finding information.)**
0101	0101	Authority.	111-8-62-.01	**Authority.** The legal authority for this Chapter is O.C.G.A. § 31-2-9, 31-2-11 and Chapter 7 of Title 31 of the Official Code of Georgia Annotated. Authority: O.C.G.A. §§ 31-2-9, 31-2-11 and 31-7-1 et seq.	
0201	0201	Purposes.	111-8-62-.02	**Purposes.** The purposes of these rules and regulations are to establish the minimum standards for the operation of homes which provide residential services to the citizens of this State who require varying degrees of supervision and care and to assure safe, humane and comfortable supportive residential settings for adults who need such services. Authority: O.C.G.A. §§ 31-2-9, 31-2-11, 31-7-1, 31-7-2.1 and 31-7-12.	The personal care home rules and regulations establish minimum requirements that all personal care homes must meet to obtain and retain their permit to operate the home. Individual facilities may be required to exceed these minimum requirements to meet the specific health and safety needs of their resident population. This is particularly applicable for facilities that serve special populations such as Alzheimer's residents. Safety needs include an ability of the facility to evacuate the residents in the event of an emergency.

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0401	0301	Definitions.	111-8-62-.03(a)	**Definitions.** In these rules, unless the context otherwise requires, the words, phrases and symbols set forth herein shall mean the following: (a) "Activities of daily living" means bathing, shaving, brushing teeth, combing hair, toileting, dressing, eating, laundering, cleaning room, managing money, writing letters, shopping, using public transportation, making telephone calls, grooming, obtaining appointments, engaging in leisure and recreational activities, or other similar activities; …	Activities of daily living are all of those things that one does to live safely, e.g. taking medications regularly, preparing meals and maintaining a place to live.
0402	0302	Definitions.	111-8-62-.03(b)	In these rules, unless the context otherwise requires, the words, phrases and symbols set forth herein shall mean the following: ... (b) "Administrator" means the manager designated by the Governing Body as responsible for the day-to-day management, administration and supervision of the Personal Care Home, who may also serve as on-site manager and responsible staff person except during periods of his or her own absence; …	

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0403	0303	Definitions.	111-8-62-.03(c)	In these rules, unless the context otherwise requires, the words, phrases and symbols set forth herein shall mean the following: ... (c) "Ambulatory Resident" means a resident who has the ability to move from place to place by walking, either unaided or aided by prosthesis, brace, cane, crutches, walker or hand rails, or by propelling a wheelchair; who can respond to an emergency condition, whether caused by fire or otherwise, and escape with minimal human assistance such as guiding a resident to an exit, using the normal means of egress; …	"Ambulatory" means able to move from place to place 1. by walking, either unaided or aided by prosthesis, brace, cane, crutches, walker or hand rails Or 2. by self-propelling a wheelchair. And Is able respond to an emergency condition, whether caused by fire or otherwise, and escape with minimal human assistance such as guiding a resident to an exit, using the normal means of egress. "Respond" means to act or react. "Minimal human assistance" means cueing, verbal encouragement, or limited physical assistance such as guiding a resident or assisting with a transfer. "Assistance with a transfer" is included in personal assistance as defined by Rule. 111-8-62-.03(y). If assistance with transfer is provided, the resident must be able to move form place to place by self-propelling his/her own wheelchair once transferred. If the resident cannot move from place to place by self-propelling the wheelchair once transferred, the resident does not meet the definition of "ambulatory resident". A resident's cognitive ability is not a factor in the consideration of a resident's ambulatory status.

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0404	0304	Definitions.	111-8-62-.03(d)	In these rules, unless the context otherwise requires, the words, phrases and symbols set forth herein shall mean the following: ... (d) “Applicant” means: 1. When the personal care home is owned by a sole proprietorship, the individual proprietor shall be the applicant for the license, complete the statement of responsibility and serve as the licensee; 2. When the personal care home is owned by a partnership, the general partners shall be the applicant for the license, complete the statement of responsibility and serve as the licensee; 3. When the personal care home is owned by an association 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 4. When the personal care home is owned by a corporation, the governing body of the corporation shall authorize the application for the license and complete the statement of responsibility and the corporation shall serve as the licensee. …	
0405	0305	Definitions.	111-8-62-.03(e)	In these rules, unless the context otherwise requires, the words, phrases and symbols set forth herein shall mean the following: ... (e) "Chemical Restraint" means a psychopharmacologic drug that is used for discipline or convenience and not required to treat medical symptoms; …	

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0406	0306	Definitions.	111-8-62-.03(f)	In these rules, unless the context otherwise requires, the words, phrases and symbols set forth herein shall mean the following: ... (f) "Criminal history background check" means a search as required by law of the criminal records maintained by law enforcement authorities to determine whether the applicant has a criminal record as defined in these rules and applicable laws. …	
0407	0307	Definitions.	111-8-62-.03(g)	In these rules, unless the context otherwise requires, the words, phrases and symbols set forth herein shall mean the following: ... (g) "Criminal record" means: 1. conviction of a crime; or 2. arrest, charge, and sentencing for a crime where: (i) a plea of nolo contendere was entered to the charge; or (ii) first offender treatment without adjudication of guilt pursuant to the charge was granted; or (iii) adjudication or sentence was otherwise withheld or not entered on the charge; or (iv) arrest and being charged for a crime if the charge is pending, unless the time for prosecuting such crime has expired pursuant to O.C.G.A. § 17-3-1 et seq. …	
0408	0308	Definitions.	111-8-62-.03(h)	In these rules, unless the context otherwise requires, the words, phrases and symbols set forth herein shall mean the following: ... (h) "Department" means the Department of Community Health of the State of Georgia; …	

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0409	0309	Definitions.	111-8-62-.03(i)	In these rules, unless the context otherwise requires, the words, phrases and symbols set forth herein shall mean the following: ... (i) "Director" means the chief administrator, executive officer or manager. …	
0410	0310	Definitions.	111-8-62-.03(j)	In these rules, unless the context otherwise requires, the words, phrases and symbols set forth herein shall mean the following: ... (j) "Disabled adult" means an adult who is developmentally impaired or who suffers from dementia or some other cognitive impairment. …	
0411	0311	Definitions.	111-8-62-.03(k)	In these rules, unless the context otherwise requires, the words, phrases and symbols set forth herein shall mean the following: ... (k) "Employee" means any person, other than a director, utilized by a personal care home to provide personal services to any resident on behalf of the personal care home or to perform at any facilities of the personal care home any duties which involve personal contact between that person and any paying resident of the personal care home. …	An individual need not receive monetary compensation to meet the definition of an employee.
0412	0312	Definitions.	111-8-62-.03(l)	In these rules, unless the context otherwise requires, the words, phrases and symbols set forth herein shall mean the following: ... (l) "Fingerprint records check determination" means a satisfactory or unsatisfactory determination by the department based upon a records check comparison of Georgia Crime Information Center (GCIC) information with fingerprints and other information in a records check application. …	

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0413	0313	Definitions.	111-8-62-.03(m)	In these rules, unless the context otherwise requires, the words, phrases and symbols set forth herein shall mean the following: ... (m) "Governing Body" means the board of trustees or directors, the partnership, the corporation, the association, or the person or group of persons who maintain and control the home and who are legally responsible for the operation of the home; …	
0414	0314	Definitions.	111-8-62-.03(n)	In these rules, unless the context otherwise requires, the words, phrases and symbols set forth herein shall mean the following: ... (n) "Legal Surrogate" means a duly appointed person who is authorized to act, within the scope of the authority granted under the legal surrogate's appointment, on behalf of a resident who is adjudicated or certified incapacitated. The legal surrogate may act on a resident's behalf where a resident has not been adjudicated as incapacitated provided that the action is consistent with the resident's wishes and intent and is within the scope of the authority granted. Where such authority is exercised pursuant to a Power of Attorney executed by a resident, the facility must maintain a copy of this document in the resident's files. The resident's duly appointed legal surrogate(s) shall have the authority to act on the resident's behalf as established by written applicable federal and state of Georgia law, and shall be entitled to receive information relevant to the exercise of his or her authority. No member of the governing body, administration, or staff of the personal care home or affiliated personal care homes or their family members may serve as the	

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				legal surrogate for a resident; …	
0415	0315	Definitions.	111-8-62-.03(o)	In these rules, unless the context otherwise requires, the words, phrases and symbols set forth herein shall mean the following: ... (o) "Local law enforcement agency" means a local law enforcement agency with authorization to conduct criminal history background checks through the Georgia Crime Information Center (GCIC). …	
0416	0316	Definitions.	111-8-62-.03(p)	In these rules, unless the context otherwise requires, the words, phrases and symbols set forth herein shall mean the following: ... (p) "Medical services" means services which may be provided by a person licensed under the Medical Practice Act O.C.G.A. § 43-34-20 et seq.; …	
	0317	Definitions.	111-8-62-.03(q)	In these rules, unless the context otherwise requires, the words, phrases and symbols set forth herein shall mean the following: ... (q) “Memory care services” means the additional watchful oversight systems and devices that are required for residents who have cognitive deficits which may impact memory, language, thinking, reasoning, or impulse control, and which place the residents at risk of eloping, i.e. engaging in unsafe wandering activities outside the home. …	Applies to any home serving residents with cognitive deficits who may be at risk of wandering from the home and suffering injuries. See Rule 111-8-62-.19.

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	0318	Definitions.	111-8-62-.03(r)	In these rules, unless the context otherwise requires, the words, phrases and symbols set forth herein shall mean the following: ... (r) "Memory care unit" means the specialized unit or home that either holds itself out as providing additional or specialized care to persons with diagnoses of probable Alzheimer's Disease or other dementia who may be at risk of engaging in unsafe wandering activities outside the unit or home (eloping) or charges rates in excess of those charged other residents because of cognitive deficits which may place the residents at risk of eloping. …	See Rule 111-8-62-.20.
0417	0319	Definitions.	111-8-62-.03(s)	In these rules, unless the context otherwise requires, the words, phrases and symbols set forth herein shall mean the following: ... (s) "Non-Family Adult" means a resident 18 years of age or older who is not related by blood within the third degree of consanguinity or by marriage to the person responsible for the management of the personal care home or to a member of the governing body; …	Third degree of consanguinity means mother, father, grandmother, grandfather, great grandmother, great grandfather, sister, brother, daughter, son, granddaughter, grandson, aunt, uncle, great aunt, great uncle, niece, nephew, grand niece, grand nephew, first cousins, first cousins once removed and second cousins. By marriage includes spouse.
0418	0320	Definitions.	111-8-62-.03(t)	In these rules, unless the context otherwise requires, the words, phrases and symbols set forth herein shall mean the following: ... (t) "Nursing services" means those services which may be rendered by a person licensed under the Nurse Practice Act of O.C.G.A. § 43-26-1 et seq.; …	

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0419	0321	Definitions.	111-8-62-.03(u)	In these rules, unless the context otherwise requires, the words, phrases and symbols set forth herein shall mean the following: ... (u) "On-site manager" means the administrator or person designated by the administrator as responsible for carrying on the day-to-day management, supervision, and operation of the personal care home, who may also serve as responsible staff person except during periods of his or her own absence; …	
0420	0322	Definitions.	111-8-62-.03(v)	In these rules, unless the context otherwise requires, the words, phrases and symbols set forth herein shall mean the following: ... (v) “Owner” means any individual or any person affiliated with a corporation, partnership, or association with 10 percent or greater ownership interest in the business or agency licensed as a personal care home and who: 1. purports to or exercises authority of an owner in the business or agency; or 2. applies to operate or operates the business or agency; or 3. maintains an office on the premises of the facility; or 4. resides at the facility; or 5. has direct access to persons receiving care at the facility; or 6. provides direct personal supervision of facility personnel by being immediately available to provide assistance and direction during the time such facility services are being provided; or 7. enters into a contract to acquire ownership of such a business or agency. …	

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0421	0323	Definitions.	111-8-62-.03(w)	In these rules, unless the context otherwise requires, the words, phrases and symbols set forth herein shall mean the following: ... (w) "Permit" or "Regular Permit" means the authorization granted by the Department to the governing body to operate a Personal Care Home; …	
0422	0324	Definitions.	111-8-62-.03(x)	In these rules, unless the context otherwise requires, the words, phrases and symbols set forth herein shall mean the following: ... (x) "Personal Care Home" means any dwelling, whether operated for profit or not, which undertakes through its ownership or management to provide or arrange for the provision of housing, food service, and one or more personal services for two or more adults who are not related to the owner or administrator by blood or marriage; …	
0423	0325	Definitions.	111-8-62-.03(y)	In these rules, unless the context otherwise requires, the words, phrases and symbols set forth herein shall mean the following: ... (y) "Personal Services" includes, but is not limited to, individual assistance with or supervision of self-administered medication, assistance with ambulation and transfer, and essential activities of daily living such as eating, bathing, grooming, dressing, and toileting; …	

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0424	0326	Definitions.	111-8-62-.03(z)	In these rules, unless the context otherwise requires, the words, phrases and symbols set forth herein shall mean the following: ... (z) "Physical Restraints" are any manual or physical device, material, or equipment attached or adjacent to the resident's body that the individual cannot remove easily which restricts freedom or normal access to one's body. Physical restraints include, but are not limited to, leg restraints, arm restraints, hand mitts, soft ties or vests, and wheelchair safety bars. Also included as restraints are facility practices which function as a restraint, such as tucking in a sheet so tightly that a bedbound resident cannot move, bedrails, or chairs that prevent rising, or placing a wheelchair-bound resident so close to a wall that the wall prevents the resident from rising. Wrist bands or devices on clothing that trigger electronic alarms to warn staff that a resident is leaving a room do not, in and of themselves, restrict freedom of movement and should not be considered as restraints; …	See Rule 111-8-62-.16(1)(c).
0425	0327	Definitions.	111-8-62-.03(aa)	In these rules, unless the context otherwise requires, the words, phrases and symbols set forth herein shall mean the following: ... (aa) "Plan of Correction" means a plan for correcting deficiencies in meeting rules and regulations of the Department of Community Health; …	

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0426	0328	Definitions.	111-8-62-.03(bb)	In these rules, unless the context otherwise requires, the words, phrases and symbols set forth herein shall mean the following: ... (bb) "Preliminary records check application" means an application for a preliminary records check determination on forms provided by the department. …	
0427	0329	Definitions.	111-8-62-.03(cc)	In these rules, unless the context otherwise requires, the words, phrases and symbols set forth herein shall mean the following: ... (cc) "Preliminary records check determination" means a satisfactory or unsatisfactory determination by the department based only upon a comparison of Georgia Crime Information Center (GCIC) information with other than fingerprint information regarding the person upon whom the records check is being performed. …	
0428	0330	Definitions.	111-8-62-.03(dd)	In these rules, unless the context otherwise requires, the words, phrases and symbols set forth herein shall mean the following: ... (dd) "Provides" means that the home makes personal services available to the residents. A home which represents itself by advertising or verbal communication that is provides personal assistance is deemed to make personal services available to its residents for the purposes of these Rules; …	
0429	0331	Definitions.	111-8-62-.03(ee)	In these rules, unless the context otherwise requires, the words, phrases and symbols set forth herein shall mean the following: ... (ee) "Provisional Permit" means authorization granted by the Department to a governing body to operate a personal care home on a conditional basis; …	

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0430	0332	Definitions.	111-8-62-.03(ff)	In these rules, unless the context otherwise requires, the words, phrases and symbols set forth herein shall mean the following: ... (ff) "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. …	
0431	0333	Definitions.	111-8-62-.03(gg)	In these rules, unless the context otherwise requires, the words, phrases and symbols set forth herein shall mean the following: ... (gg) "Representative" means a person who voluntarily, with the resident's written authorization, may act upon resident's direction with regard to matters concerning the health and welfare of the resident, including being able to access personal records contained in the resident's file and receive information and notices pertaining to the resident's overall care and condition. No member of the governing body, administration, or staff of the personal care home or affiliated personal care homes or their family members may serve as the representative for a resident; …	

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0432	0334	Definitions.	111-8-62-.03(hh)	In these rules, unless the context otherwise requires, the words, phrases and symbols set forth herein shall mean the following: ... (hh) "Resident" means any non-family adult receiving personal assistance and residing in a personal care home; …	An adult is someone 18 years of age or older.
0433	0335	Definitions.	111-8-62-.03(ii)	In these rules, unless the context otherwise requires, the words, phrases and symbols set forth herein shall mean the following: ... (ii) "Responsible Staff Person" means the employee designated by the administrator or on-site manager as responsible for supervising the operation of the home during periods of temporary absence of the administrator or on-site manager; …	
0434	0336	Definitions.	111-8-62-.03(jj)	In these rules, unless the context otherwise requires, the words, phrases and symbols set forth herein shall mean the following: ... (jj) "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 an arrest, charge or conviction of one of the covered crimes outlined in O.C.G.A. § 31-7-250 et seq, if applicable, or as outlined in O.C.G.A. § 31-2-14, if applicable. …	

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0435	0337	Definitions.	111-8-62-.03(kk)	In these rules, unless the context otherwise requires, the words, phrases and symbols set forth herein shall mean the following: ... (kk) "Supportive Services" means specific services which are provided to the resident in the community or reasonably requested by a resident including but 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. …	
0436	0338	Definitions.	111-8-62-.03(ll)	In these rules, unless the context otherwise requires, the words, phrases and symbols set forth herein shall mean the following: ... (ll) "Unsatisfactory criminal history background check determination" means a written determination that a person for whom a records check was performed has a criminal record which indicates an arrest, charge or conviction of one of the covered crimes outlined in O.C.G.A. § 31-7-250 et seq, if applicable, or as outlined in O.C.G.A. § 31-2-14, if applicable. Authority: O.C.G.A. §§ 31-2-9, 31-2-14, 31-7-2.1, 31-7-3, 31-7-12 and 31-7-250 et seq.	
0301	0401	Exemptions.	111-8-62-.04	**Exemptions.** These regulations do not apply to the following facilities: (a) boarding homes or rooming houses which provide no personal services other than lodging and meals; (b) facilities offering temporary emergency shelter, such as those for the homeless and victims of family violence; (c) treatment facilities which provide medical and nursing services and which are	The purpose of this rule is to identify those types of residential care facilities that are not required to obtain a permit. (g) For this exemption to be applicable, the residents must independently arrange or manage their own care. If the care is arranged or managed by the owner or manager or staff of the building/home/facility, then this exemption does not apply. The provision of housing plus one or more personal services requires a personal care home (or other licensed facility) permit. To fall within this exemption, the ownership cannot be providing housing and one or more personal services.

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				approved by the state and regulated under other more specific authorities; (d) facilities providing residential services for federal, state or local correctional institutions under the jurisdiction of the criminal justice system; (e) hospices which serve terminally ill persons as defined in O.C.G.A. § 31-7-172(3); (f) therapeutic substance abuse treatment facilities which are not intended to be an individual's permanent residence; (g) group residences organized by or for persons who choose to live independently or who manage their own care and share the cost of services including but not limited to attendant care, transportation, rent, utilities and food preparation; (h) charitable organizations providing shelter and other services without charging any fee to the resident; or (i) any separate and distinct dwelling which is classified by the Department as a community living arrangement subject to the Rules and Regulations for Community Living Arrangements, Chapter 290-9-37. A facility classified as a Community Living Arrangement cannot be operated on the same premises as a personal care home. Authority: O.C.G.A. §§ 31-2-4, 31-2-9, 31-7-2, 31-7-12 and 31-7-172.	(i) NOTE: Community Living Arrangements exclusively serve consumers of DBHDD services only and must comply with a different set of rules. See Rules and Regulations for Community Living Arrangements, Chapter 290-9-37.
2501	0501	Application for Permit.	111-8-62-.05(1)	**Application for Permit.** The governing body of each home shall submit to the Department an application for a permit to operate under these rules and regulations. No personal care home shall be operated and no residents admitted without such a permit which is current under these rules and regulations.	

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2502	0502	Application for Permit.	111-8-62-.05(2)	The application for a permit shall be made on forms provided by the Department.	
2503	0503	Application for Permit.	111-8-62-.05(3)	A criminal record check application for the owner and director shall accompany applications.	
2504	0504	Application for Permit.	111-8-62-.05(4)	Each application for a permit shall be accompanied by a floor sketch of the home showing windows, doors, room measurements, and bed placement for residents, family and/or staff and documentation of ownership or lease agreement for the property on which the home will be operated.	If multiple buildings, the sketch must include a sketch of the grounds with buildings identified. If multiple stories, the floor sketch must include all floors and all rooms regardless of whether they will be occupied by residents or not. Applicant must provide some evidence that they have legal possession of the premises on which the home will be operating. Acceptable evidence could include property tax receipt showing home is owned by applicant, lease agreement, bill of sale, etc.
2505	0505	Application for Permit.	111-8-62-.05(5)	A listing of the names of all staff, including the administrator or on-site manager, who will be working in the home, if known, shall be included with the application for a permit. This listing shall include the full name of each staff person, their assigned duties in the home, their birth date and Social Security Number. If such information is not known at the time of application, it must be provided to the Department within 30 days of issuance of a provisional permit.	
2506	0506	Application for Permit.	111-8-62-.05(6)	The ownership of the home shall be fully disclosed in its application for a permit. In the case of corporations, partnerships, and other bodies created by statute, the corporate officers and all other individuals or family groups owning ten percent or more of the corporate stock or ownership shall be disclosed in the application for a permit as well as the registered agent for service of process.	A list of individual owners (persons) who have any involvement with the operation of the facility must be submitted.
2507	0507	Application for Permit.	111-8-62-.05(7)	All others shall submit a statement attesting to the name(s) and address(es) of each person owning any part of the facility.	

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2508	0508	Application for Permit.	111-8-62-.05(8)	Local zoning and other local requirements regarding the proper location and establishment of homes shall be addressed by the applicant with the responsible local officials.	NOTE: Not having zoning approval may result in the local authorities taking action against you and may result in your home being closed by the local authorities.
2509	0509	Application for Permit.	111-8-62-.05(9)	Personal care homes are expected to comply with all applicable provisions of the Americans With Disabilities Act and Section 504 of the Rehabilitation Act of 1973 and federal regulations promulgated thereunder. Any violation of these statutes or regulations may be grounds for the department to initiate action for sanction against such homes. Authority: O.C.G.A. §§ 31-2-9, 31-2-14,31-7-2.1, 31-7-3, 31-7-12 and 31-7-264.	Questions regarding the Americans With Disabilities Act may be directed to Georgia State Financing and Investment Commission, Construction Division, State ADA Coordinator's Office, 270 Washington Street, 2nd Floor, Atlanta, GA 30334, Phone: 404-463-5647,Fax: 404-463-5650,Tty: 404-657-9993
2601	0601	Permits.	111-8-62-.06(1)	**Permits.** The governing body of each personal care home shall obtain a valid permit or provisional permit from the Department prior to beginning operation. To be eligible for a permit the home must be in compliance with these rules and regulations.	
2602	0602	Permits.	111-8-62-.06(2)	The permit shall be displayed in a conspicuous place on the premises.	
2603	0603	Permits.	111-8-62-.06(3)	Permits are not transferable from one home to another.	The permit is only valid for the address of the home printed on the permit.
2604	0604	Permits.	111-8-62-.06(4)	A permit shall no longer be valid and shall be returned to the Department when the home ceases to operate, is moved to another location, the ownership changes, the governing body is significantly changed, or the permit is suspended or revoked.	Please notify the Department if the home ceases to operate, is moved to another location, the ownership changes, or the governing body has significantly changed. "Ceases to operate" means that the home has not served residents for a year. The Department may suspend the facility's license if the facility ceases to operate and the provider does not return the permit. A "significant change" would include such things as allowing the home to be governed by another person or corporation without legally transferring ownership.

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2605	0605	Permits.	111-8-62-.06(5)	A permit shall be required for each home located on different premises where more than one home is operated under the same governing body.	A permit is required for each physical address.
2606	0606	Permits.	111-8-62-.06(6)	The permit shall state a maximum number of residents who may receive care at that location. No personal care home shall offer its services to more residents than its permitted capacity.	
	0607	Permits.	111-8-62-.06(7)	A home which fails to comply with these rules and regulations shall be subject to the sanctions available to the Department pursuant to O.C.G.A. § 31-2-11, including but not limited to denial or revocation of its provisional permit or permit by the Department. Authority: O.C.G.A. §§ 31-2-9, 31-2-11,31-7-1, 31-7-2.1 and 31-7-12.	
2701	0701	Provisional Permits.	111-8-62-.07(1)	**Provisional Permits.** Provisional permits may be granted to the governing body of a home to provide time in which to demonstrate compliance with these rules and regulations.	
2702	0702	Provisional Permits.	111-8-62-.07(2)	Provisional permits granted to allow a reasonable time to demonstrate compliance with operating procedures shall not exceed 6 months.	All new permits issued and all permits issued due to a change in Governing Body will be provisional permits.
2703	0703	Provisional Permits.	111-8-62-.07(3)	Provisional permits granted to allow reasonable time to correct violations of regulations which relate to the structural or physical condition of the home shall not exceed 12 months.	
2704	0704	Provisional Permits.	111-8-62-.07(4)	A provisional permit may be granted for 30 days pursuant to subsection (5) of .25 of these Rules to provide time for hiring of the administrator and staff and obtaining the required information.	The owner and administrator must have completed the fingerprint process and the home must be in-compliance with the Rules and Regulations to be granted a provisional permit. See the definition of “owner” to make certain that you submit all required fingerprint checks.

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2705	0705	Provisional Permits.	111-8-62-.07(5)	A provisional permit shall not be granted to the governing body of a home which has never been previously granted a permit and is not in compliance with the rules and regulations relating to the structural or physical condition of the home.	Structural or physical conditions that will prevent permitting the home include the following: • No separate and distinct living and sleeping areas or living and sleeping areas that are not adjoining; • No functional kitchen, unless meals are obtained from a permitted Food service Establishment that has a Catering Permit; • Electrical hazards, physical facility in disrepair, e.g. holes in walls, floors, ceilings; • No ramps for persons in wheelchairs, if the facility has residents or plans to serve persons who rely on wheel chairs for mobility; • Insufficient bedroom space for the requested number of residents; • Bedrooms that present a pass through situation; • Insufficient number of toilets or showers/bathing facilities for the requested resident population.
2706	0706	Provisional Permits.	111-8-62-.07(6)	A provisional permit shall not be issued to a personal care home in which there are conditions which present an immediate hazard to the life, health or safety of residents or staff.	Conditions which could present an immediate hazard to life, health or safety include: • Excessive hot water temperatures; • Exterior doors that have keyed locks from the inside; • No smoke detectors or smoke detectors that are not hardwired with battery backup; • No first aid kit; • Blocked exits; • Bedrooms with exterior one-way locks that could be used to lock a resident in the room. NOTE: A provisional permit will not be granted to a home that does not have at least one staff person meeting all of the minimum training requirements.
2707	0707	Provisional Permits.	111-8-62-.07(7)	A provisional permit shall not be granted to a home unless the governing body shall first present to the Department an acceptable plan of correction which shall list each deficiency to be corrected, the time, methods, and procedures to be used in the correction of the deficiencies. Authority: O.C.G.A. §§ 31-7-2.1 and 31-7-3.	

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0501	0801	Governing Body.	111-8-62-.08(1)	**Governing Body.** The governing body shall be responsible for compliance with the requirements of Chapter 7 of Title 31 of the Official Code of Georgia Annotated, with applicable administrative rules and regulations of the Department of Community Health, including but not limited to all applicable statutes, rules and regulations regarding disclosure of ownership.	
0502	0802	Governing Body.	111-8-62-.08(2)	The governing body shall certify in its application the name of the administrator who has been designated as responsible for the overall management of the home and for carrying out the rules and policies adopted by the governing body.	This rule is to ensure that every home that applies for a permit identifies the owner or owners of the home; that the governing body identifies who is in charge of the home, and that one individual is directly responsible for the overall operation of the home. The name of the administrator must be submitted with the application for a permit. GUIDANCE TO SURVEYOR: Check the ownership and administrator at each visit by updating the Full Facility Profile and submitting any changes to the appropriate RD.
0503	0803	Governing Body.	111-8-62-.08(3)	Each home shall have a separate administrator or on-site manager who works under the supervision of the administrator. Authority: O.C.G.A. §§ 31-2-9, 31-7-1, 31-7-2.1 and 31-7-12.	The governing body must provide documentation that a separate administrator or on-site manager has been designated for each personal care home. The administrator or on-site manager is responsible for the overall management of the home and for carrying out the rules and policies adopted by the governing body. If the designated administrator or on-site manager does not meet the specifications of (2) of this rule, i.e. is not responsible for the overall management of the home, then he/she should not be considered the administrator or on-site manager for purposes of this rule. Designation may be made in writing (as evidenced by a satisfactory criminal records check or signed job description). Documentation must be available on site .
0601	0901	Administration.	111-8-62-.09(1)	**Administration.** Prior to being granted a permit each home shall develop a written Statement of policies and procedures outlining the responsibilities of the management and of the residents and which insure compliance with the Rules for Personal Care Homes. The statement shall include procedures for handling acts committed by staff or residents which are	The personal care home must develop written policies and procedures appropriate to the physical facility, size, and resident population. At a minimum, the policies and procedures must include the following: 1. Procedures for handling acts committed by staff or residents which are inconsistent with the policies of the home; [See Rule .111-8-62-.09(1).] 2. Policies and procedures of the services the facility intends to provide, including access to transportation. [See Rule 111-8-62-.18 and . 111-8-62-.17(1)(e).]

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				inconsistent with the policies of the home.	3. Procedures for ensuring that all staff receive work-related training acceptable to the Department within the first sixty days of employment and complete 16 hours of continuing education annually. [See Rules 111-8-62-.10(2)and 111-8-62-.10(4).] 4. Policies and procedures related to how the facility handles admissions. [See Rules 111-8-62-.16 and 111-8-62-.17.] 5. Procedures regarding how the facility ensures that it does not admit and retain residents who need care beyond that which the home is authorized to provide. [See Rule 111-8-62-.16(2).] 6. Procedures regarding how the facility handles refunds when a resident is transferred or discharged see Rules 111-8-62-.17(1)(f)] or dies [see Rule 111-8-62-.28(2)]. 7. House rules which at a minimum must include policies on the use of tobacco and alcohol; the time and frequency of use of the telephone; visiting hours; volume for viewing and listening to television, radio and other audiovisual equipment; and the use of personal property. [See Rule 111-8-62-.17(1)(h).] 8. Procedures describing how the home guarantees the rights of all residents. [See Rule 111-8-62-.26 .] 9. Procedures for supervising the self-administration of medications. [See Rule 111-8-62-.21.] 10. Procedures for handling, investigating and reporting accidents, injuries, and changes in a resident's condition, including death. Also specifically include procedures for implementing CPR. [See Rules 111-8-62-.27 and 111-8-62-.28.] 11. Procedures for handling immediate transfers and discharges of residents. [See Rules 111-8-62-.29 and 111-8-62-.30.] 12. Emergency management and evacuation procedures. [See Rule 111-8-62-.10(2)(c) and 111-8-62-.14(14).] 13. Policies and procedures for staff to deal with residents who may elope from the facility, including what actions, are to be taken if a resident elopes from the facility. [See Rule 111-8-62-.19.] No policy established by the personal car home can violate resident rights or other laws or regulations. Policies must be developed prior to granting a permit. The policies may be inspected during annual on-site visits, and may be

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					requested during complaint investigations and follow up visits. A copy of the policies and procedures must be maintained at the facility at all times. Policies and procedures stored electronically must be accessible at the facility for use by staff and review by surveyors on request. All staff must be trained on the facility policies and procedures, including any changes or additions.
0602	0902	Administration.	111-8-62-.09(2)	The administrator or on-site manager of each personal care home shall designate qualified staff as responsible staff to act on his or her behalf and to carry out his or her duties in the administrator or on-site manager's absence. No resident shall be designated as staff.	The personal care home must be staffed by an administrator, on-site manager or responsible staff person whenever residents are in the home. Responsible staff person is defined in Rule -111-8-62-.03 (ii) and means "the employee designated by the administrator or on-site manager as responsible for supervising the operation of the home during periods of temporary absence of the administrator or on-site manager." Temporary absence means one that is confined, fixed, narrow or restricted within certain limits. A temporary absence may be daily; however, if daily, must be for a limited period of time. Responsible staff persons act on behalf of the administrator or on-site manager and therefore must have access to or be able to obtain access to items and documents needed for the day to day operation of the facility. Such items and documents include, but are not limited to, residents' medications and files and employee files. Responsible staff persons must provide access to the home and files to representatives of the department. The designation of a responsible staff person must be documented in writing and the designee must be qualified. The designee is qualified if the designee: 1. Is not a resident; 2. Is at least 21 years of age; 3. Has completed the required training pursuant to Rule 111-8-62-.10(2); 4. Has completed all necessary physical exams and test pursuant to 111-8-62-.10(6); and 5. Has obtained a satisfactory criminal records check determination.
0603	0903	Administration.	111-8-62-.09(3)	Personnel shall be assigned duties consistent with their position, training, experience, and the requirements of Rule 111-8-62-.10.	

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0604	0904	Administration.	111-8-62-.09(4)	Each home shall have a written and regularly rehearsed disaster preparedness plan, approved by the Department, in compliance with O.C.G.A. § 31-7-3(c). Evacuation plan drills shall be held by each home at least semi-annually.	Each home must have a disaster preparedness plan that identifies potential hazards or events that would cause an emergency situation and for each hazard or event a course of action that would minimize the threat to the health and safety of the residents. The disaster preparedness plan must be developed and records maintained in accordance with Rules and Regulations for Disaster Preparedness Plans, Chapter 290-5-45. This document exempts ""Family Personal Care Homes"" from these rules and regulations. However, the 1994 amendments to the personal care home rules eliminated the classifications of personal care homes as "family personal care homes." Therefore, all personal care homes must comply with this requirement. According to the provisions of O.C.G.A. §31-7-3 (c) , a written plan for protecting all person in the event of fire and their evacuation to areas of refuge and from the building is required. The plan must include special staff response, including fire protection procedures, and must be revised or amended for use upon admission to the home of any resident with unusual needs. Employees must be periodically instructed and kept informed of their duties and responsibilities under the plan. The disaster preparedness plan must be rehearsed at least semi-annually. While the disaster preparedness plan must include a plan for evacuation in the event of a fire, fire drills must be conducted bi monthly as required by NFPA 101, Life Safety Code. The drills may be announced in advance to the residents. The drills must involve the actual evacuation of all residents to an assembly point as specified in the emergency plan. See the Life Safety Code 31- 7.2 and 31 -7.3 for complete details. Completion of the required fire drills may count toward one (1) of the required disaster preparedness plan rehearsals. To meet the regulatory requirement for DPP rehearsals, at least one other potential disaster must be rehearsed. Documentation of the fire drills and DPP drills must include date and time of the drill, evacuation time and residents and staff participating. See the DCH website for an example of drill records. The disaster preparedness plan will be reviewed during the annual inspection or complaint investigation. A copy of the disaster preparedness plan must be maintained at the facility at all times. Disaster preparedness plans stored electronically must be accessible at the facility for review and use.

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0605	0905	Administration.	111-8-62-.09(5)	Each home shall have a currently listed telephone number and a telephone which is maintained in working order. Authority: O.C.G.A. §§ 31-2-9, 31-7-1, 31-7-2.1, 31-7-3 and 31-7-12.	The telephone must be listed in the name of the personal care home or, if the owner is an individual, in the name of the individual.
1401	1001	Personnel.	111-8-62-.10(1)	**Personnel.** The administrator, on-site manager and all other responsible staff persons working in a personal care home shall be at least 21 years of age and shall be responsible for supervising all other staff. No staff person under the age of 18 shall work except under the direct supervision of the administrator, on-site manager or a responsible staff person who is in the home.	Staff under the age of 18 must be under the direct supervision of a responsible staff person, administrator or on-site manager who is at least 21 years of age. Direct supervision means firsthand or immediate supervision, i.e. the responsible staff person, administrator or on-site manager must be on-site and immediately available to the staff person and have a firsthand awareness of the care and services provided to the residents. Volunteers, family members, etc, who function as staff must meet the same requirements as staff.
1402	1002	Personnel.	111-8-62-.10(2)	The administrator or on-site manager shall be responsible for ensuring that any person working in the facility as an employee, under contract or otherwise, receives work-related training acceptable to the Department within the first sixty days of employment.	All staff must complete the minimum training within the first sixty (60) days of employment. All staff includes persons employed by the personal care home or others who work consistently in the home and provide direct care or supervision of residents, regardless of their title. Documentation of the content, date and instructor of the training may be kept in the employee's personnel file or a separate training file. The minimum training areas are defined in Rule 111-8-62-.10(2)(a)-(f).
1403	1003	Personnel.	111-8-62-.10(2)(a)	Such [work-related] training shall at a minimum include the following: (a) current certification in emergency first aid except where the staff person is a currently licensed health care professional; …	Current certification means that the first aid has not expired as designated on the card or other proof of training. Training provided by American Red Cross, American Heart Association, American Health and Safety Institute, National Safety Council, Gwinnett County Department of Fire and Emergency Services, First Response Safety Training, or Medic First Aid, is acceptable to the Department. No further documentation is required. All other training provided by any other source must be substantially equivalent to the training provided by American Red Cross or American Heart Association. Providers choosing to use other training sources must retain documentation that shows the substantial equivalency including a detailed description of the course and contact information for the instructor.

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1404	1004	Personnel.	111-8-62-.10(2)(b)	Such [work-related] training shall at a minimum include the following: . (b) current certification in cardiopulmonary resuscitation where the training course required return demonstration of competency; …	Current certification means that the CPR has not expired as designated on the card or other proof of training. Training provided by American Red Cross, American Heart Association, American Health and Safety Institute, National Safety Council, Gwinnett County Department of Fire and Emergency Services, First Response Safety Training, or Medic First Aid, is acceptable to the Department and requires no further documentation. All other training provided by any other source must be substantially equivalent to the training provided by American Red Cross or American Heart Association. Providers choosing to use other training sources must retain documentation that shows substantial equivalency including a detailed description of the course and contact information for the instructor. On line or other courses that do not have a "hands on" demonstration of competency are not acceptable.
1405	1005	Personnel.	111-8-62-.10(2)(c)	Such [work-related] training shall at a minimum include the following: (c) emergency evacuation procedures; …	All staff must be trained in implementing the facility's disaster preparedness plan which includes emergency evacuation procedures.
1406	1006	Personnel.	111-8-62-.10(2)(d)	Such [work-related] training shall at a minimum include the following: (d) medical and social needs and characteristics of the resident population;	All staff must receive training on how to meet the needs of the specific types of residents in the home. For example, if a home serves residents with dementia or residents with disabilities, the staff should receive training about the characteristics and needs of such residents. The training is determined by the type of residents residing in the home.
1407	1007	Personnel.	111-8-62-.10(2)(e)	Such [work-related] training shall at a minimum include the following: (e) residents' right; …	
1408	1008	Personnel.	111-8-62-.10(2)(f)	Such [work-related] training shall at a minimum include the following: . (f) receiving a copy of the Long-term Care Facility Resident Abuse Reporting Act as outlined in O.C.G.A. § 31-8-81 et seq.	All staff must be able to identify their roles and responsibilities in following the requirements of the Long-term Care Facility Resident Abuse Reporting Act.
1409	1009	Personnel.	111-8-62-.10(3)	At least one staff person having completed the minimum training requirements of Rule 111-8-62-.10(2)1. through 6. above shall be present in the home at all times resident(s) are present in the home.	

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1410	1010	Personnel.	111-8-62-.10(4)	All persons, including the administrator or on-site manager, who offer direct care to the residents, must satisfactorily complete a total of at least sixteen (16) hours of continuing education each year, in applicable courses approved by the Department, including, but not limited to working with the elderly, working with residents with Alzheimer's or other cognitive impairments, working with the mentally retarded, mentally ill and developmentally disabled, social and recreational activities, legal issues, physical maintenance and fire safety, housekeeping, or other topics as needed or as determined by the Department.	The administrator, on-site manager and all direct care staff must obtain sixteen (16) hours of continuing education each year. "Direct care staff" means staff actually providing, assisting or supervising direct care, i.e. personal services for the residents. Documentation of the sixteen (16) hours of continuing education per year should include the topic/title, date, instruction time, instructor's name and qualifications, summary of content and attendance. Copies of the documentation may be kept in the personnel file or in a separate training file. Training may be provided in the home by appropriately qualified persons. See the DCH website for an example of training records. Continuing education includes only actual instruction time. Approval will be determined during an on-site file review. An appropriately qualified person must conduct programs for the specific topic area. Homes may plan training for employees in advance, such as a monthly in-service program. The home may develop an in-service plan or program for the year. The actual instruction time for training required pursuant to paragraph (2) of this rule (first aid, cardiopulmonary resuscitation, emergency evacuation procedures, medical and social needs and characteristics of the resident population, residents' rights and long-term care abuse reporting) may be counted toward the 16 hours of required in-service. For purposes of this rule, a year is from July 1 to June 30 for staff continuously employed prior to July 1, 1994. For all others, the year begins on the date of hire.
1411	1011	Personnel.	111-8-62-.10(5)	All persons, including the administrator or on-site manager, who offers direct care to the residents, shall be responsible for maintaining awareness of each resident's normal appearance and shall be capable of intervening if a resident's state of health appears to be in jeopardy.	Employees must bring to the manager's attention any changes in resident's normal appearance or behavior, including failure to eat sufficient amounts of food for adequate nutrition. Intervention on behalf of the resident may require staff to notify the resident’s attending physician, arrange for emergency medical transportation and alert the family of changes—depending upon the significance of the changes and the circumstances. Any significant change should be reported to the resident's physician.

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1412	1012	Personnel.	111-8-62-.10(6)	The administrator, on-site manager, and each employee shall have received a tuberculosis screening and a physical examination by a licensed physician, nurse practitioner or physician's assistant within twelve months prior to employment (or initial application for permit or granting a permit to the home) sufficiently comprehensive to assure that the employee is free of diseases communicable within the scope of employment and physically qualified to work. Follow-up examinations shall be conducted by a licensed physician of each administrator or staff person to determine readiness to return to work following a significant illness or injury. Copies of information regarding staff member health shall be kept in the staff person's personnel folder.	Each employee includes all staff persons employed by the personal care home or volunteers who work in the home and function as staff by providing direct care or supervision of residents. Documentation must be included in the employee's personnel file. The TB screening and physician's report of physical examination required by this rule must be provided within twelve (12) months prior to employment or initial application for permit and following any significant illness or injury, not on an annual basis.
1413	1013	Personnel.	111-8-62-.10(7)	**Criminal History Background Checks for Owners Required.** Prior to the issuance of any new license, the owner of the business or agency applying for the license shall submit a fingerprint records check application so as to permit the department to obtain a criminal history background check.	All fingerprint record checks must be done using Cogent/GAPS. See the HFR website for instructions in using Cogent/GAPS or go to the Cogent/GAPS website for additional information.

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1414	1014	Personnel.	111-8-62-.10(7)(a)	An owner may not be required to submit a records check application if it is determined that the owner does not do at least one of the following: 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.	All owners and adult household members must have a fingerprint record check
1418	1018	Personnel.	111-8-62-.10(7)(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.	
1419	1019	Personnel.	111-8-62-.10(7)(c)	A personal care home 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 involving any of the following covered crimes, as outlined in O.C.G.A. § 31-2-14: 1. a violation of O.C.G.A. § 16-5-1, relating to murder and felony murder; 2. a violation of O.C.G.A. § 16-5-21, relating to aggravated assault; 3. a violation of O.C.G.A. § 16-5-24, relating to aggravated battery; 4. a violation of O.C.G.A. § 16-5-70, relating to cruelty to children; 5. a violation of O.C.G.A. § 16-5-100, relating to cruelty to a person 65 years of age or older; 6. a violation of O.C.G.A. § 16-6-1, relating to rape;	NOTE: The list of crimes for owners is different than the list of crimes for Directors/Managers. All owners, regardless of having a satisfactory fingerprint record check as a Director/Manager, were required to obtain a CRC as an “owner” not later than 12/31/08 where their fingerprint record check determination had been completed prior to 07/01/07. “Owner” means any individual or any person affiliated with a corporation, partnership, or association with 10 percent or greater ownership interest in the business or agency licensed as a personal care home 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.

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				7. a violation of O.C.G.A. § 16-6-2, relating to aggravated sodomy; 8. a violation of O.C.G.A. § 16-6-4, relating to child molestation; 9. a violation of O.C.G.A. § 16-6-5, relating to enticing a child for indecent purposes; 10. a violation of O.C.G.A. § 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 O.C.G.A. § 16-6-22.2, relating to aggravated sexual battery; 12. a violation of O.C.G.A. § 16-8-41, relating to armed robbery; 13. a violation of O.C.G.A. § 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.	
1433	1033	Personnel.	111-8-62-.10(7)(d)	An owner with a valid personal care home license issued on or before June 30, 2007 shall be required to obtain a fingerprint records check determination no later than December 31, 2008. 1. an owner with a valid personal care home license issued on or before June 30, 2007 who is determined to have a criminal record for any of the crimes listed in Rule 111-8-62-.10(7)(c)1. through 14. 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.' 2. An owner with a valid personal care home license who acquires a criminal record for any of the crimes listed in Rule	Prior to July 1, 2007, there was no requirement for owners to obtain a fingerprint records check determination. The list of "covered" crimes for an owner is different than the crimes that would prohibit a person from working as an administrator or employee. Therefore, owners must have a fingerprint record check *as an owner,* even though they may have been previously fingerprinted as an administrator or employee.

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				111-8-62-.10(7)(c)1. through 14. above subsequent to the effective date of these rules shall disclose the criminal record to the department.	
1435	1035	Personnel.	111-8-62-.10(7)(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.	
1436	1036	Personnel.	111-8-62-.10(8)	**Criminal History Background Checks for Directors, Administrators and Onsite Managers Required.** Prior to serving as a director, administrator or onsite manager of a licensed personal care home, a person shall submit a records check application to the department.	NOTE: The Cogent/GAPS fingerprinting process has replaced the requirement for submitting a records check application to the department. Check the DCH website at www.dch.ga.gov under Healthcare Facility Regulation Division, Criminal Records Check for information on fingerprinting and Cogent/GAPS.
1437	1037	Personnel.	111-8-62-.10(8)(a)	In lieu of a records check application, the director, administrator or onsite manager may submit evidence, satisfactory to the department, that within the immediately preceding 12 months the above personnel have received a satisfactory records check determination or a satisfactory preliminary records check determination, whichever is applicable.	NOTE: A satisfactory preliminary records check determination is included in the Cogent/GAPS fingerprinting process. Check the DCH website at www.dch.ga.gov under Healthcare Facility Regulation Division, Criminal Records Check for information on fingerprinting and Cogent/GAPS.
1438	1038	Personnel.	111-8-62-.10(8)(b)	A person with an unsatisfactory criminal history background check determination may not serve as a director of a licensed personal care home if it is determined that such person has a criminal record involving of the following covered crimes, as outlined in O.C.G.A. § 31-7-250: 1. a violation of O.C.G.A. § 16-5-21, relating to aggravated assault; 2. a violation of O.C.G.A. § 16-5-24, relating to aggravated battery;	

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				3. a violation of O.C.G.A. § 16-6-1, relating to rape; 4. a felony violation of O.C.G.A. § 16-8-2, relating to theft by taking; 5. a felony violation of O.C.G.A. § 16-8-3, relating to theft by deception; 6. a felony violation of O.C.G.A. § 16-8-4, relating to theft by conversion; 7. a violation of O.C.G.A. § 16-9-1 or 16-9-2, relating to forgery in the first and second degree, respectively; 8. a violation of O.C.G.A § 16-5-1, relating to murder and felony murder; 9. a violation of O.C.G.A § 16-4-1, relating to criminal attempt as it concerns attempted murder; 10. a violation of O.C.G.A § 16-8-40, relating to robbery; 11. a violation of O.C.G.A § 16-8-41, relating to armed robbery; 12. a violation of Chapter 13 of Title 16, relating to controlled substances; 13. a violation of O.C.G.A § 16-5-23.1, relating to battery; 14. a violation of O.C.G.A § 16-6-5.1, relating to sexual assault against a person in custody; 15. a violation of O.C.G.A § 30-5-8, relating to abuse, neglect, or exploitation of a disabled adult or elder person; or 16. any other offense committed in another jurisdiction which, if committed in this state, would be deemed to be such a crime without regard to its designation elsewhere.	

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1454	1054	Personnel.	111-8-62-.10(8)(c)	The department may require a fingerprint records check for any director, administrator or onsite manager when the department has reason to believe that the director, administrator or onsite manager has a criminal record.	
1455	1055	Personnel.	111-8-62-.10(9)	**Criminal History Background Checks for Employees Required.** Prior to serving as an employee other than a director of a licensed personal care home, a person must receive a satisfactory criminal history background check determination from a local law enforcement agency.	The administrator or on-site manager must check the employment history (i.e. references) prior to hiring an employee. Reference checks must be kept in the personnel file. At a minimum, the documentation should contain the dates of employment and whether the employee is eligible for rehire. A criminal history background check, i.e. a Georgia check, can also be obtained from Cogent/GAPS. Check the DCH website at www.dch.ga.gov under Healthcare Facility Regulation Division, Criminal Records Check.
1456	1056	Personnel.	111-8-62-.10(9)(a)	A person with an unsatisfactory background check determination may not serve as an employee of a licensed personal care home if it is determined that such person has a criminal record involving any of the covered crimes outlined in O.C.G.A. §§ 31-7-250 and in Rule 111-8-62-.10(8)(b)1. through 16. above, unless an administrative law judge has determined that the employee is authorized to work in the personal care home.	
1457	1057	Personnel.	111-8-62-.10(9)(b)	Where an applicant for employment has not been a resident of the state for three years preceding the application for employment, the personal care home shall obtain a criminal history background check from the local law enforcement agency of the applicant's previous state of employment.	
1458	1058	Personnel.	111-8-62-.10(9)(c)	The department may require a fingerprint records check for any employee when the department has reason to believe that the employee has a criminal record.	

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1459	1059	Personnel.	111-8-62-.10(10)	An employment history for each person working in the home must be verified by the administrator or on-site manager and on file in the home.	
1460	1060	Personnel.	111-8-62-.10(11)	A personnel file shall be maintained in the home for each employee. These files shall be available for inspection by the appropriate enforcement authorities but shall otherwise be maintained to protect the confidentiality of the information contained in them[.]	Every employee, including the administrator and on-site manager, must have a personnel file available in the personal care home for review during an inspection. Appropriate enforcement authorities include any representative of the Department.
1461	1061	Personnel.	111-8-62-.10(11)(a)	[The employee personnel file] shall include the following: (a) evidence of a satisfactory fingerprint record check determination or a satisfactory criminal history background check determination; ...	
1462	1062	Personnel.	111-8-62-.10(11)(b)	[The employee personnel file] shall include the following: ... (b) report of physical examination completed by a licensed physician, nurse practitioner or physician's assistant; ...	
1463	1063	Personnel.	111-8-62-.10(11)(c)	[The employee personnel file] shall include the following: ... (c) for administrators, on-site managers and staff persons, evidence of first aid and cardiopulmonary resuscitation training and recertification as required; ...	

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1464	1064	Personnel.	111-8-62-.10(11)(d)	[The employee personnel file] shall include the following: ... (d) employment history, including previous places of work and employers.	
1465	1065	Personnel.	111-8-62-.10(12)	No administrator, on-site manager, or staff person shall be under the influence of alcohol or other controlled substances while at the home. Authority: O.C.G.A. §§ 31-2-9, 31-2-14, 31-7-2.1 31-7-12 and 31-7-250 et seq.	
1301	1101	Staffing.	111-8-62-.11(1)(a)	**Staffing.** The home shall have as many employees on duty at all times as may be needed to properly safeguard the health, safety and welfare of the residents, as required by these regulations. As a minimum the following shall be observed: (a) At least one administrator, on-site manager, or a responsible staff person shall be on the premises twenty-four (24) hours per day. Residents shall not be left unsupervised. A minimum on-site staff to resident ratio shall be one (1) staff person per fifteen (15) residents during waking hours and one (1) staff person per twenty-five (25) residents during non-waking hours; ...	Staffing as outlined in this section is a minimum. Minimum staffing refers to staff who are directly involved in the provision of direct care to residents. The home may need to exceed these requirements in order to provide needed protective care and watchful oversight to all residents. Sufficient staff must be physically present in the home at all times to implement the home's emergency disaster plan. The home must have the number of employees needed to meet the residents' needs and provide for their health, safety and well-being at all times. The degree of oversight and care the particular residents' in the home require determines when these minimum ratios must be exceeded as outlined in paragraph (1).
1302	1102	Staffing.	111-8-62-.11(1)(b)	As a minimum the following [staffing] shall be observed: ... (b) For purposes of these regulations, a resident shall not be considered a staff person; ...	The home must not treat a resident as a staff person by putting the resident in charge of supervising other residents and/or providing personal care services to other residents.

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1303	1103	Staffing.	111-8-62-.11(1)(c)	As a minimum the following [staffing] shall be observed: ... (c) All personal care homes must maintain a monthly work schedule for all employees, including relief workers, showing adequate coverage for each day and night.	The home must effectively plan sufficient staff coverage in the form of a monthly work schedule that includes all staff working and the hours of work. The home must maintain documentation of actual coverage as well. Actual coverage can be payroll records or the monthly work schedule provided the monthly work schedule has been corrected to show actual coverage and times.
1304	1104	Staffing.	111-8-62-.11(2)(a)	Sufficient staff time shall be available to insure that each resident: (a) receives treatments, medications and diet as prescribed; ...	Sufficient staff time is determined by an assessment of each resident's condition and a determination of the staff needed to provide appropriate care and supervision for the population served within the physical structure of the personal care home. The home must maintain sufficient staff to meet residents' needs for assistance, to ensure that residents' calls for assistance, to ensure that residents are safe, comfortable, properly positioned, groomed, nourished, hydrated and properly treated at all times; to ensure that residents who require assistance with self-administration of medications , etc. receive their medications according to the time, dose and route prescribed, and to ensure that residents are afforded their rights at all times.
1305	1105	Staffing.	111-8-62-.11(2)(b)	Sufficient staff time shall be available to insure that each resident:... (b) receives proper care to prevent decubitus ulcers and contractures; ...	Residents at risk for decubitus ulcers must be evaluated to determine whether their needs can be met in a non-medical facility. Sufficient staff time must be provided to ensure that residents are kept clean, dry, active, mobile and offered nutrition and hydration.
1306	1106	Staffing.	111-8-62-.11(2)(c)	Sufficient staff time shall be available to insure that each resident: ... (c) is kept comfortable and clean; ...	The home must maintain sufficient staff to ensure residents are kept clean, odor free, well groomed and dressed appropriately.
1307	1107	Staffing.	111-8-62-.11(2)(d)	Sufficient staff time shall be available to insure that each resident: ... (d) is treated with dignity, kindness and consideration and respect. ...	The home must maintain sufficient staff to ensure residents receive care in an unhurried, considerate and respectful manner.

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1308	1108	Staffing.	111-8-62-.11(2)(e)	Sufficient staff time shall be available to insure that each resident: ... (e) is protected from injury and infection; ...	The home must maintain sufficient staff to provide supervision to properly safeguard the residents' health, safety and welfare.
1309	1109	Staffing.	111-8-62-.11(2)(f)	Sufficient staff time shall be available to insure that each resident: ... (f) is given prompt, unhurried assistance if she or he requires help with eating; ...	The home must maintain sufficient staff to provide unhurried assistance, cueing, prompting and reminders as needed to eat. Residents must not be rushed through a meal or fed by staff for the convenience of the staff.
1310	1110	Staffing.	111-8-62-.11(2)(g	Sufficient staff time shall be available to insure that each resident: ... (g) is given assistance, if needed, with daily hygiene, including baths and oral care. Authority: O.C.G.A. §§ 31-2-9, 31-7-1, 31-7-2.1 and 31-7-12.	The home must maintain sufficient staff to provide unhurried assistance with bathing, oral hygiene, grooming, toileting, dressing and transfers.
2801	1201	Inspections.	111-8-62-.12(1)	**Inspections.** The home 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. Unannounced inspections shall be conducted as needed.	
2802	1202	Inspections.	111-8-62-.12(2)	A copy of the inspection report shall be displayed in a conspicuous place on the premises and also shall be available for public inspection at the appropriate county wherein the personal care home is located. Authority: O.C.G.A. §§ 31-2-9, 31-7-1, 31-7-3, 31-7-2.1 and 31-7-12.	The home is responsible for posting its inspections in the home. The Department posts the inspections on its web site in lieu of making them available in the county where the personal care home is located.

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0701	1301	Minimum Floor Plan Requirements.	111-8-62-.13(1)	**Minimum Floor Plan Requirements.** A home shall be so constructed, arranged, and maintained as to provide adequately for the health, safety, access and well-being of the residents.	The home is structurally sound and safe for occupancy. All areas of the home are uncluttered, orderly and clean. No health or safety hazard or risk is present. There is no evidence of peeling paint, visible water leaks, plumbing or sewage problems. Residents have unobstructed access to living, dining, bedrooms and other common areas, and exit access routes. A separate building inspection may be required if there is reasonable evidence that the building may not be structurally sound.
0702	1302	Minimum Floor Plan Requirements.	111-8-62-.13(2)	A home shall provide separate and distinct living and sleeping areas;	Living areas and sleeping areas must be separate.
0704	1303	Minimum Floor Plan Requirements.	111-8-62-.13(2)(a)	The living and sleeping areas for a given resident shall be in adjoining wings, units or buildings, which allow for necessary supervision and assistance by staff	"Adjoining" is defined as touching or adjacent, attached, structurally sharing an edge or boundary. A home may not have living areas and sleeping areas that are not adjoined. A home can not have living and sleeping areas in separate building that are not adjoined.
0705	1304	Minimum Floor Plan Requirements.	111-8-62-.13(2)(b)	Openable windows used for ventilation to the outside and exterior doors used for ventilation shall be screened and in good repair.	All windows used for ventilation must be able to be opened and must be screened. If a door is left open for ventilation, then the door must be a screened door, or there must be a separate screened door attached to the frame of the opening. If a home does not use windows for ventilation and does not open its windows, screens are not required.
0706	1305	Minimum Floor Plan Requirements.	111-8-62-.13(2)(c)	Supportive devices, excluding physical restraints, such as handrails and grab bars shall be installed to enable residents to achieve a greater degree of mobility and safety from falling;	Grab bars are required in showers and bath areas pursuant to Rule 111-8-62-.13(12)(c). Handrails on stairways and ramps are required pursuant to Rule 111-8-62-.13(13). Additional grab bars, handrails in hallways that do not slope, and other supportive devices are not required in every licensed personal care homes. Supportive devices are required when the resident population served by the personal care home has ambulation difficulties and can benefit from the installation of such devices to enable them to achieve a greater degree of mobility and safety. Handrails are required when changing levels beyond one step, and when changing levels of one step beyond 8 inches or as established by local fire codes or building codes. Supportive devices, if installed, must be firmly affixed and secured to walls, structurally appropriate for use, and accessible to the resident. Refer to the local fire authority or local building authorities for requirements. Note: The local fire authority or local county building codes may have requirements in these areas which must be met. Local fire authorities and county building codes will be used to determine appropriate placement of handrails and grab bars.

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0707	1306	Minimum Floor Plan Requirements.	111-8-62-.13(3)	All homes shall provide an area for use by residents and visitors which affords privacy.	Personal care homes with all private rooms are not required to have a separate area for privacy. This is because the private room itself constitutes an area for visiting and privacy. All other homes must have an area apart from congregate space which affords privacy and is for use by residents. In accordance with Rule 111-8-62-.26(1)(d) Resident's Rights, "privacy" means the resident has the right to be free from unwanted and unauthorized intrusions, freedom from eavesdropping, and the right to private and uncensored communication. Privacy may mean being apart from all people or being apart from some persons, or being apart from observation. Privacy does not mean that a home is prohibited from monitoring the whereabouts and well-being of a resident.
0708	1307	Minimum Floor Plan Requirements.	111-8-62-.13(4)	There must be at least one centrally located living room for the free access to and informal use of the residents.	The living rooms must be available for use by the residents at all times, i.e. resident access to the living room must not be limited and the living area may not be kept locked. [Cross reference to Rule 111-8-62-.18(7).]
0709	1308	Minimum Floor Plan Requirements.	111-8-62-.13(5)	At least one current calendar and working clock shall be placed in the common living area of each home.	The placement of the current calendar and working clock must be in the common living area of the home, not necessarily the living room. The common living area could be the dining room which is an area commonly used by all residents.
0710	1309	Minimum Floor Plan Requirements.	111-8-62-.13(6)	Living rooms must be large enough to accommodate the residents without crowding. The rooms must be comfortably and attractively furnished, well heated, lighted, ventilated and clean.	"Large enough to accommodate residents without crowding" means the space is adaptable to a variety of uses and residents' needs. For a home with 1-15 residents, all residents must be accommodated at the same time in the living areas. In facilities without private rooms and with more than 15 residents, sufficient space should be available to accommodate 15 residents or one half of the number of residents whichever is greater. Residents and staff have flexibility in arranging furniture to accommodate residents who use walkers and mobility aids. "Comfortable and attractively furnished" means sufficient chairs and/or couches for each resident to have a place to sit. This does not include chairs from resident bedrooms. "Well heated" refer to Rule 111-8-62-.23, Temperature Conditions. "Lighted" means lighting levels suitable for tasks the resident chooses to perform or the facility staff must perform. Light bulbs must be at least 60 watts in all areas per Rule 111-8-62-.13(15), Minimum Floor Plan Requirements.

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					"Ventilated" means good air circulation, lack of drafts, lack of odors and humidity, and adequate smoke exhaust removal. “Clean” means free from dirt and debris.
0711	1310	Minimum Floor Plan Requirements.	111-8-62-.13(7)	A comfortable dining area adequate in size for the number of residents being served shall be provided.	"Comfortable dining area adequate in size" means that a home has adequate tables and chairs for residents to use for dining. The space is adaptable to the needs of the residents eating in the dining area (s) at that time. The dining area(s) is not crowded or congested. Residents and staff can move freely and safely around the room. For a home with 1-15 residents, all residents must be accommodated at the same time. For a home with more than 15 residents, the dining area(s) may be used for more than one seating to accommodate all residents in the home.
0712	1311	Minimum Floor Plan Requirements.	111-8-62-.13(8)	The home shall provide a means of locked storage for any resident's valuables or personal belongings, upon request.	If a resident asks that a home lock-up or secure items, the home must do so. However, the rule does not require a home to have a safe or separate space just for storage.
0713	1312	Minimum Floor Plan Requirements.	111-8-62-.13(9)	A living room, dining room, hallway, or other room not ordinarily used for sleeping shall not be used for sleeping by residents, family or staff.	Residents sleep in their bedrooms, and family or staff must have their own separate sleeping areas.
0714	1313	Minimum Floor Plan Requirements.	111-8-62-.13(10)	A home shall provide laundering facilities on the premises for residents' personal laundry.	There must be a functioning, properly installed washer(s) and dryer(s) on the personal care home premises, i.e. within the personal care home, carport, garage, etc. The resident and/or home must have a means or method of collecting each resident's soiled personal laundry. The home must have a means or method of collecting linens and other soiled personal care home laundry. A home may have a contract with a linen service for bed linens, bath, kitchen and dining linens. A resident may contract with a private linen service for personal laundry; however, a washer and dryer must be on the premises.

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0715	1314	Minimum Floor Plan Requirements.	111-8-62-.13(11)(a)	The following minimum standards for resident bedrooms must be met: (a) Bedrooms shall have at least 80 square feet of usable floor space per resident. Usable floor space is defined as that floor space under a ceiling at least seven feet in height. The following exception applies to the minimum of 80 square feet of floor space requirement: personal care homes holding permits at the time of adoption of these Rules may have bedrooms with a minimum of 70 square feet of usable floor space per resident. The regular floor space requirements must be met if a home falling under this exception has its permit revoked, changes ownership, changes location, or for any other reason surrenders its permit to the state.	This rule states that the exception to 80 square feet of usable floor space per resident applies to personal care homes permitted prior to the adoption of Rule 111-8-62-.13. Rule 111-8-62-.13 was last adopted on October 22, 1993. However the 80 square foot requirement has been in effect since rules were adopted on February 6, 1981. Homes permitted prior to February 6, 1981, may have bedrooms with 70 square feet of usable floor space per resident. For all homes permitted after this date of this rule, usable floor space does not include closet space or bathrooms.
0716	1315	Minimum Floor Plan Requirements.	111-8-62-.13(11)(b)	The following minimum standards for resident bedrooms must be met: ... (b) There shall be no more than four residents per bedroom; …	
0717	1316	Minimum Floor Plan Requirements.	111-8-62-.13(11)(c)	The following minimum standards for resident bedrooms must be met: ... (c) Each bedroom shall have at least one window opening easily to the outside. Bedrooms shall be well ventilated and maintained at a comfortable temperature; ...	There is more than one rule about windows. This requirement is intended to relate to ventilation and not secondary means of exits. “Well ventilated” means good air circulation, lack of drafts, lack of odors and humidity, and adequate smoke exhaust removal. Bedrooms ventilated by a central air/heating system are not required to have windows that open easily to the outside. However all windows must be screened per Rule 111-8-62-.13(2)(b) if they are used for ventilation. “Maintained at a comfortable temperature” means maintained at a temperature acceptable to residents but not below 70 degrees F. in winter (62 degrees F. during sleeping hours) nor above 80 degrees F. in summer (refer to Rule 111-8-62-.23, Temperature Conditions). Note that Rule 111-8-62-.14(14)(b) relates to secondary exits. That rule requires that each sleeping room shall have a secondary exit and this secondary exit may be a door or a window usable for escape.

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0718	1317	Minimum Floor Plan Requirements.	111-8-62-.13(11)(d)	The following minimum standards for resident bedrooms must be met: ... (d) Spouses shall be permitted, but not required to share a bedroom; ...	Spouses must be allowed to share a room if they desire. Refer to Rule 111-8-62-.26(1)(e) Residents' Rights.
0719	1318	Minimum Floor Plan Requirements.	111-8-62-.13(11)(e)	The following minimum standards for resident bedrooms must be met: ... (e) Bedrooms for residents shall be separated from halls, corridors and other rooms by floor to ceiling walls. Hallways shall not be used for sleeping; ...	
0720	1319	Minimum Floor Plan Requirements.	111-8-62-.13(11)(f)	The following minimum standards for resident bedrooms must be met: ... (f) The floor plan shall be such that no person other than the resident assigned to a bedroom should pass through that resident's bedroom in order to reach another room; ...	A resident must not have to pass through another resident's room in order to enter his/her room or a common area of the home.
0721	1320	Minimum Floor Plan Requirements.	111-8-62-.13(11)(g)	The following minimum standards for resident bedrooms must be met: ... (g) Doorways of bedrooms occupied by residents shall be equipped with side-hinged permanently mounted doors equipped with positively latching hardware which will insure opening of the door by a single motion, such as turning a knob or by pressing with normal strength on a latch. For bedrooms which have locks on doors, both the occupant and administrator or on-site manager must be provided with keys to assure easy entry and exit; ...	

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0722	1321	Minimum Floor Plan Requirements.	111-8-62-.13(11)(h)	The following minimum standards for resident bedrooms must be met: ... (h) 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. Control of dampness shall be assured. ...	Bedrooms below ground level shall have a window to provide natural light and ventilation. The means of egress must be usable and accessible at all times. Windows with bars are not considered an acceptable and usable means of egress. Per Rule 111-8-62-.14(14)(b), each sleeping room shall have a secondary exit and this secondary exit may be a door or a window usable for escape.
0723	1322	Minimum Floor Plan Requirements.	111-8-62-.13(11)(i)	The following minimum standards for resident bedrooms must be met: ... (i) When a resident is discharged, the room and its contents shall be thoroughly cleaned. ...	“Thoroughly cleaned” means all furniture, surfaces, closets, cabinets, and mattress must be washed with a sanitizing solution. Floors must be swept and mopped with a sanitizing solution. Carpets must be vacuumed and cleaned. All bed and bath linens must be laundered.
0724	1323	Minimum Floor Plan Requirements.	111-8-62-.13(12)(a)	The following minimum standards apply to bathroom facilities: (a) At least one functional toilet and lavatory shall be provided for each four residents; and at least one bathing or showering facility shall be provided for each eight residents living in a home; ...	There must be at least one functional toilet and lavatory for each four persons in the personal care home. If day care services are provided, additional toilets and lavatories may be necessary to accommodate the number of day care residents. Bathrooms which are not accessible to residents may not be counted toward the required number; for example, accessible only to certain residents as in private bathrooms. Additional bathrooms may be needed to accommodate family members or staff living in the home.
0725	1324	Minimum Floor Plan Requirements.	111-8-62-.13(12)(b)	The following minimum standards apply to bathroom facilities: (b) At least one toilet and lavatory shall be provided on each floor having residents' bedrooms; ...	

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0726	1325	Minimum Floor Plan Requirements.	111-8-62-.13(12)(c)	The following minimum standards apply to bathroom facilities: ... (c) Grab bars and nonskid surfacing or strips shall be installed in all showers and bath areas; ...	
0727	1326	Minimum Floor Plan Requirements.	111-8-62-.13(12)(d)	The following minimum standards apply to bathroom facilities: ... (d) Bathrooms and toilet facilities without windows shall have forced ventilation to the outside. Bathroom windows used for ventilation shall open easily; ...	"Forced ventilation" means exhausts vents and/or exhaust fans which force ventilation to areas outside of the bathrooms. Bathrooms well ventilated by mechanical means are not required to have windows that open easily.
0728	1327	Minimum Floor Plan Requirements.	111-8-62-.13(12)(e)	The following minimum standards apply to bathroom facilities: ... (e) Toilets, bathtubs and showers shall provide for individual privacy; ...	"Individual privacy" means the resident can have privacy by means of permanently affixed doors, walls, blinds, curtains, or screens.
0729	1328	Minimum Floor Plan Requirements.	111-8-62-.13(12)(f)	The following minimum standards apply to bathroom facilities: ... (f) All plumbing and bathroom fixtures shall be maintained in good working order at all times; and shall present a clean and sanitary appearance.	
0730	1329	Minimum Floor Plan Requirements.	111-8-62-.13(13)	All stairways and ramps shall have sturdy and securely fastened handrails, not less than 30 inches nor more than 34 inches above the center of the tread. Exterior stairways, decks and porches shall have handrails on the open sides;	

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0731	1330	Minimum Floor Plan Requirements.	111-8-62-.13(14)	Floor covering shall be intact and securely fastened to the floor. Any hazard that may cause tripping shall be removed;	All raw materials in the home must be appropriately covered. Acceptable floor coverings may include but are not limited to tile, linoleum, wood, carpet, etc. Floors may be painted or sealed so as to be impervious to moisture and dirt. Floor coverings shall be firmly and securely affixed to the floor. Floor coverings shall not be torn, loose, cracked, or of different elevations which may cause a resident to trip/fall/lose balance. Floor coverings which are torn, loose, cracked, or of different elevations constitute a "hazard" and may cause injury or harm. Area rugs or throw rugs are not prohibited by this rule. However, rugs must not present a trip hazard to residents.
0732	1331	Minimum Floor Plan Requirements.	111-8-62-.13(15)	All areas including hallways and stairs shall be lighted sufficiently with bulbs of at least 60 watts;	
0733	1332	Minimum Floor Plan Requirements.	111-8-62-.13(16)(a)	The following exterior conditions must be maintained: (a) Entrances and exits, sidewalks, and escape routes shall be constantly maintained free of all impediments to full instant use in the case of fire or other emergency; and shall be kept free of any hazards such as ice, snow, debris or furniture; ...	All means of entering and exiting must be maintained so that residents and staff may safely enter and exit the home at all times. Exits from the home may not be blocked and must be free of impediments. “Impediments” means a hindrance or obstruction. Windows with bars are not considered an acceptable or usable means of exit unless the bars are swing-away bars or other types which are approved by state or local fire authority.
0734	1333	Minimum Floor Plan Requirements.	111-8-62-.13(16)(b)	The following exterior conditions must be maintained: ... (b) A yard area shall be kept free of all hazards, nuisances, refuse and litter; ...	The yard area must be free of hazards, nuisances, etc. “Hazards” means a possible source of danger, to expose to danger or harm; chance of being injured or harmed. Two examples of hazards in the yard are broken or loose walkways, excavation holes, etc. “Nuisance” means but is not limited to “everything that endangers life or health, gives offense to senses, violates the laws of decency, or obstructs reasonable and comfortable use of property. Two examples of nuisances are open containers with standing water that could breed mosquitoes, loud outdoor machinery that is disruptive for the residents. ”

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0735	1334	Minimum Floor Plan Requirements.	111-8-62-.13(16)(c)	The following exterior conditions must be maintained: ... (c) The home must have its house number or name displayed so as to be easily visible from the street. Authority: O.C.G.A. §§ 31-2-9, 31-7-1, 31-7-2.1 and 31-7-12.	The address or name of the home must be easily visible from the street. Either of these may be displayed on the home, mailbox, sign, etc. and must be easily visible. If the home has had a change in address (such as due to 911 service), it must notify the Department and obtain a revised permit.
1001	1401	Physical Plant Health and Safety Standards.	111-8-62-.14(1)	**Physical Plant Health and Safety Standards.** Each home shall be in compliance with fire and safety rules promulgated by the Office of the Safety Fire Commissioner for personal care homes,	Each home must be in compliance with the state and local fire safety requirements as determined by the State Fire Safety Commissioner's Office or the fire safety authorities in the location of the personal care home. Contact the State Fire Safety Commissioner's Office, Number 2 Martin L. King, Jr. Drive, Suite 620 West Tower, Atlanta, 30334; Telephone 404-656-2064; website www.gainsurance.org.
1002	1402	Physical Plant Health and Safety Standards.	111-8-62-.14(2)	Each home shall comply and remain in compliance with any and all local ordinances that specifically address fire safety in homes 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.	All applicants for a personal care permit must submit evidence of compliance with state or local fire safety requirements.
1003	1403	Physical Plant Health and Safety Standards.	111-8-62-.14(2)(a)	In the absence of or in addition to any such local ordinances, the following requirements must be met: (a) Wall type electric outlets and lamps or light fixtures shall be maintained in a safe and operating condition. It shall be the home's responsibility to insure that the necessary light bulbs are provided; ...	All electrical cords and wires should not be frayed, bare, cracked or broken. Wall outlets and switches should be in safe working order and must be covered with face plates. Extension or drop cords may be used only on a temporary basis and may not present a hazard to resident safety. Extension cords shall not be connected at all times as permanent wiring. Residents and their family members shall not be required to provide or purchase light bulbs.

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1004	1404	Physical Plant Health and Safety Standards.	111-8-62-.14(2)(b)	In the absence of or in addition to any such local ordinances, the following requirements must be met: ... (b) Cooking appliances shall be suitably installed in accordance with approved safety practices. Where metal hoods or canopies are provided, they shall be equipped with filters which shall be maintained in an efficient condition and kept clean at all times; ...	Electric cooking equipment must be plugged into the appropriate type outlet, i.e., 110 and 220 lines where suited for the equipment. Gas appliances must be properly installed with working pilot lights and burners. Drip pans and filters must be cleaned on a regular basis.
1005	1405	Physical Plant Health and Safety Standards.	111-8-62-.14(2)(c)	In the absence of or in addition to any such local ordinances, the following requirements must be met: ... (c) Space heaters may not be used unless safely positioned and operated in compliance with all state and local fire codes and in accordance with manufacturer's instructions. Space heaters using combustible fuel shall be vented to the outside. ...	As required by NFPA 101,Life Safety Code: All space heaters are prohibited. Portable electric and liquefied petroleum gas or liquid fire space heating devices designed to be portable are prohibited in all portions of small residential personal care homes. Liquefied petroleum gas or liquid fire space heaters include those fueled by LP gas, propane, kerosene, wood, etc. Contact the State Fire Safety Commissioner's Office for further information and guidance. Number 2 Martin L. King, Jr. Drive, Suite 620 West Tower, Atlanta, 30334; Telephone 404-656-2064; website www.gainsurance.org. Electric blankets may be utilized under the following conditions: Must have under writer's laboratory listing (tag), Used according to manufacturer's guidelines, Monitored by provider during usage.
1006	1406	Physical Plant Health and Safety Standards.	111-8-62-.14(2)(d)	In the absence of or in addition to any such local ordinances, the following requirements must be met: ... (d) Fire screens and protective devices shall be used with fireplaces, stoves and heaters, including space heaters; ...	Fire screens and protective devices mean something in front of an open flame that shields a person from the flame and blocks flying debris and ambers. Contact the State Fire Safety Commissioner's Office for further information and guidance. Number 2 Martin L. King, Jr. Drive, Suite 620 West Tower, Atlanta, 30334; Telephone 404-656-2064; website www.gainsurance.org.

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1007	1407	Physical Plant Health and Safety Standards.	111-8-62-.14(2)(e)	In the absence of or in addition to any such local ordinances, the following requirements must be met: ... (e) Each home must be protected with sufficient smoke detectors, powered by house electrical service with battery back-up, which when activated shall initiate an alarm which is audible in the sleeping rooms; ...	Applicants for a personal care home permit must submit evidence of compliance with state or local fire safety requirements. This approval covers the requirements for smoke detectors.
1008	1408	Physical Plant Health and Safety Standards.	111-8-62-.14(2)(f)	In the absence of or in addition to any such local ordinances, the following requirements must be met: ... (f) Each home must have at least one charged 10 lb. multipurpose ABC fire extinguisher on each occupied floor and in the basement. These extinguishers shall be checked annually to assure they remain in operable condition; ...	The size of the fire extinguisher will be determined by the county that the personal care home is located and based on the county Fire Department regulations. Contact the State Fire Safety Commissioner's Office for further information and guidance. Number 2 Martin L. King, Jr. Drive, Suite 620 West Tower, Atlanta, 30334; Telephone 404-656-2064; website www.gainsurance.org. All fire extinguishers, including recently purchased fire extinguishers, must have a tag signed by a technician that shows an inspection within the previous 12 months.
1009	1409	Physical Plant Health and Safety Standards.	111-8-62-.14(2)(g)	In the absence of or in addition to any such local ordinances, the following requirements must be met: ... (g) Each home shall have a working doorbell or doorknocker which is audible to staff inside at all times; ...	The doorbell or knocker must be loud enough to alert the staff that someone is at the door. A monitored intercom or entrance system is a suitable substitute.

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1010	1410	Physical Plant Health and Safety Standards.	111-8-62-.14(2)(h)	In the absence of or in addition to any such local ordinances, the following requirements must be met: ... (h) Exterior doors shall be equipped with locks which do not require keys to open them from the inside.	The purpose of this rule is to ensure that persons are not locked inside a room and are unable to evacuate. Key pads may be utilized under the following conditions: 1. Resident must be able to exit the facility when desired if the resident is not in a specialized memory care unit. . 2. The code or instructions for egress must be posted. 3. The facility must provide sufficient staff to ensure appropriate watchful oversight. Magnetic locks may be utilized as long as the evacuation plan can be implemented safely. Residents must be able to evacuate safely and within the required time frame.
1011	1411	Physical Plant Health and Safety Standards.	111-8-62-.14(3)	The electrical service of the home shall be inspected by a qualified electrician and declared free of hazards within no more than six months prior to the date of filing the application for a permit. A signed copy of this inspection report shall be submitted to the Department as a part of the application. Electrical service shall be maintained in a safe condition at all times. The Department may require a re-inspection of the electrical service at any time renovation or repair work is done in the home or there is a request for a change in capacity or there is reason to believe that a risk to residents exists.	

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1012	1412	Physical Plant Health and Safety Standards.	111-8-62-.14(4)	The Department may request a repeat fire safety inspection of any personal care home if at any time the physical plant undergoes substantial repair, renovation, 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 requested. All requirements so identified shall be met by the home.	GUIDANCE TO SURVEYOR: Any potential fire safety problems should be referred to the appropriate fire safety authority for evaluation.
1013	1413	Physical Plant Health and Safety Standards.	111-8-62-.14(5)	Water and sewage systems shall meet applicable federal, state, and local standards and/or regulations.	
1014	1414	Physical Plant Health and Safety Standards.	111-8-62-.14(6)	Floors, walls, and ceilings shall be kept clean and in good repair;	
1015	1415	Physical Plant Health and Safety Standards.	111-8-62-.14(7)	Kitchen and bathroom areas shall be cleaned with disinfectant at least daily and maintained to insure cleanliness and sanitation.	The kitchen and bathrooms shall be free from dirt, soil, residue, stains, spills and odors. Clean also includes all surfaces, equipment, utensils and resident care equipment. A "disinfectant" means any agent or solution, such as household bleach, that cleans a surface of harmful microorganisms by destroying, neutralizing or inhibiting the growth of the harmful microorganism. Daily cleaning refers to the main/common kitchen and common bathrooms.
1016	1416	Physical Plant Health and Safety Standards.	111-8-62-.14(8)	The storage and disposal of bio-medical and hazardous wastes shall comply with applicable federal, state, and local rules and/or standards.	The purpose of this rule is to promote health and sanitation, and prevent the spread of infection. Bio hazardous waste containers must be utilized for disposal of hazardous waste. If questions, you may wish to contact the following about resources in your area: Local hospital(s); Local pharmacy(s); Bio Hazardous waste company(s).

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1017	1417	Physical Plant Health and Safety Standards.	111-8-62-.14(9)	Solid waste which is not disposed of by mechanical means shall be stored in vermin-proof, leak-proof, nonabsorbent containers with closefitting covers until removed. Waste shall be removed from the kitchen at least daily and from the premises at least weekly.	Solid waste includes garbage and refuse. The staff must remove waste from the kitchen daily and garbage must be picked up from the home at least weekly. Garbage and refuse should not accumulate around the premises. Waste receptacles in the kitchen must have a lid.
1018	1418	Physical Plant Health and Safety Standards.	111-8-62-.14(10)	An insect, rodent or pest control program shall be maintained and conducted in a manner which continually protects the health of residents.	There should be no evidence of insects, rodents, pests or vermin in the home. "Pest control program" means measures to eradicate and contain common household pest such as roaches, ants, mosquitoes, flies, mice and rats. The pest control may be done by the home's staff or by an outside contract. The home will be required to provide documentation that measures have been taken to control pests if there are complaints of rodents and evidence to confirm the complaints.
1019	1419	Physical Plant Health and Safety Standards.	111-8-62-.14(11)	Any pets living at the home must meet the following requirements: (a) No vicious animals shall be kept at the home; (b) All animals must be inoculated for rabies yearly; (c) Exotic animals must be obtained from federally approved sources.	The facility must maintain documentation of current inoculations for all facility or household pets that require such inoculations.
1020	1422	Physical Plant Health and Safety Standards.	111-8-62-.14(12)	Poisons, caustics, and other dangerous materials shall be stored and safeguarded in an area away from food preparation and storage areas, and away from medication storage areas.	Any materials, liquids, solutions or agents that are considered to be poisons, caustic or dangerous by label or by the Poison Control Center must be stored and secured in areas not generally occupied by residents. Secured means out of reach or not accessible. On many products, you can check the label to determine if it is harmful if swallowed. Materials need not be locked, unless evidence exists that only locked materials are secure.

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1021	1423	Physical Plant Health and Safety Standards.	111-8-62-.14(13)	A home shall be equipped and maintained so as to provide a sufficient amount of hot water for residents' use. (a) Heated water provided for resident's use shall not exceed 120 degrees F. at the hot water fixture and a water temperature monitor shall be installed at the hot water fixture.	Sufficient hot water must be determined by the residents and their needs. The hot water heater should be of sufficient capacity to provide hot water for bathing, showers, and residents' personal use. Hot water must not exceed 120 degrees F. at the point of use by the resident. Hot water for personal uses must be available and of acceptable temperature, not to exceed 120 degrees F. A water temperature monitor is not required at the fixture where the water comes out (meaning, sinks, fixtures, faucets, tubs, showers, etc.). However, the hot water heater does need a control (meaning a monitor) that regulates the temperature so that it does not exceed 120 degrees F. Facility should have a thermometer and periodically monitor hot water temperature if hot water has been found to exceed the maximum temperature allowed.
1022	1424	Physical Plant Health and Safety Standards.	111-8-62-.14(14)(a)	The following evacuation requirements must be met: (a) Residents who need assistance with ambulation shall be assigned bedrooms which have a ground-level exit to the outside or to rooms with above ground level which have exits with easily negotiable ramps or easily accessible elevators; ...	

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1024	1425	Physical Plant Health and Safety Standards.	111-8-62-.14(14)(b)	The following evacuation requirements must be met: ... (b) There shall be an established procedure and mechanism for alerting and caring for residents in case of emergencies and evacuating them to safety. This shall include instructions and evacuation plans posted on each floor of a home. Each sleeping room shall have a secondary exit. This secondary exit may be a door or a window usable for escape. A plan showing these routes of escape shall be posted in the home on each floor; ...	
1025	1426	Physical Plant Health and Safety Standards.	111-8-62-.14(14)(c)	The following evacuation requirements must be met: ... (c) A home serving a person or persons dependent upon wheelchairs for mobility shall provide at least two (2) exits from the home, remote from each other, that are accessible to these persons; ...	
1026	1427	Physical Plant Health and Safety Standards.	111-8-62-.14(14)(d)	The following evacuation requirements must be met: ... (d) A home serving persons dependent upon a wheelchair for mobility shall have a clearly accessible route for emergencies throughout the common areas of the home, and at least one fully accessible bathroom. Authority: O.C.G.A. §§ 31-2-9, 31-7-1, 31-7-2.1 and 31-7-12.	

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0801	1501	Furnishings and Fixtures.	111-8-62-.15(1)	**Furnishings and Fixtures.** Furnishings of the home in the living room, bedroom and dining room shall be maintained in good condition, intact, and functional.	"Functional furniture" means that the furniture in the home allows for residents to maintain their well-being and independence. "Furnishings" includes but is not limited to furniture, appliances, and other moveable articles in the home. "Intact" means whole, having all parts. All contents of the home should be in good usable condition.
0802	1502	Furnishings and Fixtures.	111-8-62-.15(2)	Furnishings and housekeeping standards shall be such that a home presents a clean and orderly appearance.	"Clean" means free from dirt, stains, foreign matter and objectionable, pervasive odors. The home should be generally clean, neat, well-kept and free of chemical or medicinal odors or odors of urine and feces. Housekeeping should be done on a regular basis and as needed. "Orderly" means an uncluttered physical environment where residents and staff are able to function safely. Equipment should be stored in appropriate storage places, hallways are uncluttered, spill should not be left unattended, walls and floors must be clean as required by Rules111-8-62-.13(14) and 111-8-62-.14(6) and (7)etc. There should be a regular schedule for daily house cleaning and preventive maintenance.
0803	1503	Furnishings and Fixtures.	111-8-62-.15(3)(a)	Resident bedroom furnishings shall include the following: (a) an adequate closet or wardrobe; …	The closet or wardrobe should be of sufficient size for a resident's belongings. Resident clothing should not be stored in bags, on the floor, on crates, or fixtures.
0803	1504	Furnishings and Fixtures.	111-8-62-.15(3)(b)	Resident bedroom furnishings shall include the following: ... (b) lighting fixtures sufficient for reading and other resident activities; …	Lighting must be with at least a 60-watt bulb as required by Rule 111-8-62-.13(15). The lighting must meet the needs of the resident. GUIDANCE TO SURVEYOR: Interview residents to ensure that there is sufficient light to meet the residents' needs.
0803	1505	Furnishings and Fixtures.	111-8-62-.15(3)(c)	Resident bedroom furnishings shall include the following: ... (c) a bureau or dresser or the equivalent; and at least one chair with arms per resident in each bedroom; …	
0803	1506	Furnishings and Fixtures.	111-8-62-.15(3)(d)	Resident bedroom furnishings shall include the following: ... (d) a mirror appropriate for grooming; …	A full-length mirror is not required. Mirrors should be positioned at a height appropriate for the residents to groom themselves.

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0803	1507	Furnishings and Fixtures.	111-8-62-.15(3)(e)	Resident bedroom furnishings shall include the following: ... (e) an individual bed at least 36-inches wide and 72-inches long with comfortable springs and mattress, clean and in good condition. The mattress shall be not less than five-inches thick, or four-inches, if of a synthetic construction. Couples may request a double bed when available. Roll-a-ways, cots, double-decks, stacked bunks, hide-a-beds and studio couches are not to be used in lieu of standard beds; …	A separate bed must be available for and individually assigned to each resident (unless a double bed is assigned for couples). Beds should be of a permanent nature. For example, roll-aways, cots, or other bedding typically for temporary use and futons/studio couches typically used for seating should not be used in lieu of a standard bed. Any variation from this regulation would require a waiver. Hospital beds are considered permanent in nature, whether or not equipped with wheels. Mattresses for hospital beds must meet the 36-inch width minimum. If a hospital bed is in use, observe for proper use of side rails and potential risk of injury. Mattresses should properly fit the frames so as to minimize the risk of entrapment, especially if the hospital bed contains motorized parts. Use of side rails should be evaluated under Rule 111-8-62-.16(1)(c) regarding prohibition of physical restraints and Rule 111-8-62-.15(1) regarding maintenance of furnishings in good condition.
0803	1508	Furnishings and Fixtures.	111-8-62-.15(3)(f)	Resident bedroom furnishings shall include the following: ... (f) bedding for each resident which includes two sheets, a pillow, a pillow case, a minimum of one blanket and bedspread. A home shall maintain a linen supply for not less than twice the bed capacity. A home shall provide each resident clean towels and wash cloths at least twice weekly and more often if soiled. Bed linen shall be changed at least weekly or more often if soiled.	"Linens" means sheets, pillow cases, towels and washcloths. There must be two sets of linens for each resident. This means the linens on the bed and another clean set at all times. There must be two sets of towels and washcloths per resident. This also means the towel and washcloth in use and another clean set available for use at all time.
0810	1510	Furnishings and Fixtures.	111-8-62-.15(4)	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 mounting or hanging pictures on bedroom walls. Authority: O.C.G.A. §§ 31-2-9, 31-7-1, 31-7-2.1 and 31-7-12.	The bedroom should reflect the personality of each resident who resides in the room. Personal belongings such as pictures, books, knick-knacks, mementos, and pieces of furniture should be allowed and encouraged. The home should assist the resident in hanging pictures and may have policies regarding amounts and types of furniture brought into the home. Residents who furnish their own rooms should furnish the rooms with the required items.

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1501	1601	Admission. Amended.	111-8-62-.16(1)(a)	**Admission. Amended.** Criteria for admission to a home are as follows: (a) Persons admitted to a personal care home must be at least 18 years of age; ...	
1502	1602	Admission. Amended.	111-8-62-.16(1)(b)	Criteria for admission to a home are as follows: ... (b) The home shall admit or retain only ambulatory residents; ...	"Ambulatory" means Able to move from place to place 1. By walking, either unaided or aided by prosthesis, brace, cane, crutches, walker or hand rails Or 2. By self-propelling a wheelchair. And Is able respond to an emergency condition, whether caused by fire or otherwise, and escape with minimal human assistance such as guiding a resident to an exit, using the normal means of egress. "Respond" means to act or react. "Minimal human assistance" means cueing, verbal encouragement, or limited physical assistance such as guiding a resident or assisting with a transfer. "Assistance with a transfer" is a personal assistance as defined by Rule 111-8-62-.03(y). If assistance with transfer is provided, the resident must be able to move from place to place by self-propelling his/her own wheelchair once transferred. If the resident cannot move from place to place by self-propelling the wheelchair once transferred, the resident does not meet the definition of "ambulatory resident". A resident's cognitive ability is not a factor in the consideration of a resident's ambulatory status. GUIDANCE TO SURVEYOR: Residents requiring more than assistance with ambulation or transfers, or who cannot self propel a wheel chair need

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					care beyond which the facility is permitted to provide would be in violation of Rule 111-8-62-.16(2).
1503	1603	Admission. Amended.	111-8-62-.16(1)(c)	Criteria for admission to a home are as follows: ... (c) The home shall not admit, or retain persons who require the use of physical or chemical restraints, isolation, or confinement for behavioral control; ...	Restraint use may constitute an accident hazard and professional standards of practice have eliminated the need for physical restraints except under limited medical circumstances in facilities authorized to provide such services. Personal care homes are not authorized to restrain residents as defined in Rule 111-8-62-.26(1)(j). Bedrails used as restraints add risk of fatal and/or near-fatal injury to the resident due to entrapment. Bedrails used as restraints increase the risk of avoidable decline in physical and mental well-being of the resident including falls, urinary and/or fecal incontinence, pressure sores, loss of muscle tone, loss of independent mobility, increased agitation, loss of balance, symptoms of withdrawal or depression, reduced social contact, or decreased appetite. Bedrail use in general increase the potential of risk of more significant injury from a fall from a bed with raised side rails than from a fall from a bed without side rails. The use of restraints is also prohibited under Residents' Rights Rule 111-8-62-.26(1)(j). Physical restraint is defined in Rule 111-8-62-.03(z) as " any manual or physical device, material, or equipment attached or adjacent to the resident's body that the individual cannot remove easily which restricts freedom or normal access to one's body. Physical restraints include, but are not limited to, leg restraints, arm restraints, hand mitts, soft ties or vests, and wheelchair safety bars. Also included as restraints are facility practices which function as a restraint, such as tucking in a sheet so tightly that a bedbound resident cannot move, bedrails, or chairs that prevent rising, or placing a wheelchair-bound resident so close to a wall that the wall prevents the resident from rising. Wrist bands or devices on clothing that trigger electronic alarms to warn staff that a resident is leaving a room do not, in and of themselves, restrict freedom of movement and should not be considered as restraints."

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					Any item, device, or equipment that is not easily removed by the resident and functions as a restraint, i.e. restricts freedom of movement, is considered a "physical restraint'. Therefore, for any item, device, or equipment, etc. identified in the definition of physical restraint is not considered a physical restraint according to the definition if the item, device, or equipment, etc. is easily removed by the resident or does not function as a restraint, i.e., does not restrict the resident's freedom of movement. "Chemical restraint" is defined in Rule 111-8-62-.03(e) as "a psychopharmacologic drug that is used for discipline or convenience and not required to treat medical symptoms". Psychotropic medications in and of themselves are not chemical restraints. All psychotropic or mood-altering medications prescribed as PRN must include specific documentation under which the medications are to be taken. The written physician's order should include the symptoms to be relieved by the medication and the maximum number of doses to be taken within a 24-hour period. Resident's behavior and request for the PRN medication shall be documented on the medication assistance record prior to and after the self-administration of the medication by the resident. "Confinement" means the involuntary removal of a resident from his/her present environment or activity in order to restrict him/her to another specific area, such as a bedroom, for a specified period of time following the occurrence of disruptive behavior. "Isolation" means the placement of a resident in a locked room without direct monitoring by staff. GUIDANCE TO SURVEYOR: Observe residents during walk through of the facility. If restraints are observed, question staff and residents as needed to determine whether the device, material, equipment, or practice functions as a restraint, i.e. restricts the resident's movement or is not easily removed by the resident. Review resident files as needed.

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1504	1604	Admission. Amended.	111-8-62-.16(1)(d)	Criteria for admission to a home are as follows: ... (d) Persons admitted to a home may not be confined to bed and may not require continuous medical or nursing care and treatment; ...	"Confined to bed" means bedridden, i.e. unable to ambulate even with assistance, to use a wheelchair, or to sit safely without personal assistance or mechanical restraint. Persons recuperating from an illness or injury and expected to ambulate within a short period of time are not considered confined to bed. "Continuous medical or nursing care and treatment" means services which are ordered by a physician for a resident whose condition requires the supervision of a physician and continued monitoring of vital signs and physical status. Such services must be medically complex enough to require constant supervision, supervision by licensed nursing personnel, or other professional personnel for safe and effective performance; and consistent with the nature and severity of the resident's condition. Medical services which are scheduled and provided on an intermittent basis (meaning period or cyclical), are not considered to be continuous medical or nursing care and treatment.
1505	1605	Admission. Amended.	111-8-62-.16(1)(e)	Criteria for admission to a home are as follows: ... (e) Medical, nursing, health or supportive services required on a periodic basis, or for short-term illness, shall not be provided as services of the home. When such services are required, they shall be purchased by the resident or the resident's representative or legal surrogate, if any, from appropriately licensed providers managed independently for the home. The home may assist in arrangement for such services, but not provision of those services. ...	A personal care home may not provide medical, nursing, or health services to its residents. However, if the home has a specialized memory care unit, a licensed nurse as specified in Rule 111-8-62-.20 may administer medications to residents who are incapable of self-administration. When such services are required on a short-term basis, i.e. for a limited or brief time, they must be obtained from outside sources. The best example is home health care services The rule also means that a facility cannot provide any of the following supportive services: mental health services, habilitation, rehabilitation, social services, medical services, dental services, other health care services, education, financial management, legal services, and vocational services unless they are obtained from outside sources. An example is mental health services from a provider such as a Community Service Board.

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1506	1606	Admission. Amended.	111-8-62-.16(2)	No home shall admit or retain a resident who needs care beyond which the facility is permitted to provide. Applicants requiring continuous medical or nursing services shall not be admitted or retained.	"Continuous medical or nursing services" are different from periodic or short-term medical or nursing services. It is permissible to admit and retain a resident who may need medical or nursing services on a periodic basis or for a short-term illness or injury. However, these services must be provided by outside sources. An example is hospice services. A facility should never admit or retain a resident whose condition requires continuous medical or nursing services. GUIDANCE TO SURVEYOR: Observe residents, interview residents and staff, and review resident files to determine if they require continuous medical or nursing services.
1507	1607	Admission. Amended.	111-8-62-.16(3)	The administrator or on-site manager of a home shall conduct an interview with the applicant and/or representative or legal surrogate, if any, of the applicant to ascertain that the home can meet the applicant's needs. The administrator or on-site manager shall require the applicant to provide the home with a physical examination conducted by a by a licensed physician, nurse practitioner or physician's assistant dated within 30 days prior to the date of admission. A resident admitted pursuant to an emergency placement made by the Adult Protective Services Section of the Department of Family and Children Services shall receive a physical examination within 14 days of the emergency admission.	The administrator or on-site manager must assess if the home can meet each resident's needs based on the administrator or on-site manager's interview with the applicant and/or representative and the physical examination required by this rule. Resident files must include a complete and dated physical examination form signed by a licensed physician within thirty (30) days prior to the date of admission to the home. The pre-admission physical examination must be completed no more than 30 days before admission and shall reflect the resident's current status at the time of the examination. A resident admitted pursuant to an emergency placement made by Adult Protective Services (APS) is allowed obtain the physical examination within fourteen (14) days after admission. The examination form is complete if all items (a)-(e) are included on the examination form or are otherwise in the resident's file. The administrator must meet and interview the potential resident (or representative or legal surrogate) to determine the resident's needs. The administrator or manager must also obtain a report of a physical examination by a licensed physician, nurse practitioner or physician's assistant which contains the information as set forth in the remainder of this Rule.

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					In order for a facility to utilize the 14-day grace period for obtaining a physical examination, the facility must obtain documentation from the APS of the Division of Aging that the resident was admitted as an emergency placement.
1508	1608	Admission. Amended.	111-8-62-.16(3)(a)	The following [physical examination] information is required: (a) the signature, address, and telephone number of the examining physician; ...	
1509	1609	Admission. Amended.	111-8-62-.16(3)(b)	The following [physical examination] information is required: ... (b) a description of physical and mental health status including diagnosis and any functional limitation; ...	
1510	1610	Admission. Amended.	111-8-62-.16(3)(c)	The following [physical examination] information is required: ... (c) recommendations for care including medication, diet, and medical, nursing, health, or supportive services which may be needed on a periodic basis; ...	

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1511	1611	Admission. Amended.	111-8-62-.16(3)(d)	The following [physical examination] information is required: ... (d) a statement that, on the day the examination is given: 1. continuous 24 hour nursing care is not needed; 2. the person's needs can be met in a facility that is not a medical or nursing facility; 3. The person has received screening for tuberculosis within twelve (12) months of admission and has no apparent signs or symptoms of infectious disease which is likely to be transmitted to other residents or staff; 4. The person may need personal assistance with some activities of daily living. ...	The physical examination report should include the date and results of a tuberculosis skin test or chest x-ray AND a statement that, at the time of the examination, the resident did not exhibit signs and/or symptoms of tuberculosis or any other infectious disease which is likely to be transmitted to others. The Personal Care Home program has developed a Personal Care Home Physician's Report form for use that contains the required information. Facilities may download a copy from the DCH website at www.dch.ga.gov under Healthcare Facility Regulation Division, Forms and Applications.
1515	1615	Admission. Amended.	111-8-62-.16(3)(e)	The following [physical examination] information is required: ... (e) If the above information is not contained in the report of the physical examination, the administrator or on-site manager shall obtain the above information from the resident's physician. Such information shall be recorded in the resident's file. In the event a resident develops a significant change in physical or mental condition, the governing body shall be required to provide the Department, upon request, with a current physical examination from a physician indicating the resident's continued ability to meet the requirements of the home. Authority: O.C.G.A. §§ 31-2-9, 31-7-1, 31-7-2.1 and 31-7-12.	It is the responsibility of the facility to obtain all the necessary information listed in items (a)–(d). If the resident or physician does not supply the information, then the administrator or manager must contact the physician for the information prior to the resident's admission. Except for emergency placements by the Adult Protective Services section of the Division of Aging, Department of Human Services, a resident must not be admitted without all the required information. It is not acceptable to admit a resident and later state that the information was not submitted by the resident or physician. Additionally, the facility must obtain a new report of physical examination if the resident develops a significant change in physical or mental condition. This is important to ensure that, with the significant change in condition, the resident remains appropriate for personal care home placement.

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1601	1701	Admission Agreement.	111-8-62-.17(1)(a)	**Admission Agreement.** A written admission agreement shall be entered into between the governing body and the resident. Such agreement shall contain the following: (a) A current statement of all fees and daily, weekly or monthly charges; any other services which are available on an additional fee basis, for which the resident must sign a request acknowledging the additional cost and the services provided in the home for that charge; …	The Admission Agreement constitutes the contract between the resident and the governing body. The Personal Care Home program has developed a suggested Personal Care Home Admission Agreement form that can be used. The facility can use the suggested Admission Agreement as a checklist to determine that the facility's Admission Agreement meets all the requirements of the rules. Facilities may obtain a copy for use when applying for a permit. Facilities may also obtain a copy of the Admission Agreement from the Department of Community Health's website. The Admission Agreement must be in the resident's file. When there is a change in the governing body, a new written Admission Agreement shall be entered into between the new governing body and the resident. The written admission agreement must contain a statement of all provisions and accommodations provided in the base fee (i.e. the daily, weekly, or monthly fee). All provisions and accommodations such as numbers of meals, type of personal services, activities, transportation, etc should be listed. Any additional services not included in the base fee must be listed with the cost of each. If there is an extra cost, then the facility must attach a cost list or handout to the Admission Agreement or include this information in the agreement. If additional services are charged, there must also be a request for the service and a notation about the additional charge signed by the resident. The actual charges for services must be reflected. If the resident does not bring personal furniture into the facility and the facility charges for provision of furniture, the charges must be specified in the Admission Agreement. The Admission Agreement must specify responsibility for the initial acquisition and refilling of prescribed medications. Rule 111-8-62-.21(2), entitled "Medications", requires that the responsibility for initial acquisition and refilling of prescribed medications shall be specifically assigned in the Admission Agreement to either the resident, the representative or legal surrogate, if any, or the administrator or on-site manager.

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1601	1702	Admission Agreement.	111-8-62-.17(1)(b)	A written admission agreement shall be entered into between the governing body and the resident. Such agreement shall contain the following: ... (b) A statement that residents and their representatives or legal surrogates shall be informed, in writing, at least sixty (60) days prior to changes in charges or services; …	Changes in fees and/or services must be in writing, signed by the resident, representative, or legal surrogate, if any, and reflect the date of notification of change and the effective date of the change to ensure that 60-day notice of change is provided. The initial Admission Agreement and any changes or addendums to the Admission Agreement must be maintained in the resident file for the duration of the resident's stay at the facility and for 3 years after discharge from the facility. [See Rule 111-8-62-.25(4).] The facility must have a written refund policy which is given to resident or representative when the admission agreement is executed. The refund policy should cover refunds for all types of fees or charges collected. This includes refunds of the security deposit, personal needs allowance, room and board or any monies provided to the facility by or on behalf of the resident. The refund policy should also address the method of pro-rating refunds if a resident moves or is transferred out of the facility during the month, compensation for damages made, or unpaid charges.
1601	1703	Admission Agreement.	111-8-62-.17(1)(c)	A written admission agreement shall be entered into between the governing body and the resident. Such agreement shall contain the following: (c) The resident's authorization and consent to release medical information to the home as needed: …	
1601	1704	Admission Agreement.	111-8-62-.17(1)(d)	A written admission agreement shall be entered into between the governing body and the resident. Such agreement shall contain the following: (d) Provisions for the administrator or on-site manager's continuous assessment of the resident's needs, referral for appropriate services as may be required if the resident's condition changes and referral for transfer or discharge if required due to a change in the resident's condition; …	

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1601	1705	Admission Agreement.	111-8-62-.17(1)(e)	A written admission agreement shall be entered into between the governing body and the resident. Such agreement shall contain the following: (e) Provision for transportation of residents for shopping, recreation, rehabilitation and medical services, which shall be available either as a basic service or on a reimbursement basis, and providing that transportation for emergency use shall be available at all times; …	Provision for transportation of residents for shopping, recreation, rehabilitation, and medical services may be provided as a service included in the basic charge or offered at an additional charge. This must be in writing and included in the Admission Agreement. Transportation for emergency use must be available at all times. Emergency transportation requirement can not be satisfied by access to “911” or ambulance service.
1601	1706	Admission Agreement.	111-8-62-.17(1)(f)	A written admission agreement shall be entered into between the governing body and the resident. Such agreement shall contain the following: (f) A statement of the home's refund policy when a resident is transferred or discharged; …	It is particularly important to fully inform all residents that a change in condition my require transfer from the facility if a resident requires more than personal services. For example, if a resident develops a condition that requires continuous medical or nursing care, then the resident must be discharged to a more appropriate setting. The facility must have a written policy of transfers and discharges which is given to the resident or representative when the Admission Agreement is executed as required in Rule 111-8-62-.17(d) entitled “Administration ”. See Rule 111-8-62-.29 for rules regarding Immediate Transfer of Residents and Rule 111-8-62-.30 for rules regarding Discharge or Transfer of Residents.
1601	1707	Admission Agreement.	111-8-62-.17(1)(g)	A written admission agreement shall be entered into between the governing body and the resident. Such agreement shall contain the following: (g) A statement that a resident may not be required to perform services for the home except as provided for in the admission agreement or a subsequent written agreement. A resident and administrator or on-site manager may agree in writing that a resident will perform certain activities or services in the home if the resident volunteers or is compensated at or above prevailing rates in the community; …	The resident must desire to perform the activity or service in the facility, cannot be required to perform the activity or service, and if the resident does not volunteer his/her service, the facility must compensate the resident at or above the current minimum wage.

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1601	1708	Admission Agreement.	111-8-62-.17(1)(h)	A written admission agreement shall be entered into between the governing body and the resident. Such agreement shall contain the following: (h) A copy of the house rules, which must be in writing and also posted in the facility. House rules must be consistent with residents' rights. House rules shall include, but not be limited to, policies regarding the use of tobacco and alcohol, the times and frequency of use of the telephone, visitors, hours and volume for viewing and listening to television, radio and other audiovisual equipment, and the use of personal property.	The facility must have written house rules that are given to the resident or representative when the Admission Agreement is executed. House rules must include the facility's policies regarding use of tobacco and alcohol, the times and frequency of use of the telephone, visitation, hours and volume for viewing and listening to television, radio, and other audiovisual equipment, and the use of personal property. The House Rules must also be posted in a conspicuous common area of the facility.
1610	1710	Admission Agreement.	111-8-62-.17(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 on-site manager shall take special steps to assure communication of its contents to the resident.	
1611	1711	Admission Agreement.	111-8-62-.17(3)	The resident and representative or legal surrogate, if any, shall each be given a signed copy of the agreement and a copy signed by both parties (resident and administrator or on-site manager) shall be retained in the resident's file and maintained by the administrator or on-site manager of the home. Authority: O.C.G.A. §§ 31-2-9, 31-7-1, 31-7-2.1 and 31-7-12.	The purpose of this rule is to ensure that the resident or the representative knowingly executed (signed) the agreement and received a copy of the Admission Agreement.

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1201	1801	Services.	111-8-62-.18(1)	**Services.** Each personal care home shall provide room, meals and personal services to the residents of the home which are commensurate with the needs of the individual residents. The personal services shall include 24-hour responsibility for the well-being of the residents. Each home shall provide individual residents protective care and watchful oversight including but not necessarily limited to, a daily awareness by the management of resident's functioning, his or her whereabouts, the making and reminding a resident of medical appointments, the ability and readiness to intervene if a crisis arises for a resident, supervision in areas of nutrition, medication and actual provision of supportive medical services. Personal services shall be provided by the administrator or on-site manager or by appropriately qualified staff designated by the administrator or on-site manager.	The provision of personal services distinguishes a personal care home from a boarding home and is what makes the home a personal care home. Personal services include assistance with eating, bathing, grooming, dressing and toileting and supervision of self-administered medications. Twenty-four hour responsibility for the well-being of the residents means knowing the whereabouts and condition of the residents. This does not mean 24 hour observation. Often a resident may be away from the facility unsupervised by the staff of the home. However, the home must know where the resident is at all times. Protective care and watchful oversight means that the home must know 24 hours a day how each resident is functioning. Watchful oversight also means that the home must know what each resident needs in areas of personal services, assistance making or getting to medical or other appointments, medications, diet, and staff supervision; supervise each resident in the areas of nutrition, medications, and supportive medical services provided by community resources, not by the personal care home staff. The personal care home must intervene in a crisis situation involving residents. Intervening in a crisis means that the personal care home's response to any given situation, or crisis, is in proportion to the resident's need. For example, a facility's response to a skin tear may be the application of first aid. The facility's response to finding a resident without a pulse and without respirations would be to immediately call 911 and begin CPR. For information about advance directives, see the Department's memo on Advance Directives on the DCH website.
1202	1802	Services.	111-8-62-.18(2)	Assistance shall be given to those residents who are unable to keep themselves neat and clean.	Residents must be clean and without odor. Residents' hair, nails, oral hygiene, and other aspects of personal appearance must be within acceptable standards and according to resident choice and preference. Clothing worn by residents must be clean and in good repair.
1203	1803	Services.	111-8-62-.18(3)	Each home shall provide sufficient activities to promote the physical, mental and social well-being of each resident.	Social and leisure activities must be provided according to residents' needs and preferences and appropriate for residents' abilities and interests. The home may have a monthly activity calendar or schedule. Residents and staff must be aware of planned activities.

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1204	1804	Services.	111-8-62-.18(4)	Each home shall provide as a minimum, books, newspapers and games for leisure time activities. Each home shall encourage and offer assistance to residents who wish to participate in hobbies, music, arts and crafts, religion, games, sports, social, recreational and cultural activities available in the home and in the community.	Book, newspapers and games for leisure activities are required. A home should actively encourage residents to participate in the described activities. If a resident wishes to participate in such activities, the home shall assist the resident to the degree possible. For example, if a resident wishes to attend a church or synagogue, the home should assist the resident by reminding the resident of the services, or providing or arranging transportation. A resident has the right to choose activities and interact with members of the community both inside and outside the home Rule 111-8-62-.26(1)(c)3.
1205	1805	Services.	111-8-62-.18(5)	Each home shall have at least one operable, non-pay telephone which is accessible at all times for emergency use by staff. Residents shall have access to an operable, non-pay telephone in a private location, both to make and receive personal calls. The same telephone may meet all the requirements of this section.	This rule does not require a home to have two telephones. A home must have a telephone that works and that can be used by residents. The designated telephone for use at the home must be a landline.
1206	1806	Services.	111-8-62-.18(6)	The routine of the home shall be such that a resident may spend the majority of his or her nonsleeping hours out of the resident's bedroom, if he or she chooses.	Social and leisure activities must be provided according to residents' needs and preferences and appropriate for resident's abilities and interests. These types of activities are not typically restricted to a resident's room. Therefore, an active and meaningful activities program should get residents up and out of their rooms. A personal care home may not require that residents remain in a specific location or go to a specific location due to limited staff or for the convenience of the personal care home.

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1207	1807	Services.	111-8-62-.18(7)	At no time may a home restrict a resident's free access to the common areas of the home or lock the resident into or out of the resident's bedroom. Authority: O.C.G.A. §§ 31-2-9, 31-7-1, 31-7-2.1 and 31-7-12.	Locking a resident in a room is entirely unacceptable. Immediate correction is required for residents who are locked in rooms. Restricting a resident to a room constitutes isolation and violates Rule 111-8-62-.26(1)(j). Generally, a home must permit residents access to all common areas of the home. This means those areas shared by all residents such as the living room, dining room, and activities areas. A home with distinct units (with common areas for each unit) designed for specific populations must permit access to the common areas by all residents requesting such access (includes verbal and non-verbal requests). Staff must be available to accompany residents from the distinct unit for a specific population to other areas of the facility if the resident requests and cannot be redirected easily by staff. For example, some homes have units designated for Alzheimer residents. These units contain separate common areas and residents are permitted access to these common areas. This is permissible because the intent of the rule is met. The residents must be able to leave the restricted area with staff accompaniment when the resident requests and is not easily redirected (such as the resident is more alert and wishes to attend an activity in another area of the facility). In homes with distinct units for a specific resident population, designated common areas may be acceptable. Note: In personal care homes with a food services permit, the kitchen is not a common area at the home.
	1901	Requirements for Memory Care Services.	111-8-62-.19(1)(a)	**Requirements for Memory Care Services.** A home which serves residents with cognitive deficits which place the residents at risk of eloping, i.e. engaging in unsafe wandering activities outside the home must do the following: (a) develop, train and enforce policies and procedures for staff to deal with residents who may elope from the facility including what actions, as specified in rule XXXX are to be taken if a resident elopes from the facility. …	Rule XXXX refers to reporting requirements in Rule 111-8-62-.31 under which the home is required to notify local law enforcement within 30 minutes of determining that a resident is missing and notify the Department within 30 minutes of initiating or discontinuing a Mattie's Call, etc.

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	1902	Requirements for Memory Care Services.	111-8-62-.19(1)(b)	A home which serves residents with cognitive deficits which place the residents at risk of eloping, i.e. engaging in unsafe wandering activities outside the home must do the following: ... (b) utilize appropriate effective safety devices, which do not impede the residents' rights to mobility and activity choice or violate fire safety standards, to protect the residents who are at risk of eloping from the premises.	Such devices could include alarms that sound when an exterior door is opened and alert the staff to a resident's leaving the building.
	1903	Requirements for Memory Care Services.	111-8-62-.19(1)(b)1.	If the safety devices include locks used on exit doors, as approved by the fire marshal having jurisdiction over the home, then the locking device shall be electronic and release whenever the following occurs: activation of the fire alarm or sprinkler system, power failure to the facility or by-pass for routine use by the public and staff for service using a key button/key pad located at the exit or continuous pressure for thirty (30) seconds or less.	Before installing locks, check with the local fire marshal to ensure that the device meets local requirements and that there is always a safe method of exiting through the door in the event of a power failure, etc.
	1904	Requirements for Memory Care Services.	111-8-62-.19(1)(b)2.	If the safety devices include the use of keypads to lock and unlock exits, then directions for their operations shall be posted on the outside of the door to allow individuals' access to the unit. However, if the unit is a whole facility, then directions for the operation of the locks need not be posted on the outside of the door. The units shall not have entrance and exit doors that are closed with non-electronic keyed locks nor shall a door with a keyed lock be placed between a resident and the exit.	

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	1905	Requirements for Memory Care Services.	111-8-62-.19(2)	A home serving residents who are at risk of eloping from the premises shall retain on file at the facility a current picture of any resident at risk of eloping. Authority: O.C.G.A. §§ 31-2-9, 31-7-1, 31-7-2.1 and 31-7-12.	At a minimum, a home must have a current picture of any resident who is at risk of eloping, e.g. has advancing dementia and gets confused about location and may wander outside the home. The picture may be taken at the time of admission but must be periodically updated if the resident's physical appearance changes greatly. A copy of the photo should be provided to law enforcement authorities if Mattie's Call is initiated.
	2001	Addl Reqs for Spec Memory Care Units/Homes.	111-8-62-.20(1)(a)1.	**Additional Requirements for Specialized Memory Care Units or Homes.** In addition to all other requirements contained in this Chapter, where a home holds itself out as providing additional or specialized care to persons with probable diagnoses of Alzheimer's Disease or other dementia or charges rates in excess of that charged other residents because of cognitive deficits which may place the residents at risk of eloping, the home shall meet these additional requirements: **(a) Written Description**. The home shall develop an accurate written description of the special care unit that includes the following: 1. a statement of philosophy and mission; …	The purpose of this rule is to assist potential residents and families in understanding what services are provided, by whom, when and at what cost.
	2002	Addl Reqs for Spec Memory Care Units/Homes.	111-8-62-.20(1)(a)2.	… The home shall develop an accurate written description of the special care unit that includes the following: ... 2. how the services of the special care unit are different from services provided in the rest of the assisted living program if ; …	
	2003	Addl Reqs for Spec Memory Care Units/Homes.	111-8-62-.20(1)(a)3.	... The home shall develop an accurate written description of the special care unit that includes the following: ... 3. staffing including job titles of staff who work in the Unit, staff training and continuing education requirements; …	Potential residents and families need to know who is staffing the unit. Does the facility provide a nurse, and if so, for how many hours a week? Is a nurse on call?

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	2004	Addl Reqs for Spec Memory Care Units/Homes.	111-8-62-.20(1)(a)4.	... The home shall develop an accurate written description of the special care unit that includes the following: ... 4. admission procedures, including screening criteria; …	
	2005	Addl Reqs for Spec Memory Care Units/Homes.	111-8-62-.20(1)(a)5.	... The home shall develop an accurate written description of the special care unit that includes the following: ... 5. assessment and service planning protocol, including criteria to be used that would trigger a reassessment of the resident's status before the customary quarterly review; …	The protocol should explain the kinds of changes in condition that would trigger a re-evaluation, e.g. loss of ability to ambulate.
	2006	Addl Reqs for Spec Memory Care Units/Homes.	111-8-62-.20(1)(a)6.	... The home shall develop an accurate written description of the special care unit that includes the following: ... 6. staffing patterns, including the ratio of direct care staff to resident for a 24-hour cycle, and a description of how the staffing pattern differs from that of the rest of the program; …	
	2007	Addl Reqs for Spec Memory Care Units/Homes.	111-8-62-.20(1)(a)7.	... The home shall develop an accurate written description of the special care unit that includes the following: ... 7. a description of the physical environment including safety and security features; …	
	2008	Addl Reqs for Spec Memory Care Units/Homes.	111-8-62-.20(1)(a)8.	... The home shall develop an accurate written description of the special care unit that includes the following: ... 8. a description of activities, including frequency and type, how the activities meet the needs of residents with dementia, and how the activities differ from activities for residents in other parts of the facility; …	

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	2009	Addl Reqs for Spec Memory Care Units/Homes.	111-8-62-.20(1)(a)9.	... The home shall develop an accurate written description of the special care unit that includes the following: ... 9. the program's fee or fee structure for all services provided by the unit or facility; …	Residents and their families need to be given clear information on all fees that might be charged.
	2010	Addl Reqs for Spec Memory Care Units/Homes.	111-8-62-.20(1)(a)10.	... The home shall develop an accurate written description of the special care unit that includes the following: ... 10. discharge criteria and procedures; …	
	2011	Addl Reqs for Spec Memory Care Units/Homes.	111-8-62-.20(1)(a)11.	... The home shall develop an accurate written description of the special care unit that includes the following: ... 11. the procedures that will be utilized for handling emergency situations; …	
	2012	Addl Reqs for Spec Memory Care Units/Homes.	111-8-62-.20(1)(a)12.	... The home shall develop an accurate written description of the special care unit that includes the following: ... 12. the involvement of the Unit with families and family support programs. …	
	2013	Addl Reqs for Spec Memory Care Units/Homes.	111-8-62-.20(1)(b)	**… (b) Disclosure of Description.** An assisted living program with an Alzheimer's special care unit shall disclose the written description of the special care unit to: 1. any person on request; and 2. the family or resident's representative before admission of the resident to the Memory Care Unit or program. …	
	2015	Addl Reqs for Spec Memory Care Units/Homes.	111-8-62-.20(1)(c)1.	… **(c) Physical Design, Environment, and Safety.** The memory care unit or special care unit shall be designed to accommodate residents with severe dementia or Alzheimer's Disease in a home-like environment which includes the following: 1. multipurpose room(s) for dining, group and individual activities which are appropriately furnished to accommodate the activities taking place; …	

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	2016	Addl Reqs for Spec Memory Care Units/Homes.	111-8-62-.20(1)(c)2.	... The memory care unit or special care unit shall be designed to accommodate residents with severe dementia or Alzheimer's Disease in a home-like environment which includes the following: ... 2. secured outdoor spaces and walkways which are wheel chair accessible and allow residents to ambulate safely but prevent undetected egress; …	
	2017	Addl Reqs for Spec Memory Care Units/Homes.	111-8-62-.20(1)(c)3.	... The memory care unit or special care unit shall be designed to accommodate residents with severe dementia or Alzheimer's Disease in a home-like environment which includes the following: ... 3. high visual contrasts between floors and walls and doorways and walls in resident use areas except for fire exits, door and access ways which may be designed to minimize contrast to conceal areas where the residents should not enter; …	
	2018	Addl Reqs for Spec Memory Care Units/Homes.	111-8-62-.20(1)(c)4.	... The memory care unit or special care unit shall be designed to accommodate residents with severe dementia or Alzheimer's Disease in a home-like environment which includes the following: ... 4. adequate and even lighting which minimizes glare and shadows; …	

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	2019	Addl Reqs for Spec Memory Care Units/Homes.	111-8-62-.20(1)(c)5.	... The memory care unit or special care unit shall be designed to accommodate residents with severe dementia or Alzheimer's Disease in a home-like environment which includes the following: ... 5. the free movement of the resident, as the resident chooses, between the common space and the resident's own personal space in a bedroom that accommodates no more than two (2) residents; …	
	2020	Addl Reqs for Spec Memory Care Units/Homes.	111-8-62-.20(1)(c)6.	... The memory care unit or special care unit shall be designed to accommodate residents with severe dementia or Alzheimer's Disease in a home-like environment which includes the following: ... 6. individually identified entrances to residents' rooms to assist residents in readily identifying their own personal spaces; …	
	2021	Addl Reqs for Spec Memory Care Units/Homes.	111-8-62-.20(1)(c)7.	... The memory care unit or special care unit shall be designed to accommodate residents with severe dementia or Alzheimer's Disease in a home-like environment which includes the following: ... 7. an effective automated device or system to alert staff to individuals entering or leaving the building in an unauthorized manner. A facility need not use an automated alert for an exit door when the particular exit is always staffed by a receptionist or other staff member who views and maintains a log of individuals entering and leaving the facility. If the exit	

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				door is not always staffed, then the facility must activate an automated alert when the door is not attended; …	
	2022	Addl Reqs for Spec Memory Care Units/Homes.	111-8-62-.20(1)(c)8.	... The memory care unit or special care unit shall be designed to accommodate residents with severe dementia or Alzheimer's Disease in a home-like environment which includes the following: ... 8. communication system(s) which permit staff in the unit to communicate with other staff outside the unit and with emergency services personnel as needed; …	The unit must have a functioning communication system to allow staff in the unit to summon help from others outside the unit. The system should include an internal intercom or alarm system to alert other staff and a telephone to contact emergency medical services.
	2023	Addl Reqs for Spec Memory Care Units/Homes.	111-8-62-.20(1)(c)9.	... The memory care unit or special care unit shall be designed to accommodate residents with severe dementia or Alzheimer's Disease in a home-like environment which includes the following: ... 9. a unit or home which undergoes major renovation or is first constructed after the effective date of these rules, the unit shall be designed and constructed in compliance with the current "Guidelines for Design and Construction of Healthcare Facilities", applicable to assisted living facilities with particular attention to the requirements for a facility choosing to provide Alzheimer's and dementia care, published by the American Institute of Architects Press. …	If using an architect or engineer to develop or renovate the unit or home, it is expected that the referenced Guidelines would be used. Units first licensed after March 9, 2010 are expected to meet this requirement.
	2024	Addl Reqs for Spec Memory Care Units/Homes.	111-8-62-.20(1)(d)1.	… **(d) Staffing and Initial Staff Orientation.** The home shall ensure that the contained unit is staffed with sufficient specially trained staff to meet the unique needs of the residents in the unit, including the following:	This provision is consistent with the medication regulations for all personal care homes, Rule 111-8-62-.21. Under Rule 111-8-62-.21(3), non-licensed staff working in a personal care home may assist with or supervise resident's medications to the extent outlined. In the specialized unit, non-licensed staff may continue to provide assistance to residents, who are capable of self-administration by storing the medication for the residents in properly identified containers, reminding the residents of the time to take

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				1. a licensed registered nurse or a licensed practical nurse who is working under the supervision of a licensed physician or registered nurse shall administer medications to the residents who are incapable of self-administration of medications; …	the medication, physically assisting the residents in pouring the medication and checking the dosage to be administered. In addition, a licensed registered nurse or a licensed practical nurse working under the supervision of a licensed physician or registered nurse is permitted to administer medications. "Incapable of self-administration of medications" means that the resident requires more than assistance with or supervision of medications. As an example, residents would be determined to be incapable of self-administration if they do not participate independently in the administration of the medication as indicated by receiving the medication in their own hands and placing it voluntarily in their own mouths or, if unable to hold the medication properly, being able to acknowledge the need for assistance in getting the medication to their mouths but swallowing it voluntarily. All PRN medications require a written physician's order and must include the symptoms to be relieved by the medication and the maximum number of doses to be taken within a 24-hour period. Resident's behavior and request for the PRN medication shall be documented on the medication assistance record prior to and after the self-administration of the medication by the resident. A written physician's order is required for any medication that is crushed and the resident's physical exam must contain documentation that the resident requires crushed medications due to a physical condition or to aid in swallowing the medication. It is not acceptable to hide medications in food because the resident actively refuses to take the medications.
	2025	Addl Reqs for Spec Memory Care Units/Homes.	111-8-62-.20(1)(d)2.	… The home shall ensure that the contained unit is staffed with sufficient specially trained staff to meet the unique needs of the residents in the unit, including the following: ... 2. at least one awake staff member who is supervising the unit at all times and sufficient numbers of trained staff on duty at all times to meet the needs of the residents; …	Staffing levels may need to fluctuate above the minimum of one awake staff at all times to accommodate behavior patterns of particular residents in the unit and census of the unit.
	2026	Addl Reqs for	111-8-62-	… The home shall ensure that the	The orientation program should include handling emergencies that might

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		Spec Memory Care Units/Homes.	.20(1)(d)3.	contained unit is staffed with sufficient specially trained staff to meet the unique needs of the residents in the unit, including the following: ... 3. staff who, prior to caring for residents independently, have successfully completed an orientation program that includes at least the following components in addition to the general training required in Rule 111-8-62-.10 : (i) the facility's philosophy related to the care of residents with dementia in the unit; (ii) the facility's policies and procedures related to care in the unit and the staff's particular responsibilities including wandering and egress control; and (iii) an introduction to common behavior problems characteristic of residents residing in the unit and recommended behavior management techniques. …	arise including which staff is responsible for initiating Mattie's Call, notifying the Department; how to over-ride locks if a power failure occurs; basic tips on redirecting agitated residents; specific behaviors of residents who require management, etc.. The after regular business hours telephone number for making necessary reports to the Department is 404-276-8557.
	2029	Addl Reqs for Spec Memory Care Units/Homes.	111-8-62-.20(1)(e)	**… (e) Initial Staff Training.** Within the first six months of employment, staff assigned to the Unit shall receive training in the following topics: 1. the nature of Alzheimer's Disease and other dementias, including the definition of dementia, the need for careful diagnosis and knowledge of the stages of Alzheimer's Disease; 2. common behavior problems and recommended behavior management techniques; 3. communication skills that facilitate better resident-staff relations; 4. positive therapeutic interventions and activities such as exercise, sensory	Low cost, on-line courses are available through the Alzheimer's Organization, www.alz.org. The unit is required to retain documentation of staff's training. Such documentation could be a roster of staff in attendance with an outline of training topics covered.

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				stimulation, activities of daily living skills; 5. the role of the family in caring for residents with dementia, as well as the support needed by the family of these residents; 6. environmental modifications that can avoid problematic behavior and create a more therapeutic environment; 7. development of comprehensive and individual service plans and how to update or provide relevant information for updating and implementing them consistently across all shifts, including establishing a baseline and concrete treatment goals and outcomes; 8. new developments in diagnosis and therapy that impact the approach to caring for the residents in the special unit; 9. skills for recognizing physical or cognitive changes in the resident that warrant seeking medical attention; and 10. skills for maintaining the safety of residents with dementia.	
	2039	Addl Reqs for Spec Memory Care Units/Homes.	111-8-62-.20(1)(f)	… **(f) Special Admission Requirements for Unit Placement.** Ninety days after the effective date of these rules, residents first admitted to the memory care unit, shall have a physician's report of physical examination completed within 30 days prior to admission on forms provided by Department. The physical examination must clearly reflect that the resident has a diagnosis of probable Alzheimer's Disease or other dementia and has symptoms which demonstrate a need for placement in the specialized unit. However, the unit may also care for a resident who does not have a probable diagnosis of Alzheimer's	Departmental Physical Examination form is required for any admissions occurring on or after March 9, 2010 because completion of the form ensures that there is adequate documentation to reflect that placement in a Memory Care Unit is appropriate for the particular resident. A resident who requires 24-hour skilled nursing care for management of their medical needs shall not be admitted to the Memory Care Unit. Similarly, a resident who is not ambulatory as defined elsewhere in these rules shall not be admitted to the Memory Care Unit even though the resident otherwise qualifies for care in the Unit.

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				Disease or other dementia, but desires to live in the unit as a companion to a resident with a probable diagnosis of Alzheimer's Disease or other dementia with whom the resident has a close personal relationship. In addition, the physical examination report must establish that each potential resident of the unit does not require 24-hour skilled nursing care. ...	
	2040	Addl Reqs for Spec Memory Care Units/Homes.	111-8-62-.20(1)(g)	… **(g) Post-Admission Assessment.** The facility shall assess each resident's care needs to include the following components: resident's family supports, level of activities of daily living functioning, physical care needs and level of behavior impairment. …	Initial post-admission assessment is required to ensure that the home can meet the needs of the resident upon arrival and staff can facilitate the immediate adjustment of the resident to placement in the Unit.
	2041	Addl Reqs for Spec Memory Care Units/Homes.	111-8-62-.20(1)(h)	… **(h) Individual Service Plans.** The post-admission assessment shall be used to develop the resident's individual service plan within 14 days of admission. The service plan will be developed by a team with at least one member of the direct care staff participating and input from each shift of direct care staff that provides care to the resident. All team members participating shall sign the service plan and the service plan will be shared with the direct care staff providing care to the resident and serve as a guide for the delivery of services to the resident. …	

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	2042	Addl Reqs for Spec Memory Care Units/Homes.	111-8-62-.20(1)(h)1.	… The [individual] service plan shall include the following: 1. a description of the resident's care and social needs and the services to be provided, including frequency to address care and social needs; …	The service plan needs to address what services are going to be provided on which shifts.
	2043	Addl Reqs for Spec Memory Care Units/Homes.	111-8-62-.20(1)(h)2.	… The [individual] service plan shall include the following: 2. resident's particular preferences regarding care, activities and interests; …	
	2044	Addl Reqs for Spec Memory Care Units/Homes.	111-8-62-.20(1)(h)3.	… The [individual] service plan shall include the following: 3. specific behaviors to be addressed with interventions to be used; …	
	2045	Addl Reqs for Spec Memory Care Units/Homes.	111-8-62-.20(1)(h)4.	… The [individual] service plan shall include the following: 4. names of staff primarily responsible for implementing the service plan; …	
	2046	Addl Reqs for Spec Memory Care Units/Homes.	111-8-62-.20(1)(h)5.	… The [individual] service plan shall include the following: 5. evidence of family involvement in the development of the plan when appropriate; …	It is important that the resident's family is involved in assisting staff in developing a meaningful service plan that is individualized for the resident. Family involvement serves as an important vehicle for minimizing misunderstandings regarding care to be provided and ensuring that care is provided in accordance with the service plan.
	2047	Addl Reqs for Spec Memory Care Units/Homes.	111-8-62-.20(1)(h)6.	… The [individual] service plan shall include the following: 6. evidence of the service plan being updated at least quarterly or more frequently if needs of resident change substantially. …	Evidence may take the form of a sign-off by key staff that the plan has been reviewed ON SPECIFIC DATE and no changes in the plan are required. However, if the resident experiences a significant change in condition that requires an adjustment of the service plan, then the changes must be documented in the service plan.

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	2048	Addl Reqs for Spec Memory Care Units/Homes.	111-8-62-.20(1)(i)	… **(i) Therapeutic Activities.** The unit shall provide activities appropriate to the needs of the individual residents and adapt the activities, as necessary, to encourage participation of the residents in the following at least weekly with at least some therapeutic activities occurring daily: 1. gross motor activities; e.g. exercise, dancing, gardening, cooking, etc; 2. self-care activities; e.g. dressing, personal hygiene/grooming; 3. social activities; e.g. games, music; 4. crafts; e.g. decorations, pictures; 5. sensory enhancement activities, e.g. distinguishing pictures and picture books, reminiscing and scent and tactile stimulation; and 6. outdoor activities; e.g. walking outdoors, field trips.	Ideally, there should be a calendar of planned activities made available to residents and their families. Families may use the activities calendar to engage residents in recall activities.
	2054	Addl Reqs for Spec Memory Care Units/Homes.	111-8-62-.20(2)	Ninety days after the effective date of these rules, no licensed personal care home shall hold itself out as providing specialized care for residents with probable Alzheimer's disease or other dementia or charge a differential rate for care of residents with cognitive deficits that place the residents at risk of engaging in unsafe wandering activities (eloping) unless it meets the additional requirements specified in Rule 111-8-62-.20(1) and its subparagraphs (a) through (i) above. Authority: O.C.G.A. §§ 31-2-9, 31-7-1, 31-7-2, 31-7-2.1, 31-7-12,, 31-8-180 et seq. and 43-26-32.	Effective date: March 9, 2010.

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1901	2101	Medications.	111-8-62-.21	**Medications.** All medications required by a resident in a personal care home shall be administered by the resident except when a resident, although generally capable of self-administration, requires administration of oral or topical medication by or under supervision of a functionally literate staff person, through arrangements made by the resident or the home.	Facilities must establish procedures governing the supervision of medications, if this service is provided by the home. Medications required by the residents may include over the counter medications, vitamins, herbs, nasal sprays, eye drops, analgesic creams, injectable medications, PRN (as needed) medications, etc. All residents capable of self-administering medications must be allowed to do so. Residents regardless of where they live in the licensed home may be assisted and supervised in self-administration of medications but may not require more assistance and supervision by staff than the extent allowed in Rules 111-8-62-.21(3) 111-8-62-.20, if applicable.. Note: The home may not require residents to obtain medications from a specific pharmacy or pharmacist as this is a violation of Rule 111-8-62-.26(2)(f).
1902	2102	Medications.	111-8-62-.21(1)	Injectable medications may only be self-administered or administered by an appropriately licensed person with the following exceptions: (a) Administration of epinephrine under established medical protocol to residents with a known anaphylactic reaction; and (b) Administration of insulin under established medical protocol by a staff person provided that the resident's personal physician has designated a staff person or persons who have been trained and are qualified to administer the insulin to that particular resident. A statement from the resident's physician certifying which staff person or persons have been trained must be maintained in the resident's file.	All injectable medications, with the exception of epinephrine and insulin, must be self-administered or administered by an appropriately licensed person (i.e. an RN, LPN, physician's assistant, pharmacist, emergency medical technician or medical doctor, as their practice act allows) who is NOT an employee of the personal care home. Epinephrine and insulin may be administered by non-licensed staff if the resident's physician has identified the person(s) to administer the epinephrine or insulin, has trained the person(s) to administer the medications and a statement from the resident's physician verifies those staff person(s) who have been trained. Training on insulin and epinephrine for all non-licensed staff should include instructions on "Sliding Scale Insulin". Documentation from the physician should include the specific protocols to be followed. Epinephrine and insulin may be administered by an appropriately licensed person who is an employee of the home without the requirement of physician designation and the training statement. While this rule allows for the administration of insulin by a staff member of the home who is not licensed, there is no provision for the administration of

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					glucose monitoring devices. Residents' abilities/needs regarding glucose monitoring devices fall into three categories with different requirements related to each: 1. For residents who perform glucose monitoring without assistance, the home staff may assist the resident by providing watchful oversight such as reminding the resident. 2. For residents who are not capable of total self administration of glucose testing but who can read, understand and utilize the read out results, the home staff may physically assist the resident to perform the blood glucose test. 3. For residents who are unable to read the print out results or perform any part of the test, the home staff may perform the blood glucose testing if the home obtains a CLIA (Clinical Laboratories Improvements Amendments of 1988) certificate of waiver from the Department and performs the monitoring in accordance with all state and federal regulations. Contact the Healthcare Facility Regulation Division, Diagnostic Services Unit, 2 Peachtree Street, Suite 32-415, Atlanta, Georgia 30303; telephone 404-657-5450 for information on CLIA waivers.
1904	2104	Medications.	111-8-62-.21(2)	Responsibility for initial acquisition and refilling of prescribed medications shall be specifically assigned in the admission agreement to either the resident, representative or legal surrogate, if any, or the administrator or on-site manager.	To ensure that needed medications are available and to protect the interests of the home and residents, the home must require written acknowledgement in the admission agreement which assigns responsibility for the initial acquisition and refilling of prescribed medications. Detailed protocols including time-lines should be addressed in the facility's Policies and Procedures
1905	2105	Medications.	111-8-62-.21(3)	A resident who is not capable of independent self-administration of medication may be assisted and supervised in self-administration by staff to the following extent: (a) He or she may be reminded of the time to take medication; (b) The medication regimen as indicated on the container label may be read to him or her; (c) The dosage he or she self-administers may be checked according to the container	All staff responsible for assisting and supervising medications must be functionally literate, i.e. able to read medication labels and act in accordance with the instructions. Staff may also assist residents with getting fluids such juice, water, etc for residents to take. GUIDANCE TO SURVEYOR: Check facility medication policies and procedures when medication deficiencies are cited.

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				label; and (d) He or she may be physically assisted in pouring or otherwise taking medication;	
1908	2108	Medications.	111-8-62-.21(4)(a)	Storage of Medications: (a) Medications shall be stored under lock and key at all times whether kept by a resident or kept by the home for the resident, except when required to be kept by a resident on his or her person due to need for frequent or emergency use, as determined by the resident's physician, or when closely attended by a staff member; ...	All medications are to be kept under lock and key to secure medications from unintentional uses. Medications include prescription medications, vitamins, herbal medications and all over the counter medications. Refrigerated medications must also be kept under lock and key. The home may place the medication in a locked container and place the container in the refrigerator.
1909	2109	Medications.	111-8-62-.21(4)(b)	(b) Medication kept by a resident may be stored in the resident's bedroom, in a locked cabinet or other locked storage container. Single occupancy bedrooms which are kept locked at all times are acceptable. Duplicate keys shall be available to the resident and the administrator, on-site manager or designated staff.	All medications are to be kept under lock and key to secure medications from unintentional uses. Medications include prescription medications, vitamins, herbal medications and all over the counter medications. Refrigerated medications must also be kept under lock and key. The home may place the medication in a locked container and place the container in the refrigerator. Bio-hazardous waste containers must be made available as warranted. Facility should have policies and procedures regarding storage.

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1910	2110	Medications.	111-8-62-.21(5)	Medications shall be kept in original containers with original label intact.	Weekly pill organizers or other containers which are not original containers with original labels from the pharmacist are prohibited by this rule unless provided by the resident or resident's family for residents who do not require assistance with or supervision of medications. If non-original containers are provided by the resident or the resident's family or guardian, the admissions agreement or other document must clearly specify that the entity responsible for resident's medications has been specifically assigned to the resident or resident's family or guardian.
1911	2111	Medications.	111-8-62-.21(6)	Medications shall be properly labeled and handled in accordance with current applicable laws and regulations. Authority: O.C.G.A. §§ 31-2-9, 31-7-2.1, 31-7-1 and 31-7-12.	All medications, including injectable medications, must be properly labeled. All labels must be prepared by the pharmacist or the physician. All sample medications must be under written order from the physician and properly labeled prior to routing to the facility. Discontinued medications are considered resident's property and must be returned to the resident, resident's representative or guardian or appropriate family member. Medications left by the resident and unclaimed after notice to the resident may be disposed of by the facility staff and documented in the resident's record. Facilities may contract with waste disposal services, who are licensed to dispose of chemical waste. The facility may obtain additional guidance on the disposal of medications from their local pharmacy.
2001	2201	Nutrition.	111-8-62-.22(1)	**Nutrition.** A minimum of three regularly scheduled, well-balanced, meals shall be assured seven days a week. Not more than fourteen hours shall elapse between the substantial evening and morning meal. 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. Meals shall be of sufficient quantity, proper form, consistency and temperature. Food for at least one nutritious snack shall be available and offered each midafternoon and evening.	The personal care home is required to provide three meals per day served at approximately the same time each day. Resident preferences should be considered in scheduling meal times. A home that serves clients who attend a day program may provide a packed lunch or make arrangements with the day program for lunch for the residents. General requirements for meal planning for generally accepted nutritional guidelines include meal patterns/plans from associations or organizations such as the Dairy Council, American Diabetes Association, American Diabetic Association, United States Department of Agriculture (Food Guide Pyramid), a state Dietetic Association Diet Manual, county extension home economists, etc. Menus and meals must include a variety of food items representing all food types. A sample of food groups and servings which may be served each day to meet general minimum requirements include: MILK: 2 ONE CUP SERVINGS (or cheese, ice

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					cream, cottage cheese, pudding made from milk) MEAT: 2 OR MORE 3 OUNCE SERVINGS (edible meat, meat substitutes, 1 egg equals one ounce of meat) FRUITS AND VEGETABLES: 4 OR MORE 1/2 CUP SERVINGS BREADS AND CEREALS: 4 OR MORE SERVINGS Meals should be of quality and quantity to maintain resident weight and be acceptable to the residents. Food should be in a form and of a consistency which the resident can tolerate, chew and swallow. Food should be served at appropriate temperatures, i.e. hot foods are served hot and cold foods are served cold. A nutritious snack is any food item or combination of items from the generally accepted food guides. Snacks must be listed on the menu in accordance with Rule 111-8-62-.22(1) and (9). GUIDANCE TO SURVEYOR: Calculated the time between the evening and morning meals thirty (30) minutes after the beginning of the evening meal to the beginning of the morning meal.
2002	2202	Nutrition.	111-8-62-.22(2)	All perishable foods shall be stored at such temperatures as will protect against spoilage.	Perishable foods include but are not limited to potentially hazardous foods such as meat, poultry, fish, eggs, milk, milk products, fresh fruits and vegetables, juices, mayonnaise. Perishable foods should be maintained in refrigeration units at 41 degrees F. or below or in freezers at or below 0 degrees F..
2003	2203	Nutrition.	111-8-62-.22(3)	All foods while being stored, prepared or served shall be protected against contamination and be safe for human consumption.	All food items must be stored off the floor and on clean surfaces. Refrigerators and freezers, cupboards and food storage areas should be clean. All food must be handled in a safe, sanitary manner. Food must be thawed in refrigerators or under cold running water in an unplugged sink. All cooking surfaces, utensils, equipment and counter surfaces must be clean. All plates, cups, eating utensils, pots, pans and serving utensils must be stored clean, dry and in good condition (free of breaks, cracks, chips). Disposable utensils should be used only one time. Dishes and utensils must be properly washed, rinsed and cleaned. Food must be protected from contamination during service and delivery. Food service workers must handle and cook food properly with proper hand washing at all times. Leftovers are refrigerated, covered, labeled and dated immediately after service. Ground meat must be cooked thoroughly. Hot foods should leave the kitchen (or steam table) above 140 degrees F and cold foods below 41 degrees F.

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2004	2204	Nutrition.	111-8-62-.22(4)	Food received or used in a personal care home shall be from sources considered satisfactory by the county and the Department and shall be clean, wholesome, free from spoilage, adulteration, and misbranding, and safe for human consumption.	Food must be purchased or obtained from approved sources such as commercial vendors or grocery stores and used in accordance with shelf life to ensure adequate nutritional value and safety for human consumption.
2005	2205	Nutrition.	111-8-62-.22(5)	A home shall have a properly equipped kitchen to prepare regularly scheduled, well-balanced, meals unless it arranges for meals with a permitted food service establishment.	The kitchen must have the equipment necessary to prepare the menu items for the number of residents in the home. If the home does not prepare meals from the facility's kitchen which is on the premises of the licensed personal care home, the home may contract with a permitted food service establishment for the provision of resident meals and snacks. If the home serves persons other than those in the licensed personal care home (e.g. day care residents, residents from another licensed personal care home) , the home may be subject to food service regulations as required by the county public health department, regardless of the size of the permitted personal care home.
2006	2206	Nutrition.	111-8-62-.22(6)	A home shall possess a valid food service permit where applicable.	Homes permitted for more than twenty-four (24) residents must possess a valid food service permit issued under Chapter 290-5-14, Rules and Regulations for Food Service. Homes permitted for fewer than twenty-five (25) residents are not required to obtain a food service permit.
2007	2207	Nutrition.	111-8-62-.22(7)	A home shall maintain a three day supply of non-perishable foods for emergency needs.	Sufficient non-perishable food should be on hand to serve the resident population three (3) meals per day for three (3) days. Nonperishable food is defined as foods that are stored without refrigeration or freezing and may be served without cooking. Nonperishable food which requires cooking may be counted in the food supply provided the home demonstrates that an alternative means is available for food preparation.
2008	2208	Nutrition.	111-8-62-.22(8)	Menus shall be written and posted 24 hours prior to serving of the meal. Any change or substitution shall be noted and considered as a part of the original menu.	The menu for the entire day should be planned and posted in an area where residents know the menu can be found. The menu should include snacks.
2009	2209	Nutrition.	111-8-62-.22(9)	A home shall maintain records of all menus as served. Menus shall be kept on file for thirty days for review by the Department.	All records of changes and substitutes must also be kept on file for 30 days.

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2010	2210	Nutrition.	111-8-62-.22(10)	A minimum of one individual qualified by training or by experience and performance shall be responsible for food preparation. Additional food service staff, including relief persons necessary for regular and timely meals, shall be employed.	The personnel file of the person designated as responsible for food service should have evidence of experience and training in food service. The person designated as responsible for food preparation should be knowledgeable in these areas: * planning nutritious meals, * purchasing food and supplies, * preparing food to meet the needs of the residents, * maintaining sanitary food preparation and service standards.
2011	2211	Nutrition.	111-8-62-.22(11)	A home shall arrange for special diets as prescribed. Authority: O.C.G.A. §§ 31-2-9 and 31-7-2.1.	A personal care home may limit the special diets provided by the home and must include this restriction in its admission policies. However, if a resident has orders for a special diet from a physician, then the special diet must be prepared and served for the resident or the resident must be relocated to a facility which can meet the resident's needs.
0901	2301	Temperature Conditions. Amended.	111-8-62-.23(1)	**Temperature Conditions.** The temperature throughout the home shall be maintained by an adequate central heating system or its equivalent at ranges which are consistent with individual health needs of residents. During winter months, temperature during waking hours should be maintained at 70-75 degrees F and shall not drop below 62 degrees F during sleeping hours.	Equivalents to central heating may include individual room heaters and air conditioning units or combination heating/cooling units. NOTE: Portable space heaters are prohibited from use according to fire safety regulations. All areas of the home shall have heat. Residents should not be made susceptible to conditions that induce loss of body heat or hypothermia or that increase susceptibility to respiratory ailments or colds. Waking hours at a minimum are from 7:00 A.M. to 8:00 P.M., but may vary according to the needs of the specific resident population.
0902	2302	Temperature Conditions. Amended.	111-8-62-.23(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 F. No resident shall be in any residence area that exceeds 85 degrees F. Authority: O.C.G.A. §§ 31-2-9 and 31-7-2.1.	Residents should be comfortable in all areas of the home. Residents should not exhibit signs or symptoms related to exposure to heat extremes. A personal care home may be required to monitor the inside temperatures if there is a question as to whether this rule is met. GUIDANCE TO SURVEYOR: Check the temperature using the facility's thermometer as well as your thermometer. Document date, time and location of the temperature check. Interview residents and staff to determine the effect of the temperature condition on residents. Where appropriate, check resident files for medications that may have adverse effects in excessive temperatures.

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1101	2401	Supplies.	111-8-62-.24(1)	**Supplies.** The home shall have a supply of first-aid materials available for use. This supply shall include, at a minimum, band aids, thermometer, tape, gauze, and an antiseptic.	The first aid materials are not limited to band aids, thermometer, tape, gauze and an antiseptic. Other materials may also be needed depending on the needs of the residents. First aid materials must not be expired.
1102	2402	Supplies.	111-8-62-.24(2)	A home shall insure that soap at the sinks and toilet tissue at each commode are provided for use by the residents.	A variance or waiver must be obtained for any departure from this rule,
1103	2403	Supplies.	111-8-62-.24(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. §§ 31-2-9 and 31-7-2.1.	Paper towels are acceptable as meeting the requirement of this rule.
1701	2501	Resident Files.	111-8-62-.25(1)	**Resident Files.** An individual resident file shall be maintained by the administrator or on-site manager for each resident in the home. Personal information shall be treated as confidential and shall not be disclosed except to the resident and his or her representative or legal surrogate, if any, an authorized agent of the Department, and others to whom written authorization is given by the resident or his representative or legal surrogate, if any. The resident file shall be made available for inspection and/or copy to the resident or the resident's representative or legal surrogate, if any, upon request. The resident file shall be available for inspection and/or copy to the resident or the resident's representative or legal surrogate, if any, upon request.	The home must have the needed information in a separate file for each resident and the information must be maintained in a confidential manner.

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1702	2502	Resident Files.	111-8-62-.25(2)(a)	Each resident file shall include the following information: (a) identifying information including name, social security number, veteran status and number, age, sex and previous address; ...	
1703	2503	Resident Files.	111-8-62-.25(2)(b)	Each resident file shall include the following information: ... (b) name, address and telephone number of next of kin, legal guardian and/ or representative or legal surrogate, if any, or representative payee and any court order or written document designating the resident's representative or legal surrogate, if any; ...	The home must have the necessary information to contact the resident's next of kin, legal guardian or representative in case of an accident or sudden change in condition. This information must be kept up to date.
1704	2504	Resident Files.	111-8-62-.25(2)(c)	Each resident file shall include the following information: ... (c) name, address and telephone number of any person or agency providing additional services to the resident. This information shall include the name of the agency personnel primarily responsible, (i.e., the caseworker, case manager, or therapist);	The home must have the necessary information to contact the agency personnel responsible in case of an accident or sudden change in condition. This information must be kept up to date.
1705	2505	Resident Files.	111-8-62-.25(2)(d)	Each resident file shall include the following information: (d) date of admission; prior residence of resident; referral source; agency contact and telephone number of referral source; ...	

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1706	2506	Resident Files.	111-8-62-.25(2)(e)	Each resident file shall include the following information: ... (e) date of discharge; facility or residence discharged to and telephone number; ...	
1707	2507	Resident Files.	111-8-62-.25(2)(f)	Each resident file shall include the following information: ... (f) the name, address and telephone number of a physician, hospital and pharmacy of the resident's choice; ...	The home must have the necessary information to identify and contact the resident's physician, hospital and pharmacy when needed. This information must be kept up to date.
1708	2508	Resident Files.	111-8-62-.25(2)(g)	Each resident file shall include the following information: ... (g) a record of all monetary transactions conducted on behalf of the resident with itemized receipts of all disbursements and deposits; ...	When the home purchases items for a resident with the residents money, the home must keep a record of all monetary transactions and itemized receipts.
1709	2509	Resident Files.	111-8-62-.25(2)(h)	Each resident file shall include the following information: ... (h) a record of all monies and other valuables entrusted to the home for safekeeping; a receipt for same shall be provided to the resident or representative or legal surrogate, if any, at the time of admission and at anytime thereafter when the resident acquires additional property and wishes to entrust such property to the home for safekeeping; ...	

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1710	2510	Resident Files.	111-8-62-.25(2)(i)	Each resident file shall include the following information: ... (i) health information including all health appraisals, diagnoses, prescribed diets, medications, and physician's instructions; ...	A copy of all physician's orders must be maintained in the resident's file. All PRN and sample medications must be under written orders from the physician. The home must maintain documentation of all medications, prescriptions or over the counter medications, which are supervised by staff. The documentation record must include the observed drug and dosage taken by the resident, the date and time, the name of the staff person responsible for supervising or assisting in self-administration of medications.
1711	2511	Resident Files.	111-8-62-.25(2)(j)	Each resident file shall include the following information: ... (j) an inventory of all personal items brought to the home by the resident to be updated at anytime after admission if a resident or representative or legal surrogate, if any, submits to the home a new inventory of the resident's personal items; ...	An "inventory" means an itemized list of property. Items such as toiletries do not need to be inventoried.
1712	2512	Resident Files.	111-8-62-.25(2)(k)	Each resident file shall include the following information: ... (k) a signed copy of the Resident's Rights form; ...	This can be a signed copy of Rule 111-8-62-.26 (Residents Rights), a signed statement acknowledging receipt of a copy of the Residents' Rights rule, a signed copy of the Residents' Rights form from the Exhibits packet, etc..
1713	2513	Resident Files.	111-8-62-.25(2)(l)	Each resident file shall include the following information: ... (l) a signed copy of the admission agreement; ...	This means a signed copy of the admission agreement between the resident and the home.

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1714	2514	Resident Files.	111-8-62-.25(2)(m)	Each resident file shall include the following information: ... (m) any power of attorney or document issued by a court or by the Social Security Administration or any other governmental authority which designates another person as responsible for management of the resident's finances; ...	If the resident has a power of attorney or other such document in effect, a copy must be maintained in the resident's file.
1715	2515	Resident Files.	111-8-62-.25(2)(n)	Each resident file shall include the following information: (n) a copy of a living will and/or durable power of attorney for health care if executed prior to 2007 or a copy of the Georgia advance directive for health care, if any, the forms for which shall be made available at the time of admission and shall remain available to the resident; ...	If the resident has an advance directive for durable power of attorney for health care or living will if executed *prior to* 2007 or an advance directive for healthcare if executed *after* 2007, a copy must be maintained in the resident's file. If the resident does not have an advance directive or durable power of attorney for health care or a living will, the home must make the forms available. This does not mean that the home should require or otherwise coerce a resident to execute an advance directive for health care. The home must maintain documentation in the resident's file indicating that this information was provided to residents upon admission.
1716	2516	Resident Files.	111-8-62-.25(2)(o)	Each resident file shall include the following information: (o) a copy of the resident's written waiver of the personal needs allowance charge pursuant to the provisions of Rule 111-8-62-.26(p)1.; ...	Residents Rights provides that a resident has a right to a personal needs allowance of $5.00 per week. The $5.00 is intended to be a part of the home's weekly or monthly fee and is passed on to the resident. If the resident does not wish to receive the personal needs allowance, it must be waived. Documentation of the written waiver must be maintained in the resident's file.
1717	2517	Resident Files.	111-8-62-.25(2)(p)	Each resident file shall include the following information: (p) a copy of the physician's statement certifying which staff person or persons have been trained and are qualified to administer insulin to the resident pursuant to the provisions of Rule 111-8-62-.21(1)(b).	Per Rule 111-8-62-.21(1)(b), residents who require administration of insulin must have a written statement from the resident's physician verifying which staff has been trained to administer the insulin.

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1719	2519	Resident Files.	111-8-62-.25(3)	The following information may be given voluntarily by the resident, guardian, or representative or legal surrogate, if any, but may not be required: (a) religious preference, church membership, name and telephone number of minister, priest or rabbi; and (b) information about insurance policies and prearranged funeral and burial provisions, if any.	This information can be supplied to the home, but is not required. There is no prohibition against keeping this information in the resident's file.
1721	2521	Resident Files.	111-8-62-.25(4)	Resident files shall be maintained by the home for a period of three years after a resident's discharge. Authority: O.C.G.A. §§ 31-2-9, 31-7-2.1, 31-8-131 et seq. and 31-32-1 et seq.	
1801	2601	Residents' Rights.	111-8-62-.26(1)	**Residents' Rights.** As a minimum, the following rights shall be guaranteed and cannot be waived by the resident or the resident's representative or legal surrogate, if any:	
1802	2602	Residents' Rights.	111-8-62-.26(1)(a)	Each resident shall receive care, and services 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 service;	

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1803	2603	Residents' Rights.	111-8-62-.26(1)(b)	No resident shall be punished or harassed by the facility, its agents or its employees because of the resident's efforts to enforce his or her rights;	
1804	2604	Residents' Rights.	111-8-62-.26(1)(c)1.	Each resident shall have the right to: 1. exercise the constitutional rights guaranteed to citizens of this state and this country including, but not limited to, the right to vote; ...	Exercise constitutional rights' means that residents have autonomy and choice, to the maximum extent possible, about how they wish to live their everyday lives and receive care, subject to the facility's rules, as long as those rules do not violate a state regulation or rule. Residents are assisted in exercising their rights by staff. Assistance includes things like help obtaining absentee ballots and reminding residents of election dates.
1805	2605	Residents' Rights.	111-8-62-.26(1)(c)2.	Each resident shall have the right to: ... 2. choose activities and schedules consistent with the resident's interests, and assessments; ...	Residents make decisions about aspects of life that are important to him/her such as times to rise and retire, how they spend their time, activity preferences and pursuits, meal times, and aspects of day-to-day life. Resident opinion are respected and followed to the extent possible in the schedule of the resident's life. The staff is knowledgeable and makes adjustments to allow the resident to exercise choice and self-determination.
1806	2606	Residents' Rights.	111-8-62-.26(1)(c)3.	Each resident shall have the right to: ... 3. interact with members of the community both inside and outside the home and to participate fully in the life of the community; ...	Residents are able to visit with anyone of their choice, including, but not limited to family, friends, physicians, clergy, and service providers. Residents can visit with other residents of the facility as desired. Residents are able to participate in community events and to come and go as they desire as long as their safety is assured.
1807	2607	Residents' Rights.	111-8-62-.26(1)(c)4.	Each resident shall have the right to: ... 4. make choices about aspects of his or her life in the home that are significant to the resident;	This may include food preferences, clothing, etc.
1808	2608	Residents' Rights.	111-8-62-.26(1)(d)	Each resident shall have the right to enjoy privacy in his or her room; facility personnel and others shall respect this right by knocking on the door before entering the resident's room…;	"Right to privacy" means the resident has the right to be free from unwanted and unauthorized intrusions. Privacy may mean being apart from all people or being apart from some persons, or being apart from observation.

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1809	2609	Residents' Rights.	111-8-62-.26(1)(e)	Each resident may associate and communicate privately with persons and groups of his or her choice.	
1810	2610	Residents' Rights.	111-8-62-.26(1)(f)	Residents shall have the right of freedom from eavesdropping and the right to private and uncensored communication with anyone of the resident's choice;	Residents are given privacy for telephone use and freedom from intrusions during conversations. Privacy does not mean that a facility is prohibited from monitoring the whereabouts and well-being of a resident.
1811	2611	Residents' Rights.	111-8-62-.26(1)(g)	If a resident is married and the spouse is also a resident in the facility, they shall be permitted to share a room unless they request otherwise;	The right of residents who are married to each other to share a room does not give a resident the right, or the home the responsibility, to compel another resident to relocate to accommodate a spouse. The rule means that when a room is available for a married couple to share, the home must permit them to share the room if they choose. Requests by married couples to share room should be accommodated by the home whenever possible. If a room is shared by spouses, the room must conform to the minimum requirements for a room designated for two people, i.e. 80 square feet of living space per person.
1812	2612	Residents' Rights.	111-8-62-.26(1)(h)	Each resident shall be treated with dignity, kindness, consideration and respect and be given privacy in the provision of personal care. Each resident shall be accorded privacy and freedom for the use of bathrooms at all hours;	Staff must address a resident in a respectful and dignified manner. Residents should be called by their names. Residents must not be subjected to derogatory language or rough handling. Residents must be granted privacy when going to the bathroom and in other activities of personal hygiene. “Privacy” means the resident has the right to be free from unwanted and unauthorized intrusions. Staff must examine residents in a manner that maintains the privacy of their bodies at all times. If a resident requires assistance, authorized staff should respect the resident’s need for privacy. Only authorized staff directly involved in the resident’s care or treatment should be present when care and treatments are provided. People not involved in the resident’s care should not be present without the resident’s consent. Methods of providing privacy include, but are not limited to, closing doors, blinds, curtains, and use of screens. Residents should not be denied access or have restrictions or limitations placed on the use of bathrooms.

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1813	2613	Residents' Rights.	111-8-62-.26(1)(i)	No religious belief or practice shall be imposed upon any resident. Residents must 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;	Residents are not coerced, forced, or compelled to accept or practice a particular religion or to attend religious services or activities not of their choice. The home, to the extent possible, should accommodate an individual's needs and choices for how he or she spends time, both inside and outside of the facility. The staff should assist the resident in the pursuit of activities outside and inside the facility.
1814	2614	Residents' Rights.	111-8-62-.26(1)(j)	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 physical or chemical restraints and the right to be free from isolation, corporal, or unusual punishment including interference with the daily functions of living, such as eating or sleeping;	Residents must not be subjected to abuse, neglect, or exploitation by anyone, including, but not limited to, facility staff, other residents, consultants or volunteers, staff of other agencies serving the resident or other residents, family members of staff, friends, or other individuals. "Abuse" means any intentional or grossly negligent act or series of acts or intentional or grossly negligent omission to act which causes injury to a resident, including, but not limited to, assault or battery, failure to provide treatment or care, or sexual harassment of the resident. "Mental abuse" includes, but is not limited to, humiliation, harassment, threats of punishment or deprivation. "Verbal abuse" refers to any use of oral, written or gestured language that includes disparaging and derogatory terms to residents or their families, or within their hearing distance, to describe residents, regardless of their age, ability to comprehend, or disability. "Sexual abuse" includes, but is not limited to, sexual harassment, sexual coercion, or sexual assault. "Physical abuse" includes, but is not limited to, hitting, slapping, pinching, kicking, punching, etc. It also includes controlling behavior through corporal punishment. "Neglect" means the failure to provide goods and services necessary to avoid physical harm, mental anguish or mental illness. Neglect may include instances of being left to sit or lie in urine or feces, isolating a resident in their room or in locations apart from the home or supervision of the staff, failing to answer requests for assistance and treatment.

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					"Exploitation: means an unjust or improper use of another person or his/her property for one's own profit or advantage. “Physical restraints” are any manual or are any manual or physical device, material, or equipment attached or adjacent to the resident's body that the individual cannot remove easily which restricts freedom or normal access to one's body. Physical restraints include, but are not limited to, leg restraints, arm restraints, hand mitts, soft ties or vests, and wheelchair safety bars. Also included as restraints are facility practices which function as a restraint, such as tucking in a sheet so tightly that a bedbound resident cannot move, bedrails, or chairs that prevent rising, or placing a wheelchair-bound resident so close to a wall that the wall prevents the resident from rising. Wrist bands or devices on clothing that trigger electronic alarms to warn staff that a resident is leaving a room do not, in and of themselves, restrict freedom of movement and should not be considered as restraints. “Chemical restraints” are a psychopharmacologic drug that is used for discipline or convenience and not required to treat medical symptoms. “Isolation” means the placement of a resident in a locked area without direct monitoring by staff. “Corporal punishment” is the deliberate infliction of pain as retribution or for the purpose of discipline or behavior control. “Unusual punishment” includes punishment that is degrading, inflicting unnecessary and intentional pain, or being disproportionate to the offense. Residents must not be subjected to abuse, neglect or exploitation by anyone, including, but not limited to, home staff, other residents, consultants or volunteers, staff of other agencies serving the resident or other residents, family members of residents or family members of staff, friends or other individuals.

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1815	2615	Residents' Rights.	111-8-62-.26(1)(k)	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 a resident's use of this or her personal 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 personal property and possessions brought into the facility;	Possessions of the resident, regardless of the value, must be treated with respect. The resident should be able to retain personal possessions without fear of theft, damage or pilferage. The facility has the right to limit the size of furnishings brought into the immediate living quarters based on space limitations and health or safety to other residents. The home must have methods of safeguarding residents' property of value, upon request, such as in a locked area or a safe. Also refer to Rule 111-8-62-.13(8), Minimum Floor Plan Requirements.
1816	2616	Residents' Rights.	111-8-62-.26(1)(l)	Each resident's mail shall be delivered unopened to the resident on the day it is delivered to the facility. Each resident's outgoing correspondence shall remain unopened;	This includes mail from the post office and parcel services.
1817	2617	Residents' Rights.	111-8-62-.26(1)(m)	Each resident shall have access to a telephone and the right to have a private telephone, at the resident's own expense. Telephones shall be placed in areas to insure privacy without denying accessibility;	Residents shall have access to an operable, non-pay telephone in a private location according to Rule 111-8-62-.18(5) Services. Residents must be able to place long distance calls from this telephone at their own expense. "Access" includes placing telephones at a height and location accessible to chair bound residents and adapting telephones for use by the hearing impaired. Residents who request a private phone in their room should be assisted with arranging for the telephone installation, if needed.
1818	2618	Residents' Rights.	111-8-62-.26(1)(n)	Each facility must permit immediate access to residents by others who are visiting with the consent of the resident. Residents have the right to have visitors at mutually agreed upon hours. Once the hours are agreed upon, no prior notice is necessary. Each resident shall have the complete right to terminate any visit by any person who has access to the facility;	

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1819	2619	Residents' Rights.	111-8-62-.26(1)(o)	Each resident shall have the right to manage his own financial affairs, including the right to keep and spend his 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 home money, valuables, benefits, property or anything of value other than payment for services rendered by the facility;	
1820	2620	Residents' Rights.	111-8-62-.26(1)(p)	Each resident shall have the right to a personal needs allowance for the free use of the resident in the amount of five dollars per week to be distributed by the administrator, on-site manager, or a responsible staff person in the home.	See Rule for “Resident Files” at 111-8-62-.25(2)(o) entitled for information about documentation of a waiver for the personal needs allowance.
1821	2621	Residents' Rights.	111-8-62-.26(1)(p)1.	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 each resident's account which a resident or a resident's representative or legal surrogate, if any, may waive by signing a written waiver upon admission or anytime thereafter. No allowance charge may be assessed where a resident or a resident's representative or legal surrogate, if any, has signed a written waiver of the personal needs allowance. Such a waiver shall be kept in a resident's file; ...	

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1822	2622	Residents' Rights.	111-8-62-.26(1)(p)2.	The following conditions shall be met regarding the personal needs allowance: ... 2. Where no waiver has been signed, the personal needs allowance shall be tendered to each resident, in cash, on the same day each week; ...	
1823	2623	Residents' Rights.	111-8-62-.26(1)(p)3.	The following conditions shall be met regarding the personal needs allowance: ... 3. The personal needs allowance shall not be intended or needed for purchasing necessary goods such as toilet paper and light bulbs which the home ordinarily supplies, and shall in no way relieve the home of the obligation to insure that such necessary goods are available to the resident;	
1824	2624	Residents' Rights.	111-8-62-.26(1)(q)	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;	
1825	2625	Residents' Rights.	111-8-62-.26(1)(r)	Each resident shall have the right to choose and retain the services of a personal physician and any other health care professional or service. No facility shall interfere with the resident's right to receive from the resident's attending physician complete and current information concerning the resident's diagnosis, treatment and prognosis. Each resident and his or her representative or legal surrogate, if any, shall have the right to be fully informed about care and of any changes in that care and the right of access to all information in medical records;	

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1826	2626	Residents' Rights.	111-8-62-.26(1)(s)	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 resident's care may be present when care is being rendered only if he or she has the resident's permission;	
1827	2627	Residents' Rights.	111-8-62-.26(1)(t)	Each resident shall have the right to inspect his or her records on request. Each resident shall have the right to make a copy of all records pertaining to the resident. Each resident has the right to confidential treatment of personal information in the resident file;	"Records" includes but is not limited to medical or clinical records, resident account records and/or ledgers, contracts with the home or outside agencies, and incident or accident reports. Residents and their representatives or legal surrogates must have access to all records pertaining to the resident that are maintained by the personal care home. All records must be maintained for the duration of the resident's stay and for a period of 3 years after resident's discharge.
1828	2628	Residents' Rights.	111-8-62-.26(1)(u)	Each resident who has not been committed to the facility by court order or who does not have a representative or legal surrogate with specific written authority to admit, transfer or discharge, may discharge or transfer himself or herself upon notification to the home in conformance with the home's policies and procedures;	
1829	2629	Residents' Rights.	111-8-62-.26(1)(v)	Each resident shall have the right to access to the State Long-Term Care Ombudsman Program O.C.G.A. 31-8-50 et seq. and the name, address, and telephone number of the ombudsman and county inspector assigned to the home shall be posted in a common area of the home.	

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1830	2630	Residents' Rights.	111-8-62-.26(1)(w)	Residents shall have the right to form a Resident Council and have meetings in the home outside the presence of owners, management or staff members of the home.	Residents may organize a Resident Council without interference from the facility. The facility should allow the group to meet privately. All new residents are invited to attend and participate in the group without interference or discouragement form the facility. The facility should provide staff assistance if the group desires. Assistance may be arranging for meeting space, posting announcements, or any other function the group requests.
1831	2631	Residents' Rights.	111-8-62-.26(2)	Each resident shall be provided, at the time of admission to the home, with a copy of the Resident's Bill of Rights, as provided in Rule 111-8-62-.26 which shall include provisions for protecting the personal and civil rights of each resident. In the event that a resident is unable to read the Resident's Bill of Rights the manager shall take special steps to assure communication of its contents to the resident.	The home must have alternatives to communicate the content of the Bill of Right's such as reading it to the resident, audiotape, etc.
1832	2632	Residents' Rights.	111-8-62-.26(3)	A personal care home shall comply with the provisions of the "Remedies for Residents of Personal Care Homes Act" as outlined in O.C.G.A. Sec. 31-8-131 et seq. Authority: O.C.G.A. §§ 31-2-9, 31-7-2.1, 31-8-50 et seq. and 31-8-131 et seq.	The Remedies for Residents of Personal Care Homes Act provides remedies for personal care home residents whose rights have been violated by the personal care home. Residents may choose from the following remedies: * Informal grievance--a resident or representative may either tell or write to the facility manager and describe the grievance. Within five (5) days, the manager must either resolve the grievance to the resident's satisfaction or respond in writing, including a list of the other remedies available to the resident. * Administrative hearing--a resident or representative or the state or community ombudsman may request a hearing before a DCH hearing officer if they believe the resident's rights have been violated by the personal care home. DCH must conduct the hearing within forty-five (45) days. In cases where the provider is accused of retaliation, DCH must hold the hearing within fifteen (15) days. * Private cause of action--a resident or representative or the Attorney General (upon DCH's request) may bring a law suit to enjoin a personal care home from violating the rights of a resident.

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					* Injunctive relief--a resident or representative of the Attorney General (upon DCH's request) may bring a law suit to enjoin a personal care home from the rights of a resident. * Mandamus action--a resident or representative, the community ombudsman, violating the governing body of the personal care home, or any other interested party may bring an action against DCH asking the court to order DCH to comply with state or federal laws related to the operation of a personal care home or the care of its residents. The Act does not list the rights it describes but, instead, refers to all of the rights listed in these rules, including protections relating to admission, transfer, or discharge of residents. For more information regarding this Act, you may contact the State Long Term Care Ombudsman Program at 404/657-5319 or your community ombudsman.
2101	2701	Procedures for Change in Resident Condition.	111-8-62-.27(1)	**Procedures for Change in Resident Condition.** In case of an accident or sudden adverse change in a resident's condition or adjustment, a home shall immediately obtain needed care and notify the representative, or legal surrogate, if any. A record of such incidents shall be maintained in the resident's files.	“Accident” means an unexpected happening causing injury. “Condition” means the state of a person’s physical or mental condition. To immediately obtain needed care means that the facility provides the level of care needed for the situation, not that the facility calls for the care. For example, if a resident is found unresponsive and not breathing, the facility must immediately call 911 AND the facility must begin CPR. For information about advance directives, see the Department’s memo on Advance Directives on the DCH website. Facilities must keep incident/accident reports on all residents. Whenever a resident is accidentally injured or has an adverse change in physical condition, the representative or legal surrogate must be notified after immediately obtaining needed care. This report may be in writing. If not in writing, the facility must maintain documentation of the notification.

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2102	2702	Procedures for Change in Resident Condition.	111-8-62-.27(2)	Immediate investigation of the cause of an accident or injury involving a resident shall be initiated by the administrator or on-site manager of the home and a report made to the representative or legal surrogate, if any, with a copy of the report maintained in the resident's file and in a central file. Authority: O.C.G.A. §§ 31-2-9 and 31-7-2.1.	The Personal Care Home program has developed a suggested PCH Incident/Accident form that can be used to record the information required by this rule. Homes may obtain a copy for use when applying for a permit or from the Department of Community Health web site.
2201	2801	Death of a Resident.	111-8-62-.28(1)	**Death of a Resident.** Should a resident die while in the home, the administrator, on-site manager or designated staff shall immediately notify the resident's physician, the next of kin and the representative or legal surrogate, if any. Statutes applicable to the reporting of sudden or unexpected death and reports which must accompany the deceased shall be observed.	
2202	2802	Death of a Resident.	111-8-62-.28(2)	Upon death of the resident, the home must refund to the representative or legal surrogate, if any, any security deposit made to the home by or on behalf of the resident in compliance with O.C.G.A. Section 44-7-30 et. seq. Authority: O.C.G.A. §§ 31-2-9, 31-7-2.1 and 44-7-30 et seq.	
2301	2901	Immediate Transfer of Residents.	111-8-62-.29(1)	**Immediate Transfer of Residents.** The administrator or on-site manager of the home may initiate immediate transfer if the resident develops a physical or mental condition requiring continuous medical care or nursing care or if a resident's continuing behavior or condition directly and substantially threatens the health, safety and welfare of the resident or any other resident.	It is the responsibility of the administrator or on-site manager to continually observe the residents to determine that residents continue to meet the criteria for residency in a personal care home. Should a resident develop a physical or mental condition requiring continuous medical care or nursing care or if a resident's continuing behavior or condition directly and substantially threatens the health, safety and welfare of the resident or any other resident, the administrator or on-site manager should initiate immediate transfer of the resident to a more appropriate living environment.

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2302	2902	Immediate Transfer of Residents.	111-8-62-.29(2)	In the event such immediate transfer is required, the administrator or on-site manager of the home shall advise both the resident and the resident's representative, or legal surrogate, if any, and immediate arrangements shall be based on the written admission agreement to transfer such resident to an appropriate facility. The administrator or on-site manager shall document in the resident's file the reasons for the transfer.	
2303	2903	Immediate Transfer of Residents.	111-8-62-.29(3)	Where immediate transfer is to be made pursuant to paragraphs (1) and (2), the administrator or on-site manager shall make arrangements for transfer in accordance with the admission agreement and shall transfer the resident to an appropriate facility where the resident's needs can be met…	
2304	2904	Immediate Transfer of Residents.	111-8-62-.29(3)(a)	Prior to making such transfer, the administrator or on-site manager shall: (a) inform the resident and representative or legal surrogate, if any, of the reason for the immediate transfer; ...	
2305	2905	Immediate Transfer of Residents.	111-8-62-.29(3)(b)	Prior to making such transfer, the administrator or on-site manager shall: ... (b) inquire as to any preference of the resident and representative or legal surrogate, if any, regarding the facility to which the resident is to be transferred; ...	

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2306	2906	Immediate Transfer of Residents.	111-8-62-.29(3)(c)	Prior to making such transfer, the administrator or on-site manager shall: ... (c) inform the representative or legal surrogate, if any, of the resident's choice regarding such transfer; ...	
2307	2907	Immediate Transfer of Residents.	111-8-62-.29(3)(d)	Prior to making such transfer, the administrator or on-site manager shall: ... (d) inform the resident and the representative or legal surrogate, if any, of the place to which the resident is to be discharged; ...	
2308	2908	Immediate Transfer of Residents.	111-8-62-.29(3)(e)	Prior to making such transfer, the administrator or on-site manager shall: ... (e) provide a copy of the resident file to the receiving facility within 24 hours of transfer; ...	
2309	2909	Immediate Transfer of Residents.	111-8-62-.29(3)(f)	Prior to making such transfer, the administrator or on-site manager shall: ... (f) document in the resident's file the following: 1. the reason for the immediate transfer; 2. the fact that the resident and the representative or legal surrogate, if any, were informed pursuant to this paragraph; and 3. the name, address, and telephone number of the place to which the resident is to be transferred or discharged.	

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2310	2912	Immediate Transfer of Residents.	111-8-62-.29(4)	Upon immediate transfer of the resident, the home must refund to the resident or representative or legal surrogate, if any, any security deposit made to the home by or on behalf of the resident in compliance with O.C.G.A. § 44-7-30 et seq. Authority: O.C.G.A. §§ 31-2-9, 31-7-2.1 and 44-7-30 et seq.	
2401	3001	Discharge or Transfer of Residents.	111-8-62-.30(1)	**Discharge or Transfer of Residents.** Each admission agreement shall include a written procedure for handling discharge and transfer of the resident. The administrator or on-site manager shall contact the representative or legal surrogate, if any, when there is need for discharge or transfer of a resident. Each resident shall have the right to thirty days' written notice to both the resident and the representative or legal surrogate, if any, prior to discharge or transfer of the resident except where immediate transfer is required.	In cases which meet the criteria for immediate transfer, thirty (30) days written notice is not required as defined in Rule 111-8-62-.29(1). However, information required to be provided to the resident and/or representative in the event of an immediate transfer should be in writing (i.e., reason for the transfer, resident choice regarding discharge preferences, and place to which the resident is to be discharged).
2402	3002	Discharge or Transfer of Residents.	111-8-62-.30(2)	In all cases except those requiring immediate transfer pursuant to Rule 111-8-62-.29, residents whose needs cannot be met by the home or who no longer choose to live in the home shall be discharged or transferred to an appropriate facility based on discharge and transfer procedures entered into at the time of admission. For such discharge or transfer, a thirty-day written notice shall be given to both the resident and representative or legal surrogate, if any, except when transfer is necessitated by a change in physical or mental condition as defined in these rules or as authorized in Rule 111-8-62-.29	

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				regarding immediate transfers. Where there is no representative or legal surrogate or the representative or legal surrogate is unwilling to act, the administrator or on-site manager shall notify the Adult Protective Services section of the Division of Aging Services, Department of Human Services and other appropriate agencies when transfer assistance is needed. The transferring facility shall provide a copy of the resident file to the receiving facility prior to or at the time of transfer.	
2403	3003	Discharge or Transfer of Residents.	111-8-62-.30(3)	The Department may reassess the resident at anytime to determine whether a resident needs care beyond that which the facility is permitted to provide.	
2404	3004	Discharge or Transfer of Residents.	111-8-62-.30(4)	Upon discharge or transfer of the resident, the home must refund to the resident or representative or legal surrogate, if any, any security deposit made to the home by or on behalf of the resident in compliance with O.C.G.A. Section 44-7-30 et seq. Authority: O.C.G.A. §§ 31-2-9, 31-7-2.1 and 44-7-30 et seq.	
3101	3101	Reporting.	111-8-62-.31(1)	**Reporting.** Each county shall periodically submit reports, according to a schedule and on forms to be established by the Department, which shall include information on the status of all personal care homes in that county, and the status of waivers which have been granted.	
3102	3102	Reporting.	111-8-62-.31(2)	The staff of the personal care home shall call the local police department to report the elopement of any resident from the home within 30 minutes of the staff receiving	**After** the facility has notified local law enforcement that a resident is missing or has been found, the facility must notify the Department, Health Care Facility Regulation Division. Between the hours of 8 and 5 on regular work days, the Department is to be notified by one of the following ways:

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				actual knowledge that such person is missing from the home in accordance with the Mattie's Call Act and the requirements set forth in O.C.G.A. § 35-3-170 et seq. The home shall also report the initiation and discontinuation of a Mattie's call to the Healthcare Facility Regulation Division within thirty (30) minutes of communications with local law enforcement authorities having occurred.	1. fax the incident report to the Department's regular complaint/incident intake fax number at 404-657-5731; or 2.submit the incident report over the internet web site for complaints indicating in the description of the incident section that it is a facility self-report at <https://services.georgia.gov/dhr/reportfiling/searchFacility.do?action=constituentComplaint>; or 3. call complaint intake phone numbers at 404-657-5726, 404-657-5728 or 1-800-878-6442. If voice mail is heard, leave a detailed message describing the incident or event, the home's response to ensure the safety of the other residents in care, the name of the reporter, the phone number for follow-up, date and time. **During non-business hours, weekends and holidays, use the after hours emergency phone number (404-276-8557) to notify the Department ONLY of the :** **initiation or discontinuation of a Mattie's Call where the resident has wandered away from the home.** When you call the after business hours emergency phone number, please leave a detailed voice mail message describing the incident, the home's response to ensure the safety of the other residents in care, the name of the reporter, the phone number for follow-up questions, etc, date and time. The receipt of "after hours" emergency reports will be monitored by on-call professional staff of the Department . You will receive a return phone call from Departmental staff acknowledging the receipt the Mattie's Call usually within 12 hours. **DO NOT USE THIS AFTER HOURS EMERGENCY CONTACT PHONE NUMBER FOR ANY OTHER REPORTS, QUESTIONS, COMPLAINTS, PUBLIC INQUIRIES, ETC.** **PLEASE NOTE: Calling the Department to make a report required by**

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					these rules does not relieve the staff of the home from their responsibilities to exercise good judgment to do what is necessary to keep the residents safe and maintain compliance with these rules.
3103	3103	Reporting.	111-8-62-.31(3)	The personal care home shall report in a standardized departmental format to the Healthcare Facility Regulation Division of the Department of Community Health no later than 24 hours after the incident has occurred, whenever any of the following incidents involving residents occurs or the personal care home has reasonable cause to believe that an incident involving a resident has occurred: (a) Any death of a resident; (b) Any serious injury to a resident that requires medical attention; (c) Any rape, assault, any battery on a resident, or any abuse, neglect, or exploitation of a Resident in accordance with the Long Term Care Resident Abuse Reporting Act O.C.G.A. § 31-8-80 et seq; (d) An external disaster or other emergency situation that affects the continued safe operation of the residence; (e) Any circumstances where a member of the governing body, administration, staff associated with or affiliated with the personal care home, or family member of staff 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; and (f) When an owner, director or employee acquires a criminal record as defined in these rules.	All other required reports to the Department are to be submitted in one of the following ways: 1. fax the incident report to the Department's regular complaint/incident intake fax number at 404-657-5731; 2. submit the incident report over the internet web site for complaints indicating in the description of the incident section that it is a facility self-report at https://services.georgia.gov/dhr/reportfiling/searchFacility.do?action=constituentComplaint; 3. call complaint intake phone numbers at 404-657-5726, 404-657-5728 or 1-800-878-6442. If voice mail is heard, leave a detailed message describing the incident or event, the home's response to ensure the safety of the other residents in care, the name of the reporter, the phone number for follow-up, date and time. **PLEASE NOTE: Calling the Department to make a report required by these rules does not relieve the staff of the home from their responsibilities to exercise good judgment to do what is necessary to keep the residents safe and maintain compliance with these rules.**

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3111	3111	Reporting.	111-8-62-.31(4)	The incident report required by these rules shall be received by the Department, operating through the Healthcare Facility Regulation Division, in confidence and shall include at least: (a) The name of the personal care home and the name of the administrator or site manager; (b) The date of the incident and the date the personal care home became aware of the incident; (c) The type of incident suspected, with a brief description of the incident; and (d) Any immediate corrective or preventative action taken by the personal care home to ensure against the replication of the incident.	
3115	3115	Reporting.	111-8-62-.31(5)	Where the Department's Healthcare Facility Regulation Division determines that a rule violation related to the incident has occurred, the Department, through the Healthcare Facility Regulation Division, will initiate a separate complaint investigation of the incident. The complaint investigation report and the report of any rule violation compiled by the Healthcare Facility Regulation Division on behalf of the Department arising either from the initial report received from the personal care home or an independent source shall be subject to disclosure in accordance with applicable laws. Authority: O.C.G.A. §§ 31-2-9, 31-7-2.1, 31-7-12, 31-8-80 et seq. and 35-3-170 et seq.	

Old Tag	New Tag	Title	CFR	RULE	IG
3001	3201	Deemed Status.	111-8-62-.32	**Deemed Status.** The Department may accept the certification or accreditation of a home by an accreditation body or certifying authority recognized and approved by the Department provided that certification or accreditation constitutes compliance with standards that are substantially equivalent to these rules. Nothing herein shall prohibit any departmental inspection. Authority: O.C.G.A. §§ 31-7-1 and 31-7-3(b).	
2901	3301	Variance and Waivers.	111-8-62-.33	**Variance 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 which must be met by the home in order to operate under the variance or waiver granted. Variances and waivers may be granted in accordance with the following considerations: (a) Variance. A variance may be granted by the Department upon a showing by the applicant or petitioner that the particular rule or regulation that is the subject of the variance request should not be applied as written because strict application of the rule would cause undue hardship. The applicant or petitioner must also show that adequate standards affording protection for the health, safety, and care of the residents exist and will be met in lieu of the exact requirements of the rule or regulations in question; (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 this rule is to allow a facility to depart from the strict application of a rule or to dispense with enforcement of a particular rule in certain circumstances. The Department may grant a variance or waiver of a specific rule. However, the Department has no authority to waive a provision of law. A copy of the Department's written policy and procedure on how to apply for a variance or waiver is online at www.dch.ga.gov. By law, all variances and waivers must be posted on the State's website for a minimum of fifteen (15) days to allow interested members of the public to comment on the proposed waiver or variance request before it can be acted upon by the Department. See http://services.georgia.gov/sos/sos-rw/searchHome.doc.

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				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; and (c) Experimental Variance or Waiver. The Department may grant variances and waivers to allow experimentation and demonstration of new and innovative approaches to delivery of services upon a showing by the applicant or petitioner that the intended protections afforded by the rule or regulation which is the subject of the request are met and that the innovative approach has the potential to improve service delivery without compromising health, safety, residents' rights, or other relevant standards. Authority O.C.G.A. Secs. 31-2-4, 31-7-2.1. History. Original Rule entitled "Variance and Waivers" adopted. F. Oct. 22, 1993; eff. Nov. 11, 1993.	
3201	3401	Enforcement and Penalties.	111-8-62-.34(1)	**Enforcement and Penalties.** Enforcement of these rules and regulations shall be in accordance with O.C.G.A. 31-2-11 et seq. and the Rules for Enforcement for Licensing Requirements, Chapter 290-1-6.	

Old Tag	New Tag	Title	CFR	RULE	IG
3202	3402	Enforcement and Penalties.	111-8-62-.34(2)	No personal care home shall be operated or residents admitted without a permit or provisional permit. Failure or refusal to file an application for a permit shall constitute a violation of Chapter 7 of Title 31 of the Official Code of Georgia Annotated. Any person who fails or refuses to file an application for a permit shall be subject to the penalties provided by law including, but not limited to, an order to cease and desist operating a Personal Care Home.	
3203	3403	Enforcement and Penalties.	111-8-62-.34(3)	The Department may refuse to grant a permit or provisional permit for the operation of any personal care home which does not fulfill the minimum requirements of these rules and may revoke a permit or provisional permit which has been issued and may invoke other sanctions if a home violates any of these rules and regulations. Before any order is entered refusing a permit applied for or revoking a permit, the applicant or permit holder shall be afforded an opportunity for a hearing as provided in Article 1 of Chapter 5 of Title 31 of the Official Code of Georgia Annotated.	
3204	3404	Enforcement and Penalties.	111-8-62-.34(4)	No permit shall be issued to any governing body which has been denied a permit by the Department during the previous twelve months. No permit shall be issued to any governing body which has had a permit revoked by the Department during the previous twelve months.	

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3205	3405	Enforcement and Penalties.	111-8-62-.34(5)	Subject to notice and the right to hearing, the Department is authorized to take other enforcement action against the holder of a permit or a provisional permit including: (a) issuing a public or private reprimand; (b) imposition of a fine; and (c) limitation, suspension, or restriction of a permit or provisional permit.	
3206	3408	Enforcement and Penalties.	111-8-62-.34(6)	The Department is empowered to institute appropriate proceedings in a court of competent jurisdiction for the purpose of enjoining violation of any applicable provision of Title 31 of the Official Code of Georgia Annotated, or of these rules and regulations. Authority: O.C.G.A. §§ 31-2-11, 31-7-2.1 and 31-7-4.	
9999	9999	Closing Comments.			