

Georgia

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Licensure Term Personal Care Homes and Assisted Living Communities

Opening Statement The Department of Community Health, Healthcare Facility Regulation Division, licenses personal care homes (PCHs) and assisted living communities (ALCs). Facilities with 25 or more beds can opt for licensure either as a PCH or ALC. While the two levels of licensure have many common requirements, ALC standards vary or are more stringent than PCHs in a number of areas, including disclosure, required services, admission thresholds, resident assessment, medication management, physical plant requirements, staffing, staff training, and fire safety. Requirements apply to both settings unless otherwise noted.

Facilities that provide "memory care" services must meet additional requirements.

Legislation enacted in 2011 and subsequent rules allow the use of unlicensed "proxy caregivers" in licensed facilities. Proxy caregivers are unlicensed persons who have been determined qualified to have the necessary knowledge and skills, acquired through training by a licensed health care professional, to perform "health maintenance activities," including the administration of medications.

Legislative and Regulatory Update

In 2011, the Georgia legislature created a second level of licensure – Assisted Living Communities – alongside the state's existing licensure of Personal Care Homes. Rules enacted Jan. 2, 2012 (Chapter 111-8-63) establish minimum standards for facilities of 25 beds or more that are licensed as ALCs. Facilities with 25 or more beds can opt for either type of licensure.

In 2017, Georgia finalized an update to assisted living regulations to reflect HB902, which is a law enacted in 2015 that requires assisted living providers to provide educational information on influenza disease to residents. The statute and rule do not require that communities provide or pay for vaccinations against influenza for its

residents. See 111-8-63-.24(2)(s).

Definition

PCH: Provide housing, food services, and one or more personal services, including supervision of self-administered medication; assistance with ambulation and transfers; and assistance with essential activities of daily living (ADLs) such as eating, bathing, grooming, dressing, and toileting.

ALC: Provide specialized care and services including personal services, the administration of medications by a certified medication aide, and the provision of assisted self-preservation.

Disclosure Items

Facilities or programs for persons with Alzheimer’s or related dementia have additional disclosure requirements. See “Unit and Staffing Requirements for Serving Persons with Dementia.”

PCH: None specified.

ALC: Must complete and maintain an accurate, current licensed residential care profile on file with the Department and must provide services consistent with the information reported.

Facility Scope of Care

For both PCHs and ALCs, personal services provided must include 24-hour responsibility for the well-being of the residents and protective care and watchful oversight.

An ALC must also provide assisted living care, including protective care and watchful oversight that meet the needs of the residents it admits and retains. Protective care includes the provision of personal services, the administration of medications by a certified medication aide and the provision of assisted self-preservation.

Third Party Scope of Care

None specified.

Admission and Retention Policy

PCH: Residents must be ambulatory and may not require the use of physical or chemical restraints, isolation, or confinement for behavioral control. Residents must not be bedridden or require continuous medical or nursing care and treatment.

ALC: Residents’ physical condition must be such that the resident is capable of actively participating in transferring from place to place and must be able to participate in the social and leisure activities provided in the community. The resident cannot require continuous medical or nursing care.

Resident Assessment

PCH: There is no regulatory requirement for a specific resident assessment form. A sample physician's report form is available at

the agency Web site under Long Term Care Programs, Personal Care Homes. Additional requirements for Specialized Memory Care Units or Homes specify that a physical examination completed within 30 days prior to admission must be provided to the facility and must clearly reflect that the resident has a diagnosis of probable Alzheimer's disease or other dementia and has symptoms that demonstrate a need for placement in the specialized unit. In addition, there is a post-admission assessment requirement that addresses family supports, ADLs, physical care needs, and behavior impairment.

ALC: Facilities must complete an assessment addressing the resident's care needs. An individual care plan must be developed within 14 days of admission and updated annually or more frequently if the resident's needs change substantially.

Medication Management

PCH: All medications must be self-administered by the resident except when the resident requires administration of oral or topical medication by or under the supervision of a functionally literate staff person. There are exceptions. Staff may administer epinephrine and insulin under established medical protocols. Further, licensed nursing staff of a Specialized Memory Care Unit or Home may administer medications to residents who are incapable of self-administration of medications. Legislation and subsequent rules for the use of "proxy caregivers" in licensed facilities also allow unlicensed staff who have been trained to perform "health maintenance activities," including the administration of medications by a proxy caregiver. Proxy caregivers must be designated by the resident and determined to have the requisite skills necessary to administer medications.

ALC: Can allow the self-administration of medications, provide assistance with self-administration using unlicensed staff, or use certified medication aides (at a minimum) to administer medications.

Square Feet Requirements

Private and shared resident units must provide a minimum of 80 square feet per resident.

ALCs must have at least 80 square feet for residents' private living space. There must be safe access for residents with varying degrees of functional impairments. The community's handrails, doorways, and corridors must accommodate mobility devices.

Residents Allowed Per Room

PCH: A maximum of four residents is allowed per resident unit. In specialized memory care units or homes, a maximum of two residents is allowed per room.

Bathroom Requirements

ALC: Can have a maximum of two residents sharing a bedroom.

PHC: Common toilets, lavatories, and bathing facilities are permitted.

ALC: Facilities must have a separate toilet and lavatory for the staff's use.

Life Safety

PHC: Facilities licensed for two to six beds must meet all local fire safety ordinances. Facilities licensed for seven or more beds must comply with state fire safety regulations. Sprinkler systems are required in all homes with seven or more beds and in areas where local ordinances require such systems. All personal care homes, regardless of size, must have sufficient smoke detectors that are hard wired into the building's electrical system with a battery back up. Georgia has adopted the 2000 edition of the National Fire Protection Association (NFPA) 101 Life Safety Code.

ALC: Must meet all local fire safety ordinances and must be rated as a limited or existing healthcare facility.

Unit and Staffing Requirements for Serving Persons with Dementia

Rules for Specialized Memory Care Units or Homes include requirements concerning disclosure of information; physical design, environment, and safety; staffing and initial staff orientation; initial staff training; special admission requirements for unit placement, post-admission assessment, individual service plans, and therapeutic activities. Facilities that serve residents who have cognitive deficits that may place them at risk for unsafe wandering behavior must have safety devices on doors and current pictures of residents on file, and train staff on elopement procedures.

For both types of licensure, facilities or programs that advertise, market, or offer to provide specialized care, treatment, or therapeutic activities for one or more persons with a probable diagnosis of Alzheimer's disease or Alzheimer's-related dementia must disclose the form of care, treatment, or therapeutic activities provided beyond that care, treatment, or therapeutic activities provided to persons who do not have a probable diagnosis of Alzheimer's disease or Alzheimer's-related dementia. Disclosure must be made in writing on a standard disclosure form. Additional Requirements for Specialized Memory Care Units or Homes specify that a facility that holds itself out as providing additional or specialized care to persons with probable diagnoses of Alzheimer's disease or other dementias or charges rates in excess of that charged other residents because of cognitive deficits must meet additional requirements including disclosure of information.

In addition to the requirements for all staff, staff in facilities that

serve residents with cognitive deficits must develop and train staff on policies and procedures to deal with residents who may elope from the facility. Staff of a specialized memory care unit or home must also have training on the facility's philosophy of care for residents with dementia, common behavior problems, behavior management techniques, the nature of Alzheimer's disease and other dementias, communication skills, therapeutic interventions and activities, the role of the family, environmental modifications that create a more therapeutic environment, development of service plans, new developments in diagnosis and therapy, skills for recognizing physical or cognitive changes that warrant medical attention, and skills for maintaining resident safety.

Staffing Requirements

For both types of licensure, at least one administrator, on-site manager, or responsible staff person, all of whom must be at least 21 years of age, must be on the premises 24 hours a day. There should be a minimum of one on-site staff person per 15 residents during awake hours and one staff person per 25 residents during sleeping hours. Additionally, there must be sufficient staff to meet residents' needs. ALCs also must develop and maintain accurate staffing plans that take into account the specific needs of the residents.

Administrator Education/Training

PCH: None specified.

ALC: The administrator must satisfy at least one of the following educational criteria: (1) a bachelor's degree plus one year of experience in a health or aging related setting; (2) an associate's degree plus two years of experience in a personal care, health or aging related setting, including one year in a leadership or supervisory position; (3) a license as a nursing home administrator; (4) certification by a nationally recognized educational provider or a license from another state as a nursing home administrator or an assisted living facility administrator; or (5) a GED or high school diploma and four year of experience in a licensed personal care home or other health-related setting, with at least two years of supervisory experience.

Staff Education/Training

For both PCHs and ALCs, all persons working in the facility must receive work-related training acceptable to the state Department of Community Health within the first 60 days of employment. Training is required in the following areas: CPR, first aid, emergency procedures, medical and social needs and characteristics of the resident population, residents' rights, the long term care resident abuse reporting act, and general infection control principles. Additionally, all staff must complete a minimum of five hours on fire safety training within 90 days of employment. Additionally, a

minimum of two hours of fire safety refresher training shall be required every three years from the date of initial training.

ALCs have separate requirements for all staff and for direct care staff. All staff are required to have training in the first 60 days on residents' rights, identification of conduct constituting abuse, neglect or exploitation of a resident, and reporting requirements as well as general infection control principles and emergency preparedness. In addition to training required of all staff, direct care staff must be trained within the first 60 days in CPR, emergency first aid, medical and social needs and characteristics of the resident population, and training specific to job duties.

Direct care staff must complete a total of at least 24 hours of continuing education within the first year of employment. Staff providing hands on care in a Specialized Memory Care Unit must have eight hours of training related to dementia care. Beginning with the second year of employment, staff must complete 16 hours of CE.

**Entity Approving
CE Program**

Courses are approved by Department of Community Health, Healthcare Facility Regulation Division staff during routine facility inspections.

**Medicaid Policy and
Reimbursement**

A Medicaid home and community-based services waiver reimburses services provided in two models of PCHs. Medicaid reimbursement is not available for ALCs.

Citations

Georgia Department of Community Health website: Official Rules and Regulations for the State of Georgia, including Assisted Living Communities and Personal Care Homes.
<https://dch.georgia.gov/hfr-laws-regulations>

Georgia State Amendments to the International Fire Code, 2012 Edition. [January 1, 2014]
https://www.dca.ga.gov/development/constructioncodes/programs/documents/2012IFC2014Amendments_001.pdf

Georgia 2015-2016 Regular Session – HB 902. Hospitals and Related Institutions; Educational Information on Influenza Disease to Residents of Assisted Living Communities; Provide.
<http://www.legis.ga.gov/Legislation/en->