

# GEORGIA

**Citation**      Personal Care Homes: Georgia Code Annotated §31-2-4 et seq.; §31-7-2.1 et seq.; Georgia Regulations §290-5-35.01 et seq.  
 Community Living Arrangements: Georgia Code Annotated §31-7-1 et seq.; §37-1-22, et seq., Chapter 290-9-37

## General Approach and Recent Developments

ORS formed a workgroup to develop a system for profiling or rating facilities using survey findings. A five tiered rating will be tested that includes a rating for the most recent survey and a cumulative rating, most likely composed of the two most recent surveys, to show changes over time. The system will help compare facilities with very few but serious citations to those that may have multiple less serious citations. The rating system is expected to be available on the agency’s website in early 2008. Rules for a new category, community living arrangements, were issued in 2002 and serve people with mental health needs, developmental disabilities and addictive diseases. The Department of Community Health administers a CON requirement for facilities with 25 or more residents.

## Adult Foster Care

AFCHs are covered by the PCH rules. There are not separate regulations for these providers.

Web Address	Content
<a href="http://ors.dhr.georgia.gov">http://ors.dhr.georgia.gov</a>	Regulations, laws, provider tools, list search, training, forms and applications
<a href="http://www.ors.dhr.state.ga.us">http://www.ors.dhr.state.ga.us</a>	Inspection reports

Category	Supply					
	2007		2004		2002	
	Facilities	Units	Facilities	Units	Facilities	Units
Personal care homes	1,860	26,500	1,687	25,434	1,648	25,563

## Definition

*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 services, and one or more personal services for two or more adults who are not related to the owner or administrator by blood or marriage.

*Community living arrangement* means any residence, whether operated for profit or not, that undertakes through its ownership or management to provide or arrange for the provision of

daily personal services, supports, care, or treatment exclusively for two or more adults who are not related to the owner or administrator by blood or marriage and whose residential services are financially supported, in whole or in part, by funds designated through the Department of Human Resources, Division of Mental Health, Developmental Disabilities, and Addictive Diseases.

## **Unit Requirements**

*Personal care homes.* Bedrooms must have at least 80 square feet of usable floor space per resident. There may be no more than four residents per bedroom. Spouses may be permitted, but not required to share a bedroom. Both the occupant and the administrator or on-site manager must be provided with keys for rooms with lockable doors.

*Community living arrangement.* Two people may share a room if there is sufficient space. One bathroom must be available for every four residents.

## **Admission/Retention Policy**

*Personal care homes* serve people 18 and older who meet the personal care definition of ambulatory, “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 ... and escape with minimal human assistance ....” PCHs cannot admit or retain persons who need physical or chemical restraints, isolation, or confinement for behavioral control. Residents may not be bed-bound or require continuous medical or nursing care and treatment.

If short-term medical, nursing, health or supportive services are necessary, the resident (or representative) is responsible for purchasing them from licensed providers that are managed independently of the home. The home may assist in the arrangement for such services, but not the provision of those services. Applicants requiring continuous medical or nursing services shall not be admitted or retained. Facilities may receive waivers of the admission/retention requirements.

*Community living arrangement.* Facilities may not admit or retain anyone they are not equipped to serve.

## **Nursing Home Admission Policy**

Revisions to the criteria are being considered. Currently, to qualify for an intermediate LOC, the individual has a stable medical condition requiring intermittent skilled nursing services under the direction of a physician and a mental or functional impairment that would prevent self-executing of the required nursing care (see table).

Intermediate Level-of-Care		
Medical Condition	Mental Status	Functional Status
One of the following: Nutrition management;  Maintenance and preventive skin care;  Catheter care;  Therapy services;  Restorative nursing services;  Monitoring of vital signs; or  Management and administration of medications	One of the following: Documented short or long-term memory deficits;  Moderate or severely impaired cognitive skills;  Problem behavior; or  Undetermined cognitive patterns which cannot be assessed by a mental status exam (e.g., aphasia).	One of the following: Requires limited/extensive assistance with transfer and locomotion;  Assistance with feeding (continuing stand-by supervision, encouragement or cuing required and set-up help);  Direct assistance of another person to maintain continence;  Documented communication deficits;  Direct stand-by supervision or cuing with one person's assistance to complete dressing and personal hygiene (this deficit must be combined with one of the above).

## Services

*Personal care homes.* Room, meals, and personal services which include, but are not limited to, individual assistance with, or supervision of, self-administered medication, assistance with ambulation and transfer, and essential ADLs. Homes are responsible 24-hours-a-day for the well-being of residents.

*Community living arrangement.* Services include meals, and services that are commensurate with the needs of residents, and social, recreational and educational activities. Each resident must have a service plan or a course of action written by an appropriate health professional that includes areas of the resident's life that require services, supports, or care; goals, outcomes, and expectations; objectives; and interventions to be carried out.

## Dietary

At least three meals a day shall be provided that meet the general requirements for nutrition published by the department as found in the recommended daily diet allowances of the Food and Nutrition Board. One nutritious snack must be offered mid-afternoon and evening. At least one person qualified by training or experience shall be responsible for food preparation. Homes shall arrange for special diets as prescribed.

## Agreements

*Personal care homes.* Resident agreements must be made available prior to and upon move-in that cover all fees and daily, weekly, or monthly charges; services available for an additional fee; 60-day notice of changes; authorization to release medical records; provisions for on-going assessment of resident needs; provisions for transportation services; refund policy; and a copy of house rules.

*Community living arrangement.* The agreement includes all services to be delivered; fees and charges and a description of how they are assessed; refund policy; a statement of the facility's responsibility for personal belongings; a copy of the expectations of the resident; and the procedures for handling discharges and transfers.

## Provisions for Serving People with Dementia

Any program advertised as serving residents with Alzheimer's disease must complete a disclosure form that describes the philosophy, services, the cost of services, admission and discharge criteria, staff ratios, training, the physical environment, frequency and type of activities, and family support programs.

## Medication Administration

*Personal care homes.* Staff may assist with self-administration by reminding, reading labels, checking dosage, and pouring medications. Generally, medications may only be administered by a licensed RN from an outside agency. Injectable medications may be administered by an appropriately licensed person. Physicians may designate a staff person to inject insulin under an established medical protocol.

*Community living arrangement.* A licensed nurse, physician assistant or other certified staff may administer medications. Other staff may administer certain medications if they have been trained by a licensed nurse or physician assistant, and the person's training and ability are verified.

## Public Financing

A Medicaid HCBS waiver reimburses two models of PCHs -- group homes serving seven to 24 people and the family model agencies serving 2-6 people in the Community Care Services program. Group homes are reimbursed at \$35.04 per day for Medicaid services. SSI beneficiaries receive \$623 a month, from which \$528 is paid for room and board and the beneficiary retains a PNA of \$95 a month. Room and board payments may be supplemented by family members or other parties. Residents who do not receive SSI may be charged a higher amount for room and board.

Medicaid Participation					
2007		2004		2002	
Facilities	Participation	Facilities	Participation	Facilities	Participation
375	2,300	465	2,851	444	2,759

## **Staffing**

*Personal care homes.* At least one administrator, on-site manager, or responsible staff person must be on the premises 24-hours-a-day. The minimum on-site, staff-to-resident ratio is one staff person per 15 residents during waking hours and one staff person per 25 residents during non-waking hours.

*Community living arrangement.* Facilities provide qualified and trained staff that is sufficient to meet the needs of residents.

## **Training**

*Personal care homes.* All employees must receive work-related training acceptable to the Department within the first 60 days of employment. This training must include: current certification in emergency first aid, except where the staff person is a currently licensed health care professional; current certification in CPR; emergency evacuation procedures; medical and social needs and characteristics of the resident population; residents' rights; and a copy of the Long-Term Care Resident Abuse Reporting Act.

Direct care staff are required to complete 16 hours of continuing education a year in courses approved by the Department covering but not limited to: working with the elderly; working with residents with Alzheimer's disease; working with the mentally retarded, mentally ill, and developmentally disabled; social and recreational activities; legal issues; physical maintenance and fire safety; housekeeping; or topics as needed or determined by the Department.

*Community living arrangement.* Staff must be trained in medical, physical, behavioral and social needs; ethics and cultural competence; techniques of de-escalation and to prevent behavioral crises; fire safety and emergency evacuation techniques; policies and procedures for use of restraints, quiet time and other protection devices; and medications of residents.

## **Background Check**

*Personal care homes.* The Administrator and on-site manager must obtain a satisfactory fingerprint records check determination obtained from the local law enforcement agency.

The director or on-site manager and staff who provide personal services to a resident on behalf of the PCH or to perform any duties at the PCH which involve personal contact with any paying resident are required to have a criminal background check. The fee for a finger print check is \$3 and \$24 for a criminal records check.

*Community living arrangement.* Fingerprint and criminal background checks are required.

## **Monitoring**

ORS conducts initial, annual, and follow-up inspections and complaint investigations. Inspections are generally conducted on an unannounced basis. ORS has the authority to take the following actions against a licensee: impose fines, revoke a license, limit or restrict a license, prohibit persons in management or control, suspend any license for a definite period or for an indefinite period, or administer a public reprimand. ORS has the authority to take the following actions against applicants for a permit: refuse to grant a license, prohibit persons in management or control, or limit or restrict a license.

## **Fees**

None.

# **RESIDENTIAL CARE AND ASSISTED LIVING COMPENDIUM: 2007**

## Files Available for This Report

REPORT INTRODUCTION (*including Cover, Table of Contents, Acknowledgments, and Acronyms*)

HTML: <http://aspe.hhs.gov/daltcp/reports/2007/07alcom.htm>  
PDF: <http://aspe.hhs.gov/daltcp/reports/2007/07alcom.pdf>

SECTION 1. Overview of Residential Care and Assisted Living Policy

HTML: <http://aspe.hhs.gov/daltcp/reports/2007/07alcom1.htm>  
PDF: <http://aspe.hhs.gov/daltcp/reports/2007/07alcom1.pdf>

SECTION 2. Comparison of State Policies

HTML: <http://aspe.hhs.gov/daltcp/reports/2007/07alcom2.htm>  
PDF: <http://aspe.hhs.gov/daltcp/reports/2007/07alcom2.pdf>

SECTION 3. State Summaries

HTML: <http://aspe.hhs.gov/daltcp/reports/2007/07alcom3.htm>  
PDF: <http://aspe.hhs.gov/daltcp/reports/2007/07alcom3.pdf>

Each state's summary can also be viewed separately at:

Alabama	<a href="http://aspe.hhs.gov/daltcp/reports/2007/07alcomAL.pdf">http://aspe.hhs.gov/daltcp/reports/2007/07alcomAL.pdf</a>
Alaska	<a href="http://aspe.hhs.gov/daltcp/reports/2007/07alcomAK.pdf">http://aspe.hhs.gov/daltcp/reports/2007/07alcomAK.pdf</a>
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Arkansas	<a href="http://aspe.hhs.gov/daltcp/reports/2007/07alcomAR.pdf">http://aspe.hhs.gov/daltcp/reports/2007/07alcomAR.pdf</a>
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Colorado	<a href="http://aspe.hhs.gov/daltcp/reports/2007/07alcomCO.pdf">http://aspe.hhs.gov/daltcp/reports/2007/07alcomCO.pdf</a>
Connecticut	<a href="http://aspe.hhs.gov/daltcp/reports/2007/07alcomCT.pdf">http://aspe.hhs.gov/daltcp/reports/2007/07alcomCT.pdf</a>
Delaware	<a href="http://aspe.hhs.gov/daltcp/reports/2007/07alcomDE.pdf">http://aspe.hhs.gov/daltcp/reports/2007/07alcomDE.pdf</a>
District of Columbia	<a href="http://aspe.hhs.gov/daltcp/reports/2007/07alcomDC.pdf">http://aspe.hhs.gov/daltcp/reports/2007/07alcomDC.pdf</a>
Florida	<a href="http://aspe.hhs.gov/daltcp/reports/2007/07alcomFL.pdf">http://aspe.hhs.gov/daltcp/reports/2007/07alcomFL.pdf</a>

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Montana	<a href="http://aspe.hhs.gov/daltcp/reports/2007/07alcomMT.pdf">http://aspe.hhs.gov/daltcp/reports/2007/07alcomMT.pdf</a>
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New York	<a href="http://aspe.hhs.gov/daltcp/reports/2007/07alcomNY.pdf">http://aspe.hhs.gov/daltcp/reports/2007/07alcomNY.pdf</a>
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