Georgia Department of Behavioral Health &
Developmental Disabilities

Kevin Tanner, Commissioner

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Office of General Counsel

PUBLIC NOTICE OF PROPOSED RULES

Rules and Regulations for Community Living Arrangements, GA COMP. R. & REGS. 82-13-1

To All Interested Persons:

Pursuant to the Georgia Administrative Procedures Act, Official Code of Georgia Annotated (O.C.G.A.) § 50-13-1, et seq., the Georgia Department of Department of Behavioral Health and Developmental Disabilities (DBHDD) is required to provide public notice of its intent to adopt, amend, or repeal certain rules other than interpretative rules or general statements of policy. Accordingly, DBHDD hereby provides notice of its intent to adopt **Rules and Regulations for Community Living Arrangements, GA COMP. R. & REGS. 82-13-1.** ***DBHDD is reissuing this notice to include an economic impact statement required by recent changes to O.C.G.A. § 50-13-4.***

These rules and regulations are being proposed pursuant to the authority granted to DBHDD in O.C.G.A. § 37-13-1. This notice and the proposed rules and regulations are posted on the DBHDD website at https://dbhdd.georgia.gov/organization/be-informed/privacy-rules-regulations.

ECONOMIC IMPACT STATEMENT

The following economic impact statement is included pursuant to O.C.G.A. § 50-13-4(a)(1).

ANTICIPATED IMPACT(S) TO SMALL BUSINESSES:

This rule impacts small businesses that operate or seek to operate a CLA that serves up to four adults with developmental disabilities whose intensive residential services are authorized or financially supported by DBHDD. In crafting the rule, DBHDD sought to minimize impacts to small businesses by excluding certain facilities, such as boarding houses that provide no personal services; temporary or emergency shelters; hospice facilities; charitable organizations providing shelter or other services without charge; residences in which a person lives with his or her family; and other categories listed in Section 82-13-1-.03 of the rule.

ANTICIPATED COSTS:

Small businesses operating CLAs may incur costs related to licensing; maintaining personnel files (e.g., evidence of appropriate training and screening); ensuring facilities meet minimum physical requirements (e.g., smoke detectors, egress compliance, handrails); and staffing costs. In determining the scope of the rule, DBHDD chose the most cost effective approach that balanced the impact on small businesses with safety and clinical outcomes for the individuals being served; responsible use of public funds; and DBHDD's statutory mandate to issue rules that include "health and safety standards, supplies, services, staffing, admission agreements, resident rights, records, medications, nutrition, discharge and transfer, and procedures addressing changes in condition or serious or unusual incidents." *See* O.C.G.A. §§ 37-1-20; 37-13-2; and 37-13-4.

Because this rule impacts CLAs authorized or financially supported, in whole or in part, by funds designated through DBHDD, stewardship of public funds was an important factor in DBHDD's rule development. For example, DBHDD clarified a longstanding expectation that "staff shall be awake in the home at all times during their scheduled shift." This clarification aligned with the existing rate setting methodology incorporated into the Medicaid State Plan, which includes the cost of providing 24-hour awake staff and ensures public funds are used effectively and efficiently.

At the same time, DBHDD sought to reduce burdens on CLA providers. For example, the proposed changes allow CLAs to offer an explanation or dispute of findings of violations within 10 days of a survey report, whereas previously the rule only permitted providers to "correct all violations cited" in a written corrective action plan within 15 days of a survey report. This change provides more flexibility for providers if they believe DBHDD's findings are incorrect or incomplete.

ANTICIPATED IMPROVEMENTS IN EFFECTIVENESS:

Updates to this rule increase the effectiveness of public funds by modernizing and aligning, where applicable, licensure rules and DBHDD service requirements. For example, the rules were updated to include four distinct pathways for medication administration—including proxy caregiver, assisted, self-directed and licensed professional—as indicated by individualized capacity assessments of persons served. The rules also align provisions related to administration, training, physical safety requirements, etc., that improve management or clinical effectiveness in CLAs.

ANTICIPATED STREAMLINING EFFECTS:

Due to the transition of licensure activities to DBHDD effective January 1, 2026, DBHDD now has more streamlined oversight of the CLA facilities as all facilities licensed as CLAs are also DBHDD providers. This transition reduces any inconsistencies related to having oversight under different state agencies. The rules were also aligned with DBHDD policy to maintain consistency across regulation and policy

OPTION CHOSEN UNDER O.C.G.A. § 50-13-4(a)(3):

In accordance with O.C.G.A. § 50-13-4(a)(3), DBHDD chose the least burdensome rules that were "legal and feasible in meeting the stated objectives of the statutes which are the basis of the proposed rule." Because DBHDD is statutorily required to regulate specific aspects of CLAs and must achieve desired clinical outcomes for residents, DBHDD was limited in its ability to further exempt small businesses. *See* O.C.G.A. §§ 37-1-20; 37-13-2; and 37-13-4. However, the new requirements for disputing DBHDD investigation findings benefit small businesses, as well as all CLA providers, while still meeting the statutory basis of the proposed rules.

SYNOPSIS AND PURPOSE

STATEMENT OF PURPOSE:

The purpose of these rules and regulations is to incorporate changes to licensure of Community Living Arrangements (CLA) with the passage of House Bill 584 from the 2025 Legislative Session which transferred CLA licensing authority from the Department of Community Health to the Department of Behavioral Health and Developmental Disabilities (DBHDD), and to make administrative updates. These rules and regulations are being proposed pursuant to the authority granted to DBHDD in O.C.G.A. §37-13-1, *et seq*. These rules and regulations amend the rules and regulations previously located in 290-9-37.

MAIN FEATURES OF THE PROPOSED RULES AND REGULATIONS:

The proposed rules and regulations provide the minimum operating requirements for Community Living Arrangements.

1. In Rule 82-13-1-.03, exemptions from the Rules and Regulations for Community Living Arrangements were added for Personal Care Homes, host homes, crisis homes funded by the Department, community integration homes operated by the Department, and community care homes funded by the Department.
2. Rule 82-13-1-.04 provides definitions for the terms in the rule.
3. Rule 82-13-1-.05(8) provides a list of required policies of the governing body.

4. Rule 82-13-1-.06 provides the process for submitting an application for a CLA license, including background check requirements.

5. Rule 82-13-1-.07 states the Department may conduct a survey or investigation at the CLA. The Department may require a criminal background check on any owner or employee of a CLA during the course of an investigation involving such owner or employee, or if the Department receives information the owner or employee was arrested for a crime. The CLA must submit a written corrective action plan to correct any violations identified in a survey or investigation. The rule provides a process for disputing an issued violation.

6. Rule 82-13-1-.08 is now titled "Administration" and states employees, administrators, directors and site managers shall be free of illegal drugs, legal drugs and alcohol in the workplace that could potentially impact the performance of assigned duties. In addition, this rule provides for criminal history background checks for administrators and other employees.

7. Rule 82-13-1-.09 provides for the staffing requirements. Staff may not utilize the CLA as their personal residence. Staff shall be awake in the home at all times during their scheduled shift.

8. Rule 82-13-1-.10 provides the health and safety standards for the residence. The bedroom shall have at least 80 square feet of usable floor space per person that does not include a built-in closet. There shall be no more than two residents per bedroom. The bedroom must, at minimum, have a standard twin size bed; however, the bed must accommodate the individual's height and body composition comfortably. The rule provides standards for the exterior of the residence. Smoke detectors must be interconnected and audible in sleeping rooms with the door closed. Secondary exits from sleeping rooms must be clear of impediments.

9. Rule 82-13-1-.11 provides the requirements for emergency water supplies, requirements for food to be within its use by or expiration date and properly labeled.

10. Rule 82-13-1-.13 states when a resident is discharged or transferred, their file is provided to the receiving provider either digitally or on paper within 24 hours.

11. Rule 82-13-1-.14 provides for medications to be administered by proxy caregiver, assisted self-administration, self-directed self-administration, or a licensed healthcare professional working within their scope of practice. A Medication Administration Record is required regardless of the method of administration.

12. Rule 82-13-1-.16 provides for the use of Medical Support Devices as authorized in the individual service plan, behavior support plan, or crisis/safety plan.

13. Rule 82-13-1-.17 provides for the use of Restraint as trained by a nationally

benchmarked crisis intervention program. Chemical restraint, seclusion, restraint devices, and restraint of a resident in the prone position shall not be used under any circumstances. The rule provides for care of the individual during the use of restraint and documentation of restraint.

14. Rule 82-13-1-.19 provides for reporting incidents to the Department in a form acceptable to the Department.
15. Rule 82-13-1-.20 provides for enforcement and sanctions.

COMMENT INSTRUCTIONS:

Individuals wishing to comment in writing on any of the proposed changes should do so on or before **Friday, August 21, 2026, at 5:00 P.M.** To expedite the review of comments, DBHDD encourages the submission of written public comments via email to the following email address: legal@dbhdd.ga.gov

Any comments not able to be submitted via email may be submitted via regular mail to the following address:

Brenda Woodard, Esq., General Counsel
Georgia Department of Behavioral Health and
Developmental Disabilities
200 Piedmont Avenue, S.E.
Suite 1406, West Tower
Atlanta, GA 30334-9026

DBHDD will review all comments, and may contact commenters to discuss their suggestions, and, after the comment period has closed, intends on promulgating final rules. DBHDD will consider the proposed rules for adoption at the **DBHDD Board Meeting at 1:00 P.M. on Thursday, August 27, 2026**, at the offices of the Department of Behavioral Health and Developmental Disabilities at 200 Piedmont Avenue, S.E. West Tower, 5th Floor, Board Room 512 Atlanta, Georgia 30303.

Notice and a copy of the final rules adopted will be emailed to persons who have made a special request and will be made available on our website at https://dbhdd.georgia.gov/organization/be-informed/privacy-rules-regulations.

NOTICE IS HEREBY GIVEN THIS 22nd DAY OF JULY 2026

Brenda K. Woodard

Brenda King Woodard, Esq., DBHDD General Counsel

DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL DISABILITIES

[PROPOSED] CHAPTER 82-13-1

Community Living Arrangements

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82. RULES OF THE DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL DISABILITIES

82-13. COMMUNITY LIVING ARRANGEMENTS

Subject 82-13-1 RULES AND REGULATIONS FOR COMMUNITY LIVING ARRANGEMENTS

82-13-1-.01 Legal Authority

The Legal authority for this Chapter is O.C.G.A. §§ 37-13-1 *et seq*.

Authority: O.C.G.A. § 37-13-2

82-13-1-.02 Title and Purpose

(1) These rules shall be known as the Rules and Regulations for Community Living Arrangements.

(2) The purpose of these rules is to establish the minimum operating requirements for Community Living Arrangements that serve up to four adult persons with a developmental disability who are receiving intense levels of residential services authorized or financially supported, in whole or in part, by funds designated through the Department of Behavioral Health and Developmental Disabilities.

(3) Community Living Arrangements regulated under these rules provide residential services specified by the individual service plan of each resident, including daily personal services.

Authority: O.C.G.A. § 37-13-2

82-13-1-.03 Exemptions

These rules do not apply to the following facilities:

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

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

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

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

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

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

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(7) Group residences organized by or for persons who choose to live independently and mange their own care and who share the cost of service including but not limited to attendant care, transportation, rent utilities, and food preparation;

(8) Charitable organizations providing shelter and other services without charging any fee to the resident and without billing other agencies for services provided.

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

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

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

(12) Personal care homes as defined in Chapter 290-5-35 and other facilities requiring licensure by the Department of Community Health.

(13) Host homes funded by the Department of Behavioral Health and Developmental Disabilities for individuals with intellectual or developmental disability.

(14) Crisis homes funded by the Department of Behavioral Health and Developmental Disabilities for temporary residential services with individuals with intellectual or developmental disability;

(15) Community integration homes or other residential sites operated by the Department of Behavioral Health and Developmental Disabilities for providing housing solely to persons who have been adjudicated incompetent to stand trial or not guilty by reason of insanity or developmental disability; and

(16) Community care homes funded by the Department of Behavioral Health and Developmental Disabilities.

Authority: O.C.G.A. §§ 37-1-40, 37-13-2

82-13-1-.04 Definitions

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

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

(2) "Applicant" means a person applying to be a direct access employee at a Community Living Arrangement.

(3) “Assistance with self-administration of medication” means the limited, minimal assistance or aid provided by an unlicensed, trained staff member to a resident who is self-administering over the counter or prescription medication. The resident must possess a basic understand of his or her medications and have the basic skills to self-administer with minimal assistance such as reminding the resident to take a medication at the prescribed time, opening or closing a medication container, placing a dosage of medication in the resident’s hand, returning a medication to proper storage, documentation, and assisting

in reordering medications from the pharmacy. Hand over hand assistance is only allowed to the extent of steadying (not guiding) the resident's movements.

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

(5) "Capacity" means the physical and mental capability of a resident as determined by health care professionals through clinical evaluation, observation, interview, or other assessments.

(6) "Chemical restraint" means drugs or medications that are administered to manage a resident's behavior in a way that reduces the safety risk to the resident or others; that have the temporary effect of restricting the resident's freedom of movement; and that are not a standard treatment for the resident's medical or psychiatric condition. Chemical restraint shall not be used under any circumstances.

(7) "Choice" means the preferences of residents served concerning decisions about the residential environment and daily activities.

(8) “Community living arrangement” means a group home that serves up to four individuals with a developmental disability who require intense levels of residential support and which services are financially supported, in whole or in part, by funds authorized through the department and provides a range of interventions that focuses on training and support in one or more of the following areas: eating and drinking, toileting, personal grooming and healthcare, dressing, communication, interpersonal relationships, mobility, home management, and use of leisure time.

(9) “Corrective Action Plan” or “CAP” means a plan developed by the facility in response to a violation identified on a written report and that contains at least the following elements:

(a) A problem statement describing the violation;

(b) The identified factors that caused the violation;

(c) A plan that contains the steps or actions that have been taken, or are planned, to address or correct the violation and the identified causes;

(d) A target date for the accomplishment of each action step; and

(e) Identification by full name and job title of the person or people responsible for the fulfillment of each action.

(10) “Conviction” means a finding or verdict of guilty or a plea of guilty, including a plea of guilty pursuant to Code Section 42-8-60, regardless of whether an appeal of the conviction has been sought.

(11) “Crime” means commission of:

(a) Any of the following offenses:

1. A violation of Code Section 16-5-3;

2. A violation of Code Section 16-5-70;

3. A violation of Code Section 16-5-101;

4. A violation of Code Section 16-5-102;

5. A violation of Code Section 16-6-3;

6. A violation of Code Section 16-6-4;

7. A violation of Code Section 16-6-5;

8. A violation of Code Section 16-6-5.1;

9. A violation of Code Sections 16-7-60, 16-7-60.1, 16-7-61, or 16-7-62;

10. A violation of Chapter 8 of Title 16;

11. A violation of Code Section 16-10-31;

12. A violation of Code Section 30-5-8;

(b) A felony violation of:

1. Chapters 5, 6, 9 or 13 of Title 16;

2. Code Section 16-4-1;

3. Code Section 16-7-2; or

4. Subsection (f) of Code Section 31-7-12.1; or

(c) Any other offense committed in another jurisdiction which, if committed in this state, would be deemed to constitute an offense identified in this paragraph without regard to its designation elsewhere.

(12) “Criminal background check” means a search of the criminal records maintained by GCIC and the Federal Bureau of Investigation to determine whether an owner, applicant, or employee has a criminal record.

(13) “Criminal record” means any of the following:

(a) Conviction of a crime;

(b) Arrest, charge, and sentencing for a crime when:

1. A plea of nolo contendere was entered to the crime;

2. First offender treatment without adjudication of guilt was granted to the crime; or

3. An adjudication or sentence was otherwise withheld or not entered for the crime; or

(c) Arrest and charge for a crime if the charge is pending, unless the time for prosecuting such crime has expired pursuant to Chapter 3 of Title 17 of the Official Code of Georgia.

(14) "Department" means the Department of Behavioral Health and Developmental Disabilities of the State of Georgia.

(15) “Direct access” means having, or expecting to have, duties that involve routine personal contact with a patient, resident, or client, including, but not limited to, face-to-face contact, hands-on physical assistance, verbal cuing, reminding, standing by or monitoring or activities that require the person to be routinely alone with the patient’s, resident’s, or client’s property or access to such property or financial information, including, but not limited to, the patient’s, resident’s, or client’s checkbook, debit and credit cards, resident trust funds, banking records, stock accounts, or brokerage accounts.

(16) "Director" means the chief administrator, executive officer or manager of the Community Living Arrangement.

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

(18) “Eligible determination” means a written determination that a person for whom a criminal background check was performed was found to have no criminal record.

(19) “Employee” means any individual who has direct access to, and who is hired by, a facility through employment, or through a contract with such facility, including, but not limited, housekeepers, maintenance personnel, dieticians, and any volunteer who has duties that are equivalent to the duties of an employee providing such services. Such term shall include a person who contracts with the facility, whether personally or through a company, to provide utility, construction, communications, accounting, quality assurance, human resource management, information technology, legal, or other services if the contracted services are not directly related to providing services to a patient, resident, or client of the facility.

(20) “Facility” means a community living arrangement.

(21) “GCIC” means the Georgia Crime Information Center established under Article 2 of Chapter 3 of Title 35.

(22) "Governing body" means the board of trustees, partnership, corporation, association, agency, entity, or person or group of persons who are issued the license for the Community Living Arrangement and who maintain and control the Community Living Arrangement and are legally responsible for the operation of the Community Living Arrangement.

(23) "Health care professional" means a physician, physician's assistant, registered nurse, advanced practice registered nurse, psychologist, social worker, physical therapist, audiologist, speech pathologist, or other person providing professional services requiring a license under Title 43 of the Official Code of Georgia Annotated, where such services are being provided as part of the Community Living Arrangement’s services to the resident.

(24) “Indirect ownership interest” means an ownership interest in a corporation, partnership, legal entity, or association which owns an ownership interest in another corporation, partnership, legal entity, or association. This term includes an ownership interest in any corporation, partnership, legal entity, or association that has an indirect ownership interest in a facility or in a license candidate.

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

(26) “Ineligible determination” means a written determination that a person for whom a records check was performed was found to have a criminal record.

(27) "Legal guardian" means a person who has been appointed as a person’s guardian by a court pursuant to Chapter 4 of Title 29 of the Official Code of Georgia or pursuant to equivalent laws of another state, and is authorized to act, within the scope of the authority granted under the legal guardian's appointment, on behalf of a resident who has been adjudicated incapacitated.

(28) "License" means the document issued by the Department to authorize a facility to operate.

(29) “License candidate” means a person, corporation, partnership, legal entity, or association applying for a license to operate a facility.

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

(31) “Medical Support Device” means a device used to assist an individual in maintaining health, safety, physical functioning, mobility, positioning or protection due to a medical condition, disability or functional limitation. This would include wheelchairs, walkers, specialized seating/bed systems (hospital beds, bed rails, bed rail padding, etc.), prosthetics and orthotics, braces/splints, positioning devices (wheelchair harnesses, belts, pillows, wedges, etc.), protective devices (helmets, mittens, shin/knee guards, g-tube securement device), and compression garments (compression stockings, arm sleeves, gloves, abdominal binders, etc.).

(32) “Medication administration” means the direct application by a licensed healthcare professional working within their scope of practice of any medication by injection, inhalation, ingestion, or any other means to the body of a resident. The preparation of medication is part of the administration of medication and is the act or process of making ready a medication for administration, including the calculation of an individual's medication dosage; altering the form of the medication by crushing, dissolving, or any other method; drawing an injectable medication into a syringe; preparing an intravenous mixture; or any other act required to render the medication ready for administration.

(33) “Medication administration by proxy caregiver” means the process by which an unlicensed person, who has been determined to have the necessary knowledge and skills acquired through competency based training by a licensed healthcare professional, performs medication assistance. This assistance includes but is not limited to support with medications ingested, inhaled, injected (excluding IV medications and those requiring professional skill and judgment) and those applied by direct application to the body of an individual.

(34) "Non-family adult" means a person 18 years of age or older who is not related by blood within the third degree of consanguinity or by marriage to the person responsible for the management of the Community Living Arrangement or to a member of the governing body.

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

(36) "Owner" means a person with an ownership interest in a facility or license candidate or with an ownership interest in a corporation, partnership, legal entity, or association which has any ownership interest in a facility or license candidate, including an indirect ownership interest.

(37) “Ownership interest” means the possession of equity in the capital, stock, or profits of either a:

(a) Facility or license candidate; or

(b) Corporation, partnership, legal entity, or association that holds a license for a facility.

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

(39) “Physician extender” means a licensed healthcare professional such as a physician’s assistant advanced practice registered nurse, or clinical nurse specialist who work within their scope of practice performing medical tasks usually handled by a physician.

(40) “Positive behavior support plan” or “PBSP” means a formal plan based on a behavior support specialist’s assessment of the resident’s challenging behaviors, strengths, preferences, and interests that directs interventions, support strategies and reinforcement for appropriate alternative behaviors to modify, decrease, re-direct or eliminate the challenging behaviors. Behavior plan activities outlined in the PBSP are guided by an overall emphasis on not only decreasing target behavior(s) but also concurrently teaching and increasing skills in appropriate areas in all settings where challenging behaviors occur. The plan uses only positive interventions to replace challenging behavior with other positive behaviors and be more acceptable functional skills. The purpose of a behavior support plan is to support residents to improve behavior and quality of life over time.

(41) “Proxy caregiver” means an unlicensed person or a licensed health care facility that has been selected by a disabled individual or a person legally authorized to act on behalf of such individual to serve as such individual's proxy caregiver, provided that such person shall receive training and shall demonstrate the necessary knowledge and skills to perform documented health maintenance activities, including identified specialized procedures, for such individual, as required by O.C.G.A. § 43-26-12(a)(9) and in Georgia Comp. R. & Regs. Chapter 111-8-100, Rules and Regulations for Proxy Caregivers Used in Licensed Healthcare Facilities.

(42) "Records check application" means fingerprints in such form and of such quality as prescribed by GCIC under standards adopted by the Federal Bureau of Investigation and 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 obtaining a criminal background check.

(43) “Registry check” means a review of the nurse aid registry provided for in Code Section 31-2-14, the national and state sexual offender registries, and the List of Excluded Individuals and Entities as authorized in Sections 1128 and 1156 of the federal Social Security Act, as it existed on February 1, 2018, or any other registry useful for the administration of this article as specified by rules of the Department.

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

(45) “Residence” means a Community Living Arrangement or, where the sense requires, the administrator or other person or persons responsible for taking an action on behalf of the governing body of the Community Living Arrangement or for taking an action required by these rules.

(46) "Resident" means any non-family adult living in a Community Living Arrangement and receiving services, supports, care, or treatment.

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

(48) “Restraint” means any action, device, or procedure that limits a person’s freedom of movement or ability to control their own body or environment. The use of a restraint shall be determined by its effect and intent, not by the device or method used.

(49) "Seclusion" means the involuntary confinement of a resident alone in a room or an area from which the resident is physically prevented from leaving. “Prevented from leaving” includes not only the use of a locked door, but also the use of physical control or verbal threats to prevent the resident from leaving. Seclusion may not be used in a Community Living Arrangement under any circumstances.

(50) “Self-directed self-administration of medications” means the process of a resident independently managing and administering both over-the-counter and prescription medications to him/herself.

(51) "Site manager" means the person directly responsible for the operations of a particular residence.

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

Authority: O.C.G.A. § 37-13-2

82-13-1-.05 Governing Body

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

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

(3) The governing body shall ensure that no member of the governing body, administration, staff associated with the Community Living Arrangement or affiliated Community Living Arrangements, or family member of staff serves as the representative or legal guardian for a resident.

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

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

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

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

(8) **Required Policies and Procedures.** The policies and procedures of the governing body shall include, but may not be limited to, the following:

(a) A formal code of conduct communicating appropriate ethical and moral behavioral standards.

1. The code of conduct directly addresses issues such as appropriate use of resources, conflicts of interest, and use of due professional care.

2. The code of conduct makes it clear that under no circumstances will the following occur:

(i) Abandonment of a resident;

(ii) Threats (overt or implied) of harm or mistreatment of a resident;

(iii) Corporal punishment of a resident;

(iv) Fear-eliciting procedures directed toward a resident;

(v) Any kind of abuse or neglect of a resident;

(vi) Withholding basic nutrition or nutritional care from a resident; or

(vii) Withholding from a resident any basic necessity such as clothing, shelter, rest or sleep.

3. The code of conduct provides a process for what employees must do if they become aware of unacceptable behavior.

4. The code of conduct is acknowledged by signature of all employees and contractors at least annually.

5. Appropriate disciplinary action is taken in response to departures from approved policies or violations of the code of conduct.

(b) A description of the scope of services the residence intends to provide to include the population served, the services available, and how the organization plans to address the needs and desires of those served;

(c) How the residence ensures that it does not admit or retain persons who require more care than the residence can provide, as outlined in Section .12 of these Rules.

(d) How the residence guarantees the rights of the residents as outlined in Section .15 of these Rules.

(e) Procedures for all aspects of medication management including but not limited to medication orders and procurement, storage, security, method(s) of administration used (proxy caregiver, licensed healthcare professional, assistance with self-administration or self-directed self-administration),

documentation of all aspects of medication management, and disposal of discontinued or out of date medications as outlined in Section .14 of these Rules.

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

(g) Procedures that outline and identify the medical support devices and other restrictive interventions that are implemented or prohibited by the organization and licensure requirements as outlined in Sections .16 and .17 of these Rules.

(h) How the residence handles admissions and discharges, including:

1. Procedures for discharge/transfer/immediate transfer due to medical or behavioral needs of residents;

2. How refunds are handled when a resident is transferred, is discharged, or dies;

3. How the resident's complete record, unused special medical supplies, personal belongings, medications, funds and burial accounts are transferred when a resident is transferred or discharged.

4. Expectations regarding cooperative living.

(i) The internal quality assurance procedures that shall be used to minimize risk and maintain or improve the quality of care and services provided to the residents, including processes for how deficiencies and risks are identified and managed on an ongoing basis. At a minimum, the residence shall include as an indicator to be measured and improved, as necessary, any injury to a resident;

(j) What constitutes the staffing requirements and how the residence will ensure that staff are trained, including but not limited to the following required elements:

1. Policy demonstrates that appropriate professional staff oversee the services, support, care and treatment provided including reviewing clinical documentation, conducting assessments, developing behavior support plans, service plans, healthcare plans, and other protocols, and implementing assessment, care and treatment activities as defined in professional practice acts.

2. Procedures for verifying licenses, credentials, experience and competence of staff.

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

4. How the residence handles acts committed by staff that are inconsistent with policies of the residence.

(k) Levels of observation procedures to meet the residents' clinical care and safety needs;

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

(m) Procedures for controlling and preventing infections and infestations in the residence.

(n) Procedures that support secure, organized and confidential management of information, including electronic records if applicable, that addresses state and federal confidentiality laws and regulations.

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

1. Medical emergencies;

2. Local and widespread weather emergencies or natural disasters, such as tornadoes, hurricanes, earthquakes, ice or snow storms, or floods;

3. Manmade disasters such as acts of terrorism and hazardous materials spills;

4. Unanticipated interruption of service utilities, including water, gas, or electricity, within the facility or within a local or widespread area;

5. Fire, explosion, or other physical damage to the residence; and

6. Reporting the elopement (Georgia's Mattie's Call Act) of any disabled person from a Community Living Arrangement to local law enforcement within 30 minutes of the Community Living Arrangement staff receiving actual knowledge that such person is missing.

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

Authority: O.C.G.A. § 37-13-2

82-13-1-.06 Licenses

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

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

(b) Each application for a new license or a change in location shall be accompanied by a detailed floor sketch of the residence to be licensed as a Community Living Arrangement showing windows, doors, room measurements, and bed placement for residents.

(c) The ownership of the license candidate shall be fully disclosed in the application for a license. In the case of ownership by corporations, partnerships, and other bodies created by statute, the corporate officers and all individuals or family groups with any ownership interest in the license candidate, as well as the registered agent for service of process, shall be disclosed in the application for a license.

(d) Each owner, employee (including administrators as defined in these rules), and applicant for employment in the Community Living Arrangement, must complete a records check application and a criminal background check in accordance with O.C.G.A. § 37-1-142 and applicable rules and regulations of the Department.

(e) Satisfactory proof shall accompany license applications that all electrical, water, and sewage systems of the residence meet applicable federal, state, and local standards and regulations and that the residence is in compliance with any local fire safety standards and the fire and safety standards promulgated by the Office of the Safety Fire Commissioner.

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

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

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

(4) A license shall no longer be valid and shall be returned to the Department when the residence ceases to operate or is moved to another location, more than fifty percent (50%) of the ownership interest in the governing body changes, the governing body is significantly changed, the service requirement changes, or the license is suspended or revoked.

(5) Upon any change of ownership interest in the governing body, the governing body shall notify the Department within fifteen (15) calendar days of the change of ownership interest, and identify any owners who were not previously owners as defined in these rules. All new owners must complete records check applications, registry checks, and criminal background checks as required by O.C.G.A. § 37-1-147 and applicable rules of the Department.

(6) A license shall be required for each residence if more than one residence is operated by the same governing body.

(7) A Community Living Arrangement shall not exceed its licensed capacity. The licensed capacity of a Community Living Arrangement shall not exceed four residents.

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

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

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

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

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

(e) A governing body with a Community Living Arrangement with a provisional license shall not apply for a new Community Living Arrangement until such time as all of its Community Living Arrangements are issued a full, valid license.

Authority: O.C.G.A. § 37-13-2

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82-13-1-.07 Investigations, Surveys and Corrective Action Plans

(1) The Community Living Arrangement, and its records shall be available for review and examination by properly identified representatives of the Department. The residents and staff shall be available for interview. Investigations and surveys may be conducted both on an announced and unannounced basis at the discretion of the Department.

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

(3) The Department may require a criminal background check on any owner or employee of a Community Living Arrangement during the course of an investigation involving such owner or employee, or if the department receives information the owner or employee was arrested for a crime.

(4) If violations of these licensing rules are identified, the Community Living Arrangement must develop a written corrective action plan within fifteen (15) days of a survey report to correct each of the violations identified. The Community Living Arrangement must correct all violations cited.

(5) A copy of the survey report shall be available for inspection at the residence upon request by any person.

(6) **Violations Dispute.** The Community Living Arrangement may offer an explanation or dispute the findings of violations within ten (10) days of a survey report, so long as an acceptable corrective action plan is also submitted

Authority: O.C.G.A. § 37-13-2, 37-1-144

82-13-1-.08 Administration

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

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

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

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

(5) A personnel file shall be maintained for each employee. These files shall be available for inspection by the appropriate enforcement authorities and shall be maintained to protect the confidentiality of the information contained in them and shall include the following:

(a) Evidence of a criminal background check with an eligible determination;

(b) Motor Vehicle Record check;

(c) Evidence of tuberculosis (TB) screening upon hire to include a TB risk assessment, symptom evaluation, a TB test, and additional evaluation as needed. The TB screening shall be repeated if there is a known exposure.

(d) Evidence of first aid and BCLS training and recertification; and

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

(6) **Alcohol and Drug Free Workplace.** Employees, administrators, directors, and site managers shall be free of illegal drugs while in the workplace or performing assigned duties and are prohibited from possessing or consuming illegal drugs while in the workplace or performing assigned duties. Employees, administrators, directors, and site managers shall be free of alcohol and are prohibited from possessing or consuming alcohol while in the workplace or performing assigned duties. Employees, administrators, directors, and site managers shall be free of legal drugs or other substances that could potentially impact the performance of assigned duties.

(7) **Criminal History Background Checks for Administrators and Other Employees Required.** Prior to employment in a Community Living Arrangement, a potential employee (including a potential administrator) is required to complete a registry check, a records check application, and a criminal background check in accordance with O.C.G.A. §§ 37-1-141 and 37-1-143 and the applicable rules of the Department. .A person may not be hired as an employee or administrator of a Community Lliving Arrangement if prohibited by O.C.G.A. § 37-1-143 or applicable rules of the Department.

Authority: O.C.G.A. § 37-13-2, 37-1-143

82-13-1-.09 Staffing

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

(2) Staff may not utilize the home as their personal residence.

(3) Staff shall be awake in the home at all times during their scheduled shift.

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

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

(6) For purposes of these rules, a resident shall not be considered a staff person in the residence in which they live. The Community Living Arrangement shall not require any resident to perform tasks that are

ordinarily considered staff responsibilities, unless there is documentation in the individual service plan of the resident, or elsewhere, that indicates that participation of the resident is voluntary and appropriate.

Authority: O.C.G.A. § 37-13-2

82-13-1-.10 Physical Plant Health and Safety Standards

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

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

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

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

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

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

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

(g) All stairways shall have sturdy handrails, securely fastened not less than 30 inches nor more than 34 inches above the center of the tread.

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

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

(2) A Community Living Arrangement shall provide for common living space, such as living room and dining rooms, for use of the residents without restriction.

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

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

(5) The following minimum standards for private sleeping areas must be met:

(a) Bedrooms must have sufficient space to accommodate the resident, the resident’s belongings, and, minimally, a bed and dresser without crowding. The bedroom shall have at least 80 square feet of usable floor space per person that does not include a built-in closet.

(b) There shall be no more than two residents per bedroom.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(a) All ramps shall have sturdy handrails, securely fastened not less than 30 inches nor more than 34 inches above the center of the tread.

(b) Exterior stairways, decks, and porches shall have handrails on the open sides unless the surface of the deck or porch is so close to ground level that it does not pose a significant risk of injury to the resident to fall from the deck or porch.

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

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

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

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

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

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

1. An adequate closet or wardrobe;

2. Lighting fixtures sufficient for reading and other activities;

3. A standard bureau or dresser;

4. A mirror appropriate for grooming;

5. A standard, non-portable bed measuring at least a standard twin size (38 inches wide and 75 inches long). The bed must accommodate the individual's height and body composition comfortably. The mattress shall have comfortable springs, be clean, be not less than five-inches thick, or four inches if of a synthetic construction. Couples may request a double bed when available; and

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

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

(10) Provision shall be made for assisting a resident to personalize the bedroom by allowing the use of his or her own furniture if so desired and by mounting or hanging pictures on bedroom walls.

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

(12) Mechanical cooling devices shall be made available for use in those areas of the building used by residents when inside temperatures exceed 80 degrees Fahrenheit.

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

(14) Each Community Living Arrangement shall comply and remain in compliance with any and all local ordinances for fire safety in residences of that size and function. Private quarters shall be maintained in such a manner as to comply with fire safety codes and not threaten the health or safety of residents. In the absence of or in addition to any such local ordinances, the following requirements shall be met:

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

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

(c) Space heaters shall not be used.;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(24) The following evacuation requirements must be met:

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

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

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

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

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

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

(27) 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. § 37-13-2

82-13-1-.11 Services

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

(2) The Community Living Arrangement shall ensure that each resident has either an individual service plan that specifies the medical, physical, behavioral, and social needs of the resident and the services, support, care, or treatment that the resident will receive from the Community Living Arrangement.

(3) A minimum of three regularly scheduled, well-balanced meals shall be available seven days a week. Meals shall be served in the early morning, at midday, and the evening, with the last meal taking place no earlier than 5:00 P.M. Meals shall meet the general requirements for nutrition published by the

Department and align with the Dietary Reference Intakes (DRIs) as defined by the Food and Nutrition Board of the National Academies of Sciences, Engineering, and Medicine, and the Dietary Guidelines for Americans, or follow a diet established by a registered dietitian, nutritionist, physician, or physician extender. Meals shall be of sufficient and proper quantity, form, consistency, and temperature. Food for at least one nutritious snack shall be available and offered mid-afternoon and evening. All food groups shall be available within the residence and represented on the daily menu. The menu should demonstrate variety and individual choice.

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

(b) Food received or used in a Community Living Arrangement shall be within its labeled use by or expiration date, clean, wholesome, free from spoilage, adulteration, properly labeled, and safe for human consumption.

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

(d) A residence shall maintain a three-day supply of non-perishable foods and water for emergency needs. A residence shall provide for at least one gallon of water per person, per day. If the non-perishable foods require water to reconstitute, sufficient water must be maintained on hand as well. The non-perishable foods must also reflect the ability to provide for each resident's specific nutritional needs.

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

(f) The Community Living Arrangement shall show evidence of individual choice and participation in the planning of meals, as appropriate. Records of the meals served shall be kept on file for 30 days for review by the Department.

(4) An individual file shall be maintained for each resident.

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

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

Authority: O.C.G.A. § 37-13-2

82-13-1-.12 Admission

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

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

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

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

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

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

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

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

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

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

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

(e) A copy of expectations regarding cooperative living, which must be in writing, with evidence of review by the resident and the resident's representative or legal guardian, if any. Expectations regarding cooperative living may not violate the rights and responsibilities of the residents enumerated in Section .15 of these rules. Expectations shall include, but not be limited to, a statement about sharing of common space and other resources, expectations regarding the use of tobacco and alcohol, and explanation regarding items, if any, prohibited by the Community Living Arrangement.

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

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

Authority: O.C.G.A. § 37-13-2

82-13-1-.13 Discharge or Transfer of a Resident

(1) Each admission agreement shall include a written procedure for handling discharge and transfer of the resident that complies with these rules.

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

(3) Thirty days' written notice, including the reason for the proposed discharge or transfer, shall be given to both the resident and his or her representative or legal guardian, if any, prior to discharge or transfer of the resident except where an expedited transfer or discharge planning process is initiated, per subparagraph (7) of this rule.

(4) The administrator shall send to the applicable regional field office of the Department a copy of the notice provided to the resident.

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

(6) The residence shall notify the Department when transfer assistance is needed and no legally authorized representative or legal guardian is willing to provide assistance.

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

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

(b) In all cases where an expedited transfer or discharge is to be made, the residence shall transfer the resident to an appropriate facility or service provider where the needs of the resident can be met. Prior to making such transfer or discharge, the administrator or site manager shall:

1. Notify the resident and his or her representative or legal guardian, if any, of the reason for the immediate transfer;

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

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

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

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

1. Provide a full copy of the resident's file, either digital or paper, to the receiving facility or service provider; and

2. Document in the resident's file the following:

(i) The reason for the discharge or transfer;

(ii) The fact that the resident, his or her representative or legal guardian, if any, and the Department's regional field office were informed; and

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

Authority: O.C.G.A. § 37-13-2

82-13-1-.14 Medications

(1) All medications required by a resident in a Community Living Arrangement shall be administered in accordance with a physician's order. A current copy of the physician/physician extender order or current prescription dated and signed within the past year is placed in the resident's record for every medication administered or self-administered, including regular, ongoing medication, controlled substances, as needed prescribed and over-the-counter medications, and discontinuation orders.

(2) All medication shall be administered solely for the purpose of providing effective treatment. Medications shall not be used as punishment, disciplinary purposes, for the convenience of staff, as a substitute for training or engagement, chemical restraint, or in quantities that interfere with a resident's quality of life.

(3) Responsibility for initial acquisition and subsequent procurement of prescribed medications shall be specifically assigned in the admission agreement to the resident, his or her representative or legal guardian, if any, or the Community Living Arrangement's designee. Initial medication orders shall be procured within twenty-four (24) hours of prescription receipt, and refills before twenty-four (24) hours of the exhaustion of current medication supply.

(4) Medications shall have a label affixed by a licensed physician or pharmacist, including sample medications. Only physicians or pharmacists may re-package or dispense medications, including re-packaging medications into other containers such as "day minders."

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

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

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

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

(d) Outdated, mislabeled, or otherwise unusable medications shall not be available for resident use.

(6) **Medication Administration by Proxy Caregiver** includes support with medications ingested, inhaled, injected (excluding IV medications and those requiring professional skill and judgment) and those applied by direct application to the body of a resident. Specific requirements for Proxy Caregivers Used in Licensed Healthcare Facilities are set forth in Rule 111-8-100.

(a) Medication Administration by Proxy Caregiver is limited to measuring a prescribed amount of liquid medication, breaking a scored tablet, crushing a tablet or adding water or another liquid to laxatives and nutritional supplements in accordance with specific written directions.

(b) The resident or his or her legal representative must designate to the proxy caregiver the performance of such medication assistance through the execution of a written informed consent.

(c) The proxy caregiver shall not mix, compound, convert or calculate medication doses.

(7) **Assistance with Self-Administration of Medications** includes helping a resident who is not fully independent for self-directed self-administration to take medication without administering it to them.

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

1. Reminding the resident to take their medication at the prescribed time;

2. Reading the label or instructions to the resident;

3. Checking the dosage the resident self-administers to the physician’s order and container label;

4. Handing the medication container to the resident;

5. Opening medication containers (pill bottles, blister packs, etc.); and

6. Assisting in pouring the prescribed amount of medication.

(8) **Self-Directed Self-Administration of Medication.** Residents who have the capacity may independently manage and administer their own medications, including over-the-counter and prescription medications ordered by a physician/physician extender.

(9) **Staff Training.** Staff members providing supervision of self-administration of medications or supervision of self-directed self-administered medications shall be trained by a physician, physician extender, licensed registered nurse, or pharmacist, prior to supervising self-administration of medications.

(a) Documented evidence of training shall be kept within the staff member's personnel file. Staff competencies related to the supervision of self-administration of medications shall be tested and documented annually.

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

1. Purpose of a resident's medications, including risks and benefits;

2. Identifying and responding appropriately to adverse reactions to medications;(c) Following physician's orders, including rationale for ensuring timely receipt of medications;

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

4. Documenting medications changed or discontinued by a physician;

5. Proper storage of medication;

6. Proper disposal of medication; and

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

8. The governing body’s policy regarding medication oversight.

(10) **Medication administration.** In the absence of medication administration by a proxy caregiver, self-directed self-administration, or assistance with self-administration, a licensed healthcare professional shall administer the medications in accordance with their scope of practice.

(11) Notwithstanding other provisions of these rules to the contrary, a staff member who is not a physician, licensed nurse or physician's assistant may appropriately administer emergency medications for life-threatening conditions such as epinephrine for a severe allergic reaction, seizure rescue medications for ameliorating serious seizure activity, glucagon for severe hypoglycemia, naloxone for opioid overdose, etc.

(12) Nothing within these rules shall be construed as prohibiting the rendering of medication assistance by any staff in case of an emergency.

(13) **Documentation.** A Medication Administration Record (MAR) is in place for each calendar month that an individual takes or receives medication, regardless of the method of administration.

(a) The MAR includes a listing of all medications taken or administered during that month including a full replication of the information in the physician’s order for each medication (name, dose, route, time of day, and special instructions).

(b) Staff must document on the MAR at the time each medication is offered or taken.

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

(a) Processes for determining the method(s) of medication administration that may be used for residents, including an assessment to determine the resident's capacity to self-administer medications, as applicable.

(b) Actions to take when concerns regarding a resident's capacity to self-administer are identified.

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

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

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

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

(g) Requirements for staff training.

Authority: O.C.G.A. § 37-13-2

Rule 82-13-1-.15 Rights of Residents

(1) Residents shall have the following rights:

(a) All residents shall have the right to complain to the Department concerning any act, omission to act, practice, policy, or procedure that may adversely affect the health, safety, or welfare of any resident;

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

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

(2) A Community Living Arrangement shall not infringe upon any resident's rights and shall ensure that residents may communicate privately and confidentially, individually or in groups, with the Department or its agents. A Community Living Arrangement shall cooperate fully with the Department and its agents.

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

(a) Each resident shall receive personal services, supports, care, or treatment, as applicable, which shall be adequate, appropriate, and in compliance with applicable federal and state law and regulations, without discrimination in the quality of service based on age, gender, race, physical or mental disability, religion, sexual orientation, national origin, marital status, or the source of payment for the services.

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

(c) Each resident shall have the right to:

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

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

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

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

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

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

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

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

(h) Each resident shall have the right to be free from mental, verbal, sexual, and physical abuse, neglect, and exploitation. Each resident has the right to be free from actual or threatened mechanical or chemical restraint, isolation, seclusion, corporal punishment, or any disciplinary methods not specifically authorized by the ISP, including interference with the daily functions of living such as eating or sleeping;

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

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

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

(l) Each resident shall have the right to manage his or her own financial affairs, including the right to keep and spend his or her own money unless that resident has been adjudicated incompetent by a court of competent jurisdiction. Each resident shall have the right to be free from coercion to assign or transfer to the residence money, valuables, benefits, property, or anything of value other than payment for services rendered by the residence;

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

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

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

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

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

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

(p) Each resident shall have the right to fully participate in the planning of his or her care. Case discussion, consultation, and examination shall be confidential and conducted discreetly. A person who is not directly involved in the care of a resident may be present when care is being discussed or rendered only if he or she has the permission of the resident; provided, however, that authorized representatives of the Department shall have full access to the residence and all residents for purposes of ensuring compliance with these rules;

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

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

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

Authority: O.C.G.A. § 37-13-2

Rule 83-13-1-.16 Medical Support Devices

(1) A device shall be considered a medical support device if it is prescribed or recommended by a physician or physician extender, it is used for a documented medical or therapeutic purpose, it supports function, safety or health, and it is the least restrictive option appropriate for the need. .

(2) Prior to first use, an order shall be written by a physician for the use of a medical support device and shall be filed in the resident's record. The order shall include the type of device, the rationale for its use, the duration of its use, and appropriate instructions for release and monitoring of its use, as applicable.

(3) Prior to first use, the proposed medical support device is discussed in advance with the resident and his or her legally authorized representative or legal guardian, if any;

(4) The use of the device shall be specifically authorized in the individual service plan and positive behavior support plan or crisis/safety plan, as applicable.

(5) Staff shall be trained in the application of the medical support device and the safe care of the resident.

(6) Medical support devices shall be kept clean and used only in ways which they are intended to be used and that cause no physical harm to the resident.

(a)

(7) Medical support devices shall be fully inspected prior to use to ensure that they are in good repair and free from tears or protrusions that might cause injury.

(8) Medical support devices shall be discontinued by order of a physician when no longer needed as a treatment intervention.

Authority: O.C.G.A. § 37-13-2

82-13-1-.17 Restraints

(1) An action, device or procedure shall be considered a restraint if it is used to manage behavior, prevent harm, or control movement and does not meet the definition of a medical support device as defined in Section 82-13-1-.03 of this rule.

(2) The following types of restraint shall not be used under any circumstances:

(a) Chemical restraints;

(b) Seclusion;

(c) Restraint devices that do not meet the definition of a medical support device;

(d) Restraint of a resident in the prone position, even as part of a nationally benchmarked crisis intervention program.

(3) The Community Living Arrangement shall have and enforce effective procedures to minimize to the greatest extent possible the use of restraints.

(4) The use of restraints shall be specified in the individual service plan positive behavior support plan or crisis/safety plan and shall be used as a last resort safety intervention solely for the purposes of protecting the safety of the resident or other persons in the residence after a hierarchy of appropriate interventions have been utilized in the situation and the resident continues to be a danger to self or other persons in the residence.

(5) **Staff Training.**. All staff engaging in a restraint on a resident must have current training by a nationally benchmarked crisis intervention program chosen by the governing body.

(6) **Use of a Restraint:**

(a) When a restraint is used, the staff member(s) shall follow the positive behavior support plan and/or crisis/safety plan that may include the resident being be spoken to, checked for indications of obvious physical distress, offered water, and provided an opportunity to meet his or her need to urinate and defecate as needed.

(b) If permitted, restraint (ten seconds or more), shall not exceed fifteen (15) minutes beyond which time the person is no longer a danger to self or to others.

(c) The length of time permitted to use restraints for any one episode shall not exceed one (1) hour of continuous restraint. Consecutive periods of restraint, which have the effect of restraining the resident in excess of one hour, are not permitted.

(d) In all cases, the resident shall be released from restraints when that resident's demeanor evidences that he or she is no longer a danger to himself or herself or to others.

(e) The physical and emotional status of the resident shall be checked at least every 15 minutes by staff members trained by a nationally benchmarked crisis intervention program.

(f) Any pressure site shall be checked every fifteen (15) minutes for evidence of swelling or abrasion.

(g) In the case of an accident or adverse change in the condition of a resident resulting from the use of personal restraints, procedures specified in Section .18 of these rules shall apply.

(7) **Documentation of Restraints:**

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

(b) A written record of all checks during the restraint and all other activities shall be made.

(c) Notification of the use of restraints shall be given by telephone to the resident's representative or legal guardian, if any, within 24 hours of the use of restraints and shall be documented in the resident's file. In the event the resident's representative or legal guardian, if any, cannot be reached, that fact shall be documented in the resident's file.

(d) Any use of restraints meeting criteria identified by the Department as a reportable incident shall be reported to the Department. Reports of reportable incidents shall be made in a form acceptable to the

Department, and the Department may specify a methodology and/or an online platform or system through which such reports must be electronically submitted.

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

Authority: O.C.G.A. § 37-13-2

82-13-1-.18 Procedures for Change in Condition or Serious or Unusual Incident

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

(2) In case of an accident or adverse change in the condition of a resident, the Community Living Arrangement administrator or designee shall make a report to the Department in a form acceptable to the Department, and the Department may specify a methodology and/or an online platform or system through which such reports must be electronically submitted.

(3) A summary of the incident, including follow-up and notifications, shall be documented.

(4) Should a resident die while in the residence or while at another location when still a resident of the Community Living Arrangement, the residence shall immediately notify the resident's next of kin, physician, and representative or legal guardian, if any. Statutes applicable to the reporting of death and reports that must accompany the deceased shall be observed. The residence shall report the death to the Department .

Authority: O.C.G.A. § 37-13-2

82-13-1-.19 Reporting to the Department

(1) The Community Living Arrangement shall report all reportable incidents to the Department. Reports of reportable incidents shall be made in a form acceptable to the Department, and the Department may specify a methodology and/or an online platform or system through which such reports must be electronically submitted.

(2) Where the Department determines that a potential rule violation related to the incident has occurred, the Department may initiate a separate investigation of the incident.

Authority: O.C.G.A. § 37-13-2

82-13-1-.20 Enforcement and Sanctions

(1) The Department may refuse to grant an initial license, revoke a current license, or impose other sanctions as described in Georgia Comp. R. & Regs. Chapter 82-14-1, “Licensure Enforcement and Sanctions.”

(2) The Department may suspend any requirements of these rules and the enforcement of any rules if authorized by the Governor of the State of Georgia upon the declaration of a public health emergency.

Authority: O.C.G.A. §§ 37-13-2, 38-3-51

82-13-1-.21 Variances and Waivers

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

(2) **Variance.** A variance may be granted by the Department upon showing by the applicant or petitioner that the particular rule or regulation that is the subject of the variance request should not be applied as written because strict application of the rule would cause undue hardship. The applicant or petitioner must also show that adequate standards affording protection for the health, safety, care, and rights of the residents exist and will be met in lieu of the exact requirements of the rule or regulations in question.

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

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

Authority: O.C.G.A. § 37-13-2

82-13-1-.22 Severability

In the event that any rule, sentence, clause, or phrase of any of these rules and regulations may be construed by any court of competent jurisdiction to be invalid, illegal, unconstitutional, or otherwise unenforceable, such determination or adjudication shall in no manner affect the remaining rules or portions thereof. The remaining rules or portions shall remain in full force and effect, as if such rule or portions thereof so determined, declared, and adjudged invalid or unconstitutional were not originally a part of these rules.

Authority: O.C.G.A. § 37-13-2

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