

# PUBLICATION

---

## Georgia Finalizes Rules Implementing New Standards for Assisted Living Communities and Personal Care Homes

Authors: Michelle A. Williams, Mary Grace Griffin

August 18, 2021

On August 12, 2021, the Georgia Department of Community Health (DCH) adopted final rules revising regulations for Personal Care Homes (PCH(s)) and Assisted Living Communities (ALC(s)). The final rules implement changes made under House Bill 987, the "Disabled Adults and Elder Persons Protection Act," which was signed into law on June 30, 2020 and went into effect July 1, 2021. The final rules affect the Regulations for Personal Care Homes found at Ga. Comp. Rules & Regs., R. 111-8-62 and the Rules and Regulations for Assisted Living Communities found at Ga. Comp. Rules & Regs., R. 111-8-63. The following is a summary of the major changes.

### Required Certification of Memory Care Centers

PCHs and ALCs operating memory care centers now must obtain a certification issued by DCH. The term "memory care center" replaces "memory care unit" throughout the regulations and is defined as a freestanding or incorporated specialized unit that either (i) holds itself out as providing additional or specialized care to persons with diagnoses of probable Alzheimer's or other dementias or with cognitive deficits that may place the resident at risk; or (ii) charges higher rates for care for residents with Alzheimer's or other dementias than for care to other residents. The previous requirements for "Memory Care Services" remain in the regulations but are now identified as "Precautions for Residents at Risk of Elopement." The regulations also call for family participation in the development of an individual written care plan, if possible, with incorporation of family and personal history to support a person-centered approach to care.

### Staffing Requirements

The final rules include changes to both general staffing requirements for PCHs and ALCs as well as changes for staffing in PCH and ALC Memory Care Centers. The administrator of a PCH licensed for 25 or more beds or an ALC now must hold a valid license from the State Board of Long-Term Care Facility Administrators with an effective date no later than 60 days from the date of hire.

The final rules also increase staff-to-resident ratios. Average monthly minimum staffing levels will be calculated and documented using methods and forms specified by DCH. Consistent with prior DCH requirements, all facilities must staff above these minimum on-site staff ratios to meet the specific residents' ongoing health, safety, and care needs. Below is a summary of the final staffing requirements for PCHs and ALCs.

### Personal Care Homes

- A PCH licensed for less than 25 beds must maintain a minimum on-site staff-to-resident ratio of one awake direct care staff person per 15 residents during waking hours and one awake direct care staff person per 25 residents during non-waking hours where the residents have minimal care needs.
- A PCH licensed for 25 or more beds must maintain an average monthly minimum on-site staff-to-resident ratio of one awake direct care staff person per 15 residents during waking hours and one awake direct care staff person per 20 residents during non-waking hours.

- At least one administrator, on-site manager, or a responsible staff person must be on the premises 24 hours per day and available to respond to resident needs, with a minimum of one staff person per occupied floor.

## **Assisted Living Communities**

- At least two staff persons who have completed the minimum training requirements must be present in the assisted living community at all times any residents are present, with at least one staff person on each occupied floor.
- At least two on-site direct care staff persons must be on the premises 24 hours per day providing supervision whenever residents are present, with at least one staff person on each occupied floor.
- Maintain an average monthly minimum on-site staff-to-resident ratio of one awake direct care staff person per 15 residents during waking hours and one awake direct care staff person per 20 residents during non-waking hours where the residents have minimal care needs.
- A registered professional nurse or licensed practical nurse be on-site to support care and oversight of the residents, as follows:
  - For communities with one to 30 residents, a minimum of eight hours per week;
  - For communities with 31 to 60 residents, a minimum of 16 hours per week;
  - For communities with 61 to 90 residents, a minimum of 24 hours per week; and
  - For communities with more than 90 residents, a minimum of 40 hours per week

## **Certified Memory Care Centers**

- One dementia trained direct care staff person for every 12 residents on-site during all waking hours and for every 15 residents on-site during all non-waking hours based on a monthly average;
- One registered professional nurse, licensed practical nurse, or certified medication aide on-site at all times;
- Two direct care staff persons are required to be on-site at all times, with at least one on each occupied floor; and
- One registered professional nurse or licensed practical nurse on-site or available in the building at all times as follows:
  - For memory care centers with one to 12 residents, a minimum of eight hours per week;
  - For memory care centers with 13 to 30 residents, a minimum of 16 hours per week;
  - For memory care centers with 31 to 40 residents, a minimum of 24 hours per week; or
  - For memory care centers with more than 40 residents, a minimum of 40 hours per week.

## **Training Requirements**

The final rules alter training requirements for both general staff and memory care centers. The final PCH rules require all direct care staff, including the administrator or on-site manager to satisfactorily complete at least 16 hours of continuing education each year. For ALCs, all staff offering hands-on personal services to the residents, including the administrator or on-site manager, must satisfactorily complete at least 24 hours of continuing education within the first year of employment as a direct care worker and 16 hours each following year. The continuing education courses must be relevant to the individual's job duties, such as courses on first aid certifications, appropriate medication assistance, working with the elderly, working with residents with Alzheimer's or other cognitive impairments, working with the mentally ill and developmentally disabled, social and recreational activities, legal issues, physical maintenance and fire safety, housekeeping, recognizing and reporting abuse, or other topics as needed or as determined by DCH.

Memory care centers have additional training requirements. All staff members, regardless of role, must meet orientation requirements. Direct care staff must receive a separate orientation and meet annual training

requirements. For homes and communities with memory care centers, direct care staff must complete a minimum of 8 hours of specialized training in dementia care on an annual basis.

### **Limited Nursing Services**

Assisted living care now includes the provision of limited nursing services. "Limited nursing services" is defined as "the assessment of the physical, mental, and emotional status to determine the appropriate level of care for an individual; the performance of health maintenance activities...and the provision of any nursing care within the direct care staff person's scope of practice that can be completed within seven days or intermittently."

### **Licensure and Notice Requirements**

The initial application for licensure as a PCH with 25 beds or more or as an ALC now requires a financial stability affidavit from a certified public accountant affirming the applicant's ability to operate as a going concern for the next two years. In addition, a home or community must now provide timely notification of the relocation address to the residents, their family contacts and representatives, and the department whenever an emergency situation arises that disrupts the provision of room and board for the residents at the licensed location. Owners must provide DCH and all residents a minimum of 60 days' notice of bankruptcy or property eviction. In the event of a change of ownership, owners must provide DCH and all residents 30 days' notice. Notice to DCH must be in the form of an application which must be approved before the permit is issued to the new owners.

For PCHs licensed for 25 or more beds and ALCs, the rules implement additional infection control requirements set forth in the Rules and Regulations for Disaster Preparedness Plans (Chapter 111-8-16) regarding pandemic plans, supplies, and policies and procedures. Homes licensed for 25 or more beds and communities must notify residents of infectious disease outbreaks or incidents.

### **Changes Specific to Personal Care Homes**

The final rules provide that each PCH must have its name displayed so as to be easily visible from the street. The rules also include new aging-in-place exceptions. Under these exceptions, the PCH may allow up to three non-ambulatory residents to remain in the PCH to support an aging-in-place strategy that is in the best interests of the resident, provided certain criteria are met to ensure the resident receives proper care within the home and the emergency procedures meet safety compliance standards.

The final PCH rules also include changes relating to medication administration in memory care centers. Medications for residents living in the memory care center must be provided by a trained proxy caregiver, a licensed registered nurse, a licensed practical nurse working under the supervision of a physician or registered nurse, or a certified medication aide subject to registry, competency, and observation requirements. A certified medication aide can only perform specific authorized tasks relating to medication administration and must undergo an annual competency review. The PCH staff must observe and document any administration of liquid morphine by a certified medication aide in the resident's record. PCHs may provide certified medication aide training programs, provided that the program meets proper competency and registry requirements. Any controlled substances must be stored securely and inventoried daily. The on-site supply of liquid morphine must be limited to 50 ml for each hospice patient in the home for which there is a physician's order for such medication.

The Final Rules can be found [here](#).

For more information, please contact [Michelle A. Williams](#) or [Mary Grace Griffin](#).