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Department of Community Health Issues Interpretive Guidelines Following New Regulations for Personal Care Homes

The Georgia Department of Community Health (DCH) recently revised the licensing rules for personal care homes (PCHs). The new regulations became effective on December 9, 2009 and March 9, 2010. In connection with the revised regulations, DCH issued new *Interpretive Guidelines* and published these on its website last month.¹ These Interpretive Guidelines replace the "Blue Book" that DCH has historically distributed to licensed Georgia PCHs.

These *Interpretive Guidelines* provide clarification for PCH providers on the new, as well as existing, regulations. DCH describes the *Interpretive Guidelines* as follows: "This information is intended to clarify rules and to provide technical assistance and examples for providers with occasional notes on how surveyors may survey for a particular requirement." DCH provides a caveat regarding the *Interpretive Guidelines*: "Such clarification and examples are subject to change from time to time as necessary to better reflect rule requirements." DCH also notes that the "Best Practices" it describes in the *Interpretive Guidelines* are not required but are "suggestions for raising the quality of care."

The new regulations, among other things, establish basic standards for memory care in all PCHs that serve residents who have cognitive deficits that might cause them to wander offsite. The new rules also provide for considerable regulation of PCHs that qualify as "specialized memory care units." These more extensive rules establish requirements for disclosure, physical plant, staffing levels, staff training, resident assessment, individual service plans and therapeutic activities. PCHs that qualify as specialized memory care units were required to come in full compliance with these more comprehensive rules by March 9, 2009. (For an article that summarizes the new memory care regulations and identifies the circumstances under which the new rules apply, please click [here](#),² and for an article on the remaining new regulation please click [here](#).³)

The *Interpretive Guidelines* provide some guidance to licensed PCHs as to how to comply with these regulations. For example, the new rules require PCHs with residents at risk of eloping to provide memory care services. These

1 http://dch.georgia.gov/vgn/images/portal/cit_1210/24/41/156758976PCHRulesIGsFeb242010.pdf

2 http://www.agg.com/media/interior/publications/Rubinger_Cohen-New_Dept_Rules-DCH_Revises_PCH_Regs.pdf

3 http://www.agg.com/media/interior/publications/Rubinger_Cohen-DCHAdoptsNewRegs-ForMemoryCareInPCHs.pdf

include safety devices on external doors (such as electric locking systems) and a file of recent resident photographs. The *Interpretive Guidelines* provide examples of such safety devices: “alarms that sound when an exterior door is opened and alert staff to a resident’s leaving the building.” They also caution the PCHs to “check with the local fire marshal to ensure that [any locking] device meets local requirements.” With respect to the “current picture” requirement, the *Interpretive Guidelines* explain that “[a]t a minimum, a home must have a current picture of any resident who is at risk of eloping, e.g. has advancing dementia and gets confused about location and may wander outside the home. The picture may be taken at the time of admission but must be periodically updated if the resident’s physical appearance changes greatly.”

PCHs that qualify as specialized memory care units must meet a more detailed set of requirements in addition to providing basic memory care services. A PCH will qualify as a specialized memory care unit under Section .20 if it: (1) “holds itself out as providing additional or specialized care to persons with [...] Alzheimer’s Disease or other dementia” or (2) “charges rates in excess of those charged other residents because of cognitive deficits which may place the residents at risk of eloping.”⁴ PCHs that meet this definition must comply with the basic memory care requirements, as well as more detailed requirements. The *Interpretive Guidelines* help flesh out these new regulations. For example, the regulations require specialized memory care units to have sufficient numbers of trained staff on duty at all times. Specialized memory care units must staff at least one licensed registered nurse who can administer medications to residents. Additionally, the unit must have, at all times, at least one staff member who is awake and can supervise the residents.

All staff must successfully complete an orientation program before working independently with residents. The rules specify that orientation must include facility philosophy of care, policies, staff responsibilities for managing wandering residents, and “an introduction to common [resident] behavior problems [...] and recommended behavior management techniques.” The *Interpretive Guidelines* explain these regulatory requirements by providing that:

[...] the specialized unit, non-licensed staff may continue to provide assistance to residents, who are capable of self-administration by storing the medication for the resident in properly identified containers, reminding the residents of the time to take the medication, physically assisting the residents in pouring the medication and checking the dosage to be administered. In addition, a licensed registered nurse or a licensed practical nurse working under the supervision of a licensed physician or registered nurse is permitted to administer medication.

DCH, in the *Interpretive Guidelines*, goes on to provide an example of a resident “incapable of self-administration of medications.” It explains:

[...] residents would be determined to be incapable of self-administration if they do not participate independently in the administration of the medication as indicated by receiving the medication in their own hands and placing it voluntarily in their own mouths or, if unable to hold the medication properly, being

⁴ *Id.* Section .20(1); definition of “Memory Care Unit” at Reg. 111-8-62-.03(r).

able to acknowledge the need for assistance in getting the medication to their mouths but swallowing it voluntarily.”

The *Interpretive Guidelines* also explain that a “written physician order is required for any medication that is crushed” and that “[i]t is not acceptable to hide medications in food because the resident actively refuses to take the medications.”

Given that the new memory care regulations will affect many PCHs throughout Georgia and that the other new regulations affect all PCHs licensed in the state, it would be prudent for every PCH to review and then monitor any changes to the *Interpretive Guidelines*.

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