



Client Alert



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Georgia General Assembly Passes Senate Bill 178, Establishing New Licensure Category: “Assisted Living Communities”

Prior to the end of the session last week, the Georgia General Assembly passed a law establishing a new licensure category of long-term care facilities, to be known as “assisted living communities” (ALCs). An ALC would be a personal care home with a minimum of 25 beds that applies for a license to provide additional services that should allow residents to remain in place for a longer period of time.

Background

Long-term care facilities that are typically referred to as assisted living facilities are actually licensed in Georgia as “personal care homes.” In Georgia, a personal care home is a residential long-term care facility that is permitted to provide its residents with housing, food services and “personal care services,” which include assistance with activities of daily living such as eating, bathing, grooming, dressing and toileting.

Under current law, personal care homes are not considered to be healthcare providers, and accordingly are limited in the services that they can provide to their residents. For example, the personnel of a personal care home generally are not authorized to administer medications; rather, with limited exceptions, staff may only provide supervision and assistance with the self-administration of medicine. In addition, the current regulations do not permit a resident who can no longer ambulate with minimal assistance to remain in a personal care home. Such residents are generally required to transfer to a different type of setting—typically, a nursing home.

The purpose of **SB 178**, which was sponsored by Senator Johnny Grant and now only awaits the signature of Governor Nathan Deal to become law, was to create a new type of residential facility designed to address these particular issues.

Medication Aides

For example, the new law would allow ALCs to hire specialized staff, to be known as “medication aides,” that are trained to administer most medications directly to residents. A medication aide would be a certified nurse aide (CNA) with current certification in good standing who completes a state-approved medication aide training program and successfully passes a written competency examination. The law requires ALCs to develop and maintain safe medication administration and treatment systems and regularly to conduct comprehensive clinical skills reviews of its medication aides. The law also provides for the establishment of a medication aide registry to be maintained by the Department of Community Health.

Assisted Self-preservation

The new law would allow certain non-ambulatory residents who do not require a nursing home level of care to remain in the ALC as long as they are capable of “assisted self-preservation.” Whether a given resident meets this requirement would be a function of three factors:

1. The resident’s condition;
2. The ability of the ALC’s personnel to provide assistance in an emergency; and
3. The construction of the ALC’s physical plant and whether it meets the requirements applicable to other health care facilities that house non-ambulatory residents.

If the Department of Community Health determines that a resident is not capable of assisted self-preservation, the law permits it to consider a variety of enforcement options, up to requiring that the resident be discharged from the ALC.

Distinction from Nursing Homes and Personal Care Homes

An existing personal care home that otherwise meets the new statutory requirements would not automatically become an ALC; instead, it would be required to apply for a new ALC license. The new law clarifies further that ALCs are not authorized to provide nursing services, nor to retain residents who require a nursing home level of care. The Department of Community Health is directed to develop new regulations for ALCs that establish meaningful distinctions between ALCs, personal care homes and nursing homes.

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