

Georgia Rules and Regulations Administrative Bulletin for August 2021

OFFICE OF SECRETARY OF STATE ADMINISTRATIVE PROCEDURE DIVISION

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Final rules filed with the Georgia Secretary of State during the month of *August 2021*:

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Final rules filed with the Georgia Secretary of State that became effective *August 2021*:

Department	Rules List	Action	Filed	Effective
80. RULES OF DEPARTMENT OF BANKING AND FINANCE	80-11-1-.02	non-substantive change	August 5, 2021	Aug. 5
	80-11-3-.01	non-substantive change	August 5, 2021	Aug. 5
250. RULES OF GEORGIA STATE BOARD OF FUNERAL SERVICE	250-4-.02	non-substantive change	August 5, 2021	Aug. 5
560. RULES OF DEPARTMENT OF REVENUE	560-8-6-.01 , 560-8-6-.02 , 560-8-6-.05	amended	Aug. 2, 2021	Aug. 22
	560-8-6-.08 --- 560-8-6-.10	adopted	Aug. 2, 2021	Aug. 22

Department 80. RULES OF DEPARTMENT OF BANKING AND FINANCE

Chapter 80-11. RESIDENTIAL MORTGAGE BROKERS AND LENDERS

Subject 80-11-1. DISCLOSURE, ADVERTISING AND OTHER REQUIREMENTS

80-11-1.02 Advertising Requirements

Any advertisement of a mortgage loan that is subject to regulation under O.C.G.A. Title 7, Chapter 1, Article 13 and that is made, published, disseminated or circulated in this state shall comply with the requirements set forth below.

- (a) Advertisements for mortgage loans shall not be false, misleading, or deceptive.
- (b) Advertisements for mortgage loans shall not indicate in any manner that the interest rates or charges for loans are in any way recommended, approved, set or established by the state or by any law of the state.
- (c) All solicitations or advertisements, including business cards and websites, for mortgage loans disseminated in this state by persons required to be licensed or registered under O.C.G.A. Title 7, Chapter 1, Article 13 shall contain the name and unique identifier of the licensee or registrant advertising the mortgage loan, which name and unique identifier shall conform with the name and unique identifier on record with the Department of Banking and Finance.
- (d) Reserved.
- (e) All advertisements for mortgage loans shall comply with all applicable federal and state laws.
- (f) For purposes of this Rule, "advertisement" means material used or intended to be used to induce the public to apply for a mortgage loan. Such term shall include any printed or published material, audio or visual material, website, or descriptive literature concerning a mortgage loan subject to regulation under O.C.G.A. Title 7, Chapter 1, Article 13 whether disseminated by direct mail, newspaper, magazine, radio or television broadcast, electronic, billboard or similar display. The term advertisement shall not include promotional materials containing fifteen words or fewer relating to the mortgage business of the entity which material does not contain references to a specific rate or product, such as balloons, hats, pencils or pens, and calendars.
- (g) Every mortgage broker or mortgage lender required to be licensed or registered shall maintain a record of samples of its advertisements (including commercial scripts of all radio and television broadcasts) for examination by the Department of Banking and Finance.
- (h) An advertisement shall not include an individual's loan number, loan amount, or other publicly available information unless it is clearly and conspicuously stated in bold-faced type at the beginning of the advertisement that the person disseminating it is not authorized by, acting on behalf of, or otherwise affiliated with the individual's lender, which shall be identified by name. Such an advertisement shall also state that the loan information contained therein was not provided by the recipient's lender.
- (i) In the event that a mortgage broker or lender sponsors a mortgage loan originator purporting to operate under the temporary authority requirements set forth in [12 U.S.C. §5117](#), any advertisement by the mortgage broker or lender that mentions such mortgage loan originator's ability to act as mortgage loan originator in Georgia shall clearly and conspicuously indicate that the individual has temporary authority to operate in Georgia. Any such advertisement must also clearly and conspicuously indicate that the individual is unlicensed, has submitted a license application to the Department, and the Department may grant or deny the license application.

Cite as Ga. Comp. R. & Regs. R. 80-11-1-.02

AUTHORITY: O.C.G.A. §§ [7-1-61](#); [7-1-1001.1](#); [7-1-1004.3](#); [7-1-1012](#); [7-1-1016](#).

HISTORY: Original Rule entitled "Advertising Requirements" adopted. F. Oct. 22, 1993; eff. Nov. 11, 1993.

Amended: F. Sept. 19, 1994; eff. Oct. 9, 1994.

Amended: F. Jan. 27, 1995; eff. Feb. 16, 1995.

Amended: F. July 14, 1998; eff. Aug. 3, 1998.

Amended: F. July 28, 2003; eff. Aug. 17, 2003.

Amended: F. Aug. 22, 2006; eff. Sept. 11, 2006.

Amended: F. Aug. 15, 2007; eff. Sept. 4, 2007.

Amended: F. Aug. 17, 2009; eff. Sept. 6, 2009.

Amended: F. Nov. 2, 2010; eff. Nov. 22, 2010.

Amended: F. June 20, 2016; eff. July 10, 2016.

Amended: F. Dec. 20, 2019; eff. Jan. 9, 2020.

Amended: F. Jan. 8, 2021; eff. Jan. 28, 2021.

Note: Rule 80-11-1-.02, the incorrect version of the Rule was inadvertently filed (i.e., January 8, 2021; effective January 28, 2021) and appeared on the Rules and Regulations website February 5, 2021 through July 14, 2021. The correct Rule, as originally promulgated and adopted, was updated on the Rules and Regulations website July 15, 2021, with the original filed and effective date, as specified by the Agency. Effective July 15, 2021.

Note: Rule 80-11-1-.02 (Supersede "Note" effective July 15, 2021.), the incorrect version of the Rule was inadvertently filed January 8, 2021 (effective January 28, 2021) and was posted on the Rules and Regulations website February 5, 2021 through August 4, 2021. The correct Rule, as originally promulgated and adopted, was updated on the Rules and Regulations August 5, 2021; with the original filed and effective date, January 8, 2021 and January 28, 2021 respectively, as specified by the Agency. Effective August 5, 2021.

Department 80. RULES OF DEPARTMENT OF BANKING AND FINANCE

Chapter 80-11. RESIDENTIAL MORTGAGE BROKERS AND LENDERS

Subject 80-11-3. ADMINISTRATIVE FINES AND PENALTIES

80-11-3-.01 Administrative Fines

(1) The Department establishes the following fines and penalties for violation of the Georgia Residential Mortgage Act ("GRMA") or its rules. Except as otherwise indicated, these fines and penalties apply to any person who is acting as a mortgage lender or broker and who is required to be licensed or registered under Article 13 of Chapter 1 of Title 7 ("licensee" or "registrant"). The Department, at its sole discretion, may waive or modify a fine based upon the financial resources of the person, gravity of the violation, history of previous violations, and such other facts and circumstances deemed appropriate by the department.

(2) All fines levied by the Department are due within thirty (30) days from date of assessment and must be paid prior to renewal of the annual license or registration, reinstatement of a license or registration, or reapplication for a license or registration, or any other activity requiring Departmental approval.

(3) Dealing with Unlicensed Persons. Any licensee or registrant or any employee of either who purchases, sells, places for processing or transfers (or performs activities which are the equivalent thereof) a mortgage loan or loan application to or from a person who is required to be but is not duly licensed under the GRMA shall be subject to a fine of one thousand dollars (\$1,000) per transaction and the licensee or registrant shall be subject to suspension or revocation. Licensees are responsible for the actions of their employees.

(4) Permitting unlicensed persons to engage in mortgage loan originator activities. Any licensee or registrant who employs a person who does not hold a mortgage loan originator's license or does not satisfy the temporary authority to operate requirements set forth in [12 U.S.C. §5117](#) but engages in licensed mortgage loan originator activities as set forth in O.C.G.A. § [7-1-1000\(22\)](#) shall be subject to a fine of one thousand dollars (\$1,000) per occurrence and the licensee or registrant shall be subject to suspension or revocation. Licensees are responsible for the actions of their employees.

(5) Relocation of Office. Any mortgage broker or mortgage lender licensee who relocates their main office or any additional office and does not notify the Department within thirty (30) days of the relocation in accordance with O.C.G.A. § [7-1-1006\(e\)](#) shall be subject to a fine of five hundred dollars (\$500).

(6) Unapproved Offices. In addition to the application, fee and approval requirements of O.C.G.A. § [7-1-1006\(f\)](#), any licensee who operates an unapproved branch office shall be subject to a fine of five hundred dollars (\$500) per unapproved branch office operated and their license will be subject to revocation or suspension.

(7) Change in Ownership. Any person who acquires ten percent (10%) or more of the capital stock or a ten percent (10%) or more ownership of a mortgage broker or mortgage lender licensee without the prior approval of the Department in violation of O.C.G.A. § [7-1-1008](#) shall be subject to a fine of one thousand dollars (\$1,000) and their license or registration will be subject to revocation or suspension.

(8) Doing Business Without a License or in Violation of Administrative Order. Any person who acts as a mortgage broker or mortgage lender prior to receiving a current license or registration required under O.C.G.A. Title 7, Chapter 1, Article 13, or during the time a suspension, revocation or applicable cease and desist order is in effect, shall be subject to a fine of one thousand dollars (\$1,000) per transaction and their mortgage lender or broker application will be subject to denial or their license or registration will be subject to revocation or suspension.

(9) Hiring a Felon. Any mortgage broker or mortgage lender licensee or registrant who hires or retains an employee who is a felon as described in O.C.G.A. § [7-1-1004\(h\)](#), which employee has not complied with the remedies provided for in O.C.G.A. § [7-1-1004\(h\)](#), may be fined five thousand dollars (\$5,000) per employee found to be in violation of such provision and their license or registration will be subject to revocation or suspension.

(10) Hiring Persons Otherwise Disqualified from Conducting a Mortgage Business. Any mortgage broker or mortgage lender licensee or registrant who employs any person against whom a final cease and desist order has been issued for a violation that occurred within the preceding five (5) years, if such order was based on a violation of O.C.G.A. § [7-1-1013](#) or based on the conducting of a mortgage business without a required license or exemption, or whose license was revoked within five (5) years of the date such person was hired pursuant to O.C.G.A. § [7-1-1004\(o\)](#) shall be subject to a fine of five thousand dollars (\$5,000) per such employee and its license or registration will be subject to revocation or suspension.

(11) Books and Records Violations. If the Department, in the course of an examination or investigation, finds that a licensee or registrant has failed to maintain their books and records according to the requirements of O.C.G.A. § [7-1-1009](#) and Rule Chapter 80-11-2, such licensee or registrant may be subject to a fine of one thousand dollars (\$1,000) for each violation of a books and records requirement listed in Rule Chapter 80-11-2.

(12) (a) Maintenance of Loan Files. Any person who is required to be licensed or registered under O.C.G.A. Title 7, Chapter 1, Article 13 as a mortgage broker or any lender acting as a broker who fails to maintain a loan file for each mortgage loan transaction as required by Rule [80-11-2-.04](#) or who fails to have all required documents in such file shall be subject to a fine of one thousand dollars (\$1,000) per file not maintained or not accessible, or per file not containing required documentation.

(b) Maintenance of Service Files. Any person who is required to be licensed or registered under O.C.G.A. Title 7, Chapter 1, Article 13 as a mortgage lender who fails to maintain a servicer file for each mortgage loans it services, as required by Rule [80-11-6-.04\(1\)\(b\)](#), or who fails to have all required documents in such file shall be subject to a fine of one thousand dollars (\$1,000) per file not maintained or not accessible, or per file not containing required documentation.

(13) Payment of \$10.00 fees and filing of fee statement. Pursuant to Rule [80-5-1-.04](#) and O.C.G.A. § [7-1-1011](#), any person who is the collecting agent at a closing of a mortgage loan transaction, is liable for payment of the \$10.00 fee to the Department. The remittance of any \$10.00 fees required to be collected after the date on which they are due shall subject the collecting agent to a late payment fee of one hundred dollars (\$100) for each due date missed. If the Department finds that the collecting agent has not, through negligence or otherwise, submitted \$10.00 fees within six months of the due date, the collecting agent will be subject to an additional fine of twenty (20) percent of the total amount of \$10.00 fees required to be collected for the applicable period. Repeated failures to submit \$10.00 fees may be grounds for revocation of license.

(14) Repealed. Reserved.

(15) Failure to Timely Report Certain Events. Any person required to be licensed or registered under O.C.G.A. Title 7, Chapter 1, Article 13 as a mortgage lender or broker, who fails to report any of the events enumerated in O.C.G.A. § [7-1-1007\(d\)](#), shall be subject to a fine of one thousand dollars (\$1,000) per act not reported in writing to the Department within 10 days of knowledge of such act.

(16) Prohibited Acts. Any person who is required to be licensed or registered under O.C.G.A. Title 7, Chapter 1, Article 13 as a mortgage broker or mortgage lender who violates the provisions of O.C.G.A. § [7-1-1013](#) shall be subject to a fine of one thousand dollars (\$1,000) per violation or transaction that is in violation and his or her license shall be subject to suspension or revocation. Misrepresentations also subject the person making them to a fine. Misrepresentations include but are not limited to the following:

(a) inaccurate or false identification of applicant's employer;

(b) significant discrepancy between applicant's stated income and actual income;

- (c) omission of a loan to applicant, listed on loan application, which was closed through same lender or broker;
- (d) false or materially overstated information regarding depository accounts;
- (e) false or altered credit report; and
- (f) any fraudulent or unauthorized document used in the loan process.

A fine of one thousand dollars (\$1,000) shall be assessed for any other violation of O.C.G.A. § [7-1-1013](#). The Department shall upon written request provide evidence of the violation.

(17) Branch Manager Approval. Any person who is required to be licensed or registered as a mortgage broker or mortgage lender shall be subject to a fine of five hundred dollars (\$500) for operation of a branch with an unapproved branch manager and the license will be subject to revocation or suspension. No such fine shall be levied while Department approval is pending if timely application for approval is made pursuant to Rule [80-11-1-.04](#).

(18) Repealed. Reserved.

(19) Failure to Fund. O.C.G.A. § [7-1-1013\(3\)](#) prohibits failure "to disburse funds in accordance with a written commitment or agreement to make a mortgage loan." If the Department finds, either through a consumer complaint or otherwise, that a lender or a broker acting as a lender has failed to disburse funds in accordance with closing documents, which include legally binding executed agreements indicating a promise to pay and a creation of a security interest, a fine of five thousand dollars (\$5,000) per transaction may be imposed and its license or registration may be subject to revocation or suspension.

(20) Advertising. Any person who is required to be licensed or registered as a mortgage broker or mortgage lender who violates the regulations relative to advertising contained in O.C.G.A. § [7-1-1004.3](#) and § [7-1-1016](#) or the advertising requirements of department Rule [80-11-1-.02](#) shall be subject to a fine of five hundred dollars (\$500) for each violation of law or rule.

(21) Failure to Submit to Examination or Investigation. The penalty for refusal to permit an investigation or examination of books, accounts and records (after a reasonable request by the Department) shall be revocation of the license or registration and a five thousand dollar (\$5,000) fine. Refusal shall require at least two attempts by the Department to schedule an examination or investigation.

(22) Failure to Review Public Records Prior to Hiring. Any licensee who fails to examine the Department's public records on NMLS Consumer Access to determine if a job applicant is subject to an order set forth in O.C.G.A. § [7-1-1004\(o\)](#) prior to hiring such individual shall be subject to a fine of one thousand dollars (\$1,000) for each employee on whom the public records were not timely examined.

(23) Background Checks. Any licensee who fails to perform proper background checks on covered employees in accordance with the provisions of O.C.G.A. § [7-1-1004\(h\), \(i\), and \(k\)](#) shall be subject to a fine of one thousand dollars (\$1,000) for each employee on whom the required background check was not conducted.

(24) Change in Executive Officers. Any licensee who fails to notify the Department of a change in executive officers of the company in violation of O.C.G.A. § [7-1-1006\(e\)](#) shall be subject to a fine of five hundred dollars (\$500).

(25) Georgia Fair Lending Act. Any person who is required to be licensed or registered under O.C.G.A. Title 7, Chapter 1, Article 13 as a mortgage broker or mortgage lender who violates any provision of Chapter 6A of Article 13, the Georgia Fair Lending Act, shall be subject to a fine of one thousand dollars (\$1,000) per violation or transaction that is in violation and their license will be subject to revocation or suspension.

(26) Consumer Complaints. Any licensee or registrant who fails to respond to a consumer complaint or fails to respond to the Department within the time periods specified in the Department's correspondence to such person shall be subject to a fine of one thousand dollars (\$1,000) for each occurrence. Repeated failure to properly respond to consumer complaints may result in revocation of license.

(27) Failure to Perform Timely Background Checks. If the ten (10) day requirement for submission of background information to the proper law enforcement authorities is not met, the employer shall be subject to a one thousand dollar (\$1,000) fine for each employee for whom the background was not timely submitted.

(28) Failure to File Timely or Accurate Call Reports. Any licensee or registrant who fails to file a timely Call Report as required through the Nationwide Multi-State Licensing System and Registry or fails to file an accurate Call Report shall be subject to a fine of one hundred dollars (\$100) per occurrence. Repeated failure to file timely or accurate Call Reports may subject the license or registration to revocation or suspension.

(29) Failure to Timely Disclose Change in Affiliation of Natural Person that Executed Lawful Presence Affidavit and Submission of New Affidavit. Any licensed mortgage lender, mortgage broker, or registrant that fails to disclose that the owner or executive officer that executed the lawful presence affidavit is no longer in that position with the licensee or registrant within ten (10) business days of the date of the event necessitating the disclosure, shall be subject to a fine of one thousand dollars (\$1,000). Any licensed mortgage broker, mortgage lender, or registrant that fails to submit a new lawful presence affidavit from a current owner or executive officer within ten (10) business days of the owner or executive officer that executed the previous lawful presence affidavit no longer being in that position with the licensee or registrant, shall be subject to a fine of one thousand dollars (\$1,000) per day until the new affidavit is provided.

(30) Failure to Timely Update Information on the Nationwide Multi-State Licensing System and Registry. Any licensed mortgage broker, mortgage lender, or registrant that fails to update its information on the Nationwide Multi-State Licensing System and Registry ("NMLSR"), including, but not limited to, amendments to any response to disclosure questions on an application or a licensee's or registrant's NMSLR MU-1, within ten (10) business days of the date of the event necessitating the change, shall be subject to a fine of one thousand dollars (\$1,000) per occurrence. In addition, the failure of a control person of a licensed mortgage broker, mortgage lender, or registrant to update the individual's information on the NMLSR, including, but not limited to, amendments to any response to disclosure questions on the control person's NMSLR MU-2, within ten (10) business days of the date of the event necessitating the change, shall subject the licensed mortgage broker, mortgage lender, or registrant to a fine of one thousand dollars (\$1,000) per occurrence.

(31) Bank Secrecy Act. If the Department in the course of an examination or investigation, finds that a licensee that satisfies the definition of loan or finance company has failed to comply with the Currency and Foreign Transactions Reporting Act of 1970 and its related regulations, including those set forth at 31 CFR Chapter X (together, the "Bank Secrecy Act") or the requirements referred to in Rule [80-11-1-.06](#), such licensee shall be subject to a fine of one thousand dollars (\$1,000) for each instance of non-compliance.

Cite as Ga. Comp. R. & Regs. R. 80-11-3-.01

AUTHORITY: O.C.G.A. §§ [7-1-61](#); [7-1-1001.1](#); [7-1-1004.1](#); [7-1-1012](#).

HISTORY: Original Rule entitled "Administrative Fines" adopted. F. July 14, 1998; eff. Aug. 3, 1998.

Amended: F. July 12, 1999; eff. Aug. 1, 1999.

Amended: F. Dec. 6, 1999; eff. Dec. 26, 1999.

Amended: F. June 8, 2000; eff. June 28, 2000.

Amended: F. Dec. 18, 2000; eff. Jan. 7, 2001.

Amended: F. Oct. 22, 2001; eff. Nov. 11, 2001.

Amended: F. July 28, 2003; eff. Aug. 17, 2003.

Amended: F. Sept. 1, 2004; eff. Sept. 21, 2004.

Amended: F. Aug. 15, 2005; eff. Sept. 4, 2005.

Amended: F. Aug. 22, 2006; eff. Sept. 11, 2006.

Amended: F. Aug. 15, 2007; eff. Sept. 4, 2007.

Amended: F. Aug. 4, 2008; eff. Aug. 24, 2008.

Amended: F. Aug. 17, 2009; eff. Sept. 6, 2009.

Amended: F. Aug. 2, 2011; eff. Aug. 22, 2011.

Amended: F. Sep. 18, 2012; eff. Oct. 8, 2012.

Amended: F. Nov. 7, 2013; eff. Nov. 27, 2013.

Amended: F. June 10, 2014; eff. June 30, 2014.

Amended: F. Dec. 5, 2014; eff. Dec. 25, 2014.

Amended: F. Jan. 6, 2016; eff. Jan. 26, 2016.

Amended: F. June 20, 2016; eff. July 10, 2016.

Amended: F. June 29, 2017; eff. July 19, 2017.

Amended: F. June 27, 2018; eff. July 17, 2018.

Amended: F. July 9, 2019; eff. July 29, 2019.

Amended: F. Dec. 20, 2019; eff. Jan. 9, 2020.

Amended: F. Jan. 8, 2021; eff. Jan. 28, 2021.

Note: Rule 80-11-3-.01, the incorrect version of the Rule was inadvertently filed (i.e., January 8, 2021; effective January 28, 2021) and appeared on the Rules and Regulations website February 5, 2021 through July 14, 2021. The correct Rule, as originally promulgated and adopted, was updated on the Rules and Regulations website July 15, 2021, with the original filed and effective date, as specified by the Agency. Effective July 15, 2021.

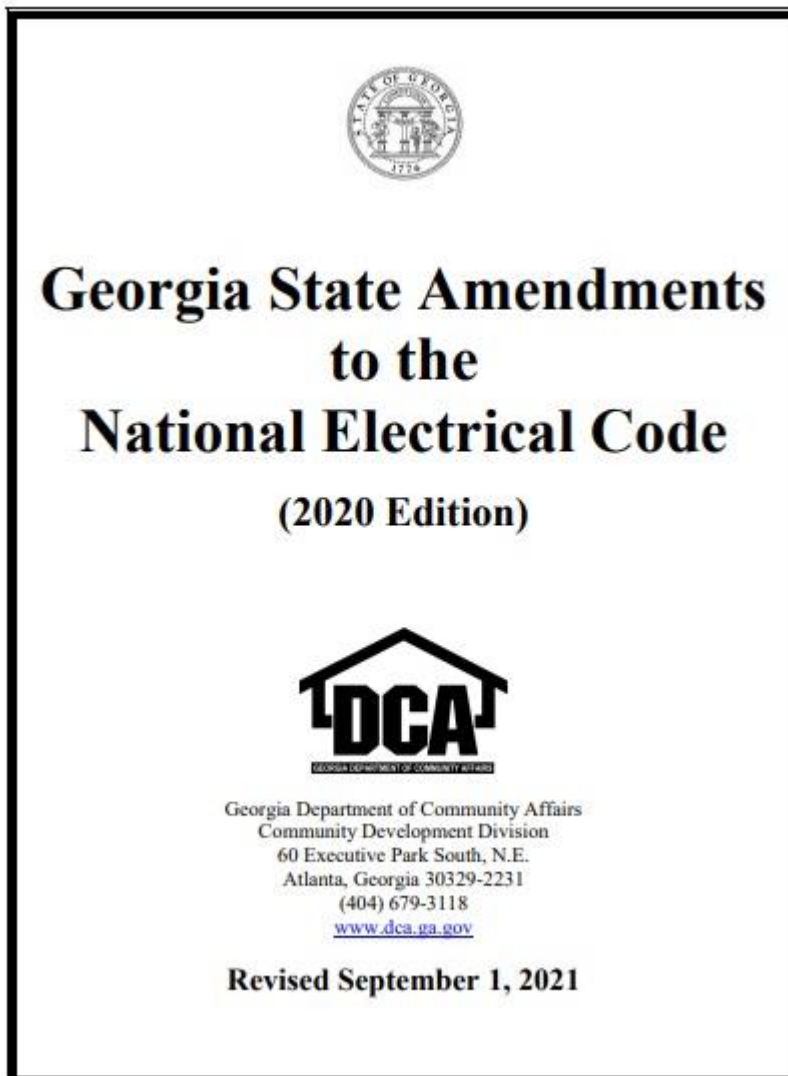
Note: Rule 80-11-3-.01 (Supersede "Note" effective July 15, 2021.), the incorrect version of the Rule was inadvertently filed January 8, 2021 (effective January 28, 2021) and was posted on the Rules and Regulations website February 5, 2021 through August 4, 2021. The correct Rule, as originally promulgated and adopted, was updated on the Rules and Regulations August 5, 2021; with the original filed and effective date, January 8, 2021 and January 28, 2021 respectively, as specified by the Agency. Effective August 5, 2021.

**Department 110. RULES OF GEORGIA DEPARTMENT OF
COMMUNITY AFFAIRS**

Chapter 110-11. GEORGIA STATE MINIMUM STANDARD CODES

Subject 110-11-1. GEORGIA STATE MINIMUM STANDARD CODES

**110-11-1-.31 National Electrical Code (NEC), 2020 Edition with 2021 Georgia State
Amendments**



GEORGIA STATE MINIMUM

STANDARD ELECTRICAL CODE

(NATIONAL ELECTRICAL CODE)

WITH GEORGIA STATE AMENDMENTS)

The **NATIONAL ELECTRICAL Code, 2020 Edition**, published by the National Fire Protection Association, when used in conjunction with these and any other Georgia State Amendments to the **NATIONAL ELECTRICAL CODE, 2020 Edition**, shall constitute the official *Georgia State Minimum Standard Electrical Code*.

GEORGIA STATE AMENDMENTS

CODE REFERENCE:

- a) Replace all references to the ICC Electrical Code with references to the Georgia State Minimum Standard Electrical Code (National Electrical Code with Georgia State Amendments).
- b) Replace all references to the International Energy Conservation Code (IECC) with references to the Georgia State Minimum Standard Energy Code (IECC with Georgia State Supplements and Amendments). The Georgia State Minimum Standard Energy Code shall be used for heating and air conditioning equipment.
- c) Replace all references to "Accessibility" with a cross-reference to Title 30, Chapter 3 of the Official Code of Georgia Annotated (O.C.G.A.) and the Rules and Regulations of the Georgia Safety Fire Commissioner.
- d) The following table titled 'Codes Reference Guide' establishes specific primary and supplementary code applications and is to be applied by the authority having jurisdiction.

CODES REFERENCE GUIDE		
Area	Primary	Supplement
Occupancy Classification	LSC	IBC
Building Construction Types including allowable height, allowable building areas, and the requirements for sprinkler protection related to minimum building construction types.	IBC	LSC
Means of Egress	LSC	NONE
Standpipes	IBC	IFC
Interior Finish	LSC	NONE
HVAC Systems	IMC	NONE
Vertical Openings	LSC	NONE
Sprinkler Systems minimum construction standard	LSC	NONE
Fire Alarm Systems	LSC	NONE
Smoke Alarms and Smoke Detection Systems	State Statute and LSC	NONE
Portable Fire Extinguishers	IFC	NONE
Cooking Equipment	LSC and NFPA 96	NONE
Fuel Fired Appliances	IFGC	NFPA 54
Liquid Petroleum Gas	NFPA 58	NFPA 54
Compressed Natural Gas	NFPA 52	NONE

**Revise the National Electrical Code, 2020 Edition, as follows:*

CHAPTER 2

WIRING AND PROTECTION

SECTION 210

BRANCH CIRCUITS

*Revise Section 210.8 (A) 'Dwelling Units' to read as follows:

Section 210.8 (A) Dwelling Units. All 125-volt receptacles installed in locations specified in 210.8(A) (1) through (11).

(Effective September 1, 2021)

*Delete Section 210.8 (F) 'Outdoor Outlets' in its entirety.

(Effective September 1, 2021)

End of Amendments.

Cite as Ga. Comp. R. & Regs. R. 110-11-1-.31

AUTHORITY: O.C.G.A. § [8-2-20](#) *et seq.*

HISTORY: Original Rule entitled "National Electrical Code (NEC), 2014 Edition" adopted. F. Nov. 12, 2014; eff. Jan. 1, 2015, as specified by the Agency.

Amended: New title "National Electrical Code (NEC), 2017 Edition." F. Nov. 21, 2017; eff. Jan. 1, 2018, as specified by the Agency.

Amended: New title "National Electrical Code (NEC), 2020 Edition." F. Nov. 20, 2020; eff. Jan. 1, 2021, as specified by the Agency.

Amended: New title "National Electrical Code (NEC), 2020 Edition with 2021 Georgia State Amendments." F. Aug. 11, 2021; eff. Sep. 1, 2021, as specified by the Agency.

Department 111. RULES OF DEPARTMENT OF COMMUNITY HEALTH

Chapter 111-8. HEALTHCARE FACILITY REGULATION

Subject 111-8-62. PERSONAL CARE HOMES

111-8-62-.03 Definitions

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

(a) "Abuse" means any intentional or grossly negligent act or series of acts or intentional or grossly negligent omission to act which causes injury to a resident, including but not limited to, assault or battery, failure to provide treatment or care, or sexual harassment of the resident.

(b) "Activities of daily living" means bathing, shaving, brushing teeth, combing hair, toileting, dressing, eating, laundering, cleaning private living space, managing money, writing letters, shopping, using public transportation, making telephone calls, grooming, obtaining appointments, engaging in leisure and recreational activities, or other similar activities.

(c) "Administrator" means the manager designated by the governing body as responsible for the day-to-day management, administration and supervision of the personal care home, who may also serve as the on-site manager and responsible staff person except during periods of his or her own absence.

(d) "Ambulatory Resident" means a resident who has the ability to move from place to place by walking, either unaided or aided by prosthesis, brace, cane, crutches, walker or hand rails, or by propelling a wheelchair or scooter; who can respond to an emergency condition, whether caused by fire or otherwise, and escape with minimal human assistance such as guiding a resident to an exit, using the normal means of egress.

(e) "Applicant" means any of the following:

1. When the personal care home is owned by a sole proprietorship, the individual proprietor shall be the applicant for the license, complete the statement of responsibility and serve as the licensee.

2. When the personal care home is owned by a partnership, the general partners shall be the applicant for the license, complete the statement of responsibility and serve as the licensee.

3. When the personal care home is owned by an association or limited liability company (LLC), the governing body of the association or LLC shall authorize the application for the license and complete the statement of responsibility and the association shall serve as the licensee.

4. When the personal care home is owned by a corporation, the governing body of the corporation shall authorize the application for the license and complete the statement of responsibility and the corporation shall serve as the licensee.

(f) "Assisted living care" means the specialized care and services provided by an assisted living community which includes the provision of personal services, the administration of medications by a certified medication aide, the provision of assisted self-preservation, and the provision of limited nursing services.

(g) "Certificate" means a certificate issued by the Department to operate a memory care center in a licensed assisted living community or personal care home.

(h) "Chemical Restraint" means a psychopharmacologic drug that is used for discipline or convenience and is not required to treat medical symptoms.

(i) "Department" means the Georgia Department of Community Health operating through the Division of Healthcare Facility Regulation.

(j) "Direct care staff person" means any employee, facility volunteer or contract staff who provides to residents any personal services, including but not limited to, medication administration or assistance, assistance with ambulation and transfer, and essential activities of daily living such as eating, bathing, grooming, dressing, and toileting.

(k) "Disabled individual" means an individual that has a physical or mental impairment that substantially limits one or more major life activities and who meets the criteria for a disability under state or federal law.

(l) "Employee" means any person, other than a director, utilized by a personal care home to provide personal services to any resident on behalf of the personal care home or to perform at any facilities of the personal care home any duties which involve personal contact between that person and any paying resident of the personal care home.

(m) "Exploitation" means an unjust or improper use of another person or the person's property through undue influence, coercion, harassment, duress, deception, false representation, false pretense, or other similar means for one's own personal advantage.

(n) "Governing Body" means the person or group of persons as defined in Georgia law who maintain and control the home and who are legally responsible for the operation of the home.

(o) "Health services" means the specialized assistance that may be provided by or at the direction of either licensed healthcare professionals, such as doctors, nurses, physical therapists or through licensed healthcare programs, such as home health agencies, hospices and private home care providers to address health needs that the home is not authorized by law or regulations to provide.

(p) "Injury" as used in the definition of abuse means a wrong or harm caused by an individual to a resident which is manifested by a physical or behavioral reaction or change in the appearance or actions of the resident, such as, but not limited to, reddened or bruised skin not related to routine care, crying, startling or cowering reaction by the resident and malnutrition or pressure ulcers, such as skin breakdowns, for which the home has not provided proper care.

(q) "Legal Surrogate" means a duly appointed person who is authorized to act, within the scope of the authority granted under the legal surrogate's appointment, on behalf of a resident who is adjudicated or certified incapacitated. The legal surrogate may act on a resident's behalf where a resident has not been adjudicated as incapacitated provided that the action is consistent with the resident's wishes and intent and is within the scope of the authority granted. Where such authority is exercised pursuant to a Power of Attorney executed by a resident, the facility must maintain a copy of this document in the resident's files. The resident's duly appointed legal surrogate(s) shall have the authority to act on the resident's behalf as established by written applicable federal and state of Georgia law, and shall be entitled to receive information relevant to the exercise of his or her authority. No member of the governing body, administration, or staff of the personal care home or affiliated personal care homes or their family members may serve as the legal surrogate for a resident.

(r) "Limited nursing services" means 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, as defined in division (a)(9)(C)(ii) of Code Section [43-26-12](#); 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.

(s) "Medical services" means services which may be provided by a person licensed pursuant to Article II of Chapter 34 of Title 43 of the Official Code of Georgia Annotated. or appropriately licensed and supervised nurse practitioners and physicians assistants.

(t) "Memory care services" means the additional watchful oversight systems, program, activities and devices that are required for residents who have cognitive deficits which may impact memory, language, thinking, reasoning, or impulse control, and which place the residents at risk of eloping, i.e., engaging in unsafe wandering activities outside the home.

(u) "Memory care center" means the freestanding or incorporated specialized unit within a personal care home or assisted living community that either:

(i) holds itself out as providing additional or specialized care to persons with diagnoses of probably 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.

(v) "Non-Family Adult" means a resident 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 personal care home or to a member of the governing body.

(w) "Nursing services" means those services which may be rendered by a person licensed pursuant to Articles I and 2 of Chapter 26 of Title 43 of the Official Code of Georgia Annotated.

(x) "On-site manager" means the administrator or person designated by the administrator as responsible for carrying on the day-to-day management, supervision, and operation of the personal care home, who may also serve as the responsible staff person except during periods of his or her own absence.

(y) "Owner" means any individual or any person affiliated with a corporation, partnership, or association with 10 percent or greater ownership interest in the facility providing care to persons under the license of the facility in this state and who:

1. purports to or exercises authority of the owner in a facility;

2. applies to operate or operates a facility;

3. maintains an office on the premises of a facility;

4. resides at a facility;

5. has direct access to persons receiving care at a facility;

6. provides direct personal supervision of facility personnel by being immediately available to provide assistance and direction during the time such facility services are being provided; or

7. enters into a contract to acquire ownership of a facility.

(z) "Permit" or "Regular Permit" means the authorization granted by the Department to the governing body to operate a Personal Care Home.

(aa) "Personal Care Home", "home" or "facility" means any dwelling, whether operated for profit or not, which undertakes through its ownership or management to provide or arrange for the provision of housing, food service, and one or more personal services for two or more adults who are not related to the owner or administrator by blood or marriage.

(bb) "Personal Services" includes, but is not limited to, individual assistance with or supervision of self-administered medication, assistance with ambulation and transfer, and essential activities of daily living such as eating, bathing, grooming, dressing, and toileting.

(cc) "Physician" means an individual who is currently licensed to practice medicine in the State of Georgia. For purposes of these rules, it shall be acceptable for any services required to be performed by a physician to be performed by any other licensed medical professional (i.e., Nurse Practitioner, Physician Assistant, etc.) who is permitted to provide such services under applicable state scope of practice rules and regulations.

(dd) "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 and meets the requirements contained in the Rules and Regulations for Proxy Caregivers Used in Licensed Healthcare Facilities, Chapter 111-8-100.

(ee) "Physical Restraints" are any manual or physical device, material, or equipment attached or adjacent to the resident's body that the individual cannot remove easily which restricts freedom or normal access to one's body. Physical restraints include, but are not limited to, leg restraints, arm restraints, hand mitts, soft ties or vests, and wheelchair safety bars. Also included as restraints are practices employed by the home which function as a restraint, such as tucking in a sheet so tightly that a bedbound resident cannot move, bedrails, or chairs that prevent rising, or placing a wheelchair-bound resident so close to a wall that the wall prevents the resident from rising. Wrist bands or devices on clothing that trigger electronic alarms to warn staff that a resident is leaving a room do not, in and of themselves, restrict freedom of movement and should not be considered as restraints.

(ff) "Plan of Correction" means the written plan prepared in response to cited rule violations which identify by date certain the specific actions that will be taken by the personal care home to come into compliance with applicable rules.

(gg) "Representative" means a person who voluntarily, with the resident's written authorization, may act upon resident's direction with regard to matters concerning the health and welfare of the resident, including being able to access personal records contained in the resident's file and receive information and notices pertaining to the resident's overall care and condition. This written authorization may take the form of an advance directive.

(hh) "Resident" means any non-family adult receiving or requiring personal assistance and residing in a personal care home.

(ii) "Responsible Staff Person" means the employee designated by the administrator or on-site manager as responsible for supervising the operation of the home during periods of temporary absence of the administrator or on-site manager.

(jj) "Self-administration of medications" or "self-administered medications" means those prescription or over-the-counter drugs that the resident personally chooses to ingest or apply where the resident has been assessed and determined to have the cognitive skills necessary to articulate the need for the medications and generally knows the times the medications are to be taken, and physical characteristics of medications to be taken.

(kk) "Self-preservation" means the ability to respond to an emergency condition, whether caused by fire or otherwise, and escape the emergency without physical, hands-on assistance from staff. The resident may move from place to place by walking, either unaided or aided by prosthesis, brace, cane, crutches, walker or hand rails, or by propelling a wheelchair or scooter.

Cite as Ga. Comp. R. & Regs. R. 111-8-62-.03

AUTHORITY: O.C.G.A. §§ [31-2-7](#), [31-2-8](#), [31-2-9](#), [31-7-2.1](#), [31-7-1](#) et seq., [31-8-80](#) et seq.

HISTORY: Original Rule entitled "Definitions" adopted. F. Nov. 19, 2009; eff. Dec. 9, 2009.

Amended: F. Dec. 19, 2012; eff. Jan. 8, 2013.

Amended: F. Apr. 16, 2018; eff. May 6, 2018.

Amended: F. Feb. 28, 2020; eff. Mar. 19, 2020.

Amended: F. Aug. 24, 2021; eff. Sep. 13, 2021.

111-8-62-.04 Applicability of Rules and Exemptions

(1) These rules apply to all personal care homes unless the facility is specifically exempted as provided in paragraph (2) of this rule.

(2) These regulations do not apply to the following facilities:

(a) Boarding homes or rooming houses which provide no personal services other than lodging and meals.

(b) Facilities offering temporary emergency shelter, such as those for the homeless and victims of family violence.

(c) Other facilities, homes or residences licensed by the Department which have not been classified as personal care homes, e.g. assisted living communities, hospices, traumatic brain injury facilities, drug abuse treatment facilities.

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

(e) Facilities regulated by the Department of Behavioral Health and Developmental Disabilities.

(f) Host homes as defined in O.C.G.A. § [37-1-20\(18\)](#).

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

(h) Charitable organizations providing shelter and other services without charging any fee to the resident.

(i) Any separate and distinct dwelling which is classified by the Department as a community living arrangement subject to the Rules and Regulations for Community Living Arrangements, Chapter 290-9-37. A facility classified as a Community Living Arrangement cannot be operated on the same premises as a personal care home.

Cite as Ga. Comp. R. & Regs. R. 111-8-62-.04

AUTHORITY: O.C.G.A. §§ [26-5-1](#), [31-2-4](#), [31-2-7](#), [31-7-1](#) et seq., [37-1-20\(18\)](#).

HISTORY: Original Rule entitled "Exemptions" adopted. F. Nov. 19, 2009; eff. Dec. 9, 2009.

Amended: New title of "Applicability of Rules and Exemptions". F. Dec. 19, 2012; eff. Jan. 8, 2013.

Amended: F. Aug. 24, 2021; eff. Sep. 13, 2021.

111-8-62-.05 Application for Permit

(1) The governing body of each home must submit to the Department an application for a permit in the required format in order to be eligible to operate if the application is approved.

(2) No application for licensure will be acted upon by the Department unless it has been determined to be complete and include all required attachments and fees due the Department as specified in the Rules and Regulations for General Licensing and Enforcement Requirements, Chapter 111-8-25.

(3) The application must truthfully and accurately disclose required information.

(4) Each application for a permit must be accompanied by a sketch, plat, photos or simple drawing of the home, and grounds with identification of all structures on the premises by the applicant. The visual depiction must show the property, windows, doors, room measurements, and bed placement for residents, family and/or staff and be accompanied by documentation of ownership or lease agreement for the property on which the home will be operated.

(5) The name of the administrator or on-site manager, who will be working in the home, if known, must be included with the application for a permit. If such information is not known at the time of application, it must be provided to the Department before a permit will be issued.

(6) The ownership of the home shall be fully disclosed in its application for a permit. In the case of corporations, partnerships, and other bodies created by statute, the corporate officers and all other individuals or family groups owning ten percent or more of the corporate stock or ownership must be disclosed in the application for a permit as well as the registered agent for service of process.

(7) Local zoning and other local requirements regarding the proper location and establishment of homes must be addressed by the applicant with the responsible local officials.

(8) The filing of an application for licensure constitutes a representation that the applicant is or will be in complete control of the home as of a specified date.

(9) For initial application for licensure of a home with twenty-five (25) beds or more, the applicant shall include 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.

(10) No personal care home shall be operated and no residents admitted without such a permit which is current under these rules and regulations.

(11) No memory care center shall be operated and no residents admitted without a certificate which is current under these rules and regulations.

Cite as Ga. Comp. R. & Regs. R. 111-8-62-.05

AUTHORITY: O.C.G.A. §§ [31-2-7](#), [31-2-9](#), [31-2-14](#), [31-7-1](#) et. seq.

HISTORY: Original Rule entitled "Application for Permit" adopted. F. Nov. 19, 2009; eff. Dec. 9, 2009.

Amended: F. Dec. 19, 2012; eff. Jan. 8, 2013.

Amended: F. Aug. 24, 2021; eff. Sep. 13, 2021.

111-8-62-.07 Governing Body

(1) The governing body is responsible for providing the oversight necessary to ensure that the home operates in compliance with applicable requirements: Chapter 7 of Title 31 of the Official Code of Georgia Annotated, administrative rules and regulations of the Department of Community Health, Chapters 111-8-25, 111-8-62 and 111-8-100, and all other statutes, rules and regulations.

(2) The governing body must ensure that the Department has current contact information consisting of name, e-mail address for departmental notifications to the home, physical addresses, and phone numbers for the governing body and the administrator or on-site manager of the home. The governing body must ensure that staff is held accountable for delivering any notices provided to the governing body at the listed addresses to the governing body.

(3) The governing body is responsible for implementing policies, procedures and practices in the home that support the core values of dignity, respect, choice, independence and privacy of the residents in a safe environment and in

accordance with these rules. At a minimum, the policies and procedures that are developed must provide direction for the staff and residents on the following:

- (a) The services available in the home, including, personal services, memory care services/centers and any other specialized services such as designated proxy caregivers.
 - (b) Admissions, discharges and immediate transfers which ensure that the home does not admit or retain residents who need more care than the home is authorized or capable of providing.
 - (c) Refunds when a resident is transferred or discharged.
 - (d) Training and ongoing evaluation of staff, including specialized training if designated proxy caregivers are provided or memory care is offered.
 - (e) House rules and their enforcement.
 - (f) Protecting the rights of the residents as set forth in these rules;
 - (g) Medication management, procurement and the professional oversight provided for such services.
 - (h) Health and hygiene issues for residents and staff relating to infection control, work policies and return to work policies, food borne illnesses and reportable diseases.
 - (i) The investigation and reporting of abuse, neglect, exploitation of residents, residents' wandering away from the community, accidents, injuries and changes in residents' conditions to required parties.
 - (j) Discipline procedures for handling conduct which is inconsistent with the policies of the home committed by staff.
 - (k) Emergency preparedness, drills and evacuation requirements.
 - (l) Quality assurance and peer review mechanisms to determine opportunities for improving care utilizing information acquired from reports and investigations of serious incidents, including resident and family feedback.
 - (m) The use of volunteers, who have unsupervised access to the residents and their orientation regarding resident's rights and basic safety precautions.
 - (n) The specific use of proxy caregivers allowed within the home and the oversight of proxy caregivers the home requires or provides in accordance with Georgia law, these rules and the rules for proxy caregivers, Chapter 111-8-100.
 - (o) The safety and security precautions that will be employed by the home to protect residents from harm by other residents, designated proxy caregivers and other individuals, not employed by the home who routinely come into the home.
 - (p) The staffing plan which takes into account the specific needs of the residents and also includes arrangements for staffing in the absence of regularly scheduled staff.
- (4) The governing body must not permit any person who is a member of the governing body, administration or staff to serve as the representative of a resident of the home.
- (5) Where a member of the governing body, administration or staff serves as the representative payee of the resident, the home must use the funds received for the exclusive use and benefit and in the best interest of the resident and maintain necessary records to support such use.

(6) The governing body must ensure that staff accepts certified mail from the Department when sent to the licensed home.

Cite as Ga. Comp. R. & Regs. R. 111-8-62-.07

AUTHORITY: O.C.G.A. §§ [31-2-7](#), [31-7-1](#), [31-7-2.1](#), [31-7-3](#), [31-7-12](#).

HISTORY: Original Rule entitled "Provisional Permits" adopted. F. Nov. 19, 2009; eff. Dec. 9, 2009.

Amended: New title "Governing Body." F. Dec. 19, 2012; eff. Jan. 8, 2013.

Note: Correction of non-substantive typographical error in Rule History, "**Amended:** Dec. 19, 2012; eff. Jan. 8, 2013." corrected to "**Amended:** New title "Governing Body." F. Dec. 19, 2012; eff. Jan. 8, 2013." to cite title change omitted in 2012. Effective Sep. 13, 2021.

Amended: F. Aug. 24, 2021; eff. Sep. 13, 2021.

111-8-62-.08 Administration

(1) The home must have an administrator, who is at least 21 years of age and meets the following requirements, as applicable:

(a) Administrators of homes licensed for fewer than twenty-five (25) beds must have either (i) an Associate's Degree or, (ii) a G.E.D. or a high school diploma and 2 years of experience working in a licensed personal care home or other healthcare-related setting.

(b) Administrators of homes licensed for twenty-five (25) or more beds must hold a valid license from the State Board of Long-Term Care Facility Administrators with an effective date no greater than sixty (60) days from the date of hire or July 1, 2021, whichever is later.

(2) The administrator or on-site manager of each personal care home must do the following:

(a) Ensure that the policies and procedures are effective and enforced to support the health and safety of the residents.

(b) Designate qualified staff as responsible staff to act on his or her behalf and to carry out his or her duties in the administrator or on-site manager's absence. No resident shall be designated as staff.

(c) Investigate serious incidents involving residents which result in injuries or death in order to identify and implement opportunities for improvement in care.

(d) Monitor and document staff performance to ensure that care and services are being delivered safely and in accordance with these rules.

(3) Personnel must be assigned duties consistent with their positions, training, experience, and the requirements of Rule [111-8-62-.09](#).

(4) The facility must comply with the requirements of Chapter 111-8-16, Rules and Regulations for Disaster Preparedness Plans.

(5) Each home must have a telephone which is maintained in working order at all times and is accessible to the residents.

(6) **Notification of Emergency Relocation.** The home must provide timely notification of the relocation address to the residents, their family contacts and representatives, if any, and the Department whenever the home must relocate

the residents as a result of an emergency situation which disrupts the provision of room and board for the residents at the licensed location.

(7) Notification of Bankruptcy, Eviction or Change of Ownership. The home must provide:

(a) a minimum of sixty (60) days written notice to the department and all residents of any impending bankruptcy or property eviction that may force discharge or relocation of residents or otherwise adversely impact the provision of safe care and oversight; and

(b) a minimum of thirty (30) days written notice to the department and all residents of any impending change of ownership. The notice to the department shall be in the form of an application which must be approved before the permit is issued to the new owner(s).

Cite as Ga. Comp. R. & Regs. R. 111-8-62-.08

AUTHORITY: O.C.G.A. §§ [31-2-7](#), [31-2-9](#), [31-7-1](#) et seq., [43-27-1](#) et seq.

HISTORY: Original Rule entitled "Governing Body" adopted. F. Nov. 19, 2009; eff. Dec. 9, 2009.

Amended: New Title "Administration." F. Dec. 19, 2012; eff. Jan. 8, 2013.

Amended: F. Apr. 16, 2018; eff. May 6, 2018.

Amended: F. Aug. 24, 2021; eff. Sep. 13, 2021.

111-8-62-.09 Workforce Qualifications and Training

(1) Age Requirements. The on-site manager and all other direct-care supervisory staff working in a personal care home must be at least 21 years of age. Non-supervisory staff providing hands-on care to the residents must be at least 18 years of age.

(2) The administrator or on-site manager must be responsible for ensuring that any person working in the home as an employee, under contract or otherwise, receives work-related training within the first sixty days of employment. Such training must include, at a minimum, the following:

(a) Evidence of current certification in emergency first aid except where the staff person is a currently licensed health care professional;

(b) Evidence of current certification in cardiopulmonary resuscitation where the training course required return demonstration of competency;

(c) Emergency evacuation procedures;

(d) Medical and social needs and characteristics of the resident population;

(e) Residents' rights;

(f) Identification of conduct constituting abuse, neglect or exploitation of a resident and reporting requirements to include the employee's receipt of a copy of the Long-Term Care Facility Resident Abuse Reporting Act as outlined in O.C.G.A. § [31-8-81](#) et seq.; and

(g) General infection control principles including the importance of hand hygiene in all settings and attendance policies when ill.

(3) At least one staff person having completed the minimum training requirements of Rule 111-8-62-.09(2)(a) through (g) above must be present in the home at all times resident(s) are present in the home.

(4) All direct care staff, including the administrator or on-site manager, must satisfactorily complete continuing education each year, in courses, relevant to their job duties, including, but not limited to, 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, or other topics as needed or as determined by the Department.

(5) All direct care staff, including the administrator or on-site manager, must have at least sixteen (16) hours of training per year.

(6) The administrator, on-site manager, and each employee must have received a tuberculosis screening and a physical examination by a licensed physician, nurse practitioner or physician assistant within twelve months prior to their employment with the home which examination was sufficiently comprehensive to assure that the employee is free of diseases communicable within the scope of employment and physically qualified to work. Follow-up examinations must be conducted by a licensed physician, nurse practitioner or physician assistant of each administrator or staff person to determine readiness to return to work following a significant illness or injury. Copies of information regarding staff member health must be kept in the staff person's file accessible at the licensed home or within one hour of the request.

(7) Criminal History Background Checks for Owners Required. Prior to the issuance of any new license, the owner of the business or agency applying for the license must comply with the requirements of the Rules and Regulations for Criminal Background Checks, Chapter 111-8-12.

(8) Criminal History Background Checks for Directors, Administrators and Onsite Managers Required. The home must obtain a satisfactory fingerprint records check determination for the person being considered for employment as a director, administrator or onsite manager. The records check determination must be done in compliance with the Rules and Regulations for Criminal Background Checks, Chapter 111-8-12.

(9) Criminal History Background Checks for Direct Access Employees Required. Prior to serving as a direct access employee, the home must obtain a satisfactory fingerprint records check determination for the person to be hired in compliance with the Rules and Regulations for Criminal Background Checks, Chapter 111-8-12.

(10) The administrator or on-site manager must obtain and verify a five year employment history when possible for each employee and maintain documentation in the employee's file. If the potential employee has no prior employment history, then the home must retain documentation of a satisfactory personal reference check.

(11) Personnel file(s) for each employee must be maintained either in the home or available for inspection by departmental staff within one hour of request or prior to the end of the on-site survey and for three years following the employee's departure or discharge. These files must include all of the following:

(a) Evidence of a satisfactory fingerprint record check determination, if applicable.

(b) Report of a physical examination completed by a licensed physician, nurse practitioner or physician assistant.

(c) Evidence of trainings, skills competency determinations and recertifications as required by these rules and, if applicable, the Rules for Proxy Caregivers, Chapter 111-8-100.

(d) Employment history, if previously employed, including places of work, employers and telephone contacts with previous employers.

(e) Supporting documentation reflecting that the employee has the basic qualifications as represented, e.g. personal references, documentation of good standing by nursing board, no findings of abuse, neglect or exploitation entered against the individual in the nurse aide registry, satisfactory report of motor vehicle driving record where the employee may be transporting residents.

(f) Written evidence of satisfactory initial and annual work performance reviews, which can take the form of skills competency checklists, for unlicensed staff providing hands-on personal care. Where the unlicensed staff performs specialized tasks, such as health maintenance activities, such performance reviews must include the satisfactory completion of skills competency checklists as specified in applicable rules. Such reviews must be conducted by staff or contractors qualified by education, training and experience to assess that the assigned duties are being performed in accordance with applicable rules and accepted health and safety standards.

(12) Where the home permits a resident to hire his or her own companion-sitter, proxy caregiver to perform health maintenance activities or aide of any sort, the home must require assurance that the companion-sitter, proxy caregiver or aide so hired is familiar with emergency evacuation routes and has documentation reflecting compliance with the provisions of the Rules for Proxy Caregivers, Chapter 111-8-100, as applicable.

Cite as Ga. Comp. R. & Regs. R. 111-8-62-.09

AUTHORITY: O.C.G.A. §§ [31-2-7](#), [31-2-9](#), [31-7-2.1](#), [31-7-12](#), [31-7-350](#).

HISTORY: Original Rule entitled "Administration" adopted. F. Nov. 19, 2009; eff. Dec. 9, 2009.

Amended: New Title "Workforce Qualifications and Training". F. Dec. 19, 2012; eff. Jan. 8, 2013.

Amended: F. Feb. 28, 2020; eff. Mar. 19, 2020.

Amended: F. Aug. 24, 2021; eff. Sep. 13, 2021.

111-8-62-.10 Staffing

(1) Homes 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. Homes 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. Average monthly minimum staffing levels shall be calculated and documented by the home using methods and forms specified by the department. Notwithstanding the above requirements, all homes must staff above these minimum on-site staff ratios to meet the specific residents' ongoing health, safety and care needs.

(a) Staff, such as cooks and maintenance staff, who do not receive on-going direct care training and whose job duties do not routinely involve the oversight or delivery of direct personal care to the residents, must not be counted towards these minimum staffing ratios. Personnel who work for another entity, such as a private home care provider, hospice, or private sitters cannot be counted in the staff ratios for the home.

(b) 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.

(c) Residents must be supervised consistent with their needs.

(2) All staff, including the administrator or on-site manager, who offer direct care to the residents on behalf of the home, must maintain an awareness of each resident's normal appearance and must intervene, as appropriate, if a resident's state of health appears to be in jeopardy.

(3) For purposes of these regulations, a resident must not be considered a staff person.

(4) All homes must develop and maintain accurate staffing plans that take into account the specific needs of the residents and monthly work schedules for all employees, including relief workers, showing planned and actual coverage for each day and night.

(5) The home must retain the completed staff schedules for a minimum of one year.

(6) Sufficient staff time must be provided by the home such that each resident:

- (a) Receives treatments, medications and diet as prescribed.
- (b) Receives proper care to prevent pressure ulcers and contractures.
- (c) Is kept comfortable and clean.
- (d) Is treated with dignity, kindness, and consideration and respect.
- (e) Is protected from avoidable injury and infection.
- (f) Is given prompt, unhurried assistance if she or he requires help with eating.
- (g) Is given assistance, if needed, with daily hygiene, including baths, oral care.
- (h) Is given assistance with transferring when needed.

(7) The administrator, on-site manager, or staff person must not be under the influence of alcohol or other controlled substances while engaged in any work-related activity on behalf of the home.

(8) A home licensed to serve more than 24 residents must ensure that staff wear employee identification badges which are readily visible.

Cite as Ga. Comp. R. & Regs. R. 111-8-62-.10

AUTHORITY: O.C.G.A. §§ [31-2-7](#), [31-2-9](#), [31-2-14](#), [31-7-1](#) et seq., [31-7-250](#) et seq.

HISTORY: Original Rule entitled "Personnel" adopted. F. Nov. 19, 2009; eff. Dec. 9, 2009.

Amended: New Title "Staffing". F. Dec. 19, 2012; eff. Jan. 8, 2013.

Amended: F. Aug. 24, 2021; eff. Sep. 13, 2021.

111-8-62-.13 Physical Plant Health and Safety Standards

(1) Each home must be in compliance with fire and safety rules promulgated by the Office of the Safety Fire Commissioner for the personal care homes it regulates.

(2) Each home must be in compliance with applicable local ordinances that specifically address fire safety in homes of that size and function. Private quarters must 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 must be met:

- (a) Wall type electric outlets and lamps or light fixtures must be maintained in a safe and operating condition. The home must provide functioning light bulbs for light fixtures.
- (b) Cooking appliances must be suitably installed in accordance with approved safety practices. Where metal hoods or canopies are provided, they must be equipped with filters which must be maintained in an efficient condition and kept clean at all times.
- (c) Space heaters must not be used, except during an emergency situation after obtaining specific written approval of the fire safety authority having jurisdiction over the home.
- (d) Fire screens and protective devices must be used with fireplaces, stoves and heaters, including space heaters.

- (e) Each home must be protected with sufficient smoke detectors, powered by house electrical service with battery back-up which, when activated, must initiate an alarm which is audible in the sleeping rooms.
- (f) Each home must have at least one charged 5 lb. multipurpose ABC fire extinguisher on each occupied floor and in the basement. These extinguishers must be checked annually to assure they remain in operable condition.
- (g) Each home must have a working doorbell or doorknocker which is audible to staff inside at all times.
- (h) Exterior doors must be equipped with locks which do not require keys to open them from the inside.
- (3) The electrical service of the home must be inspected by a licensed electrician or local code enforcement official and declared free of hazards within no more than six months prior to the date of filing the application for a permit. A signed copy of this inspection report must be submitted to the Department as a part of the application. Electrical service must be maintained in a safe condition at all times. The Department may require a re-inspection of the electrical service at any time renovation or repair work is done in the home or there is a request for a change in capacity or there is reason to believe that a risk to residents exists.
- (4) Where the Department has reason to believe, based on the number of residents requiring assistance with ambulation and staffing patterns that the home may not be able to evacuate all of the residents to a designated point of safety within an established period of time as determined by the fire safety officials, the Department may either require the home to conduct an immediate fire safety drill or make a referral for a new compliance determination to responsible fire safety officials. The Department may also require a repeat fire safety inspection where substantial renovations or repairs have been made to the home.
- (5) Water and sewage systems must meet applicable federal, state, and local standards and/or regulations.
- (6) Floors, walls, and ceilings must be kept clean and in good repair.
- (7) Kitchen and bathroom areas must be kept clean and sanitized, at least once daily with disinfectant and more often as needed to insure cleanliness and sanitation.
- (8) The storage and disposal of bio-medical and hazardous wastes must comply with applicable federal, state, and local rules and/or standards.
- (9) Solid waste which is not disposed of by mechanical means must be stored in vermin-proof, leak-proof, nonabsorbent containers with closefitting covers until removed. Waste must be removed from the kitchen at least daily and from the premises at least weekly.
- (10) An insect, rodent or pest control program must be maintained and conducted in a manner which continually protects the health of residents.
- (11) Poisons, caustics, and other dangerous materials must be stored and safeguarded in areas away from residents, food preparation and food storage areas, and medication storage areas.
- (12) The home must have an adequate hot water system that supplies heated water, comfortable to the touch but not exceeding 120 degrees Fahrenheit (F.) to the residents for their usage.
- (13) Entrances and exits, sidewalks, yards and escape routes must be maintained free of any hazards such as refuse, equipment, unsafe furniture, debris or any other impediments. Ice and snow must be cleared from the home's entrances, exits and walkways.
- (14) The home must have its house number and name displayed so as to be easily visible from the street.
- (15) The exterior of the home must be properly maintained to remain safe and in good repair.

(16) The following evacuation requirements must be met:

(a) Residents who need assistance with ambulation must be assigned bedrooms which have a ground-level exit to the outside or to rooms above ground level which have exits with easily negotiable ramps or easily accessible elevators.

(b) There must be an established procedure and mechanism for alerting and caring for residents in case of emergencies and evacuating them to safety. This procedure must include instructions and evacuation plans posted on each floor of a home. Each sleeping room must have a secondary exit. This secondary exit may be a door or a window usable for escape. A plan showing these routes of escape must be posted in the home on each floor.

(c) A home serving person(s) dependent upon wheelchairs or scooters for mobility must provide at least two exits from the home, remote from each other, that are accessible to these persons.

Cite as Ga. Comp. R. & Regs. R. 111-8-62-.13

AUTHORITY: O.C.G.A. §§ [31-2-9](#), [31-7-1](#), [31-7-2.1](#), [31-7-12](#).

HISTORY: Original Rule entitled "Minimum Floor Plan Requirements" adopted. F. Nov. 19, 2009; eff. Dec. 9, 2009.

Amended: New Title "Physical Plant Health and Safety Standards". F. Dec. 19, 2012; eff. Jan. 8, 2013.

Amended: F. Aug. 24, 2021; eff. Sep. 13, 2021.

111-8-62-.15 Admission

(1) Criteria for admission and retention of residents in a home are as follows:

(a) Persons admitted to a personal care home must be at least 18 years of age.

(b) Except for aging in place exceptions, the home is permitted to admit and retain only ambulatory residents who are capable of self-preservation with minimal assistance, i.e. staff may assist the resident in transferring from a sitting or reclining position and provide verbal directions to residents who are able to self-propel to the nearest exit.

(c) Aging in Place Exceptions. The home may allow up to three (3) non-ambulatory residents to remain in the home to support an aging in place strategy that is in the best interests of the resident, subject to the requirements herein. These aging in place exceptions may be revoked by the Department at any time, as part of the survey process, if the facility fails to meet any of the following criteria:

(i) The resident has not experienced any significant change in a physical or medical condition which would make continued placement in the facility inappropriate;

(ii) The facility maintains responsibility for meeting resident needs for continuing care provided within the scope of services the personal care home is licensed to deliver;

(iii) The resident remains under hospice services (if the resident was under such services at the time of the aging in place decision);

(iv) The facility monitors its performance of fire drills to ensure that it can safely evacuate all of the residents at any time in 13 minutes or less;

(v) The facility increases the number of documented fire drills to a minimum of one fire drill per month, covering all shifts, as long as one or more residents in the facility are non-ambulatory;

(vi) The facility notifies the local fire department in writing within two (2) weeks of the change in the resident's status to aging in place so that there is local awareness of the presence of a non-ambulatory resident at the home;

(vii) The facility ensures sufficient staff on all shifts to support the safe and timely evacuation of all residents in the event of an emergency; and

(viii) The facility is in substantial compliance with the department's rules and is not subject to any pending enforcement action by the department.

(d) The home must not admit, or retain persons who require the use of physical or chemical restraints, isolation, or confinement for behavioral control.

(e) No home is permitted to admit residents who either require continuous medical services or continuous nursing care and treatment.

(f) Medical, nursing, health or therapeutic services required on a periodic basis, or for short-term illness, must not be provided as services of the home. When such services are required, they must be purchased by the resident or the resident's representative or legal surrogate, if any, from appropriately licensed providers managed independently from the home. The home may assist in arrangement for such services, but not provision of those services.

(2) No home is permitted to admit or retain a resident who needs care beyond which the home is permitted to provide.

(3) The administrator or on-site manager of a home must conduct an interview with the applicant and/or representative or legal surrogate, if any, of the applicant to ascertain that the home can meet the applicant's needs. The administrator or on-site manager must obtain a report of physical examination conducted by a by a licensed physician, nurse practitioner or physician's assistant dated within 30 days prior to the date of admission using the specific report of physical examination form made available by the Department on its website to assess whether the home can meet the applicant's needs. Where a home admits a resident without the required physical examination pursuant to a specific request for an emergency placement made by a governmental agency responsible for adult protective service, local law enforcement or a case manager, the home must retain documentation of the need for the emergency placement and obtain a copy of a physical examination within 14 days following the emergency admission. The required report of physical examination form must be completed in its entirety.

Cite as Ga. Comp. R. & Regs. R. 111-8-62-.15

AUTHORITY: O.C.G.A. §§ [31-2-7](#), [31-2-9](#), [31-7-1](#) et seq.

HISTORY: Original Rule entitled "Furnishings and Fixtures" adopted. F. Nov. 19, 2009; eff. Dec. 9, 2009.

Amended: New Title "Admission". F. Dec. 19, 2012; eff. Jan. 8, 2013.

Amended: F. Aug. 24, 2021; eff. Sep. 13, 2021.

111-8-62-.17 Services

(1) Personal assistance must be given to those residents who are unable to keep themselves neat and clean.

(2) Each home must provide sufficient activities to promote the physical, mental and social well-being of each resident.

(3) Each home must provide books, newspapers, and games for leisure time activities. Each home must encourage and offer assistance to residents who wish to participate in hobbies, music, arts and crafts, religion, games, sports, social, recreational and cultural activities available in the home and in the community.

(4) Each home must have at least one operable, non-pay telephone which is accessible at all times for emergency use by staff. Residents must have access to an operable, non-pay telephone in a private location, both to make and receive personal calls. The same telephone may meet all the requirements of this section.

(5) The daily living routine of the home must be such that a resident may spend the majority of his or her non-sleeping hours out of the resident's bedroom, if he or she so chooses.

(6) A home must not restrict a resident's free access to the common areas of the home unless the resident is living in a specialized memory care center. If the resident is residing in a specialized memory care center, unrestricted access to the common areas contained within the memory care center must be provided to the resident.

(7) A home must not lock the resident into or out of the resident's bedroom or private living space.

(8) **Resident Needs Assessment.** The home must complete an assessment of the resident at the time of admission and update as changes occur that addresses the resident's care needs taking into account the resident's family supports, the resident's functional capacity relative to the activities of daily living, physical care needs, medical information provided, cognitive and behavioral impairments, if any, and personal preferences relative to care needs.

(9) **Written Care Plan.** Utilizing the information acquired during the admission process and the move-in adjustment period, a home which provides proxy caregivers or memory care must develop the resident's individual written care plan within 14 days of admission and require staff to use the care plan as a guide for the delivery of care and services to the resident. The care plan must include the following:

(a) A description of the resident's care and social needs and the services to be provided, including frequency to address care and social needs.

(b) Resident's particular preferences regarding care, activities and interests.

(c) Specific behaviors to be addressed with interventions to be used.

(d) Any physician order or order of a nurse practitioner or physician assistant working under protocol or job description, respectively for assistive devices.

(e) Staff primarily responsible for implementing the care plan.

(f) Evidence of resident and family involvement in the development of the plan when appropriate.

(g) Evidence of the care plan being updated at least annually and more frequently where the needs of the resident change substantially.

Cite as Ga. Comp. R. & Regs. R. 111-8-62-.17

AUTHORITY: O.C.G.A. §§ [31-2-7](#), [31-2-9](#) and [31-7-1](#) et seq.

HISTORY: Original Rule entitled "Admission Agreement" adopted. F. Nov. 19, 2009; eff. Dec. 9, 2009.

Amended: New Title "Services". F. Dec. 19, 2012; eff. Jan. 8, 2013.

Amended: F. Aug. 24, 2021; eff. Sep. 13, 2021.

111-8-62-.18 Precautions for Residents at Risk of Elopement

(1) A home which serves residents with cognitive deficits which place the residents at risk of eloping, i.e. engaging in unsafe wandering activities outside the home must do the following:

(a) Develop, train and enforce policies and procedures for staff to deal with residents who may elope from the home including what actions, as specified in rule [111-8-62-.30](#) are to be taken if a resident wanders away (elopes) from the home.

(b) Utilize appropriate effective safety devices, which do not impede the residents' rights to mobility and activity choice or violate fire safety standards, to protect the residents who are at risk of eloping from the premises.

1. If the safety devices include locks used on exit doors, as approved by the fire marshal having jurisdiction over the home, then the locking device shall be electronic and release whenever the following occurs: activation of the fire alarm or sprinkler system, power failure to the home or by-pass for routine use by the public and staff for service using a key button/key pad located at the exit or continuous pressure for thirty (30) seconds or less.

2. If the safety devices include the use of keypads to lock and unlock exits, then directions for operation must be posted on the outside of the door to allow individuals' access to the memory care center. However, if the center is a whole home, then directions for the operation of the locks need not be posted on the outside of the door. The center must not have entrance and exit doors that are closed with non-electronic keyed locks nor shall a door with a keyed lock be placed between a resident and the exit.

(2) A home serving residents who are at risk of eloping from the premises must retain on file at the home current pictures of residents who are at risk of eloping.

Cite as Ga. Comp. R. & Regs. R. 111-8-62-.18

AUTHORITY: O.C.G.A. §§ [31-2-7](#), [31-2-9](#), [31-7-1](#) et seq.

HISTORY: Original Rule entitled "Services" adopted. F. Nov. 19, 2009; eff. Dec. 9, 2009.

Amended: New Title "Requirements for Memory Care Services". F. Dec. 19, 2012; eff. Jan. 8, 2013.

Amended: New Title "Precautions for Residents at Risk of Elopement." F. Aug. 24, 2021; eff. Sep. 13, 2021.

111-8-62-.19 Additional Requirements for Certified Memory Care Centers

(1) A home must meet the additional requirements contained in rule 111-8-62-.19 where the home serves persons with probable diagnoses of Alzheimer's Disease or other dementia and does any of the following:

(a) Holds itself out as providing additional or specialized care to such residents; or

(b) Charges rates in excess of that charged other residents for the provision of additional or specialized care.

(2) **Written Description.** The home must develop an accurate written description of the memory care center that includes the following:

(a) A statement of philosophy and mission.

(b) How the services of the memory care center are different from services provided in the rest of the personal care home.

(c) Staffing, including job titles of staff who work in the center, staff training and continuing education requirements.

(d) Admission procedures, including screening criteria.

(e) Assessment and service planning protocol, including criteria to be used that would trigger a reassessment of the resident's status before the customary quarterly review.

(f) Staffing patterns, maintained within the center, including the ratio of direct care staff to resident for a 24-hour cycle.

(g) A description of the physical environment including safety and security features.

(h) A description of activities, including frequency and type, how the activities meet the needs of residents with dementia.

(i) The program's fee or fee structure for all services provided by the center.

(j) Discharge criteria and procedures;

(k) The procedures that will be utilized for handling emergency situations.

(l) The involvement of the center with families and family support programs.

(3) **Disclosure of Description.** A personal care home with a memory care center must disclose the written description of the center to:

(a) Any person upon request.

(b) The family or resident's representative before admission of the resident to the center.

(4) **Physical Design, Environment, and Safety.** The memory care center must be designed to accommodate residents with severe dementia or Alzheimer's Disease in a home-like environment which includes the following:

(a) Multipurpose room(s) for dining, group and individual activities which are appropriately furnished to accommodate the activities taking place.

(b) Secured outdoor spaces and walkways which are wheel chair accessible and allow residents to ambulate safely but prevent undetected egress.

(c) High visual contrasts between floors and walls and doorways and walls in resident use areas except for fire exits, door and access ways which may be designed to minimize contrast to conceal areas where the residents should not enter.

(d) Adequate and even lighting which minimizes glare and shadows.

(e) The free movement of the resident, as the resident chooses, between the common space and the resident's own personal space in a bedroom that accommodates no more than four residents.

(f) Individually identified entrances to residents' rooms to assist residents in readily identifying their own personal spaces.

(g) An effective automated device or system to alert staff to individuals entering or leaving the building in an unauthorized manner. A home need not use an automated alert for an exit door when the particular exit is always staffed by a receptionist or other staff member who views and maintains a log of individuals entering and leaving the home. If the exit door is not always staffed, then the home must have a system that activates an automated alert when the door is not attended;

(h) A communication system(s) which permit staff in the center to communicate with other staff outside the center and with emergency services personnel as needed; and

(i) A center or home which undergoes major renovation or is first constructed after December 9, 2009 must be designed and constructed in compliance with applicable state and local building and fire codes relevant to the center and the home.

(5) **Staffing Requirements.** The home must ensure that the center is staffed at all times with sufficient specially trained staff to meet the unique needs of the residents in the center. At a minimum, the home must provide the following staffing:

(a) 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 nonwaking hours based on a monthly average; provided, however, that such ratio is adequate to meet the needs of the residents;

(b) One registered professional nurse, licensed practical nurse, or certified medication aide on-site at all times;

(c) Two direct care staff persons on-site at all times, with at least one on each occupied floor; and

(d) One registered professional nurse or licensed practical nurse on-site or available in the building at all times as follows:

(i) For memory care centers with one to 12 residents, a minimum of eight hours per week;

(ii) For memory care centers with 13 to 30 residents, a minimum of 16 hours per week;

(iii) For memory care centers with 31 to 40 residents, a minimum of 24 hours per week; or

(iv) For memory care centers with more than 40 residents, a minimum of 40 hours per week.

(6) **Staff Training Requirements.** The home shall ensure that all staff are properly trained initially and on an annual basis to provide safe, quality care to residents in the memory care center. Effective July 1, 2021, the memory care center shall meet the following training requirements:

(a) **General Orientation.** All staff, regardless of role, shall receive at least four (4) hours of dementia-specific orientation within the first thirty (30) days of working in the center. Such orientation shall include:

(i) Basic information about the nature, progression, and management of Alzheimer's and other dementias;

(ii) Techniques for creating an environment that minimizes challenging behavior from residents with Alzheimer's and other dementias;

(iii) Methods of identifying and minimizing safety risks to residents with Alzheimer's and other dementias; and

(iv) Techniques for successful communication with individuals with Alzheimer's and other dementias.

(b) **Direct Care Orientation.** All direct care staff shall receive initial orientation training within the first thirty (30) days of caring for residents independently that, at a minimum, includes:

(i) General training, to include:

(A) Development, updating, and implementation of comprehensive and individual service plans;

(B) Skills for recognizing physical or cognitive changes in the resident that warrant seeking medical attention;

(C) Residents' rights and identification of conduct constituting abuse, neglect, or exploitation;

(D) General infection control principles;

(E) Emergency preparedness training;

(F) Emergency first aid; and

(G) Cardiopulmonary resuscitation.

(iii) A minimum of sixteen (16) hours of specialized, competency-based training using forms specified by the department, to include, at a minimum:

- (A) The nature of Alzheimer's and other dementias;
- (B) The center's philosophy related to the care of residents with Alzheimer's and other dementias;
- (C) The center's policies and procedures related to care of residents with Alzheimer's and other dementias;
- (D) Common behavior problems characteristic of residents with Alzheimer's and other dementias;
- (E) Positive therapeutic interventions and activities;
- (F) Skills for maintaining the safety of the resident; and
- (G) The role of the family in caring for residents with Alzheimer's and other dementias.

(c) Ongoing Training. Direct care staff shall complete a minimum of eight (8) hours of specialized competency-based training in dementia care on an annual basis using forms specified by the department.

(d) Hospice Training for Certified Medication Aides Administering Morphine. The memory care center shall ensure that any medication aide(s) who will be administering liquid morphine to any hospice patient(s) residing in the center receive adequate training from a licensed hospice on the safe and proper administration of liquid morphine prior to such administration and on an annual basis thereafter. The memory care center shall maintain documentation of all training provided.

(e) Training Documentation. The memory care center shall maintain documentation reflecting course content, instructor qualifications, agenda, and attendance rosters for all training sessions provided.

(7) Special Admission Requirements for Memory Care Center Placement. Residents must have a Report of Physical Examination completed by a licensed physician, nurse practitioner or physician's assistant within 30 days prior to admission to the center on forms provided by Department. The physical examination must clearly reflect that the resident has a diagnosis of probable Alzheimer's Disease or other dementia and has symptoms which demonstrate a need for placement in the center. However, the center may also care for a resident who does not have a probable diagnosis of Alzheimer's Disease or other dementia, but desires to live in the center as a companion to a resident with a probable diagnosis of Alzheimer's Disease or other dementia with which the resident has a close personal relationship. In addition, the physical examination report must establish that each potential resident of the center does not require 24-hour skilled nursing care.

(8) Post-Admission Assessment. The home must assess each resident's care needs to include the following components: resident's family supports, level of activities of daily living functioning, physical care needs and level of behavior impairment.

(9) Individual Service Plans. The post-admission assessment must be used to develop the resident's individual service plan within 14 days of admission. The service plan must be developed by a team with at least one member of the direct care staff participating and input from each shift of direct care staff that provides care to the resident. All team members participating must sign the service plan and the service plan must be shared with the direct care staff providing care to the resident and serve as a guide for the delivery of services to the resident. The service plan must include the following:

- (a) A description of the resident's care and social needs and the services to be provided, including frequency to address care and social needs.
- (b) Resident's expressed preferences regarding care, activities and interests.
- (c) Specific behaviors to be addressed with interventions to be used.

- (d) Names of staff primarily responsible for implementing the service plan.
 - (e) Evidence of family involvement in the development of the plan, if possible, with incorporation of family and personal history to support a person-centered approach to care.
 - (f) Evidence of the service plan being updated at least quarterly or more frequently if the needs of resident change substantially.
- (10) **Therapeutic Activities.** The center must provide therapeutic activities appropriate to the needs of the individual residents and adapt the activities, as necessary, to encourage the participation of the residents. The following kinds of therapeutic activities must be provided at least weekly with at least some therapeutic activities occurring daily:
- (a) Gross motor activities; e.g. exercise, dancing, gardening, cooking, other outdoor activities.
 - (b) Self-care activities; e.g. dressing, personal hygiene/grooming;
 - (c) Social activities; e.g. games, music, crafts.
 - (d) Sensory enhancement activities, e.g. distinguishing pictures and picture books, reminiscing and scent and tactile stimulation.
- (11) No licensed personal care home may provide or hold itself out as providing specialized care for residents with probable Alzheimer's disease or other dementia or charge a differential rate for care of residents with cognitive deficits that place the residents at risk of engaging in unsafe wandering activities (eloping) unless it meets the additional requirements specified in Rule 111-8-62-.19.

Cite as Ga. Comp. R. & Regs. R. 111-8-62-.19

AUTHORITY: O.C.G.A. §§ [31-2-7](#), [31-2-9](#), [31-7-1](#) et seq., [43-26-32](#).

HISTORY: Original Rule entitled "Requirements for Memory Care Services" adopted. F. Nov. 19, 2009; eff. Dec. 9, 2009.

Amended: New Title "Additional Requirements for Specialized Memory Care Units or Homes". F. Dec. 19, 2012; eff. Jan. 8, 2013.

Amended: New Title "Additional Requirements for Certified Memory Care Centers." F. Aug. 24, 2021; eff. Sep. 13, 2021.

111-8-62-.20 Medications

- (1) **Self-Administration of Medications.** Residents who have the capacity to self-administer medications safely and independently without staff assistance or supervision must be allowed to store their own medications securely and self-administer medications if they so desire.
- (2) **Assistance with Self-Administration.** A resident who is not capable of independent self-administration of medication may be assisted and supervised in self-administration by staff to the following extent;
- (a) Staff providing such assistance or supervision may perform the following:
 - 1. Take the medication, in its previously dispensed, properly labeled container, from where it is stored, and bring the medication to the resident.

2. Read the label, open the container, remove a prescribed amount of medication from the container, and close the container, in the presence of the resident.

3. Place an oral dosage in the resident's hand or in another container where the resident requests assistance.

4. Apply topical medications.

5. Assist with self-administration of drops, inhalers, nasal sprays and patches.

6. Return the medication container to proper secured storage.

7. Assist the resident's use of an EPI pen where the resident has known severe allergies for which an EPI pen has been prescribed on condition that there is an established written protocol detailing how it is to be used and when. The protocol must include immediately calling Emergency Services, 911, after any use of the EPI pen.

(b) Staff assisting with or supervising self-administration of medications must be proficient in English and able to read, write and follow written instructions in English.

(3) Basic Medication Training for Staff Assisting with Self-Administration. The home must provide and document medication training for the unlicensed staff that are providing assistance with or supervision of self-administration of medications to capable residents. The medication training must be conducted with an appropriate curriculum for providing medication assistance and include at least the following topics:

(a) The home's medication policy and procedures, including actions to take if concerns regarding resident's capacity to self-administer medications are identified.

(b) How to read prescription labels including common abbreviations.

(c) Providing the right medication to the right resident at the right time in the right amount and the right way including how to measure various medications.

(d) Actions to take when concerns regarding medications are identified.

(e) Infection control procedures relative to providing assistance with medications.

(f) Proper medication storage and disposal.

(g) Recognition of side effects and adverse reactions for the specific medications.

(h) Understanding the common classifications of medications, typical side effects and adverse reactions and medications for which unlicensed staff may never provide assistance with or supervision of self-administration.

(i) Proper documentation and record keeping using the Medication Assistance Record.

(4) Medication Skills Competency Determinations. Unlicensed staff in homes providing assistance with or supervision of self-administered medications must demonstrate to a qualified supervisor when hired and at least, annually thereafter, the necessary skills to perform the medication tasks assigned competently.

(5) Memory Care Medication Administration. Medications for residents living in the memory care center must be provided to the residents by a proxy caregiver trained in accordance with the requirements of Chapter 111-8-100; 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 the requirements set forth below.

(6) Certified Medication Aide Requirements. A home using certified medication aides must meet the requirements below. CMAs working in the memory care center may also assist non-memory care residents in the same building.

(a) Check the Registry. The home must check to ensure that the medication aides employed in the home are listed in good standing on the Georgia Certified Medication Aide Registry and have no record of being terminated for cause relating to the performance of medication aide tasks before permitting the aides to administer medications.

(b) Administer Skills Competency Checks. The home must administer skills competency checks to determine and document that the medication aides who have been certified for more than one year upon hiring continue to have the knowledge and skills necessary to administer medications properly for the residents in care. The home must use a skills competency checklist which meets the requirements contained in the standardized clinical skills competency checklist used to certify medication aides.

(c) Quarterly Observations. The home must use a licensed registered professional nurse or a pharmacist to conduct quarterly random medication administration observations to determine that the aides are administering medications correctly and in compliance with these rules and report any issues to the home's administration for resolution.

(d) Quarterly Drug Regimen Reviews. The home must secure the services of a licensed pharmacist to perform all of the following duties:

(i) conduct quarterly reviews of the drug regimen for each resident of the assisted living community and report any irregularities to the assisted living community administration;

(ii) remove for proper disposal any drugs that are expired, discontinued or in a deteriorated condition or where the resident for whom such drugs were ordered is no longer a resident;

(iii) establish or review policies and procedures for safe and effective drug therapy, distribution, use and control; and

(iv) monitor compliance with established policies and procedures for medication handling and storage.

(e) Authorized Tasks for Certified Medication Aides. A home may allow a certified medication aide to do only the following tasks related the administration of medications utilizing only unit or multidose packaging of medications:

(i) Administer physician ordered oral, via a feeding tube, ophthalmic, topical, otic, nasal, vaginal and rectal medications;

(ii) Administer insulin, epinephrine, and B12 pursuant to physician direction and protocol;

(iii) Administer medications via a metered dose inhaler;

(iv) Conduct finger stick blood glucose testing following established protocol;

(v) Administer a commercially prepared disposable enema ordered by a physician;

(vi) Assist residents in the supervision of self-administration of medications; and

(vii) Administer liquid morphine to a resident of the community who is the patient of a licensed hospice, pursuant to a hospice physician's written order that contains specific instructions for indication, dosage, frequency and route of administration.

(f) Annual Competency Reviews. Complete comprehensive clinical skills competency reviews for each certified medication aide utilizing the skills competency checklist at least, annually after hiring to determine that the aides continue to have the necessary skills to perform the medication tasks assigned competently. Such skills competency checklists must be administered by Georgia-licensed registered nurses, pharmacists or physicians, who indicate in writing that the tasks observed are being performed competently.

(g) Proper Notice of Separation for Cause. Ensure that where a medication aide is terminated for cause relating to the performance of medication aide tasks, the aide is provided with the following:

- (i) a separation notice that clearly describes the facts that support the termination for cause;
 - (ii) written notice that being terminated for cause related to the administration of medications, if not successfully appealed through a hearing on right to unemployment benefits will result in the loss of good standing on the Georgia Certified Medication Aide Registry; and
 - (iii) the loss of good standing on the Certified Medication Aide Registry will make the aide ineligible for hiring as a certified medication aide by another assisted living community.
- (h) **Registry Notification.** Submit to the Georgia Certified Medication Aide Registry a copy of the Separation Notice for the certified medication aide only if the separation related specifically to the performance of medication aide tasks and the termination for cause has either been finally upheld by the Department of Labor or the time for appealing the Separation Notice has expired.
- (7) **Homes Conducting Certified Medication Aide Training.** A home choosing to provide a certified medication aide training program must do all of the following:
- (a) Utilize the state-approved medication aide training program ensuring that the training is administered by a Georgia licensed registered nurse, pharmacist, or physician;
 - (b) Require the aide to demonstrate the requisite clinical skills to serve as a medication aide before a Georgia-licensed registered nurse, pharmacist or physician utilizing the standardized medication administration checklist developed by the Department;
 - (c) Prepare the aide to take the written competency examination to become a certified medication aide;
 - (d) Verify that the aide is in good standing on the Georgia certified nurse aide registry;
 - (e) Provide information to the aide on the registration and locations for taking the written competency examination;
 - (f) Provide the documentation to the Georgia Certified Medication Aide Registry that is necessary to complete the application for placement of the aide's name on the Georgia Certified Medication Aide Registry; and
 - (g) Not permit the aide to administer medications independently unless the aide is listed on the Georgia certified medication aide registry in good standing.
- (8) **Maintaining Records on Medication Assistance and Administration.** Where the home either provides assistance with, or supervision of self-administered medications, or administers medications to residents, the home must maintain a daily Medication Assistance Record (MAR) for each resident receiving such service.
- (a) The MAR must include the name of the specific resident, any known allergies, the name and telephone number of the resident's health care provider, the name, strength and specific directions including a summary of severe side effects and adverse reactions for use of each medication and a chart for staff who provide assistance or administration to record initials, time and date when medications are taken, refused or a medication error is identified (e.g. missed dosage).
 - (b) The staff providing the assistance or administration of medications must update the MAR each time the medication is offered or taken.
 - (c) The home must make medication information concerning the descriptions of medication, dosing, side effects, adverse reactions and contraindications for each medication being administered to the residents immediately available for reference by staff providing medication assistance or administration.

(d) Staff providing assistance with or administration of medications must document in the resident's record any unusual reactions to the medications and provide such information to the resident, the resident's representative and the health care provider as appropriate.

(e) Refills of prescribed medications must be obtained timely so that there is no interruption in the routine dosing. Where the home is provided with a new medication for the resident, the MAR must be modified to reflect the addition of the new medication within 48 hours or sooner if the prescribing physician, advance practice registered nurse or physician assistant indicates that the medication change must be made immediately. In homes, where unit or multi-dose packaging is not available for immediate changes in medications, unit or multi-dose packaging of the medication must be obtained when the prescription is refilled.

(f) For any administration of liquid morphine by a certified medication aide, staff shall observe and document the following in the resident's record:

(i) the resident's need for PRN liquid morphine, including but not limited to verbalizations of pain, groaning, grimacing or restlessness;

(ii) the date, time and location of the initial dose administered by a licensed hospice health care professional;

(iii) the dosage, time and route of administration for the morphine administered in the community;

(iv) the training provided by the licensed hospice; and

(v) information regarding the special circumstances under which the hospice was unavailable to administer the medication.

(9) Orders Required for All Medications. A home must not allow its staff to assist with, provide supervision of self-administered medications, including over-the-counter medications, unless there is a physician, advance practice registered nurse or physician assistant's order or individualized prescription bottle, specifying clear instructions for its use on file for the resident.

(10) Timely Management of Medication Procurement. The home must obtain new prescriptions within 48 hours of receipt of notice of the prescription or sooner if the prescribing physician indicates that a medication change must be made immediately. If the pharmacy does not have the medication needed for the immediate change, available and has not obtained further directions from the physician, the home must notify the physician of the unavailability of the prescription and request direction.

(11) Storage of Medications.

(a) The home is accountable for having an effective system to manage the medications it receives including storing medications under lock and key, or other secure system to prevent unauthorized access, at all times, whether kept by a resident or kept by the home for the resident, except when required to be kept by a resident on his or her person due to need for frequent or emergency use, as determined by the resident's physician, advance practice registered nurse or physician assistant, or when closely attended by a staff member. Additionally, for controlled substances, the secure storage must be a locked cabinet or box of substantial construction and a log must be maintained and updated daily by the home to account for all inventory.

(b) Medication kept by a resident may be stored in the resident's bedroom, in a locked cabinet or other locked storage container. Single occupancy bedrooms which are kept locked at all times are acceptable. Duplicate keys for the resident's locked storage container and room must be available to the resident and the administrator, on-site manager or designated staff.

(c) Medications must be kept in original containers with original labels intact.

(d) A home may stock over-the-counter medications such as aspirin or acetaminophen for the convenience of residents who have PRN (as needed) orders for the specific medication and dosage. However, where the resident

takes an over-the-counter medication daily as prescribed in a written order by a licensed physician, nurse practitioner or physicians assistant, such as vitamins or low-dose aspirins, the resident must have an individual bottle of the prescribed medication that is kept for the resident's individual usage.

(e) Unused or expired medications must be properly disposed of using the current U.S. Food and Drug Administration or U.S. Environmental Protection Agency guidelines for the specific medications.

(f) The supply of liquid morphine on site shall be limited to 50 ml for each hospice patient in the home for which there is a physician's order for such medication.

Cite as Ga. Comp. R. & Regs. R. 111-8-62-.20

AUTHORITY: O.C.G.A. §§ [31-2-7](#), [31-2-9](#), [31-7-1](#), [31-7-2](#), [31-7-2.1](#), [31-7-12](#), [31-8-180](#) et seq., **43-26-32**.

HISTORY: Original Rule entitled "Additional Requirements for Specialized Memory Care Units or Homes" adopted. F. Nov. 19, 2009; eff. Dec. 9, 2009.

Amended: New Title "Medications". F. Dec. 19, 2012; eff. Jan. 8, 2013.

Amended: F. Aug. 24, 2021; eff. Sep. 13, 2021.

111-8-62-.23 Infection Control, Sanitation and Supplies

(1) The home must have a supply of first-aid materials available for use. This supply must include, at a minimum, gloves, band aids, thermometer, tape, gauze, and an antiseptic.

(2) A home must provide hand-sanitizing agents or soap and water at the sinks, clean towels and toilet tissue at each commode.

(3) Hand washing facilities provided in both kitchen and bathroom areas must include hot and cold running water, soap, and clean towels.

(4) The home must have an effective infection control program which includes, at least the following:

(a) Training provided to staff on effective measures for minimizing the spread of infections and food borne illnesses.

(b) Responding to disease outbreaks appropriately and participating in infection control investigations.

(c) Staff demonstrating their understanding and use of proper infection control practices in their delivery of care to the residents.

(d) Enforcing work and return to work policies to minimize the spread of infection and illnesses.

(f) Providing notices as recommended by public health regarding outbreaks and infestation issues to residents, staff and any visitors. Homes licensed for twenty-five (25) or more beds must meet the notification requirements of the Rules and Regulations for Disaster Preparedness Plans, Chapter 111-8-16.

(5) The home must have an adequate supply of sanitizing and cleaning agents, e.g. effective hand hygiene products, hand soap, laundry soap, household disinfectants and other cleaning materials, properly stored to prevent accidental ingestion but available for and properly used in the home to minimize the spread of infections.

(6) Residents' private living spaces or bedrooms must be thoroughly cleaned and sanitized after residents move out of the rooms.

(7) The home must clean the residents' private living spaces periodically and as needed to ensure that the space does not pose a health hazard.

(8) Homes licensed for twenty-five (25) or more beds must follow the 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.

Cite as Ga. Comp. R. & Regs. R. 111-8-62-.23

AUTHORITY: O.C.G.A. §§ [31-2-7](#), [31-2-9](#), [31-7-2.1](#), [31-7-12.3](#), [31-7-12.5](#).

HISTORY: Original Rule entitled "Temperature Conditions" adopted. F. Nov. 19, 2009; eff. Dec. 9, 2009.

Amended: New Title "Infection Control, Sanitation and Supplies". F. Dec. 19, 2012; eff. Jan. 8, 2013.

Amended: F. Aug. 24, 2021; eff. Sep. 13, 2021.

Department 111. RULES OF DEPARTMENT OF COMMUNITY HEALTH

Chapter 111-8. HEALTHCARE FACILITY REGULATION

Subject 111-8-63. RULES AND REGULATIONS FOR ASSISTED LIVING COMMUNITIES

111-8-63-.03 Definitions

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

(a) "Abuse" means any intentional or grossly negligent act or series of acts or intentional or grossly negligent omission to act which causes injury to a resident, including but not limited to, assault or battery, failure to provide treatment or care, or sexual harassment of the resident.

(b) "Activities of daily living" means bathing, shaving, brushing teeth, combing hair, toileting, dressing, eating, walking, transferring from place to place, laundering, cleaning room, managing money, writing letters, shopping, using public transportation, making telephone calls, grooming, obtaining appointments, engaging in leisure and recreational activities, or other similar activities.

(c) "Administrator" means the manager designated by the Governing Body as responsible for the day-to-day management, administration and supervision of the assisted living community, who may also serve as the on-site manager and responsible staff person except during periods of his or her own absence.

(d) "Applicant" means an individual or entity that submits an application for licensure pursuant to these rules as described below:

1. When the assisted living community is owned by a sole proprietorship, the individual proprietor must be the applicant for the license, complete the statement of responsibility and serve as the licensee;
2. When the assisted living community is owned by a partnership, the general partners must be the applicant for the license, complete the statement of responsibility and serve as the licensee;
3. When the assisted living community is owned by an association, limited liability company (LLC) the governing body of the association or LLC must authorize the application for the license, complete the statement of responsibility and serve as the licensee; and
4. When the assisted living community is owned by a corporation, the governing body of the corporation must authorize the application for the license, complete the statement of responsibility and serve as the licensee.

(e) "Assistive device" means a device that may restrain movement which has been determined to be required by a licensed physician, nurse practitioner or physician's assistant working under a protocol or job description respectively and is applied for protection from injury or to support or correct the body alignment of the person, for the treatment of a person's physical condition, and may only be used as a treatment intervention where a specific written plan of care has been developed and the resident consents to such use.

(f) "Assisted living care" means the specialized care and services provided by an assisted living community which includes the provision of personal services, the administration of medications by a certified medication aide, the provision of assisted self-preservation, and the provision of limited nursing services.

(g) "Assisted living community" or "community" means a personal care home serving 25 residents or more that is licensed by the department to provide assisted living care.

(h) "Assisted self-preservation" means the capacity of a resident to be evacuated from an assisted living community to a designated point of safety and within an established period of time as determined by the Office of Fire Safety Commissioner. Assisted self-preservation is a function of all of the following:

1. the condition of the individual,
2. the assistance that is available to be provided to the individual by the staff of the assisted living community; and
3. the construction of the building in which the assisted living community is housed, including whether such building meets the state fire safety requirements applicable to an existing health care occupancy.

(i) "Certificate" means a certificate issued by the department to operate a memory care center in a licensed assisted living community or personal care home.

(j) "Chemical Restraint" means a psychopharmacologic drug that is used for discipline or convenience and not required to treat medical symptoms.

(k) "Department" means the Department of Community Health of the State of Georgia operating through the Division of Healthcare Facility Regulation.

(l) "Direct care staff person" means any employee, facility volunteer, or contract staff who provides to residents:

(i) any personal services, including but not limited to, medication administration or assistance, assistance with ambulation and transfer, and essential activities of daily living such as eating, bathing, grooming, dressing, and toileting; or

(ii) any other limited nursing services.

(m) "Director" means the chief administrator, executive officer or manager.

(n) "Disabled individual" means an individual that has a physical or mental impairment that substantially limits one or more major life activities and who meets the criteria for a disability under state or federal law.

(o) "Employee" means any person, other than a director, utilized by an assisted living community to provide personal services to any resident on behalf of the assisted living community or to perform at any facilities of the assisted living community any duties which involve personal contact between that person and any paying resident of the assisted living community.

(p) "Exploitation" means an unjust or improper use of another person or the person's property through undue influence, coercion, harassment, duress, deception, false representation, false pretense, or other similar means for one's own personal advantage.

(q) "Governing Body" means the owner, the board of trustees or directors, the partnership, the corporation, the association, the sole proprietorship or the person or group of persons who maintains and controls the assisted living community and who is legally responsible for the operation of the community.

(r) "Health maintenance activities" means those limited activities that, but for a disability, a person could reasonably be expected to do for himself or herself. Such activities are typically taught by a registered professional nurse, but may be taught by an attending physician, advanced practice registered nurse, physician assistant, or directly to a patient and are part of ongoing care. Health maintenance activities are those activities that do not include complex care such as administration of intravenous medications, central line maintenance, and complex wound care; do not require complex observations or critical decisions; can be safely performed and have reasonably precise, unchanging

directions; and have outcomes or results that are reasonably predictable. Health maintenance activities conducted pursuant to this paragraph shall not be considered the practice of nursing.

(s) "Health services" means the specialized assistance that may be provided by or at the direction of either licensed healthcare professionals, such as doctors, nurses, physical therapists or through licensed healthcare programs, such as home health agencies, hospices and private home care providers to address health needs that the assisted living community is not staffed to provide or is not authorized by law or regulations to provide.

(t) "Injury" as used in the definition of "abuse" means a wrong or harm caused by an individual to a resident which is manifested by a physical or behavioral reaction or change in the appearance or actions of the resident, such as, but not limited to, reddened or bruised skin not related to routine care, crying, startling or cowering reaction by the resident and malnutrition or pressure ulcers for which the facility has not provided proper care.

(u) "Legal Surrogate" means a duly appointed person who is authorized to act, within the scope of the authority granted under the legal surrogate's appointment, on behalf of a resident who is adjudicated incapacitated.

(v) "Limited nursing services" means 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, as defined in division (a)(9)(C)(ii) of Code Section [43-26-12](#); 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.

(w) "Medical services" means services which may be provided by a person licensed pursuant to Article II of Chapter 34 of Title 43 of the Official Code of Georgia Annotated.

(x) "Memory care services" means the additional watchful oversight systems and devices that are required for residents who have cognitive deficits which may impact memory, language, thinking, reasoning, or impulse control, and which place the residents at risk of eloping, i.e. engaging in unsafe wandering activities outside the assisted living community.

(y) "Memory care center" means the 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.

(z) "Non-Family Adult" means a resident 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 assisted living community or to a member of the governing body.

(aa) "Nursing services" means those services which may be rendered by a person licensed pursuant to Articles I and 2 of Chapter 26 of Title 43 of the Official Code of Georgia Annotated.

(bb) "On-site manager" means the administrator or person designated by the administrator as responsible for carrying out the day-to-day management, supervision, and operation of the assisted living community, who may also serve as responsible staff person except during periods of his or her own absence.

(cc) "Owner" means any individual or any person affiliated with a corporation, partnership, or association with 10 percent or greater ownership interest in the business or agency licensed as an assisted living community and who:

1. purports to or exercises authority of an owner in the business or agency;
2. applies to operate or operates the business or agency;
3. maintains an office on the premises of the assisted living community;

4. resides at the assisted living community;
5. has direct access to persons receiving care at the assisted living community;
6. provides direct personal supervision of assisted living community personnel by being immediately available to provide assistance and direction during the time such assisted living community services are being provided; or
7. enters into a contract to acquire ownership of such a business or agency.

(dd) "Permit" or "license" means the authorization granted by the Department to the governing body to operate an assisted living community.

(ee) "Personal care home" means any dwelling, whether operated for profit or not, which undertakes through its ownership or management to provide or arrange for the provision of housing, food service, and one or more personal services for two or more adults who are not related to the owner or administrator by blood or marriage.

(ff) "Personal Services" includes, but is not limited to, individual assistance with or supervision of self-administered medication, assistance, essential activities of daily living such as eating, bathing, grooming, dressing, toileting, ambulation and transfer.

(gg) "Physical Restraints" are any manual or physical device, material, or equipment attached or adjacent to the resident's body that the individual cannot remove easily which restricts freedom or normal access to one's body. Physical restraints include, but are not limited to, leg restraints, arm restraints, hand mitts, soft ties or vests, and wheelchair safety bars. Also included as restraints are assisted living community practices which function as a restraint, such as tucking in a sheet so tightly that a bedbound resident cannot move, bedrails, or chairs that prevent rising, or placing a wheelchair-bound resident so close to a wall that the wall prevents the resident from rising. Wrist bands or devices on clothing that trigger electronic alarms to warn staff that a resident is leaving a room do not, in and of themselves, restrict freedom of movement and should not be considered as restraints.

(hh) "Physician" means an individual who is currently licensed to practice medicine in the State of Georgia. For purposes of these rules, it shall be acceptable for any activities required to be performed by a physician to be performed by any other licensed medical professional (i.e., Nurse Practitioner, Physician Assistant, etc.) who is permitted to perform such activities under applicable state scope of practice rules and regulations.

(ii) "Plan of Correction" means the written plan prepared in response to cited rule violations that identifies by date certain the specific actions that will be taken by the assisted living community to come into compliance with these rules.

(jj) "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 and meets the requirements contained in the Rules and Regulations for Proxy Caregivers Used in Licensed Healthcare Facilities, Chapter 111-8-100.

(kk) "Representative" means a person who voluntarily, with the resident's written authorization, acts upon resident's direction with regard to matters concerning the health and welfare of the resident, including being able to access personal and medical records contained in the resident's file and receive information and notices pertaining to the resident's overall care and condition. This written authorization may take the form of an advance directive.

(ll) "Resident" means any non-family adult who receives or requires assisted living care and resides in the assisted living community.

(mm) "Responsible Staff Person" means the employee designated by the administrator or on-site manager as responsible for supervising the operation of the assisted living community during periods of temporary absence of the administrator or on-site manager.

(nn) "Self-administration of medications" or "self-administered medications" means those prescription or over-the-counter drugs that the resident personally chooses to ingest or apply where the resident has been assessed and determined to have the cognitive skills necessary to articulate the need for the medication and generally knows the times, and physical characteristics of medications to be taken.

(oo) "Self-preservation" means the ability to respond to an emergency condition, whether caused by fire or otherwise, and escape the emergency without physical, hands-on assistance from staff. The resident may move from place to place by walking, either unaided or aided by prosthesis, brace, cane, crutches, walker or hand rails, or by propelling a wheelchair.

(pp) "Staff" means any person who performs duties in the assisted living community on behalf of the assisted living community.

Cite as Ga. Comp. R. & Regs. R. 111-8-63-.03

AUTHORITY: O.C.G.A. §§ [31-2-7](#), [31-2-8](#), [31-2-9](#), [31-7-1](#), [31-7-12.2](#), [43-26-12](#).

HISTORY: Original Rule entitled "Definitions" adopted. F. Nov. 19, 2009; eff. Dec. 9, 2009.

Amended: F. Dec. 19, 2012; eff. Jan. 8, 2013.

Amended: F. Apr. 16, 2018; eff. May 6, 2018.

Amended: F. Feb. 28, 2020; eff. Mar. 19, 2020.

Amended: F. Aug. 24, 2021; eff. Sep. 13, 2021.

111-8-63-.05 Application for Permit

(1) The governing body of each assisted living community must submit to the Department an application for a permit in order to operate.

(2) The application for a permit must be made on forms made available by the Department or in a format acceptable to the Department.

(3) No application for licensure will be acted upon by the Department unless it has been determined to be complete and include all required attachments and fees due the Department as specified in the Rules and Regulations for General Licensing and Enforcement Requirements, Chapter 111-8-25.

(4) Each application for a permit must be accompanied by an accurate floor plan showing windows, doors, common areas, and resident room measurements and digital copies in .jpg format of pictures of the assisted living community's exterior, common areas and typical resident room.

(5) The name of the administrator or on-site manager, who will be working in the assisted living community, if known, must be included with the application for a permit. If such information is not known at the time of application, it must be provided to the Department before a permit will be issued.

(6) The ownership of the assisted living community must be fully disclosed in the application for a permit. In the case of corporations, partnerships, and other entities recognized by statute, the corporate officers and all other individuals or family groups owning ten percent or more of the corporate stock or ownership must be disclosed in the application, as well as the registered agent for service of process.

(7) Each application must include documentation of ownership or lease agreement for the property on which the assisted living community will be operated.

(8) The filing of an application for licensure constitutes a representation that the applicant is or will be in complete control of the community as of a specified date.

(9) Local zoning and other local requirements regarding the proper location and establishment of the assisted living community must be addressed by the applicant with the responsible local officials.

(10) The initial application for licensure shall include 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.

Cite as Ga. Comp. R. & Regs. R. 111-8-63-.05

AUTHORITY: O.C.G.A. §§ [31-2-7](#), [31-2-8](#), [31-2-9](#), [31-7-1](#) et seq.

HISTORY: Original Rule entitled "Application for Permit" adopted. F. Dec. 13, 2012; eff. Jan. 2, 2012.

Amended: F. Aug. 24, 2021; eff. Sep. 13, 2021.

111-8-63-.07 Owner Governance

(1) The assisted living community must have a functioning governing body which is responsible for providing the oversight necessary to ensure that the community operates in compliance with these rules, the Rules for General Licensing and Enforcement, Chapter 111-8-25, the Rules for Proxy Caregivers, Chapter 111-8-100, as applicable and other applicable state laws and regulations.

(2) The governing body is responsible for implementing policies, procedures and practices in the community that support the core values of dignity, respect, choice, independence and privacy of the residents in a safe environment and in accordance with these rules. At a minimum, the policies and procedures that are developed must provide direction for the staff and residents on the following:

(a) the services available in the assisted living community, including, personal services, assisted living care, memory care services and any other specialized services such as memory care centers and designated proxy caregivers;

(b) the staffing plan that the community utilizes to ensure that staffing ratios increase proportionally as the number of residents who require assisted self-preservation increases;

(c) admissions, discharges and immediate transfers which ensure that the community does not admit or retain residents who need more care than the assisted living community is authorized or capable of providing;

(d) refunds when a resident is transferred or discharged;

(e) training and ongoing evaluation of staff, including specialized training if designated proxy caregivers are provided or memory care is offered;

(f) house rules and their enforcement;

(g) protecting the rights of the residents as set forth in these rules;

(h) medication management, procurement, the use of certified medication aides and professional oversight provided for such services;

(i) health and hygiene issues for residents and staff relating to infection control, work policies and return to work policies, food borne illnesses and reportable diseases;

(j) the investigation and reporting of abuse, neglect, exploitation of residents, residents' wandering away from the community, accidents, injuries and changes in residents' conditions to required parties;

(k) discipline procedures for handling acts committed by staff which are inconsistent with the policies of the assisted living community;

(l) emergency preparedness, drills and evacuation requirements;

(m) quality assurance review mechanisms, including resident and family feedback to determine opportunities for improving care;

(n) the use of volunteers and their orientation regarding resident's rights and basic safety precautions;

(o) the specific use of proxy caregivers allowed within the community and the oversight of proxy caregivers the community requires or provides in accordance with Georgia law, these rules and the rules for proxy caregivers, Chapter 111-8-100; and

(p) the safety and security precautions that will be employed by the assisted living community to protect residents from harm by other residents, designated proxy caregivers, and other individuals, not employed by the community who routinely come into the community.

(3) The governing body must designate an administrator or on-site manager as responsible for the overall management of the assisted living community and for carrying out the rules and policies adopted by the governing body.

(4) The governing body must ensure that the Department has current emergency contact information consisting of name, e-mail contact for notifications to the licensed community, physical addresses, and phone numbers for the governing body and the administrator or on-site manager of the assisted living community.

(5) The governing body must take appropriate measures within its control, to protect the residents from criminal activity occurring in the assisted living community.

(6) The governing body must not allow persons who are not residents of the assisted living community to live on the premises if they are listed on the National Sex Offender Registry.

(7) No member of the governing body, administration, or staff of the assisted living community or an affiliated assisted living community or family members of the governing body or any staff may serve as the legal surrogate or representative of a resident.

(8) Where the governing body, a member of the governing body's family or a staff member of the assisted living community or an affiliated assisted living community serves as the representative payee of a resident, the individual or entity must be covered by a surety bond.

(9) Notification of Emergency Relocation. The community must provide timely notification of the relocation address to the residents, their family contacts and representatives, if any, and the department whenever the community must relocate the residents as a result of an emergency situation which disrupts the provision of room and board for the residents at the licensed location.

(10) Notification of Bankruptcy, Eviction or Change of Ownership. The community must provide:

(a) a minimum of sixty (60) days written notice to the department and all residents of any impending bankruptcy or property eviction that may force discharge or relocation of residents or otherwise adversely impact the provision of safe care and oversight; and

(b) a minimum of thirty (30) days written notice to the department and all residents of any impending change of ownership. The notice to the department shall be in the form of an application which must be approved before the permit is issued to the new owner(s).

Cite as Ga. Comp. R. & Regs. R. 111-8-63-.07

AUTHORITY: O.C.G.A. §§ [31-2-7](#), [31-2-8](#), [31-7-1](#) et seq.

HISTORY: Original Rule entitled "Owner Governance" adopted. F. Dec. 13, 2012; eff. Jan. 2, 2012.

Amended: F. Aug. 24, 2021; eff. Sep. 13, 2021.

111-8-63-.08 Community Leadership

(1) Each community must have a full-time administrator to provide day-to-day leadership to the community. The administrator must be 21 years of age or older and hold a valid license from the State Board of Long-Term Care Facility Administrators with an effective date no greater than sixty (60) days from the date of hire or July 1, 2021, whichever is later.

(2) The administrator is responsible for ensuring that the policies and procedures are effective and enforced to ensure compliance with these rules and community policies and procedures.

(3) Each assisted living community must have a separate administrator or on-site manager who works under the supervision of the administrator.

(4) The administrator or on-site manager must designate qualified staff as responsible staff to act on his or her behalf and to carry out his or her duties in the absence of the administrator or on-site manager.

(5) Residents must not be allowed to function or be counted as staff.

(6) Staff must be assigned duties consistent with their positions, training, experiences, and the requirements of Rule [111-8-63-.09](#).

(7) The administrator is responsible for ensuring that the assisted living community has an effective quality assurance program which includes at least the following:

(a) investigating resident incidents which result in injuries or death in order to identify and implement opportunities for improvement in care;

(b) implementing changes made to support improved care, such as those necessary to minimize illness outbreaks and eliminate identified rule violations;

(c) monitoring staff performance to ensure that care and services are being delivered safely and in accordance with these rules and community policies; and

(d) obtaining and using feedback from the residents and representatives, at least annually, on the quality of services provided by the community and opportunities for improvement of services.

Cite as Ga. Comp. R. & Regs. R. 111-8-63-.08

AUTHORITY: O.C.G.A. §§ [31-2-7](#), [31-2-8](#), [31-7-1](#) et seq., [43-27-1](#) et seq.

HISTORY: Original Rule entitled "Community Leadership" adopted. F. Dec. 13, 2012; eff. Jan. 2, 2012.

Amended: F. Aug. 24, 2021; eff. Sep. 13, 2021.

111-8-63-.09 Workforce Qualifications, Training and Staffing

(1) **The on-site manager and responsible staff persons must be at least 21 years of age and responsible for supervising the provision of care by all other staff.** No staff person under the age of 18 is permitted to work in the

assisted living community unless there is direct line-of-sight supervision being provided by the administrator, on-site manager or a responsible staff person or the staff member is at least 17 years of age and has successfully completed a vocational technical training track as a nursing assistant through a Georgia high school.

(2) Initial Training for All Staff. The administrator or on-site manager must ensure that any person working in the assisted living community as staff, receives training within the first 60 days of employment on the following:

(a) residents' rights and identification of conduct constituting abuse, neglect or exploitation of a resident and reporting requirements to include the employee's receipt of a copy of the Long-Term Care Facility Resident Abuse Reporting Act as outlined in O.C.G.A. § [31-8-81](#) et seq.;

(b) general infection control principles including importance of hand hygiene in all settings and attendance policies when ill;

(c) training necessary to carry out assigned job duties; and

(d) emergency preparedness.

(3) Initial Training for Staff Providing Hands-On Personal Services. In addition to the initial training required of all staff in paragraph (2) above, the administrator must ensure that staff hired to provide hands-on personal services to residents receive training within the first 60 days of employment which includes the following:

(a) current certification in emergency first aid except where the staff person is a currently licensed health care professional;

(b) current certification in cardiopulmonary resuscitation where the training course required return demonstration of competency;

(c) medical and social needs and characteristics of the resident population, including special needs of residents with dementia;

(d) residents' rights and the provision of care to residents that is individualized and helpful; and

(e) training specific to assigned job duties, such as, but not limited to, permissible assistance with medications, contraindications for medications that must be brought to the attention of appropriate individuals, assisting residents in transferring, ambulation, proper food preparation, proper performance of health maintenance activities if serving as a designated proxy caregiver and responding appropriately to dementia-related behaviors.

(4) Trained Staff Present. At least two staff who have completed the minimum training requirements of Rule 111-8-63-.09(2)(a) through (d) and (3)(a) through (e) above 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, to provide necessary oversight and assistance to staff providing hands-on personal services who have not completed the training, to ensure that care and services are delivered safely and in accordance with these rules.

(5) Training Hours Required During First Year of Employment. All staff offering hands-on personal services to the residents, including the administrator or on-site manager, must satisfactorily complete a total of at least twenty-four (24) hours of continuing education within the first year of employment as a direct care worker. The courses offered must be relevant to assigned job duties and include such topics as cardiopulmonary resuscitation and first aid certifications, utilizing standard precautions in working with aging residents, working with residents with Alzheimer's or other cognitive impairments, working with persons who have developmental disabilities or persons who have mental illness, providing social and recreational activities, understanding legal issues, performing necessary physical maintenance, fire safety, housekeeping activities, recognizing and reporting abuse, neglect and exploitation, preparing and serving food safely, preserving the dignity and rights of residents receiving care to make meaningful choices, providing and documenting medication assistance, or other topics as determined necessary by the Department to support compliance.

(6) **Ongoing Staff Training.** Beginning with the second year of employment, staff providing hands-on personal services must have a minimum of sixteen (16) hours of job-related continuing education as referenced in paragraph 111-8-63-.09(5) above annually.

(7) **Training Records.** The community must maintain documentation reflecting course content, instructor qualifications, agenda and attendance rosters for all trainings provided.

(8) **Proxy Caregiver Training.** An assisted living community employing proxy caregivers must provide training to the proxy caregivers in accordance with the Rules and Regulations for Use of Proxy Caregivers, Chapter 111-8-100 subject to the limitation that only certified medication aides may administer medications on behalf of the community.

(9) **Hospice Training.** The assisted living community shall ensure that any medication aide(s) who will be administering liquid morphine to any hospice patient(s) residing in the community receive adequate training from a licensed hospice on the safe and proper administration of liquid morphine prior to such administration and on an annual basis thereafter. The community shall maintain documentation of all training provided.

(10) **Staff Health Examinations and Screenings.** The administrator, on-site manager, and each employee must have received a tuberculosis screening and a physical examination by a licensed physician, nurse practitioner or physician's assistant within twelve months prior to providing care to the residents. The physical examination must be sufficiently comprehensive to assure that the employee is physically qualified to work and free of diseases communicable within the scope of employment. Follow-up examinations must be conducted by a licensed physician, nurse practitioner or physician's assistant for each administrator or staff person to determine readiness to return to work following a significant illness or injury. Health information, screenings, assessments and medical releases regarding each staff member must be retained in a readily retrievable format by the assisted living community and made available for review and/or copying by Department representatives upon request.

(11) **Criminal History Background Checks for Owners Required.** The owner of the business or agency applying for the license must comply with the requirements of the Rules and Regulations for Criminal Background Checks, Chapter 111-8-12.

(12) **Criminal History Background Checks for Director, Administrator and Onsite Manager Required.** Prior to serving as a director, administrator or onsite manager of an assisted living community, the community must obtain a satisfactory fingerprint records check determination for the person to be hired in compliance with the Rules and Regulations for Criminal Background Checks, Chapter 111-8-12.

(13) **Criminal History Background Checks for Direct Access Employees Required.** Prior to serving as a direct access employee, the community must obtain a satisfactory fingerprint records check determination for the person to be hired in compliance with the Rules and Regulations for Criminal Background Checks, Chapter 111-8-12.

(14) The administrator or on-site manager must obtain an employment history for each employee and maintain documentation in the employee's file. If the potential employee has no prior employment history, then the assisted living community must retain documentation of a satisfactory personal reference check.

(15) Personnel files must be maintained in the assisted living community for each employee and for three years following the employee's departure or discharge. These files must be available for inspection by departmental staff but must be maintained to protect the confidentiality of the information contained in them from improper disclosure. The files must include the following:

(a) evidence of a satisfactory fingerprint record check determination, if applicable;

(b) report of physical examination completed by a licensed physician, nurse practitioner or physician's assistant, and a TB screening completed within the 12 months preceding the date of hire;

(c) evidence of trainings, skills competency determinations and recertifications as required by these rules and, if applicable, the Rules for Proxy Caregivers, Chapter 111-8-100;

(d) employment history, including previous places of work, employers and telephone contacts with previous employers;

(e) supporting documentation reflecting that the employee has the basic qualifications as represented, e.g. documentation of good standing by nursing board, no findings of abuse, neglect or exploitation entered against the individual in the nurse aide registry, satisfactory report of motor vehicle driving record where the employee may be transporting residents; and

(f) written evidence of satisfactory initial and annual work performance reviews for unlicensed staff providing hands-on personal care. Where the unlicensed staff perform specialized tasks, such as health maintenance activities, assistance with medications or medication administration, such performance reviews must include the satisfactory completion of skills competency checklists as specified in applicable rules. Such reviews must be conducted by staff or contractors qualified by education, training and experience to assess that the assigned duties are being performed in accordance with these rules and accepted health and safety standards.

(16) Where the assisted living community permits a resident to hire his or her own companion-sitter, proxy caregiver to perform health maintenance activities or aide of any sort, the assisted living community must require assurance that the companion-sitter, proxy caregiver or aide so hired is familiar with emergency evacuation routes and has documentation reflecting compliance with the provisions of the Rules for Proxy Caregivers, Chapter 111-8-100, as applicable.

(17) The administrator, on-site manager, and staff persons must not be under the influence of alcohol or other controlled substances while engaged in any work-related activity on behalf of the assisted living community.

(18) The community 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 where the residents have minimal care needs. Average monthly minimum staffing levels shall be calculated and documented by the community using methods and forms specified by the department. However, the assisted living community must staff above these minimum on-site staff ratios to meet the specific residents' ongoing health, safety and care needs.

(a) Staff, such as cooks and maintenance staff, who do not receive on-going direct care training and whose job duties do not routinely involve the oversight or delivery of direct personal care to the residents, must not be counted towards these minimum staffing ratios. Personnel who work for another entity, such as a private home care provider, hospice, etc. or private sitters cannot be counted in the staff ratios for the assisted living community.

(b) 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.

(c) A registered professional nurse or licensed practical nurse must be on-site to support care and oversight of the residents, as follows:

(i) For communities with one to 30 residents, a minimum of 8 hours per week;

(ii) For communities with 31 to 60 residents, a minimum of 16 hours per week;

(iii) For communities with 61 to 90 residents, a minimum of 24 hours per week;

(iv) For communities with more than 90 residents, a minimum of 40 hours per week;

(d) Residents must be supervised consistent with their needs.

(19) Sufficient staff time must be provided by the assisted living community such that each resident:

(a) receives services, treatments, medications and diet as prescribed;

- (b) receives proper care to prevent decubitus ulcers and contractures;
- (c) is kept comfortable and clean;
- (d) is treated with dignity, kindness, and consideration and respect;
- (e) is protected from avoidable injury and infection;
- (f) is given prompt, unhurried assistance if she or he requires help with eating;
- (g) is given assistance, if needed, with daily hygiene, including baths and oral care; and
- (h) is given assistance in transferring and assisted self-preservation when needed.

(20) All persons, including the administrator or on-site manager, who offer direct care to the residents on behalf of the assisted living community, must maintain an awareness of each resident's normal appearance and must intervene, as appropriate, if a resident's state of health appears to be in jeopardy.

(21) All assisted living communities must develop and maintain accurate staffing plans that take into account the specific needs of the residents and monthly work schedules for all employees, including relief workers, showing planned and actual coverage for each day and night. The assisted living community must retain the completed staff schedules for a minimum of one year.

(22) Staff must wear employee identification badges which are readily visible with abbreviations for professional/special credentials displayed on the badges, if any.

Cite as Ga. Comp. R. & Regs. R. 111-8-63-.09

AUTHORITY: O.C.G.A. §§ [31-2-7](#), [31-2-8](#), [31-2-9](#), [31-7-1](#) et seq., 43-26-12.

HISTORY: Original Rule entitled "Workforce Qualifications, Training and Staffing" adopted. F. Dec. 13, 2012; eff. Jan. 2, 2012.

Amended: F. Feb. 28, 2020; eff. Mar. 19, 2020.

Amended: F. Aug. 24, 2021; eff. Sep. 13, 2021.

111-8-63-.10 Community Accountability

(1) The records required by these rules and other records maintained in the normal course of the business of the community must be available for inspection and review by properly identified representatives of the Department.

(2) Where the Department identifies rule violations, the assisted living community will receive a written report of inspection. If the assisted living community disagrees with the facts and conclusions stated in the inspection report, it must submit its written statement explaining its disagreement and any evidence supporting the disagreement to the Department within 10 days of the receipt of the written inspection report. Where the Department concurs with the written statement of the assisted living community, it will issue a revised inspection report to the assisted living community.

(3) Within 10 days of receipt of the written report of inspection, the assisted living community must develop a written plan for correcting any rule violations identified. The plan of correction must identify the specific actions that the assisted living community will take by date certain to come into compliance with each rule for which a deficient practice was identified.

- (4) A copy of the most recent inspection report and plan of correction must be displayed in the assisted living community in a location that is routinely used by the community to communicate information to residents and visitors. Additionally, if the community maintains a website, it shall post a web link in a prominent location on the main page of the website that provides access to copies of all inspection reports and plans of correction from the previous 18 months. When the Department develops a website for receiving plans of correction electronically and notifies the community of the appropriate internet address, the community also must file its plan of correction electronically on the Department's website within 10 days of receipt of the report of inspection.
- (5) The assisted living community must take the corrective actions necessary to achieve compliance with the rules.
- (6) The assisted living community must complete and maintain an accurate and current licensed residential care profile on file with the Department when the Department makes available a system for the submission and collection of such information electronically.
- (7) The assisted living community must provide services that are consistent with the information reported on its licensed residential care profile, its license and these rules.
- (8) The assisted living community's marketing materials must be consistent with its licensure classification as an assisted living community, the information reported on its licensed residential care profile, and these rules.
- (9) Only an assisted living community licensed pursuant to these rules may hold itself out as offering assisted living care.
- (10) No memory care center shall be operated and no residents admitted without a certificate which is current under these rules and regulations.

Cite as Ga. Comp. R. & Regs. R. 111-8-63-.10

AUTHORITY: O.C.G.A. §§ [31-2-7](#), [31-2-8](#), [31-7-1](#) et seq.

HISTORY: Original Rule entitled "Community Accountability" adopted. F. Dec. 13, 2012; eff. Jan. 2, 2012.

Amended: F. Feb. 28, 2020; eff. Mar. 19, 2020.

Amended: F. Aug. 24, 2021; eff. Sep. 13, 2021.

111-8-63-.17 Services in the Community

- (1) The assisted living community must provide assisted living, including protective care and watchful oversight, which meets the needs of the residents it admits and retains.
- (2) **Resident Needs Assessment.** The assisted living community must complete an assessment of the resident that addresses the resident's care needs taking into account the resident's family supports, the resident's functional capacity relative to the activities of daily living, physical care needs, medical information provided, cognitive and behavioral impairments, if any, and personal preferences relative to care needs.
- (3) **Written Care Plan.** Utilizing the information acquired during the admission process and the move-in adjustment period, the assisted living community must develop the resident's individual written care plan within 14 days of admission and require staff to use the care plan as a guide for the delivery of care and services to the resident. The care plan must include the following:
- (a) a description of the resident's care and social needs and the services to be provided, including frequency to address care and social needs;
 - (b) resident's particular preferences regarding care, activities and interests;

- (c) specific behaviors to be addressed with interventions to be used;
 - (d) any physician order or order of a nurse practitioner or physician assistant working under protocol or job description, respectively for assistive devices;
 - (e) staff primarily responsible for implementing the care plan;
 - (f) evidence of family involvement in the development of the plan when appropriate; and
 - (g) evidence of the care plan being updated at least annually and more frequently where the needs of the resident change substantially or the resident is assigned to a memory care center.
- (4) **Social Activities.** Each assisted living community must provide social activities on a daily basis that promote the physical, mental and social well-being of each resident and take into account the personal preferences of the residents.
- (5) **Activity Resources.** The assisted living community must provide, books, current newspapers or magazines, and games for leisure time activities. The assisted living community must offer assistance to residents who wish to participate in hobbies, music, arts and crafts, religion, games, and sports, social, recreational and cultural activities available in the assisted living community and in the community.
- (6) **Available Telephone.** The assisted living community must have at least one operable, non-pay telephone which is accessible at all times for emergency use by staff on the premises. Residents must also have access to an operable, non-pay telephone in a private location, both to make and receive personal calls. The same telephone may be used for staff and resident access.
- (7) The assisted living community must not restrict a resident's free access to the common areas of the assisted living community or the memory care center or lock the resident into or out of the resident's bedroom.
- (8) **Proxy Caregiver Services.** Where the assisted living community chooses to allow proxy caregivers to function in the community to perform certain health maintenance activities that are not covered in the basic assisted living care the community is required to provide, the assisted living community must do either of the following:
- (a) Provide employees who are available for designation by a resident to serve as proxy caregivers to perform certain health maintenance activities; or
 - (b) Permit the resident or a person legally authorized to act on behalf of the resident to employ designated proxy caregivers to provide health maintenance activities.
- (9) **Proxy Caregiver Records.** The community must maintain documentation on all proxy caregivers performing health maintenance activities which complies with the Rules and Regulations for Proxy Caregivers, Chapter 111-8-100.
- (10) **Prohibited Proxy Caregiver Services.** Where the assisted living community employs proxy caregivers, the community must not permit proxy caregivers to provide assistance with or administer medications.
- (11) Medical, nursing (other than developing and updating care plans, training, medication administration and skills competency determinations) health services required on a periodic basis, or for short-term illness, must not be provided as services of the assisted living community. When such services are required, they shall be purchased by the resident or the resident's representative or legal surrogate, if any, from appropriately licensed providers which are managed independently and not owned or operated by the assisted living community. The assisted living community may assist in arrangement for such services, but not in the provision of those services.

Cite as Ga. Comp. R. & Regs. R. 111-8-63-.17

AUTHORITY: O.C.G.A. §§ [31-2-7](#), [31-2-8](#), [31-7-1](#) et seq., [43-26-12](#).

HISTORY: Original Rule entitled "Services in the Community" adopted. F. Dec. 13, 2012; eff. Jan. 2, 2012.

Amended: F. Aug. 24, 2021; eff. Sep. 13, 2021.

111-8-63-.18 Precautions for Residents at Risk of Elopement

(1) An assisted living community which serves residents with cognitive deficits which place the residents at risk of eloping, i.e. engaging in unsafe wandering activities outside the assisted living community must do the following:

(a) Develop, train and enforce policies and procedures for staff to deal with residents who may wander away from the assisted living community including what actions, are to be taken if a resident wanders away (elopes) from the assisted living community.

(b) Utilize appropriate effective safety devices, which do not impede the residents' rights to mobility and activity choice or violate fire safety standards, to protect the residents who are at risk of eloping from the premises.

1. If the safety devices include magnetic locks used on exit doors, as approved by the fire marshal having jurisdiction over the assisted living community, then the locking device shall be electronic and release whenever the following occurs: activation of the fire alarm or sprinkler system, power failure to the assisted living community or by-pass for routine use by the public and staff for service using a key button/key pad located at the exit or continuous pressure for thirty (30) seconds or less.

2. If the safety devices include the use of keypads to lock and unlock exits, then directions for their operations shall be posted on the outside of the door to allow individuals' access to the unit. However, if the unit is a whole assisted living community, then directions for the operation of the locks need not be posted on the outside of the door. The units must not have entrance and exit doors that are closed with non-electronic keyed locks nor shall a door with a keyed lock be placed between a resident and the exit.

(2) An assisted living community serving residents who are at risk of eloping from the premises must retain on file at the assisted living community current pictures of any such residents.

Cite as Ga. Comp. R. & Regs. R. 111-8-63-.18

AUTHORITY: O.C.G.A. §§ [31-2-7](#), [31-2-8](#), [31-7-1](#) et seq.

HISTORY: Original Rule entitled "Requirements for Memory Care Services" adopted. F. Dec. 13, 2012; eff. Jan. 2, 2012.

Amended: New title "Precautions for Residents at Risk of Elopement." F. Aug. 24, 2021; eff. Sep. 13, 2021.

111-8-63-.19 Additional Requirements for Certified Memory Care Centers

(1) In addition to all other requirements contained in this Chapter, where an assisted living community holds itself out as providing additional or specialized care to persons with probable diagnoses of Alzheimer's Disease or other dementia, or charges rates in excess of that charged other residents for the provision of additional or specialized care, the assisted living community must meet the following requirements:

(a) **Written Description.** The assisted living community must include in its licensed residential care profile an accurate written description of the memory care center that includes the following:

1. a statement of philosophy and mission;

2. how the services and activities of the memory care center are different from those provided in the rest of the assisted living community;

3. staffing including job titles of staff who work in the center, staff training and continuing education requirements;
4. admission procedures, including screening criteria;
5. assessment and service planning protocol, including criteria to be used that would trigger a reassessment of the resident's status before the customary quarterly review;
6. staffing patterns, including the ratio of direct care staff to resident for a 24-hour cycle, and a description of how the staffing pattern differs from that of the rest of the program;
7. a description of the physical environment including safety and security features;
8. a description of activities, including frequency and type, and how the activities meet the needs of residents with dementia,
9. the program's fee or fee structure for all services provided by the center or assisted living community;
10. the discharge criteria and procedures;
11. the procedures that will be utilized for handling emergency situations; and
12. the involvement of the center with families and family support programs.

(b) Physical Design, Environment, and Safety. The memory care center must be designed to accommodate residents with severe dementia or Alzheimer's Disease in an assisted living community-like environment which includes the following:

1. multipurpose room(s) for dining, group and individual activities which are appropriately furnished to accommodate the activities taking place;
2. secured outdoor spaces and walkways which are wheel chair accessible and allow residents to ambulate safely but prevent undetected egress;
3. high visual contrast between floors and walls and doorways and walls in resident use areas-except for fire exits, door and access ways which may be designed to minimize contrast to conceal areas where the residents should not enter;
4. adequate and even lighting which minimizes glare and shadows;
5. the free movement of the resident, as the resident chooses, between the common space and the resident's own personal space in a bedroom that accommodates no more than two (2) residents;
6. individually identified entrances to residents' rooms to assist residents in readily identifying their own personal spaces;
7. an effective automated device or system to alert staff to individuals entering or leaving the center in an unauthorized manner. An assisted living community need not use an automated alert for an exit door when the particular exit is always staffed by a receptionist or other staff member who views and maintains a log of individuals entering and leaving the assisted living community. If the exit door is not always staffed, then the assisted living community must activate an automated alert when the door is not attended;
8. communication system(s) which permit staff in the center to communicate with other staff outside the center and with emergency services personnel as needed; and

9. a center providing specialized memory care services which undergoes major renovation or is first constructed after December 9, 2009, must be designed and constructed in compliance with applicable state and local building and fire codes relevant to the center and the assisted living community.

(c) **Staffing Requirements.** The assisted living community must ensure that the memory care center is staffed with sufficient specially trained staff to meet the unique needs of the residents in the center. At a minimum, the memory care center must provide the following staffing:

(i) 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 nonwaking hours based on a monthly average; provided, however, that such ratio is adequate to meet the needs of the residents;

(ii) One registered professional nurse, licensed practical nurse, or certified medication aide on-site at all times;

(iii) Two direct care staff persons on-site at all times, with at least one on each occupied floor; and

(iv) One registered professional nurse or licensed practical nurse on-site or available in the building at all times as follows:

(A) For memory care centers with one to 12 residents, a minimum of 8 hours per week;

(B) For memory care centers with 13 to 30 residents, a minimum of 16 hours per week;

(C) For memory care centers with 31 to 40 residents, a minimum of 24 hours per week; or

(D) For memory care centers with more than 40 residents, a minimum of 40 hours per week.

(d) **Staff Training Requirements.** The community shall ensure that all staff are properly trained initially and on an annual basis to provide safe, quality care to residents in the memory care center. The memory care center shall meet the following training requirements:

(i) General Orientation. All staff, regardless of role, shall receive at least four (4) hours of dementia-specific orientation within the first thirty (30) days of working in the center. Such orientation shall include:

(A) Basic information about the nature, progression, and management of Alzheimer's and other dementias;

(B) Techniques for creating an environment that minimizes challenging behavior from residents with Alzheimer's and other dementias;

(C) Methods of identifying and minimizing safety risks to residents with Alzheimer's and other dementias; and

(D) Techniques for successful communication with individuals with Alzheimer's and other dementias.

(ii) Direct Care Orientation. All direct care staff shall receive initial orientation training within the first thirty (30) days of caring for residents independently that, at a minimum, includes:

(A) General training, to include:

(I) Development, updating, and implementation of comprehensive and individual service plans;

(II) Skills for recognizing physical or cognitive changes in the resident that warrant seeking medical attention;

(III) Residents' rights and identification of conduct constituting abuse, neglect, or exploitation;

(IV) General infection control principles;

(V) Emergency preparedness training;

(VI) Emergency first aid;

(VII) Cardiopulmonary resuscitation.

(B) A minimum of sixteen (16) hours of specialized, competency-based training using forms specified by the department, to include, at a minimum:

(I) The nature of Alzheimer's and other dementias;

(II) The center's philosophy related to the care of residents with Alzheimer's and other dementias;

(III) The center's policies and procedures related to care of residents with Alzheimer's and other dementias;

(IV) Common behavior problems characteristic of residents with Alzheimer's and other dementias;

(V) Positive therapeutic interventions and activities;

(VI) Skills for maintaining the safety of the resident; and

(VII) The role of the family in caring for residents with Alzheimer's and other dementias.

(iii) Ongoing Training. Direct care staff shall complete a minimum of eight (8) hours of specialized training in dementia care on an annual basis.

(iv) Training Documentation. The memory care center shall maintain documentation reflecting course content, instructor qualifications, agenda, and attendance rosters for all training sessions provided.

(e) **Special Admission Requirements for Memory Center Placement.** Residents must have a physician's report of physical examination completed within 30 days prior to admission to the center on forms made available by Department. The physical examination must clearly reflect that the resident has a diagnosis of probable Alzheimer's Disease or other dementia and has symptoms which demonstrate a need for placement in the center. However, the center may also care for a resident who does not have a probable diagnosis of Alzheimer's Disease or other dementia, but desires to live in this center and waives his or her right to live in a less restrictive environment. In addition, the physical examination report must establish that the potential resident of the center does not require 24-hour skilled nursing care.

(f) **Post-Admission Assessment.** If the resident is admitted directly into the specialized memory care center, the center must obtain an assessment of each resident's care needs to include the following components: resident's family supports, level of activities of daily living functioning, physical care needs and level of behavior impairment.

(g) **Individual Written Care Plan and Reviews.** The resident's written care plan will be developed or updated by staff with at least one member of the specialized memory care staff providing direct care participating. Input from each shift of direct care staff that provides care to the resident will be requested. All team members participating shall sign the written care plan and the plan will be shared with the direct care staff providing care to the resident and serve as a guide for the delivery of care to the resident. The resident's family shall participate in the development of the plan, if possible, with incorporation of family and personal history to support a person-centered approach to care. The written care plan must be reviewed at least quarterly and modified as changes in the resident's needs occur.

(h) **Therapeutic Activities.** The unit shall provide activities appropriate to the needs of the individual residents and adapt the activities, as necessary, to encourage participation of the residents in the following at least weekly with at least some therapeutic activities occurring daily:

1. gross motor activities; e.g. exercise, dancing, gardening, cooking, etc;

2. self-care activities; e.g. dressing, personal hygiene/grooming;
3. social activities; e.g. games, music;
4. sensory enhancement activities, e.g. distinguishing pictures and picture books, reminiscing and scent and tactile stimulation; and
5. outdoor activities; e.g. walking outdoors and field trips.

(2) No licensed assisted living community is permitted to hold itself out as providing specialized care for residents with probable Alzheimer's disease or other dementia or charge a differential rate for care of such residents unless it meets the additional requirements specified in Rule 111-8-63-.19(1) and its subparagraphs (a) through (h) above.

Cite as Ga. Comp. R. & Regs. R. 111-8-63-.19

AUTHORITY: O.C.G.A. §§ [31-2-7](#), [31-2-8](#), [31-7-1](#) et seq., **43-26-32**.

HISTORY: Original Rule entitled "Additional Requirements for Specialized Memory Care Units" adopted. F. Dec. 13, 2012; eff. Jan. 2, 2012.

Amended: New title "Additional Requirements for Certified Memory Care Centers." F. Aug. 24, 2021; eff. Sep. 13, 2021.

111-8-63-.23 Infection Control, Sanitation and Supplies

(1) The assisted living community must have an effective infection control program which includes, at a minimum, the following:

- (a) training provided to staff on effective measures for minimizing the spread of infections and food borne illnesses;
- (b) responding to disease outbreaks appropriately and participating in infection control investigations;
- (c) staff demonstrating their understanding and use of proper infection control practices in their delivery of care to the residents;
- (d) enforcing work and return to work policies to minimize the spread of infection and illnesses; and
- (e) implementing the 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.

(2) The assisted living community must have an adequate supply of sanitizing and cleaning agents, e.g., effective hand hygiene products, hand soap, laundry soap, household disinfectants and other cleaning materials, available and used in the assisted living community to minimize the spread of infections.

(3) Toilet tissue, soap, hot and cold running water and clean towels must be available for use wherever commodes are located.

(4) The assisted living community must have a supply of first-aid materials available for use. This supply must include, at a minimum, gloves, band aids, thermometer, tape, gauze, and an antiseptic.

(5) The storage and disposal of bio-medical and hazardous wastes must comply with applicable federal, state, and local rules and/or standards.

(6) Solid waste which is not disposed of by mechanical means must be stored in vermin-proof, leak-proof, nonabsorbent containers with close-fitting covers until removed. Waste must be removed from the kitchen at least daily and from the premises at least weekly.

(7) An insect, rodent or pest control program must be maintained and conducted in a manner which continually protects the health of residents.

(8) Residents' private living spaces or bedrooms must be thoroughly cleaned and sanitized after residents move out of the rooms.

(9) The assisted living community must clean the residents' private living spaces periodically and as needed to ensure that the space does not pose a health hazard.

(10) The assisted living community must notify residents of infectious disease outbreaks or incidents as specified in the Rules and Regulations for Disaster Preparedness Plans, Chapter 111-8-16.

Cite as Ga. Comp. R. & Regs. R. 111-8-63-.23

AUTHORITY: O.C.G.A. §§ [31-2-7](#), [31-2-8](#), [31-7-1](#) et seq.

HISTORY: Original Rule entitled "Infection Control, Sanitation and Supplies" adopted. F. Dec. 13, 2012; eff. Jan. 2, 2012.

Amended: F. Aug. 24, 2021; eff. Sep. 13, 2021.

Department 160. RULES OF GEORGIA DEPARTMENT OF EDUCATION

Chapter 160-1.

Subject 160-1-4. GRANT PROGRAMS

160-1-4-.300 Title I, Part A, Section 1003 School Improvement Supporting Unlimited Critical and Comprehensive Educational Success for Students (SUCCESS) Grant

1. **Purpose of Grant.** The purpose of the grant is to provide funds to local educational agencies (LEA) with federally identified schools to support leaders, teachers, and families in meeting the needs of each student and to improve outcomes for specific subgroups.

2. **Term and Conditions.** Grants are awarded through a competitive process to local educational agencies (LEA) with federally identified schools. LEAs must (1) respond to a need identified in its comprehensive needs assessment, (2) focus on supports for subgroups to increase student achievement, and (3) select one of the strong, moderate, or promising evidence-based interventions identified within the grant application. Recipients must also agree to produce a report at the conclusion of the grant period. Grant award funds are one-time funds and must be used during the fiscal year in which the funds are awarded. There is no allowability for carryover.

3. **Eligible Recipient(s).** Eligible applicants must be LEAs serving Title I schools identified as either (1) comprehensive support and improvement, (2) targeted support and improvement, or (3) comprehensive support and improvement promise as defined by the Every Student Succeeds Act.

4. **Criteria for Award.** Applications will be reviewed and scored by the Georgia Department of Education. Funding will be awarded based on rank (the highest score first) and available funding. All recipients will receive 100% of their proposed budget until funds are exhausted. No partial grants will be awarded.

5. **Directions and Deadlines for Applying.** Information about the grant can be found on the Office of School Improvement, Division of School and District Effectiveness's webpage (<https://www.gadoe.org/School-Improvement/School-Improvement-Services/Pages/default.aspx>) or by contacting the Office of School Improvement at schoolimprovement@doe.k12.ga.us. Information about the grant will be shared with all eligible districts.

Cite as Ga. Comp. R. & Regs. R. 160-1-4-.300

AUTHORITY: O.C.G.A. § [20-2-240](#).

HISTORY: Original grant description entitled "Title I, Part A, Section 1003 School Improvement Supporting Unlimited Critical and Comprehensive Educational Success for Students (SUCCESS) Grant" submitted Aug. 17, 2021.

Department 250. RULES OF GEORGIA STATE BOARD OF FUNERAL SERVICE

Chapter 250-4. APPRENTICESHIP

250-4-.02 Apprentice Registration. Amended

(1) An apprentice must be currently registered with the Board in order to receive credit for time served as an apprentice. An applicant for registration as a funeral service apprentice must:

- (a) be at least 18 years of age;
- (b) at a minimum, is a high school graduate or holder of a General Education Development (GED) certification of high school equivalency;
- (c) file an application on a form available from the Board; this application must be verified by oath and be accompanied by the registration fee. This application shall ask questions regarding the applicant's conviction of a felony or misdemeanor and violations or sentences under the First Offender Act.
- (d) designate the specific funeral director and/or embalmer under whom the applicant will be apprenticing. The supervisor must be approved by the Board as specified in Rule [250-4-.05](#);
- (e) designate the specific establishment in the State of Georgia at which the applicant will be apprenticing. The establishment must be approved by the Board as specified in Rule [250-4-.05](#) and must have conducted an average of at least thirty (30) funerals per year over the preceding five (5) years; and
- (f) submit an application for registration at least fifteen (15) business days prior to a Board meeting, and the Board's acceptance or rejection of each application shall be by majority vote of the entire Board. An application for registration shall be viewed only after it is complete.

Cite as Ga. Comp. R. & Regs. R. 250-4-.02

AUTHORITY: O.C.G.A. §§ [43-1-19](#); [43-1-25](#), [43-18-23](#), [43-18-50](#), [43-18-51](#), [43-18-54](#).

HISTORY: Original Rule entitled "Computation of Service as an Apprentice; Reports" adopted. F. May 3, 1973; eff. May 23, 1973.

Repealed: New Rule entitled "Serving of Apprenticeship" adopted. F. Dec. 18, 1991; eff. Jan. 7, 1992.

Repealed: New Rule entitled "Registration" adopted. F. Mar. 22, 1993; eff. Apr. 11, 1993.

Amended: F. Dec. 4, 2015; eff. Dec. 24, 2015.

Amended: New title "Apprentice Registration. Amended." F. July 19, 2017; eff. Aug. 8, 2017.

Amended: F. Oct. 16, 2018; eff. Nov. 5, 2018.

Note: Correction of a recently discovered non-substantive typographical error in subparagraph (b) as requested by the Board, "*at a minimum, be is a high school graduate or holder of a General Education Development (GED) certification of high school equivalency;*" corrected to "*at a minimum, is a high school graduate or holder of a General Education Development (GED) certification of high school equivalency;*" (i.e., deletion of the word "be"). Effective August 5, 2021.

Department 360. RULES OF GEORGIA COMPOSITE MEDICAL BOARD

Chapter 360-32. NURSE PROTOCOL AGREEMENTS PURSUANT TO O.C.G.A. SECTION 43-34-25

360-32-.01 Definitions

As used in this Chapter the term

(1) "Advanced practice registered nurse," (hereinafter referred to as "APRN"), means a registered professional nurse licensed under Title 43, Chapter 25 of the Official Code of Georgia Annotated, who is recognized by the Georgia Board of Nursing as having met the requirements established by the Georgia Board of Nursing to engage in advanced nursing practice and who holds a master's degree or other graduate degree approved by the Georgia Board of Nursing and national board certification in his or her area of specialty, or a person who is recognized as an advanced practice registered nurse by the Georgia Board of Nursing on or before June 30, 2006.

(2) "Other Designated Physician" means a physician who:

(a) practices medicine in this state; and

(b) whose scope of practice is the same as that of the "Delegating Physician;" and

(c) who has concurred in writing with the terms of the nurse protocol agreement, and has agreed in writing to provide consultation in the absence of the Delegating Physician.

(3) "Board" means the Georgia Composite Medical Board.

(4) "Controlled substance" means any controlled substance as defined in Code Section [16-13-21](#), but shall not include any Schedule I controlled substance included in Code Section [16-13-25](#) or any Schedule II controlled substance included in Code Section [16-13-26](#).

(5) "Dangerous drug" means any dangerous drug as defined in Code Section [16-13-71](#).

(6) "Drug" means any dangerous drug or controlled substance.

(7) "Medical imaging" means CT Scans, MRI Scans, PET Scans, or Nuclear Medicine Scans.

(8) "Immediate consultation" means that the delegating physician shall be available for direct communication or by telephone or other telecommunications.

(9) "Nurse Protocol Agreement" means a written document, mutually agreed upon and signed by an APRN and a physician, by which the physician delegates to that APRN the authority to perform certain medical acts pursuant to Code Section [43-34-25](#), which may include without being limited to, the ordering of drugs, medical devices, medical treatments, diagnostic studies, x-rays, ultrasounds or medical imaging.

(10) "Order" means to prescribe pursuant to a protocol agreement, as authorized by Code Section [43-34-25](#), which drug, medical device, medical treatment, diagnostic study, x-rays, ultrasounds, or medical imaging is appropriate for a patient and to communicate the same in writing, orally, via facsimile or electronically.

(11) "Physician" means a person licensed to practice medicine pursuant to Article 2, Chapter 34 of Title 43; and

(a) Whose principal place of practice is within this state; or

(b) Whose principal place of practice is outside this state but is within 50 miles from the location where the nurse protocol agreement is being utilized.

(12) "Delegating Physician" means a physician who

(a) practices medicine in this State; and

(b) authorizes an APRN to perform certain delegated medical acts pursuant to a nurse protocol agreement.

Cite as Ga. Comp. R. & Regs. R. 360-32-.01

AUTHORITY: O.C.G.A. §§ [43-34-5](#), [43-34-24](#), [43-34-25](#), **43-34-26.3**.

HISTORY: Original Rule entitled "Definitions" adopted. F. Dec. 12, 2006; eff. Jan. 1, 2007.

Amended: F. Mar. 12, 2007; eff. Apr. 1, 2007.

Repealed: New Rule of same title adopted. F. Oct. 6, 2009; eff. Oct. 26, 2009.

Repealed: New Rule of same title adopted. F. Nov. 16, 2017; eff. Dec. 6, 2017.

Repealed: New Rule of same title adopted. F. Aug. 25, 2021; eff. Sep. 14, 2021.

360-32-.02 Requirements for Nurse Protocol Agreements Pursuant to Code Section 43-34-25

(1) A physician entering into a nurse protocol agreement with an APRN pursuant to Code Section [43-34-25](#) shall include the following general data in the protocol agreement:

(a) Names, addresses, telephone numbers, license numbers, and DEA registration number for all parties to the nurse protocol agreement, including any other designated physicians that will be utilized if the delegating physician is not available;

(b) The delegating physician must provide the APRN's DEA number to the Board within 30 days of issuance.

(c) Description of practice and number of locations, including primary and proposed satellite site(s);

(d) Dates of initiation and amendments. Any amendments made to the protocol agreement shall be filed with the Board for review within 30 days of execution; and

(e) Information regarding the specialty area or field of the APRN.

(2) The agreement shall contain a provision for immediate consultation, as defined in Rule [360-32-.01](#), between the APRN and the delegating physician.

(3) If the delegating physician is not available for consultation, the delegating physician may designate another physician who concurs with the terms of the nurse protocol agreement. The designation of another physician must also meet the following terms:

(a) Such designation by the delegating physician shall be in writing and attached to the nurse protocol agreement;

(b) Such designation must be to a physician whose scope of practice is the same as that of the delegating physician; and

- (c) Such designation must include the printed name, license number and signature of the other designated physician with an affirmation from the other designated physician that he or she has agreed to serve as an, other designated physician, has reviewed the nurse protocol agreement and concurs with the terms of the agreement.
- (4) The nurse protocol agreement shall outline and identify the applicable standard of care and shall be specific to the patient population seen.
- (5) The nurse protocol agreement shall identify the parameters under which the delegated act may be performed by the APRN, including but not limited to:
- (a) Drugs, devices, medical treatments, diagnostic studies that may be ordered and implemented by the APRN.
 - (b) Circumstances under which a prescription drug order or device may be executed;
 - (c) Number of refills which may be ordered. Nothing in this Rule shall be construed to authorize an advanced practice registered nurse to issue a prescription drug order for a Schedule I or II controlled substance or authorize refills of any drug for more than 12 months from the date of the original order except in the case of oral contraceptives, hormone replacement therapy, or prenatal vitamins which may be refilled for a period of 24 months as provided in O.C.G.A. [43-34-25](#).
 - (d) Provide that a patient who receives a prescription drug order for any controlled substance pursuant to a nurse protocol agreement shall be evaluated or examined by the delegating physician or other physician designated by the delegating physician as provided in O.C.G.A. [43-34-25](#) on at least a quarterly basis or at a more frequent interval as consistent with the minimum acceptable standards of the practice of medicine as determined by the Board.
 - (e) Extent to which medical imaging may be ordered;
 - (f) A predetermined plan for emergency services;
 - (g) If the delegating physician authorizes the APRN to order an X-ray, ultrasound or medical imaging, the nurse protocol agreement shall contain provisions whereby such tests shall be read and interpreted by a physician who is trained in reading and interpretation of such tests and provide that a copy of such report shall be forwarded to the delegating physician. However, such provision for an ultrasound shall not be required for an APRN acting within his or her scope of practice as authorized by Code Sections [43-26-3](#) and [43-26-5](#). Orders for medical imaging should include the indication for testing as well as the name, address, and telephone number of the delegating physician;
 - (h) A section that details specific patient conditions and circumstances that require direct, on-site evaluation or consultation by the delegating physician; and
 - (i) If the protocol agreement delegates to the APRN to prescribe/order prescription drugs, then a section that specifically provides that such delegation does not include the to prescribe/order prescription drugs intended to cause an abortion to occur pharmacologically.
 - (j) A physician may delegate to an advanced practice registered nurse in accordance with a nurse protocol agreement the authority to pronounce death and to certify such pronouncement in the same manner as a physician.
- (6) The nurse protocol agreement shall require documentation by the APRN of those acts performed by the APRN that are specific to the medical acts authorized by the delegating physician and provide that, if the APRN has prescribing pursuant to the protocol agreement, each prescription shall be noted in the patient's medical record.
- (a) If the protocol agreement delegates to the APRN to prescribe/order prescription drugs or devices, a copy of the prescription drug or device order delivered to the patient shall be maintained in the patient's medical file. For purposes of this paragraph a copy shall mean a duplicate prescription or a photocopy or electronic equivalent.
 - (b) If the protocol agreement delegates to the APRN to prescribe/order prescription drugs or devices, the protocol shall provide that the prescription/order shall be issued on a form which contains the following:

1. The name, address and telephone number of the delegating physician, the name of the APRN, the APRN's DEA number, if applicable, and the name and address of the patient, the drug or device prescribed, the number of refills and directions to the patient with regard to taking and dosage of the drug; and

2. The prescription shall be signed by the APRN and shall be on a form which shall include the names of the APRN and delegating physician who are parties to the nurse protocol agreement.

(7) (a) Unless the physician meets the requirements of paragraph (b), the nurse protocol agreement shall include a schedule for periodic review of patient records. The Board has determined that the minimum accepted standards of medical practice require the following:

1. In as much as O.C.G.A. [43-34-25](#) requires that a delegating physician or other designated physician evaluate or examine all patients who receive any controlled substance prescription pursuant to a nurse protocol agreement, a delegating physician or other designated physician must review and sign 100% of patient records for patients receiving prescriptions for controlled substances to comply with the law. Such review shall occur at least quarterly after issuance of the controlled substance prescription.

2. The delegating physician or other designated physician review and sign 100% of patient records in which an adverse outcome has occurred. Such review shall occur no more than 30 days after the discovery of an adverse outcome.

3. The delegating physician or other designated physician review and sign 10% of all other patient records. Such review shall occur at least annually.

(b) Pursuant to O.C.G.A. Section [43-34-25](#)(g.1), a physician at a location that maintains evidence-based clinical practice guidelines and is accredited by an accrediting body approved by the Board such as Joint Commission may enter into a nurse protocol agreement with not more than eight advanced registered nurses at any one time and supervise not more than four advanced registered nurses. At those locations, such protocol must include the following:

1. The delegating physician must document and maintain a record of review of at least 10 percent of the advanced practice registered nurses' medical records to monitor the quality of care being provided to patients, which may be conducted electronically or onsite;

2. The delegating physician and the advanced practice registered nurse must participate in and maintain documentation of quarterly clinical collaboration meetings, either by telephone, in person, or onsite, for the purposes of monitoring care being provided to patients, and

3. The delegating physician's name, contact information, and record of the visit must be provided to the patient's primary care provider of choice with the patient's consent within 24 hours of the visit.

(8) The nurse protocol agreement shall indicate whether the APRN is authorized under the nurse protocol agreement to request, receive, sign for and distribute professional samples.

(a) If the nurse protocol agreement provides this, the APRN shall comply with O.C.G.A. [43-34-25](#) which states: An advanced practice registered nurse may be authorized under a nurse protocol agreement to request, receive, and sign for professional samples and may distribute professional samples to patients. The office or facility at which the advanced practice registered nurse is working shall maintain a list of the professional samples approved by the delegating physician for request, receipt, and distribution by the advanced practice registered nurse as well as a complete list of the specific number and dosage of each professional sample and medication voucher received and dispensed. In addition to the requirements of this Code section, all professional samples shall be maintained as required by applicable state and federal laws and regulations.

(9) Copies of the nurse protocol agreement shall be available at each practice site where the APRN is authorized to perform the delegated acts and shall be made available upon written request by the Board to the physician at the appropriate practice site.

(10) The nurse protocol agreement shall be dated and signed by the delegating physician, other designated physician, if applicable, and the APRN.

(11) A nurse protocol agreement between a physician and an advanced practice registered nurse shall be reviewed, revised, or updated annually by the delegating physician and the advanced practice registered nurse.

Cite as Ga. Comp. R. & Regs. R. 360-32-.02

AUTHORITY: O.C.G.A. §§ [43-26-3](#); [43-26-5](#), [43-34-25](#).

HISTORY: Original Rule entitled "Requirements for Nurse Protocol Agreements Pursuant to Code Section 43-34-26.3 " adopted. F. Dec. 12, 2006; eff. Jan. 1, 2007.

Repealed: New Rule of same title adopted. F. Mar. 12, 2007; eff. Apr. 1, 2007.

Amended: F. June 23, 2008; eff. July 13, 2008.

Amended: F. Sept. 16, 2008; eff. Oct. 6, 2008.

Repealed: New Rule entitled "Requirements for Nurse Protocol Agreements Pursuant to Code Section [43-34-25](#)" adopted. F. Oct. 6, 2009; eff. Oct. 26, 2009.

Repealed: New Rule of same title adopted. F. Dec. 20, 2015; eff. Jan. 9, 2016.

Repealed: New Rule of same title adopted. F. Feb. 15, 2019; eff. Mar. 7, 2019.

Repealed: New Rule of same title adopted. F. Aug. 25, 2021; eff. Sep. 14, 2021.

Department 391. RULES OF GEORGIA DEPARTMENT OF NATURAL RESOURCES

Chapter 391-2. COASTAL RESOURCES

Subject 391-2-4. SALTWATER FISHING REGULATIONS

391-2-4-.11 Bait Minnow Trapping

(1) **Purpose.** The purpose of these Rules is to implement the authority of the Board of Natural Resources to promulgate rules and regulations to regulate the times, places, numbers, species, sizes, manner, methods, ways, means, and devices of taking, capturing, transporting, storing, selling, and using wildlife to conserve bait minnows.

(2) **Definitions.**

(a) "Bait Minnow" means any member of the family Fundulidae, including but not limited to mummichog killifishes, commonly known as mud minnows, but not including domestic fish.

(b) "Bait Minnow Trap" means a rectangular or cylindrical cage or structure which is constructed of hardware cloth, wire, plastic or similar material used for catching minnows to be used as bait. Maximum dimensions shall not exceed 24 inches in length, 18 inches in width, or 9 inches in height for rectangular traps, or 24" in length and 30" in circumference for cylindrical traps. A bait minnow trap used commercially shall be constructed of materials with a mesh size no smaller than 1/2" bar mesh; except, however, the funnel or muzzle to the trap shall be constructed of materials of mesh no smaller than 1/4" bar mesh. A bait minnow trap used recreationally shall be constructed of materials with a mesh size no smaller than 1/4" bar mesh. The round throat (opening) of the funnel or muzzle to a bait minnow trap shall not exceed 1 inch in diameter. Each trap must have attached thereto a tag bearing the name and address of the owner of the trap or must have tethered to each trap a float bearing the name and address of the person using such gear. If the trap is used for commercial purposes, the tag or float must also include the commercial bait dealer license number of the person using such gear or the license number of the bait dealer employing the person using the gear.

(c) "Department" means the Department of Natural Resources, Coastal Resources Division.

(3) **Commercial and Recreational Bait Minnow Trapping.**

(a) It is lawful to commercially harvest bait minnows of the family Fundulidae using bait minnow traps as defined in paragraph (2)(b) above, in the saltwaters of this state, provided such individual has a valid commercial fishing license pursuant to O.C.G.A. Sections [27-2-23](#) and [27-4-110](#), and a valid bait dealer license pursuant to O.C.G.A. Section [27-4-171](#), and provided that such individual meets the requirements for live bait shrimp facilities as specified in O.C.G.A. Section [27-4-171](#). An individual who is an employee of a licensed bait dealer and who possesses a valid personal commercial fishing license pursuant to O.C.G.A. Sections [27-2-23](#) and [27-4-110](#) and bait minnow endorsement pursuant to Rule [391-2-4-.17](#) may work the bait minnow traps of his or her employer.

1. No holder of a bait dealer license commercially harvesting bait minnows may employ more than 10 traps at any given time.

2. The sale of commercially harvested bait minnows by a properly licensed bait dealer for resale purposes is allowed only to persons possessing a valid wholesale fish dealer license pursuant to O.C.G.A. Sections [27-2-23](#) and [27-4-76](#).

3. A licensed bait dealer must maintain at all times a daily record book showing the amount of bait minnows harvested and sold daily. Written reports of such transactions shall be submitted to the Department no later than the fifth day of the subsequent month in a format prescribed by the Department.

4. No licensed bait dealer or licensed wholesale fish dealer may possess more than 100 quarts of bait minnows at any time.

(b) It is lawful to recreationally harvest bait minnows of the family Fundulidae using bait minnow traps as defined in paragraph (2)(b) above, in the saltwaters of this state, provided such individual complies with the recreational fishing license requirements as specified in O.C.G.A. Sections [27-1-2](#) and [27-2-23](#).

1. No individual recreationally harvesting bait minnows may employ more than 2 traps at any time, except that a salt water fishing guide licensed pursuant to O.C.G.A. Code Section [27-2-23.2](#) may employ a maximum number of 4 traps at any time, provided that the bait minnows are not sold.

2. No individual recreationally harvesting bait minnows may possess more than 2 quarts of bait minnows at any given time, except that a salt water fishing guide licensed pursuant to O.C.G.A. Code Section [27-2-23.2](#) may possess no more than 10 quarts of bait minnows at any time, provided that the bait minnows are not sold.

Cite as Ga. Comp. R. & Regs. R. 391-2-4-.11

AUTHORITY: O.C.G.A § [27-1-4](#).

HISTORY: Original Rule entitled "Bait Minnow Trapping" adopted. F. Dec. 2, 1999; eff. Dec. 22, 1999.

Amended: F. July 3, 2006; eff. July 23, 2006.

Amended: F. Dec. 14, 2017; eff. Jan. 3, 2018.

Amended: F. Aug. 26, 2021; eff. Sep. 15, 2021.

Department 391. RULES OF GEORGIA DEPARTMENT OF NATURAL RESOURCES

Chapter 391-2. COASTAL RESOURCES

Subject 391-2-5. COASTAL INCENTIVE GRANT PROGRAM DESCRIPTION

391-2-5-.01 Coastal Incentive Grant Program, Match, Term and Reimbursement

The Georgia Department of Natural Resources (DNR), Coastal Resources Division (CRD), solicits proposals for Coastal Incentive Grants (CIG) awarded under the Georgia Coastal Management Program (GCMP). The following announcement provides background and describes funding priorities, selection criteria, and application procedures.

This Request for Proposals solicits projects that are related to the themes identified by the Coastal Advisory Council (CAC) for the FY 2022-2023 Cycle 25 awards. Projects that are acceptable but for which there are no available funds may be awarded a CIG at a later date if funds become available.

All CIG applications must be matched annually \$1.00 federal to \$1.00 local (1:1). Match may be either cash from local, state or private sources or "in-kind" service(s).

If selected, CIG Cycle 25 contracts will run for one year beginning October 1, 2022 through September 30, 2023. Applications will be accepted for two-year sub-grant requests with the second year of support contingent upon approval and receipt of federal funds. Year 1 funding is not transferable to Year 2, if applicant submits a two (2) year project.

CIGs are reimbursable sub-grants. A Request for Reimbursement of federal project costs, along with a report of applicable non-federal match, is to be submitted with the Final Report, using the format provided by the DNR. Reimbursement will be made following completion of the terms of the sub-grant contract and receipt and performance of all deliverables for each sub-grant year.

Cite as Ga. Comp. R. & Regs. R. 391-2-5-.01

AUTHORITY: O.C.G.A. §§ [12-5-323](#), [28-5-122](#).

HISTORY: Original grant description entitled "Coastal Incentive Program" submitted Oct. 1, 1997.

Submitted: Sept. 14, 1998.

Submitted: Oct. 9, 2003.

Submitted: Oct. 24, 2005.

Submitted: Dec. 11, 2006.

Submitted: Oct. 31, 2007.

Submitted: Oct. 30, 2008.

Submitted: Grant description entitled "Coastal Incentive Grant Program, Match, Term and Reimbursement" received Sept. 23, 2009.

Submitted: Aug. 27, 2010.

Submitted: Aug. 25, 2011.

Amended: F. Sep. 4, 2012; eff. Sep. 24, 2012.

Amended: F. Aug. 27, 2013; eff. Sep. 16, 2013.

Amended: F. Sep. 3, 2014; eff. Sep. 23, 2014.

Submitted: Aug. 26, 2015.

Submitted: Sep. 6, 2016.

Submitted: Sep. 19, 2017.

Submitted: Sep. 4, 2018.

Submitted: Mar. 9, 2020.

Submitted: Aug. 27, 2020.

Submitted: Aug. 26, 2021.

391-2-5-.06 Funding Themes

The themes of the FY 2022-2023 Cycle 25 CIG Program as adopted by the CAC are (*bulleted items are provided only as examples*):

Oceans and Wetlands

- Maintaining or improving the quality of wetlands
- Conservation and restoration of wetland habitats
- Improved understanding of ocean and wetland habitats and functions

Public Access and Land Conservation

- Add or enhance physical access for the public to coastal water resources (i.e. rivers, wetlands, beaches)
- Public access planning
- Conservation of riparian habitats through acquisition
- Land conservation, preservation, and/or management, especially for sea level rise retreat
- Analysis of land conservation needs and opportunities for habitat protection

Sustainable Communities

- Strengthen local capacity to implement sustainable approaches in planning and development
- Increase understanding of costs and benefits associated with sustainable approaches to coastal development

- Identification and preservation of unique community qualities, historical and cultural features, including public education of the above

Disaster Resiliency and Coastal Hazards

- Improve understanding of coastal hazards and potential impacts
- Develop, implement or incorporate adaptation and mitigation strategies/plans or policies
- Strengthen local capacity to implement FEMA's Community Rating System

Non-Point Source Pollution

- Improvements to existing urban runoff control structures in coastal watersheds
- Projects that address stormwater quantity and quality improvements utilizing BMPs recommended by the Georgia Coastal Stormwater Supplement
- No construction projects are eligible under this theme

Cite as Ga. Comp. R. & Regs. R. 391-2-5-.06

AUTHORITY: O.C.G.A. §§ [12-5-323](#), [28-5-122](#).

HISTORY: Original grant description entitled "Minimum Eligibility Requirements" submitted Oct. 1, 1997.

Submitted: Sept. 14, 1998.

Terminated: Oct. 9, 2003.

Submitted: Grant description entitled "Funding Themes" received Dec. 11, 2006.

Submitted: Oct. 31, 2007.

Submitted: Oct. 30, 2008.

Submitted: Sept. 23, 2009.

Submitted: Aug. 27, 2010.

Submitted: Aug. 25, 2011.

Amended: F. Sep. 4, 2012; eff. Sep. 24, 2012.

Amended: F. Aug. 27, 2013; eff. Sep. 16, 2013.

Amended: F. Sep. 3, 2014; eff. Sep. 23, 2014.

Submitted: Aug. 26, 2015.

Submitted: Sep. 6, 2016.

Submitted: Sep. 19, 2017.

Submitted: Sep. 4, 2018.

Submitted: Mar. 9, 2020.

Submitted: Aug. 27, 2020.

Submitted: Aug. 26, 2021.

391-2-5-.12 RFP Application Submittal

The FY 2022-2023 Cycle 25 CIG opportunity will involve a competitive pre-application process followed by an invitation only competitive full application process. The detailed CIG pre-and full application instructions, format, and standard required forms are available on the DNR-CRD website.

Pre-Application Process: Pre-applications must be submitted online by **4:30pm on Friday, December 3, 2021**. Applicants must submit a completed profile form (as provided by DNR-CRD) and succinctly summarize the project goals, relevance to coastal management, tasks to be performed, and an overall estimated budget as outlined in the pre-application instructions found on the aforementioned DNR-CRD website. Pre-applications must be submitted online by the due date and time. A notice of receipt will be sent via email. Pre-applications will be competitively reviewed and only those selected will be invited to submit a full application. Applicants will be notified by January 14, 2022 if they have been selected, or not.

Full Application Process: Applicants with selected pre-applications will be invited to submit a full application. Full applications must be submitted online by **4:30pm on Friday, February 11, 2022**. In addition to the pre-application information, the full application should also include specific and detailed task descriptions by year, a project timeline with major milestones, project management information, a detailed yearly budget breakdown with narrative, and all supporting documentation as outlined in the full application instructions found on the aforementioned DNR-CRD website. Facsimiles and email submissions of the full application will not be accepted. The full application packet must be submitted online by the due date and time.

Applications received after the deadline will not be accepted.

Cite as Ga. Comp. R. & Regs. R. 391-2-5-.12

AUTHORITY: O.C.G.A. §§ [12-5-323](#), [28-5-122](#).

HISTORY: Original grant description entitled "RFP Application Submittal" submitted Dec. 11, 2006.

Submitted: Oct. 31, 2007.

Submitted: Oct. 30, 2008.

Submitted: Sept. 23, 2009.

Submitted: Aug. 27, 2010.

Submitted: Aug. 25, 2011.

Amended: F. Sep. 4, 2012; eff. Sep. 24, 2012.

Amended: F. Aug. 27, 2013; eff. Sep. 16, 2013.

Amended: Title changed to "RFP Application Submittal and Letter of Intent." F. Sep. 3, 2014; eff. Sep. 23, 2014.

Submitted: Aug. 26, 2015.

Submitted: Grant description entitled "RFP Application Submittal," Sep. 6, 2016.

Submitted: Sep. 19, 2017.

Submitted: Sep. 4, 2018.

Submitted: Mar. 9, 2020.

Submitted: Aug. 27, 2020.

Submitted: Aug. 26, 2021.

391-2-5-.13 Application Review Process

Applications must be submitted with a profile form, proposal, other required forms, and supporting documentation as described in the detailed CIG application instructions located on the DNR-CRD website.

Pre-Application Process: Following the submittal of the pre-application, the CZM Grants Coordinator will schedule the Pre-Application Review Team, which may be comprised of Coastal Zone Management (CZM) Technical Assistance staff; the CZM Program Manager; and CRD Habitat, Fisheries, Shellfish, and/or Education and Outreach staff. The Team will review and competitively rank the pre-applications based on 1) applicability to the GCMP mission, goals, and policies, 2) a demonstrated coastal management need, 3) clear project goals, 4) budget soundness, 5) an applicant's past performance, and 6) relationship to other federal funding. Selected applicants will be invited to submit a full application.

Full Application Process: Upon selection of the pre-applications, the CZM Grants Coordinator will schedule the CIG Technical Review Committee, which is comprised of five (5) coastal community professionals from the following fields: state resource management, local government, non-governmental organization, academia, and citizen-at-large. The Committee will review and preliminarily score the applications based on the criteria provided in Sections [391-2-5-.17](#) and [391-2-5-.18](#). The Committee will consider the applications in a roundtable forum from highest to lowest preliminary score. After careful consideration, final ranking will be determined by consensus. Full applications that are recommended for funding by the Committee will be included in the DNR application for annual funding from the National Oceanic and Atmospheric Administration (NOAA) GCMP CZM Grant. NOAA makes the final review and approval of all CIG sub-grants. All applicants will be notified of the Committee's recommendation by April 29, 2022. All applicants will be notified of final NOAA approval by August 31, 2022.

Late, incomplete, and ineligible pre-and full applications will be returned to the applicant. Unsuccessful applicants may contact the CZM Grants Coordinator within 30 days of pre-or full application notification to discuss reason(s) for denial.

Cite as Ga. Comp. R. & Regs. R. 391-2-5-.13

AUTHORITY: O.C.G.A. §§ [12-5-323](#), [28-5-122](#).

HISTORY: Original grant description entitled "Application Review Process" submitted Dec. 11, 2006.

Submitted: Oct. 31, 2007.

Submitted: Oct. 30, 2008.

Submitted: Sept. 23, 2009.

Submitted: Aug. 27, 2010.

Submitted: Aug. 25, 2011.

Amended: F. Sep. 4, 2012; eff. Sep. 24, 2012.

Amended: F. Aug. 27, 2013; eff. Sep. 16, 2013.

Amended: F. Sep. 3, 2014; eff. Sep. 23, 2014.

Submitted: Aug. 26, 2015.

Submitted: Sep. 6, 2016.

Submitted: Sep. 19, 2017.

Submitted: Sep. 4, 2018.

Submitted: Mar. 9, 2020.

Submitted: Aug. 27, 2020.

Submitted: Aug. 26, 2021.

391-2-5-.15 Timeline

December 3, 2021, 4:30pm	Pre-application deadline
February 11, 2022, 4:30pm	Full Application deadline
August 31, 2022	NOAA approval (anticipated)
October 1, 2022	Project start date

Cite as Ga. Comp. R. & Regs. R. 391-2-5-.15

AUTHORITY: O.C.G.A. §§ [12-5-323](#), [28-5-122](#).

HISTORY: Original grant description entitled "Timeline" submitted Dec. 11, 2006.

Submitted: Oct. 31, 2007.

Submitted: Oct. 30, 2008.

Submitted: Sept. 23, 2009.

Submitted: Aug. 27, 2010.

Submitted: Aug. 25, 2011.

Amended: F. Sep. 4, 2012; eff. Sep. 24, 2012.

Amended: F. Aug. 27, 2013; eff. Sep. 16, 2013.

Amended: F. Sep. 3, 2014; eff. Sep. 23, 2014.

Submitted: Aug. 26, 2015.

Submitted: Sep. 6, 2016.

Submitted: Sep. 19, 2017.

Submitted: Sep. 4, 2018.

Submitted: Mar. 9, 2020.

Submitted: Aug. 27, 2020.

Submitted: Aug. 26, 2021.

Department 391. RULES OF GEORGIA DEPARTMENT OF NATURAL RESOURCES

Chapter 391-4. WILDLIFE RESOURCES DIVISION

Subject 391-4-3. FISHING REGULATIONS

391-4-3-.16 Use of Minnow Seines and Minnow Traps

(1) It is unlawful to use a minnow seine:

(a) exceeding 20 feet in length.

(b) with a mesh size exceeding three-eighths of an inch square. or in diameter if the mesh is not square.

(2) It is unlawful to use a minnow trap:

(a) exceeding 24 inches in length, 18 inches in width, or 9 inches in height for a rectangular trap; or,

(b) exceeding 24 inches in length or 30 inches in circumference for cylindrical traps; and,

(c) with a round throat (opening) exceeding one (1) inch in diameter, and,

(d) with a bar mesh size smaller than one-quarter (1/4) of an inch square or in diameter if the mesh is not square.

(3) Each minnow trap must have attached thereto a tag bearing the name and address of the trap owner or must have tethered to each trap a float bearing the name and address of the person using such gear.

(4) No individual may deploy more than 2 traps at any time.

(5) No more than 50 nongame fishes can be collected per licensed angler per day and may only be used as bait or released into the waters from which they were taken.

(6) Any species that is not a nongame fish or crayfish taken shall be immediately released unharmed into the waters from which they were taken.

(7) In addition to trout streams, the use of minnow seines or minnow traps is prohibited in the following areas to protect threatened and endangered species:

(a) the mainstem of the Etowah River upstream of Lake Allatoona and all Etowah River tributary streams that enter the Etowah River within or upstream of Lake Allatoona.

(b) Raccoon Creek and its tributary streams in Paulding and Bartow counties.

(c) the entire mainstem of the Conasauga River and all Conasauga River tributary streams entering the Conasauga mainstem from the east.

(d) the Coosawattee River and all tributary streams upstream from Carter's Lake Dam and the Coosawattee River between Carters Lake and its confluence with the Conasauga River.

(e) the mainstem of Talking Rock Creek.

(f) the mainstem of South Chickamauga Creek downstream from Swanson Mill dam.

Cite as Ga. Comp. R. & Regs. R. 391-4-3-.16

AUTHORITY: O.C.G.A. § [27-4-6](#).

HISTORY: Original Rule entitled "Separation of Salt and Fresh Water" adopted. F. Apr. 11, 1974; eff. May 1, 1974.

Repealed: New Rule of the same title adopted. F. Apr. 15, 1975; eff. May 5, 1975.

Amended: Rule repealed. F. Mar. 2, 1976; eff. Mar. 22, 1976.

Adopted: New Rule entitled "Use of Minnow Seines and Minnow Traps." F. Aug. 26, 2021; eff. Sep. 15, 2021.

Department 515. RULES OF GEORGIA PUBLIC SERVICE COMMISSION

Chapter 515-8. EMPLOYMENT AND USE OF SERVICE OBSERVING EQUIPMENT

Subject 515-8-1. EMPLOYMENT AND USE OF SERVICE OBSERVING EQUIPMENT

515-8-1-.05 Mutual Duties of Users of Service Observing Equipment and Telephone Company Issuing Telephone Directories

(1) Except as provided herein, it shall be the duty and obligation of any licensed user of service observing equipment to prominently display on every telephone instrument subject to service observing a notification to such effect. Said notification shall be in the form of official gummed labels which will be issued by the Commission at the time a license is issued. Failure to prominently display the notification at all times shall be cause for revocation of the license. Holders of licenses for service observing equipment issued prior to the effective date of this Rule shall within thirty (30) days from said effective date obtain the requisite number of labels from the Commission and affix the same to those instruments which are subject to service observing. If an employee or independent contractor of a holder of the license is in a work-from-home arrangement and subject to monitoring via service observing equipment, the holder of the license shall obtain from each such person a signed acknowledgement that states as follows:

"I acknowledge that the device(s) I use for work-related communications are subject to service observing."

The signed acknowledgement form should be obtained from such person by the first day of the work-from-home arrangement and thereafter by the first business day in January in each subsequent year and shall be retained by the holder of the license for a period of not less than five years.

(2) It shall be the duty and obligation of any licensed user of Service Observing equipment to promptly notify the Commission of any changes in the status of its certification. Such changes may include, but are not limited to: the discontinuance of the use of such equipment, changes in the specified list of telephone numbers subject to service observing, changes in the firm name or address and so forth.

(3) Provisions regarding the recording of telephone conversations are contained in the applicable state and federal statutes. The Georgia Public Service Commission has no rules governing the recording of telephone conversations.

(4) A violation of any of the provisions of this Rule shall be a violation of Part 1 of Article 3 of Chapter 11 of Title 16 of the Georgia Code.

Cite as Ga. Comp. R. & Regs. R. 515-8-1-.05

AUTHORITY: Ga. L. 1967, p. 844-1968, pp. 1249, 1331; Ga. Code Ann., Sec. 26-300, 1991, pp. 1040-1042; O.C.G.A. § [16-11-65](#).

HISTORY: Original Rule was filed on December 29, 1975; effective January 1, 1976, as specified by Ga. L. 1975, p. 411.

Repealed: New Rule same title, adopted. F. Jul. 24, 1992; eff. Aug. 13, 1992.

Amended: F. Aug. 26, 2021; eff. Sep. 15, 2021.

Department 560. RULES OF DEPARTMENT OF REVENUE
Chapter 560-8. ALCOHOL AND TOBACCO DIVISION (TOBACCO)
Subject 560-8-6. ADMINISTRATIVE HEARINGS

560-8-6-.01 Applicability of Rules - Administrative Hearings

(1) The Rules in this Chapter shall apply to and govern administrative hearings held by the Department pursuant to the provisions of Chapter 11 of Title 48 regarding tobacco, alternative nicotine, and vapor products.

(2) All administrative hearings shall be conducted in conformity with the Department's rules and regulations as promulgated herein and consistent with the provisions of the Georgia Administrative Procedure Act.

Cite as Ga. Comp. R. & Regs. R. 560-8-6-.01

AUTHORITY: O.C.G.A. §§ [48-2-12](#), [48-11-4](#), [48-11-18](#).

HISTORY: Original Rule entitled "Distributor; Definition; Application for License" adopted. F. and eff. June 30, 1965.

Amended: F. Feb. 8, 2005; eff. Feb. 28, 2005.

Amended: F. Mar. 29, 2005; eff. Apr. 18, 2005.

Repealed: New Rule entitled "Applicability of Rules - Administrative Hearings" adopted. F. Sept. 26, 2007; eff. Oct. 16, 2007.

Amended: F. Mar. 10, 2008; eff. Mar. 30, 2008.

Amended: F. Aug. 2, 2021; eff. Aug. 22, 2021.

560-8-6-.02 Hearings - Administrative Hearings

(1) Any person aggrieved by any action of the commissioner or the commissioner's duly authorized agent may apply to the commissioner for a hearing, in writing, no later than ten (10) days after the notice of the action is delivered. The application shall set forth the reasons why the hearing should be granted and the manner of relief sought.

(2) The commissioner shall notify the applicant of the time and place fixed for the administrative hearing. After the hearing, the commissioner may make an order as may appear to the commissioner to be just and lawful and shall furnish a copy of the order to the applicant.

(3) The commissioner at any time, by notice in writing, may order an administrative hearing and require the taxpayer or any other person whom the commissioner believes to be in possession of information concerning any manufacture, importation, use, consumption, storage, or sale of cigars, little cigars, cigarettes, loose or smokeless tobacco, alternative nicotine products, or vapor products which have escaped taxation, to appear before the commissioner or the commissioner's duly authorized agent and present any specific books of account, papers, or other documents for examination under oath concerning the matter at issue.

Cite as Ga. Comp. R. & Regs. R. 560-8-6-.02

AUTHORITY: O.C.G.A. §§ [48-2-12](#), [48-11-4](#), [48-11-18](#).

HISTORY: Original Rule entitled "Sale Without Tax Stamp; Special Permit" adopted. F. and eff. June 30, 1965.

Amended: F. July 27, 1967; eff. Aug. 15, 1967.

Repealed: New Rule of same title adopted. F. Feb. 8, 2005; eff. Feb. 28, 2005.

Repealed: New Rule of same title adopted. F. Mar. 29, 2005; eff. Apr. 18, 2005.

Repealed: New Rule entitled "Hearings - Administrative Hearings" adopted. F. Sept. 26, 2007; eff. Oct. 16, 2007.

Amended: F. Aug. 2, 2021; eff. Aug. 22, 2021.

560-8-6-.05 Nature of the Proceeding; Hearing Procedure; Burden of Proof - Administrative Hearings

(1) Administrative hearings held under these rules shall be only as formal as is necessary to preserve order and be compatible with the principles of justice.

(2) All parties shall have the right to be represented by legal counsel and to obtain the appearance of witnesses and documentary evidence. The parties shall have the right to respond and present evidence on all issues involved and to cross-examine all witnesses.

(3) The standard of proof concerning all issues presented in the administrative hearing shall be a preponderance of the evidence.

(4) In cases commenced by the issuance of citations by the Department, the Department shall have the burden of proof and shall present its case first. In cases involving the preliminary denial of license applications or the seizure of tobacco, alternative nicotine, or vapor products, the applicant or licensee shall have the burden of proof and shall present its case first. In all other cases the party commencing the case shall have the burden of proof and shall present its case first.

(5) A hearing, or a portion thereof, may be conducted by alternate means if the record reflects that all parties have consented and that such procedure will not jeopardize the rights of any party to the hearing. Alternate means, as used here, includes remote telephonic communication methods such as two-way video-conferencing applications.

Cite as Ga. Comp. R. & Regs. R. 560-8-6-.05

AUTHORITY: O.C.G.A. §§ [48-2-12](#), [48-11-4](#), [48-11-18](#).

HISTORY: Original Rule entitled "Cigar or Cigarette Vending Machines" adopted. F. and eff. June 30, 1965.

Amended: F. July 27, 1967; eff. Aug. 15, 1967.

Repealed: New Rule of same title adopted. F. Feb. 12, 1973; eff. Mar. 4, 1973.

Amended: F. July 19, 1976; eff. Aug. 8, 1976.

Repealed: New Rule of same title adopted. F. June 11, 1984; eff. July 1, 1984.

Repealed: New Rule of same title adopted. F. Feb. 8, 2005; eff. Feb. 28, 2005.

Repealed: New Rule of same title adopted. F. Mar. 29, 2005; eff. Apr. 18, 2005.

Repealed: New Rule entitled "Nature of the Proceeding; Hearing Procedure; Burden of Proof - Administrative Hearings" adopted. F. Sept. 26, 2007; eff. Oct. 16, 2007.

Amended: F. Mar. 10, 2008; eff. Mar. 30, 2008.

Amended: F. Aug. 17, 2020; eff. Sep. 6, 2020.

Amended: F. Aug. 2, 2021; eff. Aug. 22, 2021.

560-8-6-.08 Continuances and Postponements

(1) The Hearing Officer may on his or her own motion continue or postpone a hearing.

(2) Matters set for hearing may be continued or postponed within the sound discretion of the Hearing Officer upon timely motion by either party.

Cite as Ga. Comp. R. & Regs. R. 560-8-6-.08

AUTHORITY: O.C.G.A. §§ [48-2-12](#), [48-11-4](#), [48-11-18](#).

HISTORY: Original Rule entitled "Cost Price" adopted. F. and eff. June 30, 1965.

Repealed: F. Nov. 27, 1979; eff. Dec. 17, 1979.

Adopted: New Rule entitled "Continuances and Postponements." F. Aug. 2, 2021; eff. Aug. 22, 2021.

560-8-6-.09 Subpoena Forms; Service

(1) A party may obtain subpoena forms from the Hearing Officer by making a timely request.

(2) Service, proof of service and enforcement of subpoenas shall be as provided by Georgia law and shall be the responsibility of the party requesting the subpoena.

Cite as Ga. Comp. R. & Regs. R. 560-8-6-.09

AUTHORITY: O.C.G.A. §§ [48-2-12](#), [48-11-4](#), [48-11-18](#).

HISTORY: Original Rule entitled "Tax Stamping Permit" adopted. F. and eff. June 30, 1965.

Repealed: New Rule entitled "Tax Stamping" adopted. F. July 27, 1967; eff. Aug. 15, 1967.

Repealed: New Rule of same title adopted. F. Feb. 8, 2005; eff. Feb. 28, 2005.

Repealed: New Rule of same title adopted. F. Mar. 29, 2005; eff. Apr. 18, 2005.

Repealed: F. Sept. 26, 2007; eff. Oct. 16, 2007.

Adopted: New Rule entitled "Subpoena Forms; Service." F. Aug. 2, 2021; eff. Aug. 22, 2021.

560-8-6-.10 Transcripts of the Hearing

(1) Any party may request that the hearing be conducted before a court reporter.

(2) The request shall be in writing, and it shall include a statement by the requesting party that he or she shall procure the court reporting services for the hearing at his or her own cost and on his or her own initiative. The request shall identify the court reporter or court reporting service to be used at the hearing.

(3) Regardless of who makes the arrangements or requests that a transcript be made, the original transcript of the proceedings shall be submitted to the Hearing Officer prior to the close of the hearing record if the transcript is to be made part of the record.

Cite as Ga. Comp. R. & Regs. R. 560-8-6-.10

AUTHORITY: O.C.G.A. §§ [48-2-12](#), [48-11-4](#), [48-11-18](#).

HISTORY: Original Rule entitled "Non-Resident Applicants for License to Distribute" adopted. F. and eff. June 30, 1965.

Repealed: New Rule entitled "Distributor's License; Non-Resident Applicant" adopted. F. July 27, 1967; eff. Aug. 15, 1967.

Amended: F. Feb. 12, 1973; eff. Mar. 4, 1973.

Repealed: New Rule of same title adopted. F. Feb. 8, 2005; eff. Feb. 28, 2005.

Amended: F. Mar. 29, 2005; eff. Apr. 18, 2005.

Repealed: F. Sept. 26, 2007; eff. Oct. 16, 2007.

Adopted: New Rule entitled "Transcripts of the Hearing." F. Aug. 2, 2021; eff. Aug. 22, 2021.

Department 560. RULES OF DEPARTMENT OF REVENUE

Chapter 560-12. SALES AND USE TAX DIVISION

Subject 560-12-2. SUBSTANTIVE RULES AND REGULATIONS

560-12-2-.62 Manufacturing Machinery and Equipment, Industrial Materials, and Packaging Supplies

(1) Purpose. This Rule explains the sales and use tax exemptions in O.C.G.A § [48-8-3.2](#) for machinery and equipment necessary and integral to the manufacture of tangible personal property in a manufacturing plant, for repair and replacement parts associated with such machinery and equipment, and for industrial materials and packaging supplies.

(2) Definitions. For purposes of this Rule, the following definitions and explanations apply:

(a) "Consumable supplies" means tangible personal property, other than machinery, industrial materials, packaging supplies, and energy, that is consumed or expended during the manufacture of tangible personal property. The term includes but is not limited to water treatment chemicals for use in, on, or in conjunction with machinery or equipment and items that are readily disposable.

(b) "Energy" means natural or artificial gas, oil, gasoline, electricity, solid fuel, wood, waste, ice, steam, water, and other materials necessary and integral for heat, light, power, refrigeration, climate control, processing, or any other use in any phase of the manufacture of tangible personal property. The term excludes energy purchased by a manufacturer that is primarily engaged in producing electricity for resale.

(c) "Equipment" means tangible personal property, other than machinery, industrial materials, and energy. The term "equipment" includes durable devices and apparatuses that are generally designed for long-term continuous or repetitive use. The term also includes consumable supplies. Examples of equipment include but are not limited to machinery clothing, cones, cores, pallets, hand tools, tooling, molds, dies, waxes, jigs, patterns, conveyors, safety devices, and pollution control devices. The term includes components and repair or replacement parts. The term "equipment" excludes real property.

(d) "Fixtures" means tangible personal property that has been installed or attached to land or to any building thereon and that is intended to remain permanently in its place. A consideration for whether tangible property is a fixture is whether its removal would cause significant damage to such property or to the real property to which it is attached. Fixtures are classified as real property. Examples of fixtures include but are not limited to plumbing, lighting fixtures, slabs, and foundations.

(e) "Industrial materials" means materials that are purchased for future processing, manufacture, or conversion into articles of tangible personal property for resale when the industrial materials become a component part of the finished product. The term also means materials that are coated upon or impregnated into the product at any stage of its processing, manufacture, or conversion, even though such materials do not remain a component part of the finished product for sale. The term "industrial materials" includes raw materials.

(f) "Local sales and use tax" means any sales or use tax that is levied and imposed in an area consisting of less than the entire state.

(g) "Machinery" means an assemblage of parts that transmits force, motion, and energy one to the other in a predetermined manner to accomplish a specific objective. The term "machinery" includes a machine and all of its components, including but not limited to belts, pulleys, shafts, gauges, gaskets, valves, hoses, pipes, wires, blades, bearings, operational structures attached to the machine including stairways and catwalks, and other devices that are required to regulate or control the machine, allow access to the machine, or to enhance or alter its productivity or

functionality. The term "machinery" includes repair or replacement parts. The term excludes real property, energy, and consumable supplies.

(h) "Machinery clothing" means felts, screen plates, wires or any other items used to carry, form, or dry work in process through the manufacture of tangible personal property.

(i) "Manufacture of tangible personal property," used synonymously with the term "manufacturing," means a manufacturing operation, series of continuous manufacturing operations, or series of integrated manufacturing operations, engaged in at a manufacturing plant or among manufacturing plants to change, process, transform, or convert industrial materials by physical or chemical means, into articles of tangible personal property for sale, for promotional use, or further manufacturing that have a different form, configuration, utility, composition, or character. The term includes but is not limited to the storage, preparation, or treatment of industrial materials; assembly of finished units of tangible personal property to form a new unit or units of tangible personal property; movement of industrial materials and work in process from one manufacturing operation to another; temporary storage between two points in a continuous manufacturing operation; random and sample testing that occurs at a manufacturing plant; and a packaging operation that occurs at a manufacturing plant.

(j) "Manufacturer" means a person or business, or a location of a person or business that is engaged in the manufacture of tangible personal property for sale, promotional use, or further manufacturing.

1. To be considered a manufacturer, the person or business, or the location of a person or business, must be:

(i) Classified as a manufacturer under the 2007 North American Industrial Classification System Sectors 21, 31, 32, or 33; or North American Industrial Classification Systems industry code 22111 or specific code 511110; or

(ii) Generally regarded as a manufacturer.

2. Businesses that are primarily engaged in providing personal or professional services, or in the operation of retail outlets, generally including but not limited to grocery stores, pharmacies, bakeries, or restaurants, are not considered manufacturers.

(k) "Manufacturing plant" means any facility, site, or other area where a manufacturer engages in the manufacture of tangible personal property.

(l) "Packaging operation" means bagging, boxing, crating, canning, containerizing, cutting, measuring, weighing, wrapping, labeling, palletizing, or other similar processes necessary to prepare or package manufactured products in a manner suitable for sale or delivery to customers as finished goods, or suitable for the transport of work in process at or among manufacturing plants for further manufacturing, and the movement of such finished goods or work in process to a storage or distribution area at a manufacturing plant.

(m) "Packaging supplies" means materials, whether reusable or single-use, used in a packaging operation solely for packaging tangible personal property. The term includes but is not limited to containers, sacks, boxes, wraps, fillers, cones, cores, pallets, and bags. The term also includes such items as labels, invoices, packing slips, tags, and plates affixed to the product or affixed to or inserted into product packaging.

(n) "Real property" means land, any buildings thereon, and any fixtures attached thereto.

(o) "Repair or replacement part" means a part that is used to maintain, repair, restore, install, or upgrade machinery or equipment that is necessary and integral to the manufacture of tangible personal property. Examples of repair and replacement parts may include but are not limited to oils, greases, hydraulic fluids, coolants, lubricants, machinery clothing, molds, dies, waxes, jigs, and other interchangeable tooling.

(p) "Substantial purpose" means the purpose for which an item of tangible personal property is used more than one-third of the total amount of time that the item is in use. Alternatively, instead of time, the purpose may be measured in terms of other applicable criteria such as the number of items produced.

(3) Machinery and Equipment Exemption. The sale, use and storage of machinery or equipment that is necessary and integral to the manufacture of tangible personal property are exempt from sales and use tax.

(a) General requirements. In order to qualify for the manufacturing machinery and equipment exemption in O.C.G.A. § [48-8-3.2](#), the property purchased or leased must:

1. Have the character of machinery or equipment, or of repair or replacement parts to machinery or equipment, at the time of sale or lease, or consist of components which, when assembled, will have the character of machinery or equipment;
2. Be used at a manufacturing plant; and
3. Be necessary and integral to the manufacture of tangible personal property for sale, for promotional use, or further manufacturing.

(b) Leases. The exemption under O.C.G.A. § [48-8-3.2](#) applies to all lease payments for machinery or equipment made on or after the date that the machinery or equipment qualifies for the exemption, even if the machinery or equipment did not qualify for the exemption at the date of lease inception.

(c) Parts withdrawn from inventory. Miscellaneous spare parts, the ultimate use of which is unknown at the time of purchase, are eligible for the exemption as components or repair or replacement parts. However, use tax must be accrued and remitted if spare parts are withdrawn from the inventory of spare parts and used for any purpose other than to maintain, repair, restore, install, or upgrade machinery or equipment that is necessary and integral to the manufacture of tangible personal property.

(d) Application of Machinery and Equipment Exemption: Necessary and Integral. When determining whether machinery or equipment is necessary and integral to the manufacture of tangible personal property, the Commissioner shall evaluate the facts and circumstances of each case.

1. Examples of machinery or equipment that generally does not qualify as necessary and integral to the manufacture of tangible personal property at any time include but are not limited to:

- (i) Motor vehicles that are required to be registered for operation on public highways;
- (ii) Power lines or transformers that bring electricity into a manufacturing plant;
- (iii) Real property. Examples include but are not limited to concrete slabs and foundations, and structures or fixtures used for general manufacturing plant ventilation, heating, cooling, illumination, communications, plumbing, or the personal comfort and convenience of the manufacturer's employees;
- (iv) Storage tanks, containers, racking systems, or other machinery or equipment used to handle, store, or distribute finished goods upon completion of the packaging operation unless exempted by another code section;
- (v) Administrative machinery or equipment including computers, related computer peripherals, servers, copiers, telephones, facsimile machines, office furniture, office furnishings, office supplies such as paper and pencils, and educational materials used for non-manufacturing functions, including but not limited to sales, marketing, research and development, accounting and payroll, purchasing, finished goods inventory control, warehousing, and distribution;
- (vi) Machinery or equipment that is not operated under the control of the manufacturer's employees or other persons under the manufacturer's direction and control. Customer self-service or vending machinery or equipment is not considered to be operated under the manufacturer's direction and control; and
- (vii) Machinery or equipment used in quarrying and mining for site preparation, including the removal and clearing of overburden.

2. Examples of machinery or equipment that generally qualifies as necessary and integral to the manufacture of tangible personal property include but are not limited to:

(i) Machinery or equipment used to convey or transport industrial materials, work in process, consumable supplies, or packaging supplies at or among manufacturing plants, or to convey and transport finished goods to a distribution or storage point at the manufacturing plant. Specific examples may include but are not limited to forklifts, conveyors, cranes, hoists, and pallet jacks;

(ii) Machinery or equipment used to gather, arrange, sort, mix, measure, blend, heat, cool, clean, or otherwise treat, prepare, or store industrial materials for further manufacturing;

(iii) Machinery or equipment used to control, regulate, heat, cool, or produce energy for other machinery or equipment that is necessary and integral to the manufacture of tangible personal property. Specific examples may include but are not limited to boilers, chillers, condensers, water towers, dehumidifiers, humidifiers, heat exchangers, generators, transformers, motor control centers, solar panels, air dryers, and air compressors;

(iv) Testing and quality control machinery or equipment located at a manufacturing plant used to test the quality of industrial materials, work in process, or finished goods;

(v) Starters, switches, circuit breakers, transformers, wiring, piping, and other electrical components, including associated cable trays, conduit, and insulation, located between a motor control center and exempt machinery or equipment, or between separate units of exempt machinery or equipment;

(vi) Machinery or equipment used to provide safety for the employees working at a manufacturing plant or to protect the quality of the product, including but not limited to safety machinery and equipment required by federal or state law, gloves, ear plugs, face masks, protective eyewear, hard hats or helmets, or breathing apparatuses;

(vii) Machinery or equipment used to condition air or water to produce conditions necessary for the manufacture of tangible personal property, including water treatment systems;

(viii) Machinery or equipment used in quarrying and mining activities, including blasting, extraction, and crushing;

(ix) Machinery or equipment, including repair, replacement and component parts, used to maintain, clean, repair, restore, install, upgrade or manufacture machinery or equipment that is necessary and integral to the manufacture of tangible personal property;

(x) Machinery or equipment used in pollution control, sanitizing, sterilizing, or recycling processes. Pollution control machinery or equipment that is necessary and integral to the manufacture of tangible personal property is not required to be certified by the Environmental Protection Division, Georgia Department of Natural Resources as being adequate and necessary for the purpose of eliminating or reducing air or water pollution; and

(xi) Maintenance and replacement parts for machinery or equipment, stationary or in transit, used to mix, agitate, and transport freshly mixed concrete in a plastic and unhardened state, including but not limited to mixers and components, engines and components, interior and exterior operational controls and components, hydraulics and components, all structural components, and all safety components.

(I) Sales and use taxes on motor fuel used as energy in a concrete mixer truck are not exempt or refundable.

(II) Subparagraph (3)(d)2.(xi) is effective for the period commencing on July 1, 2021, and ending on June 30, 2026.

3. For machinery or equipment that has multiple purposes, some purposes necessary and integral to the manufacture of tangible personal property, and some purposes not necessary and integral to the manufacture of tangible personal property, the substantial purpose of such machinery or equipment will prevail for purposes of determining the eligibility for exemption. The Commissioner may consider any reasonable methodology for measuring the substantial purpose of machinery or equipment for which the substantial purpose is not readily identifiable.

(e) Application of Machinery and Equipment Exemption: Manufacture of Tangible Personal Property. The manufacture of tangible personal property commences as industrial materials are received at a manufacturing plant and concludes once the packaging operation is complete and the tangible personal property is ready for sale or shipment, regardless of whether the manufacture of tangible personal property occurs at one or more separate manufacturing plants.

Examples of activities that are not considered the manufacture of tangible personal property:

1. Research and development activities;

2. Storage, general handling, and distribution of finished goods inventory; and

3. Any other activity that occurs prior to industrial materials being received at a manufacturing plant or after the completion of the packaging operation at a manufacturing plant.

(4) Industrial Materials Exemption. The sale, use, storage, and consumption of industrial materials are exempt from sales and use tax. In order to qualify for the exemption, the materials must be used for the processing or manufacture of, or conversion into, articles of tangible personal property; and the industrial materials must:

(a) become a component part of the finished product or

(b) be coated upon or impregnated into the product at any stage of its processing, manufacture, or conversion, even though such materials do not remain a component part of the finished product for sale.

(5) Exemption for Packaging Supplies. The sale, use, storage, or consumption of packaging supplies is exempt from sales and use tax.

(6) Certificates of Exemption.

(a) Any person making a sale or lease of machinery or equipment (including components and repair or replacement parts) that is necessary and integral to the manufacture of tangible personal property, packaging supplies, or industrial materials must collect sales tax unless such person takes a direct pay permit from the purchaser or lessee or, in good faith, accepts from the purchaser or lessee a properly completed Form ST-5M Certificate of Exemption.

(b) Where a certificate of exemption or direct pay permit has not been previously obtained and submitted and tax is remitted on the purchase or lease of exempt property, the purchaser or lessee may apply to the Commissioner for a refund of such tax.

(7) Agriculture Producers. Every person defined as a dealer in O.C.G.A. § [48-8-2](#) is required to file a sales and use tax registration for each place of business in this state. A dealer that performs both manufacturing and agricultural operations at a single place of business may avail itself of the exemptions under either O.C.G.A. § [48-8-3.2](#) or O.C.G.A. § [48-8-3.3](#), but not both, for that place of business in any one calendar year.

Cite as Ga. Comp. R. & Regs. R. 560-12-2-.62

AUTHORITY: O.C.G.A. §§ [48-2-12](#), [48-8-3.2](#).

HISTORY: Original Rule entitled "Machinery, Manufacturing" was filed and effective on June 30, 1965.

Amended: Filed April 27, 1966; effective May 16, 1966.

Amended: Filed January 13, 1975; effective February 2, 1975.

Repealed: New Rule of same title adopted. F. Aug. 19, 1994; eff. Sept. 8, 1994.

Amended: F. Sept. 5, 1995; eff. Sept. 25, 1995.

Repealed: New Rule of same title adopted. F. Dec. 21, 2000; eff. Jan. 10, 2001.

Repealed: New Rule entitled "Manufacturing Machinery and Equipment" adopted. F. July 9, 2009; eff. July 29, 2009.

Amended: F. Nov. 19, 2009; eff. Dec. 9, 2009.

Amended: Title changed to "Manufacturing Machinery and Equipment, Industrial Materials, and Packaging Supplies." F. Feb. 10, 2014; eff. Mar. 2, 2014.

Amended: F. Nov. 17, 2014; eff. Dec. 7, 2014.

Amended: F. July 7, 2017; eff. July 27, 2017.

Amended: F. Sep. 6, 2017; eff. Sep. 26, 2017.

Amended: F. Aug. 31, 2021; eff. Sep. 20, 2021.

Department 672. STATE DEPARTMENT OF TRANSPORTATION

Chapter 672-11. INSTALLATION, RELOCATION, AND MANAGEMENT OF UTILITIES ON PUBLIC RIGHTS-OF-WAY

672-11-.01 Purposes of Chapter

(1) O.C.G.A. § [32-6-174](#) grants the Department authority to promulgate reasonable regulations governing the installation, construction, maintenance, renewal, removal, and relocation of pipes, mains, conduits, cables, wires, poles, towers, tracks, traffic and other such signals, and other equipment and appliances of any utility in, on, along, over, or under any part of the state highway system or any public road project which the Department has undertaken or agreed to undertake or which has been completed by the Department pursuant to its authority.

(2) In managing the Public Rights-of-Way obtained pursuant to the Department's authority, the Department requires Permits and accompanying fees for the installation of any private or public Utility within the Public Rights-of-Way.

(3) For Communications Utilities, pursuant to [47 U.S.C. § 253](#), states may require reasonable compensation from providers of telecommunications services for use of Public Rights-of-Way. The Permit fees that are set forth in this Chapter shall be specifically designated to cover the Department's actual incurred costs of administering the Permit program, which includes costs associated with the approval and administration of Permits, the inspection of work on the Public Rights-of-Way, and the continued occupancy by the permitted Utility on the Public Rights-of-Way. The Permit fees shall not result in the recovery of more than those actual incurred costs by the Department. The Department shall perform or cause to be performed an audit of this Chapter and the Permit fees set forth in Section [672-11-.04](#) at a minimum every five (5) years in order to ensure that Permit fees remain based on actual incurred costs. Based upon the result of this audit, the Department may amend this Chapter in accordance with the Georgia Administrative Procedure Act.

Cite as Ga. Comp. R. & Regs. R. 672-11-.01

AUTHORITY: O.C.G.A. §§ [32-6-174](#), [50-13-4](#), [32-2-2](#).

HISTORY: Original Rule entitled "Definitions" was filed as Emergency Rule 672-11-0.23-.01 on March 25, 1985; effective March 21, 1985, the date of adoption, to remain in effect for a period of 120 days or until the effective date of a permanent Rule superseding this Emergency Rule, as specified by the Agency. This Emergency Rule expired July 19, 1985.

Amended: A permanent Rule of the same title adopted. Filed July 1, 1985; effective July 21, 1985.

Amended: New title "Purposes of Chapter." F. Aug. 24, 2021; eff. Sep. 13, 2021.

672-11-.02 Definitions

The following words when used in Chapter 672-11 shall have the following meanings:

(a) "Annual Permit Fee" means the yearly amount due for a Permit approved by Department on or after January 1, 2022 that is associated with the ongoing management of the Public Rights-of-Way obtained pursuant to the Department's authority and as calculated in accordance with this Chapter.

(b) "Application Fee" means a nonrefundable onetime fee for the review of a Permit application by the Department and as calculated in accordance with this Chapter. This fee is nonrefundable regardless of whether a Permit application is abandoned or not approved.

- (c) "Communication Cable" means any fiber optic, copper, media, or other cable utilized by a Communications Utility for the purpose of providing a Communications Service.
- (d) "Communications Service" includes, but is not limited to, a wireline or wireless Telecommunications Service, Information Service or Cable Service as those terms are defined in Sections 153 and 522 of the Communications Act of 1934, as amended, ([47 U.S.C. §§ 153](#) and 602) and Broadband Internet Access Service as that term is defined in Section 8.1(b) of the rules and regulations of the FCC ([47 C.F.R. § 8.1\(b\)](#)).
- (e) "Communications Utility" means a Utility that provides a Communications Service.
- (f) "Department" or "GDOT" means the Georgia Department of Transportation.
- (g) "EMC" means an electric membership cooperative which is a member-owned and not-for-profit Utility.
- (h) "Existing Permit" means a Permit that has been approved by the Department prior to January 1, 2022.
- (i) "FCC" means the United States Federal Communications Commission.
- (j) "Non-Communications Utility" means a utility that is not a Communications Utility, including, but not limited to, an entity that provides electric, gas, water or other power services, without regard to whether such services are subject to regulation by the Georgia Public Service Commission or other regulatory department.
- (k) "Permit" means the legal document by which the Department authorizes the use of and regulates the use and/or occupancy of the Public Rights-of-Way and as further defined in the UAM.
- (l) "Public Rights-of-Way" means the state highway system and those local roads and streets that are a part of the Federal-aid system, but excluding the interstate highway systems.
- (m) "UAM" means the Department's Utility Accommodation Policy and Standards Manual, current edition.
- (n) "Utility" means a Communications Utility or a Non-Communications Utility.
- (o) "Wireless Facility" means equipment at a fixed location that enables wireless communications between user equipment and a communications network and includes, but is not limited to, Small Wireless Facilities as that term is defined in Section 1.6002 of the rules and regulations of the FCC ([47 C.F.R. § 1.6002](#)).

Cite as Ga. Comp. R. & Regs. R. 672-11-.02

AUTHORITY: O.C.G.A. §§ [32-6-174](#), [50-13-4](#), [32-2-2](#).

HISTORY: Original Rule entitled "Long Distance and Trunk Communications Cables; Issuance of Permits" was filed as Emergency Rule 672-11-0-.23-.02 on March 25, 1985; effective March 21, 1985; the date of adoption, to remain in effect for a period of 120 days or until the effective date of a permanent Rule covering the same subject matter superseding this Emergency Rule, as specified by the Agency. This Emergency Rule expired July 19, 1985.

Amended: A permanent Rule of the same title adopted. Filed July 1, 1985; effective July 21, 1985.

Amended: New title "Definitions." F. Aug. 24, 2021; eff. Sep. 13, 2021.

672-11-.03 Issuance of Permits, Permit Fees, and Alternative Procedure for Assessing Fees for Non-Communication Utilities

(1) The Department shall follow the same policies, procedures, and standards for approving Permits for the installation of Non-Communication Utility facilities on Public Rights of Way as set out in the UAM.

(2) In addition to the requirements of the UAM, a Non-Communications Utility shall enter into an agreement with the Department for payment of an annual lump sum amount that represents a reasonable approximation of the average cost to the Department associated with the administration of the Permits of the Non-Communications Utility, the inspection of work on the Public Rights-of-Way, and the continued occupancy by the permitted Non-Communications Utility on the Public Rights-of-Way to be negotiated on an individual basis. Such agreements will take into consideration the mileage and/or number of facilities in place by the Non-Communications Utility, the amount of current and anticipated Permit work within the Public Rights-of-Way, and the estimated costs to the Department of the Non-Communications Utility's operations. Such agreement shall provide for annual adjustments of the fee amount.

(3) The Department and a Non-Communications Utility may have entered into an agreement for payment of an annual lump sum amount prior to the adoption of this Chapter. Such agreements will remain in full force and effect if desired by the Non-Communications Utility and the Department or may be renegotiated.

Cite as Ga. Comp. R. & Regs. R. 672-11-.03

AUTHORITY: O.C.G.A. §§ [32-6-174](#), [50-13-4](#), [32-2-2](#).

HISTORY: Original Rule entitled "Long Distance and Trunk Communications Cables; Permit Fee Schedule" was filed as Emergency Rule 672-11-0.23-.03 on March 25, 1985; effective March 21, 1985, the date of adoption, to remain in effect for a period of 120 day or until the effective date of a permanent Rule covering the same subject matter superseding this Emergency Rule, as specified by the Agency. This Emergency Rule expired July 19, 1985.

Amended: A permanent of the same title adopted. Filed July 1, 1985; effective July 21, 1985.

Amended: New title "Issuance of Permits, Permit Fees, and Alternative Procedure for Assessing Fees for Non-Communication Utilities." F. Aug. 24, 2021; eff. Sep. 13, 2021.

672-11-.04 Issuance of Permits, Permit Fees, and Alternative Procedure for Assessing Fees for Communication Utilities

(1) Issuance of Permits.

a. This Section 672-11-.04 applies only to Permits for use of the Public Rights-of-Way by Communications Utilities. The Department shall follow the same policies, procedures, and standards for approving Permits for the installation of Communication Utility facilities on Public Rights of Way as apply to Non-Communications Utilities as set out in the UAM, except that payment of Permit fees shall be required as set forth herein.

b. The fees set forth in this Chapter shall not apply to crossing Public Rights-of-Way when not in conjunction with a longitudinal access.

(2) Schedule of Permit Fees. The assessed rates for obtaining and retaining a Permit for a Communication Utility on or after January 1, 2022, shall be as follows:

a. Application Fee. Each Permit application shall include an Application Fee that will be assessed as follows, unless waived pursuant to subsection (d) of this Rule:

i. For a Communication Utility that is a mile or more in length, the Application Fee shall be \$1,400.

ii. For a Communication Utility that is less than a mile in length, the Application Fee shall be \$742.

iii. For a Wireless Facility, the Application Fee shall be \$742.

b. Annual Permit Fee. An Annual Permit Fee will be assessed as follows, unless waived pursuant to subsection (d) of this Rule:

- i. For a Communication Utility the Annual Permit Fee shall be \$300.
- ii. For a Wireless Facility, the Annual Permit Fee shall be \$270.
- iii. Where two or more Communication Utilities install Communication Cables simultaneously and in the same trench, the Annual Permit Fee shall be reduced by 25 percent for each Communication Utility.
- iv. Where Communication Cables are installed on a pole line in joint use with another Communication Utility facility, the Annual Permit Fee shall be reduced by 25 percent for each permittee.
- v. The Annual Permit Fee shall be assessed annually for the duration of time the facilities of the Communications Utility remain located on or in a Public Right-of-Way, until said facilities are abandoned or until the facilities are decommissioned as evidenced by written notification to the Department. After a 60-day cure period, the Department may cancel or revoke a Permit upon written notice to the Communications Utility.
- vi. The Annual Permit Fee for each Permit shall be assessed by the Department as an annual payment in accordance with this rule. The Department shall assess the Annual Permit Fee and send an invoice for each Permit on or about February 1st of each year to the Communications Utility. The Annual Permit Fee shall be paid by July 1st of each year.
- vii. All Annual Permit Fees shall be paid within thirty (30) days of the due date. If an Annual Permit Fee is not paid within thirty (30) days of the due date, the subject Permit may be subject to revocation by the Department.
- viii. Prior to revocation of any Permit for failure to timely pay the Annual Permit Fees or for any other reason, the Department shall send a final notice to the Communications Utility at least thirty (30) days before the revocation of the Permit shall become effective.
- ix. If a permittee does not install all utilities approved in a Permit, it must inform the Department of the location of the actual installation one (1) year from the issuance of the Permit.

c. Existing Permits. For Existing Permits, the rates set forth in this subsection (2) shall be applicable on January 1, 2022. Permittees issued a Permit before January 1, 2022 and that have no outstanding invoices or payments associated with any issued permits may select to pay the rates set forth in this rule for Existing Permits.

d. Waivers of Annual Permit Fees.

i. Notwithstanding otherwise applicable requirements of [47 U.S.C. § 253](#), the Department may waive the Application Fee and/or the Annual Permit Fee where the sole purpose of a Permit is to provide Broadband Internet Access Service to public and private elementary and secondary schools or where the sole purpose of a Permit is to provide Broadband Internet Access Service to hospitals and other medical institutions including, but not limited to, emergency medical care centers. Any waiver under this subsection (d)(i) will remain in effect for as long as the use of the Permit remains the same.

ii. Notwithstanding otherwise applicable requirements of [47 U.S.C. § 253](#), the Department shall waive the Application Fee and/or the Annual Permit Fee for EMCs where the sole purpose of a Permit is to provide Broadband Internet Access Service. Any waiver under this subsection (d)(ii) will remain in effect for as long as the use of the Permit remains the same.

(3) Alternative Procedure for Assessing Fees.

a. In lieu of the Permit Fees set forth in this Rule, a Communications Utility may enter into an agreement with the Department for payment of an annual lump sum amount that represents a reasonable approximation of the average cost to the Department associated with the administration of the Permits of the Communications Utility, the inspection of work on the Public Rights-of-Way, and the continued occupancy by the permitted Communications Utility on the Public Rights-of-Way to be negotiated on an individual basis. Such agreements will take into

consideration the mileage and/or number of facilities in place by the Communications Utility, the amount of current and anticipated Permit work within the Public Rights-of-Way, and the estimated costs to the Department of the Communications Utility's operations. Such agreements shall provide for annual adjustments of the fee amount.

b. The Department and a Communications Utility may have previously entered into an agreement for payment of an annual lump sum amount prior to the adoption of this Chapter. Such agreements will remain in full force and effect if desired by the Communications Utility and the Department or may be renegotiated.

Cite as Ga. Comp. R. & Regs. R. 672-11-.04

AUTHORITY: O.C.G.A. §§ [32-6-174](#), [50-13-4](#), [32-2-2](#).

HISTORY: Original Rule entitled "Alternate Procedure for Assessing Fees" was filed on February 4, 1986; effective February 24, 1986.

Amended: New title "Issuance of Permits, Permit Fees, and Alternative Procedure for Assessing Fees for Communication Utilities." F. Aug. 24, 2021; eff. Sep. 13, 2021.

