

The Senate Committee on Regulated Industries and Utilities offered the following substitute to HB 987:

A BILL TO BE ENTITLED
AN ACT

1 To amend Chapter 5 of Title 30 and Title 31 of the Official Code of Georgia Annotated,
2 relating to the "Disabled Adults and Elder Persons Protection Act" and health, respectively,
3 so as to provide additional measures for the protection of elderly persons; to prohibit
4 retaliation against a person relating to a report that a disabled adult or elder person is in need
5 of protective services or has been the victim of abuse, neglect, or exploitation; to increase the
6 maximum fines for violation by health care facilities; to provide for staffing, training, and
7 financial stability requirements for certain personal care homes and assisted living
8 communities; to provide for limited nursing services in assisted living communities; to
9 provide for certification of memory care centers; to provide for definitions; to amend Title
10 43 of the Official Code of Georgia Annotated, relating to professions and businesses, so as
11 to provide for definitions; to rename the State Board of Nursing Home Administrators the
12 State Board of Long-Term Care Facility Administrators; to require licensure of assisted
13 living community administrators and certain personal care home administrators; to revise the
14 composition of the board; to provide for the establishment of additional licensure criteria; to
15 provide for related matters; to provide for an effective date; to repeal conflicting laws; and
16 for other purposes.

17 BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

SECTION 1.

18 Chapter 5 of Title 30 of the Official Code of Georgia Annotated, relating to the "Disabled
19 Adults and Elder Persons Protection Act," is amended by adding a new Code section to read
20 as follows:

21 "30-5-4.1.

22 No person shall discriminate or retaliate in any manner against:

23 (1) Any person who makes a report pursuant to this chapter, who testifies in any judicial
24 proceeding arising from the report, who provides protective services, who participates in
25

26 an investigation, or who participates on an Adult Abuse, Neglect, and Exploitation
 27 Multidisciplinary Team under the provisions of this chapter; or
 28 (2) Any disabled adult or elder person who is the subject of a report."

29 **SECTION 2.**

30 Title 31 of the Official Code of Georgia Annotated, relating to health, is amended in Code
 31 Section 31-2-4, relating to the Department of Community Health's powers, duties, functions,
 32 and responsibilities, by revising paragraphs (9) and (10) of subsection (d), as follows:

33 "(9) Shall establish, by rule adopted pursuant to Chapter 13 of Title 50, the 'Georgia
 34 Administrative Procedure Act,' a schedule of fees for licensure activities for institutions
 35 and other health care related entities required to be licensed, permitted, registered,
 36 certificated, or commissioned by the department pursuant to Chapter 7, 13, 23, or 44 of
 37 this title, Chapter 5 of Title 26, paragraph (8) of this subsection, or Article 7 of Chapter
 38 6 of Title 49. Such schedules shall be determined in a manner so as to help defray the
 39 costs incurred by the department, but in no event to exceed such costs, both direct and
 40 indirect, in providing such licensure activities. Such fees may be annually adjusted by
 41 the department but shall not be increased by more than the annual rate of inflation as
 42 measured by the Consumer Price Index, as reported by the Bureau of Labor Statistics of
 43 the United States Department of Labor. All fees paid thereunder shall be paid into the
 44 general funds of the State of Georgia. It is the intent of the General Assembly that the
 45 proceeds from all fees imposed pursuant to this paragraph be used to support and improve
 46 the quality of licensing services provided by the department;

47 (10)(A) May accept the certification or accreditation of an entity or program by a
 48 certification or accreditation body, in accordance with specific standards, as evidence
 49 of compliance by the entity or program with the substantially equivalent departmental
 50 requirements for issuance or renewal of a permit or provisional permit, provided that
 51 such certification or accreditation is established prior to the issuance or renewal of such
 52 permits. The department may not require an additional departmental inspection of any
 53 entity or program whose certification or accreditation has been accepted by the
 54 department, except to the extent that such specific standards are less rigorous or less
 55 comprehensive than departmental requirements. Nothing in this Code section shall
 56 prohibit either departmental inspections for violations of such standards or requirements
 57 or the revocation of or refusal to issue or renew permits, as authorized by applicable
 58 law, or for violation of any other applicable law or regulation pursuant thereto.

59 (B) For purposes of this paragraph, the term:

60 (i) 'Entity or program' means an agency, center, facility, institution, community living
 61 arrangement, drug abuse treatment and education program, or entity subject to

62 regulation by the department under Chapters 7, 13, 22, 23, and 44 of this title;
 63 Chapter 5 of Title 26; paragraph (8) of this subsection; and Article 7 of Chapter 6 of
 64 Title 49.

65 (ii) 'Permit' means any license, permit, registration, certificate, or commission issued
 66 by the department pursuant to the provisions of the law cited in division (i) of this
 67 subparagraph;"

68 SECTION 3.

69 Said title is further amended in Code Section 31-2-8, relating to actions by the Department
 70 of Community Health against certain applicants or licensees, by revising paragraph (6) of
 71 subsection (c) and subsection (e) as follows:

72 "(6)(A) Except as otherwise provided in subparagraph (B) of this paragraph, impose
 73 Impose a fine, not to exceed a total of \$25,000.00, of up to \$1,000.00 \$2,000.00 per day
 74 for each violation of a law, rule, regulation, or formal order related to the initial or
 75 ongoing licensing of any agency, facility, institution, or entity, up to a total of
 76 \$40,000.00;

77 (B) Impose a mandatory fine of no less than \$5,000.00 for a violation of a law, rule,
 78 regulation, or formal order related to the initial or ongoing licensing of long-term care
 79 facility which has caused the death of or serious physical harm to a resident in such
 80 facility. For purposes of this subparagraph, the term 'serious physical harm' means an
 81 injury which causes any significant impairment of the physical condition of the resident
 82 as determined by qualified medical personnel;

83 (C) No ~~except that no~~ fine may be imposed pursuant to this paragraph against any
 84 nursing facility, nursing home, or intermediate care facility which is subject to
 85 intermediate sanctions under the provisions of 42 U.S.C. Section 1396r(h)(2)(A), as
 86 amended, whether or not those sanctions are actually imposed; or"

87 "(e) The department may deny a license or otherwise restrict a license for any applicant
 88 who has had a license denied, revoked, or suspended within one year of the date of an
 89 application or who has transferred ownership or governing authority of an agency, facility,
 90 institution, or entity subject to regulation by the department within one year of the date of
 91 a new application when such transfer was made in order to avert denial, revocation, or
 92 suspension of a license or to avert the payment of fines assessed by the department
 93 pursuant to this Code section."

94 SECTION 4.

95 Said title is further amended in Code Section 31-7-3.2, relating to notice of cited deficiency
 96 and imposition of sanction, by revising subsection (a) as follows:

132 the 'Georgia Administrative Procedure Act,' reasonable standards to protect the health,
133 safety, and welfare of the occupants of such personal care homes.

134 (c) Upon the designation by the department and with the consent of county boards of
135 health, such boards may act as agents to the department in performing inspections and other
136 authorized functions regarding personal care homes licensed under this chapter. With
137 approval of the department, county boards of health may establish inspection fees to defray
138 part of the costs of inspections performed for the department.

139 (d) The state ombudsman or community ombudsman, on that ombudsman's initiative or
140 in response to complaints made by or on behalf of residents of a registered or licensed
141 personal care home, may conduct investigations in matters within the ombudsman's powers
142 and duties.

143 (e) The department shall promulgate procedures to govern the waiver, variance, and
144 exemption process related to personal care homes pursuant to Chapter 2 of this title. Such
145 procedures shall include published, measurable criteria for the decision process, shall take
146 into account the need for protection of public and individual health, care, and safety, and
147 shall afford an opportunity for public input into the process.

148 (f) On and after July 1, 2021, personal care homes with 25 or more beds shall be required
149 to meet the following staffing and training requirements:

150 (1) Ensure that each direct care staff person receives initial and annual training covering
151 topics specified by the department to ensure a demonstrated knowledge and
152 understanding of caring for elderly and disabled adults; and

153 (2) Maintain an average monthly minimum on-site staffing ratio of one direct care staff
154 person for every 15 residents during all waking hours and one direct care staff person for
155 every 20 residents during all nonwaking hours; provided, however, that either such ratio
156 is adequate to meet the needs of the residents.

157 (g) On and after July 1, 2021, personal care homes with 25 or more beds shall be required
158 to meet the following financial stability requirements:

159 (1) Upon initial application for licensure, provide a financial stability affidavit to the
160 department from a certified public accountant affirming the applicant's ability to operate
161 as a going concern for the next two years;

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

165 (3) Provide a minimum of 14 days' written notice to the department and all residents of
166 any impending change of ownership that may force discharge or relocation of residents
167 or otherwise adversely impact the provision of safe care and oversight.

168 (h)(1) A personal care home with 25 or more beds which operates a memory care center
169 in its facility may employ certified medication aides for the purpose of performing the
170 technical aspects of the administration of certain medications in accordance with this
171 subsection. Any such personal care home may utilize certified medication aides in its
172 memory care center and anywhere in the same building in which the memory care center
173 is located. A personal care home that employs one or more certified medication aides
174 must have a safe medication and treatment administration system that meets all the
175 requirements of this subsection.

176 (2) A personal care home may not employ an individual as a medication aide unless such
177 individual is listed in the medication aide registry established by the department pursuant
178 to paragraph (2) of subsection (g) of Code Section 31-7-12.2 in good standing. An
179 applicant for certification as a medication aide shall meet the qualifications contained in
180 paragraph (3) of subsection (g) of Code Section 31-7-12.2.

181 (3) A personal care home shall annually conduct a comprehensive clinical skills
182 competency review of each medication aide employed by the personal care home.

183 (4) A medication aide who meets the criteria established in this subsection shall be
184 permitted to perform the following tasks in a personal care home in accordance with the
185 written instructions of a physician:

186 (A) Administer physician ordered oral, ophthalmic, topical, otic, nasal, vaginal, and
187 rectal medications;

188 (B) Administer insulin, epinephrine, and B12 pursuant to physician direction and
189 protocol;

190 (C) Administer medication via a metered dose inhaler;

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

192 (E) Administer a commercially prepared disposable enema as ordered by a physician;

193 (F) Assist residents in the supervision of self-administration of medication; and

194 (G) Administer liquid morphine to a resident of the personal care home who is the
195 patient of a licensed hospice, pursuant to a hospice physician's written order that
196 contains specific instructions for indication, dosage, frequency, and route of
197 administration, provided that the licensed hospice consents to the use and
198 administration of liquid morphine as described in this subparagraph. The medication
199 aide shall observe and document the resident's need for all 'as needed' (PRN) liquid
200 morphine in such resident's record and such indications of need may include
201 verbalizations of pain, groaning, grimacing, or restlessness. The initial dose of any
202 liquid morphine administered pursuant to this subparagraph shall be administered and
203 assessed by a licensed hospice health care professional to observe and address any
204 adverse reactions to such medication. The personal care home shall ensure that any

205 medication aides who will be administering liquid morphine to any hospice patients in
206 such personal care home pursuant to this subparagraph receive adequate training from
207 a licensed hospice on the safe and proper administration of liquid morphine prior to
208 such administration and on an annual basis thereafter. The personal care home shall
209 maintain documentation of all training provided and shall adhere to all security and
210 storage requirements for liquid morphine required under state and federal law,
211 including but not limited to, any rules promulgated by the department. Notwithstanding
212 the foregoing, the supply of liquid morphine on-site at the personal care home shall be
213 limited to no more than 50 ml for each hospice patient in the personal care home and
214 shall only be administered under limited circumstances when a licensed hospice health
215 care professional is not otherwise available. The department shall promulgate rules and
216 regulations to implement this subparagraph.

217 (5) A medication aide shall record in the medication administration record all
218 medications that such medication aide has personally administered to a resident of a
219 personal care home and any refusal of a resident to take a medication. A medication aide
220 shall observe a resident to whom medication has been administered and shall report any
221 changes in the condition of such resident to the personal representative or legal surrogate
222 of such resident.

223 (6) All medication administered by a medication aide in accordance with this subsection
224 shall be in unit or multidose packaging.

225 (7) A personal care home that employs one or more medication aides to administer
226 medications in accordance with this subsection shall secure the services of a licensed
227 pharmacist to perform the following duties:

228 (A) Perform a quarterly review of the drug regimen of each resident of the personal
229 care home and report any irregularities to the personal care home administrator;

230 (B) Remove for proper disposal any drugs that are expired, discontinued, in a
231 deteriorated condition, or when the resident for whom such drugs were ordered is no
232 longer a resident;

233 (C) Establish or review policies and procedures for safe and effective drug therapy,
234 distribution, use, and control; and

235 (D) Monitor compliance with established policies and procedures for medication
236 handling and storage.

237 (8) A personal care home that employs one or more medication aides to administer
238 medications in accordance with this subsection shall ensure that each medication aide
239 receives ongoing medication training as prescribed by the department. A registered
240 professional nurse or licensed pharmacist shall conduct random medication

241 administration observations on a quarterly basis and report any issues to the personal care
 242 home administrator."

243 **SECTION 6.**

244 Said title is further amended in Code Section 31-7-12.2, relating to regulation and licensing
 245 of assisted living communities, by revising subsections (b) and (f) and by adding new
 246 subsections to read as follows:

247 "(b) As used in this Code section, the term:

248 (1) 'Ambulatory' means the ability to move from place to place by walking, either
 249 unaided or aided by a prosthesis, brace, cane, crutches, walker, or hand rails, or by
 250 propelling a wheelchair and to respond to an emergency condition, whether caused by fire
 251 or otherwise, and escape with minimal human assistance using the normal means of
 252 egress.

253 (2) 'Assisted living care' includes:

254 (A) Personal services, which includes, but is not limited to, individual assistance with
 255 or supervision of self-administered medication and essential activities of daily living
 256 such as eating, bathing, grooming, dressing, and toileting;

257 (B) The administration of medications by a medication aide in accordance with this
 258 Code section; ~~and~~

259 (C) The provision of assisted self-preservation in accordance with this Code section;
 260 and

261 (D) The provision of limited nursing services.

262 (3) 'Assisted living community' means a personal care home with a minimum of 25 beds
 263 that is licensed as an assisted living community pursuant to Code Section 31-7-3.

264 (4) 'Assisted self-preservation' means the capacity of a resident to be evacuated from an
 265 assisted living community, to a designated point of safety and within an established
 266 period of time as determined by the ~~Office~~ office of ~~the~~ Safety Fire Commissioner.

267 Assisted self-preservation is a function of all of the following:

268 (A) The condition of the individual;

269 (B) The assistance that is available to be provided to the individual by the staff of the
 270 assisted living community; and

271 (C) The construction of the building in which the assisted living community is housed,
 272 including whether such building meets the state fire safety requirements applicable to
 273 an existing health care occupancy.

274 (5) 'Continuous medical or nursing care' means medical or nursing care required other
 275 than on a periodic basis or for a short-term illness.

276 (6) 'Direct care staff person' means any employee, facility volunteer, or contract staff
 277 who provides to residents:

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

281 (B) Any other limited nursing services.

282 (7) 'Limited nursing services' means the assessment of the physical, mental, and
 283 emotional status to determine the appropriate level of care for an individual; the
 284 performance of health maintenance activities, as defined in division (a)(9)(C)(ii) of Code
 285 Section 43-26-12; and the provision of any nursing care within the direct care staff
 286 person's scope of practice that can be completed within seven days or intermittently."

287 "(f) An assisted living community shall not admit or retain an individual who is in need
 288 of continuous medical or nursing care. Other than as permitted by a medication aide
 289 pursuant to paragraph (7) of subsection (g) of this Code section or for limited nursing
 290 services provided by a registered professional nurse or licensed practical nurse pursuant to
 291 subparagraph (b)(2)(D) of this Code section, medical, nursing, or health services required
 292 on a periodic basis, or for short-term illness, shall not be provided as services of an assisted
 293 living community. When such services are required, they shall be purchased by the
 294 resident or the resident's representative or legal surrogate, if any, from appropriate
 295 providers managed independently from the assisted living community. An assisted living
 296 community may assist in arranging for such services, but not in the provision of such
 297 services."

298 "(j) On and after July 1, 2021, all assisted living communities shall be required to meet the
 299 following staffing and training requirements:

300 (1) Ensure that each direct care staff person in the assisted living community receives
 301 initial and annual training covering topics specified by the department to ensure a
 302 demonstrated knowledge and understanding of caring for elderly and disabled adults; and

303 (2) Maintain the following minimum staffing requirements:

304 (A) An average monthly minimum on-site staffing ratio of one direct care staff person
 305 for every 15 residents during all waking hours and one direct care staff person for every
 306 20 residents during all nonwaking hours; provided, however, that either such ratio is
 307 adequate to meet the needs of the residents;

308 (B) At least two on-site direct care staff persons at all times; and

309 (C) A registered professional nurse or licensed practical nurse on-site, as follows:

310 (i) For assisted living communities with one to 30 residents, a minimum of eight
 311 hours per week;

- 312 (ii) For assisted living communities with 31 to 60 residents, a minimum of 16 hours
 313 per week;
- 314 (iii) For assisted living communities with 61 to 90 residents, a minimum of 24 hours
 315 per week; or
- 316 (iv) For assisted living communities with more than 90 residents, a minimum of 40
 317 hours per week.
- 318 (k) On and after July 1, 2021, all assisted living communities shall be required to meet the
 319 following financial stability requirements:
- 320 (1) Upon initial application for an assisted living community license, provide a financial
 321 stability affidavit from a certified public accountant affirming the applicant's ability to
 322 operate as a going concern for the next two years;
- 323 (2) Provide a minimum of 60 days' written notice to the department and all residents of
 324 any impending bankruptcy or property eviction that may force discharge or relocation of
 325 residents or otherwise adversely impact the provision of safe care and oversight; and
- 326 (3) Provide a minimum of 14 days' written notice to the department and all residents of
 327 any impending change of ownership that may force discharge or relocation of residents
 328 or otherwise adversely impact the provision of safe care and oversight."

329 **SECTION 7.**

330 Said title is further amended in Code Section 31-7-12.3, relating to adoption of rules and
 331 regulations to implement Code Sections 31-7-12 and 31-7-12.2, as follows:

332 "31-7-12.3.

333 The department shall adopt rules and regulations to implement Code Sections 31-7-12
 334 and 31-7-12.2. ~~Such~~ Notwithstanding the provision of limited nursing services by assisted
 335 living communities, such rules and regulations shall establish meaningful distinctions
 336 between the levels of care provided by personal care homes, assisted living communities,
 337 and nursing homes but shall not curtail the scope or levels of services provided by personal
 338 care homes or nursing homes as of June 30, 2011; provided, however, that nothing in this
 339 chapter shall preclude the department from issuing waivers or variances to personal care
 340 homes of the rules and regulations established pursuant to this Code section.
 341 Notwithstanding Code Section 31-7-12.2, the department shall not grant a waiver or
 342 variance unless:

- 343 (1) There are adequate standards affording protection for the health and safety of
 344 residents of the personal care home;
- 345 (2) The resident of the personal care home provides a medical assessment conducted by
 346 a licensed health care professional who is unaffiliated with the personal care home which
 347 identifies the needs of the resident; and

348 (3) The department finds that the personal care home can provide or arrange for the
 349 appropriate level of care for the resident."

350 **SECTION 8.**

351 Said title is further amended in Article 1 of Chapter 7, relating to regulation of hospitals and
 352 related institutions, by adding new Code sections to read as follows:

353 "31-7-12.4.

354 (a) As used in this Code section, the term:

355 (1) 'Alzheimer's' means having characteristics of Alzheimer's disease, a progressive and
 356 degenerative brain disease that causes impairment or change in memory, thinking, or
 357 behavior.

358 (2) 'Assisted living community' means a facility licensed pursuant to Code
 359 Section 31-7-12.2.

360 (3) 'Certificate' means a certificate issued by the department pursuant to this Code
 361 section to operate a memory care center.

362 (4) 'Dementia' means any disease from a class of degenerative brain disorders that cause
 363 impairment or changes in memory, thinking, or behavior that are progressive and
 364 irreversible. Such diseases include, but are not limited to, Alzheimer's disease, Lewy
 365 body dementia, frontotemporal dementia, and vascular dementia.

366 (5) 'Direct care staff person' means any employee, facility volunteer, or contract staff
 367 who provides to residents:

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

371 (B) Any other limited nursing services, as defined in subsection (b) of Code Section
 372 31-7-12.2.

373 (6) 'Memory care center' means a freestanding or incorporated specialized unit within an
 374 assisted living community or personal care home that either:

375 (A) Holds itself out as providing additional or specialized care to persons with
 376 diagnoses of probable Alzheimer's or other dementias or with cognitive deficits that
 377 may place the resident at risk; or

378 (B) Charges higher rates for care for residents with Alzheimer's or other dementias
 379 than for care to other residents.

380 (7) 'Personal care home' means a facility licensed pursuant to Code Section 31-7-12.

381 (b) On and after July 1, 2021, no assisted living community or personal care home shall
 382 operate a memory care center without first obtaining a certificate from the department. A
 383 certificate issued pursuant to this Code section shall not be assignable or transferable. In

384 order to receive a certificate from the department to operate a memory care center, an
385 applicant shall meet and be subject to the requirements contained in this Code section and
386 in rules and regulations established by the department.

387 (c)(1) A memory care center shall meet the following minimum staffing requirements:

388 (A) One dementia trained direct care staff person for every 12 residents on-site during
389 all waking hours and for every 15 residents on-site during all nonwaking hours based
390 on a monthly average; provided, however, that such ratio is adequate to meet the needs
391 of the residents;

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

394 (C) Two direct care staff persons on-site at all times; and

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

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

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

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

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

405 (2) A memory care center shall meet the following training requirements:

406 (A) All staff, regardless of role, shall receive at least four hours of dementia-specific
407 orientation within the first 30 days of working in the center. Such orientation shall
408 include:

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

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

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

415 (iv) Techniques for successful communication with individuals with Alzheimer's and
416 other dementias;

417 (B) All direct care staff personnel shall receive initial orientation training within the
418 first 30 days of caring for residents independently that, at a minimum, includes:

419 (i) General training, to include:

- 420 (I) Development, updating, and implementation of comprehensive and individual
421 service plans;
- 422 (II) Skills for recognizing physical or cognitive changes in the resident that warrant
423 seeking medical attention;
- 424 (III) Residents' rights and identification of conduct constituting abuse, neglect, or
425 exploitation;
- 426 (IV) General infection control principles;
- 427 (V) Emergency preparedness training;
- 428 (VI) Emergency first aid; and
- 429 (VII) Cardiopulmonary resuscitation; and
- 430 (ii) Specialized training in dementia care, to include:
- 431 (I) The nature of Alzheimer's and other dementias;
- 432 (II) The center's philosophy related to the care of residents with Alzheimer's and
433 other dementias;
- 434 (III) The center's policies and procedures related to care of residents with
435 Alzheimer's and other dementias;
- 436 (IV) Common behavior problems characteristic of residents with Alzheimer's and
437 other dementias;
- 438 (V) Positive therapeutic interventions and activities;
- 439 (VI) Skills for maintaining the safety of the resident; and
- 440 (VII) The role of the family in caring for residents with Alzheimer's and other
441 dementias;
- 442 (C) Direct care staff personnel shall complete a minimum of 16 hours of specialized
443 training in dementia care within the first 30 days of working independently with
444 residents with Alzheimer's or other dementias, and a minimum of eight hours of such
445 specialized training in dementia care annually thereafter; and
- 446 (D) The memory care center shall maintain documentation reflecting course content,
447 instructor qualifications, agenda, and attendance rosters for all training sessions
448 provided.
- 449 (d) The department shall establish such other requirements as deemed necessary to protect
450 the well-being of residents with Alzheimer's and other dementias, which shall include, but
451 shall not be limited to, requirements relating to:
- 452 (1) Admission policies and procedures, assessment of residents, and development of
453 written care plans;
- 454 (2) Physical design, environment, and safety measures to accommodate and protect
455 residents; and

456 (3) Measures and protocols to address and prevent the elopement of residents, including
457 appropriate safety devices and maintaining current photographs of residents.

458 (e) The department shall promulgate rules and regulations to implement the provisions of
459 this Code section.

460 (f) In accordance with subsection (b) of Code Section 31-2-7, the department upon
461 application or petition may, in its discretion, grant variances and waivers of the rules and
462 regulations applicable to memory care centers.

463 31-7-12.5.

464 (a) As used in this Code section, the term 'COVID-19' means coronavirus disease 2019.

465 (b) Each personal care home with 25 or more beds, each assisted living community, and
466 each nursing home licensed in this state shall:

467 (1) Inform its residents and their representatives or legal surrogates by 5:00 P.M. the next
468 calendar day following the occurrence of either a single confirmed infection of
469 COVID-19 or another airborne infectious disease identified by the department or the
470 federal Centers for Disease Control and Prevention as a threat to public health, or three
471 or more residents or staff with new-onset of respiratory symptoms occurring within 72
472 hours of each other. Such information shall:

473 (A) Not include personally identifiable information;

474 (B) Include information on mitigating actions implemented to prevent or reduce the
475 risk of transmission, including if normal operations of the facility will be altered; and

476 (C) Include any cumulative updates for residents and their representatives or legal
477 surrogates at least weekly or by 5:00 P.M. the next calendar day following the
478 occurrence of any subsequent confirmed infection of COVID-19, or whenever three or
479 more residents or staff with new onset of respiratory symptoms occurs within 72 hours
480 of each other;

481 (2) Maintain a minimum of a seven-day supply of protective masks, surgical gowns, eye
482 protection, and gloves sufficient to protect all residents and staff;

483 (3) Maintain and publish for its residents and their representatives or legal surrogates
484 policies and procedures pertaining to infection control and mitigation within their
485 facilities and update such policies and procedures annually; and

486 (4) As part of the facility's disaster preparedness plan required pursuant to subsection (c)
487 of Code Section 31-7-3 and department rules and regulations, include an epidemic and
488 pandemic plan for influenza and other infectious diseases which conforms to department
489 and federal Centers for Disease Control and Prevention standards that contains the
490 following minimum elements:

- 491 (A) Protocols for surveillance and detection of epidemic and pandemic diseases in
 492 residents and staff;
 493 (B) A communication plan for sharing information with public health authorities,
 494 residents, residents' representatives or their legal surrogates, and staff;
 495 (C) An education and training plan for residents and staff regarding infection control
 496 protocols;
 497 (D) An infection control plan that addresses visitation, cohorting measures, sick leave
 498 and return-to-work policies, and testing and immunization policies; and
 499 (E) A surge capacity plan that addresses protocols for contingency staffing and supply
 500 shortages.

501 31-7-12.6.

502 (a) As used in this Code section, the term:

503 (1) 'Direct care staff person' means any employee, facility volunteer, or contract staff
 504 who provides to residents:

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

508 (B) Any other limited nursing services, as defined in subsection (b) of Code Section
 509 31-7-12.2.

510 (2) 'Long-term care facility' means a personal care home with 25 or more beds, an
 511 assisted living community, or a nursing home licensed in this state.

512 (b) No later than 90 days after the effective date of this Act each resident and direct care
 513 staff person in a long-term care facility in this state shall be required to receive an initial
 514 baseline molecular SARS CoV-2 test as outlined by the federal Centers for Disease Control
 515 and Prevention; provided, however, that residents and direct care staff persons tested prior
 516 to the effective date of this Act shall not be required to receive such test.

517 (c) The department shall be authorized to establish rules and regulations to require testing
 518 of new residents and direct care staff persons on and after 90 days after the effective date
 519 of this Act."

520 **SECTION 9.**

521 Title 43 of the Official Code of Georgia Annotated, relating to professions and businesses,
 522 is amended by revising Chapter 27, relating to nursing home administrators, as follows:

523 "43-27-1.

524 As used in this chapter, the term:

- 525 (1) 'Administrator' means a person who operates, manages, supervises, or is in charge of
 526 a long-term care facility.
- 527 (2) 'Assisted living community' means a facility licensed pursuant to Code
 528 Section 31-7-12.2.
- 529 (3) 'Assisted living community administrator' means a person who operates, manages,
 530 supervises, or is in charge of an assisted living community.
- 531 ~~(4)~~(4) 'Board' means the State Board of ~~Nursing Home~~ Long-Term Care Facility
 532 Administrators.
- 533 (5) 'Long-term care facility' means a personal care home, an assisted living community,
 534 or a nursing home.
- 535 ~~(2)~~(6) 'Nursing home' has the same meaning as prescribed by the Department of
 536 Community Health in the rules and regulations for nursing homes.
- 537 ~~(3)~~(7) 'Nursing home administrator' means a person who operates, manages, or
 538 supervises or is in charge of a nursing home.
- 539 (8) 'Personal care home' means a facility licensed pursuant to Code Section 31-7-12
 540 which has 25 or more beds.
- 541 (9) 'Personal care home administrator' means a person who operates, manages,
 542 supervises, or is in charge of a personal care home.

543 43-27-2.

544 (a) There is created the State Board of ~~Nursing Home~~ Long-Term Care Facility
 545 Administrators, which, on and after the effective date of this Act, shall consist of ~~13~~ nine
 546 members, none of whom may be employees of the United States government or of this
 547 state, and the commissioner of human services or his or her designee, who shall serve as
 548 ex officio member of the board, and the commissioner of community health or his or her
 549 designee, who shall serve as ex officio member of the board. The members of the board
 550 shall be appointed by the Governor and confirmed by the Senate, as follows:

- 551 (1) Three members who are nursing home administrators in this state, at least one of
 552 whom shall represent nonproprietary nursing homes;
- 553 (2) Three members each of whom are either a personal care home administrator or an
 554 assisted living community administrator; provided, however, that on and after July 1,
 555 2021, all successor members appointed pursuant to this paragraph shall be either a
 556 licensed personal care home administrator or a licensed assisted living community
 557 administrator;
- 558 (3) Two members of the public at large who are not personal care home administrators,
 559 assisted living community administrators, or nursing home administrators or pecuniarily
 560 interested in any personal care home, assisted living community, or nursing home, or

561 have any connection with the personal care home, assisted living community, or nursing
 562 home industry whatsoever; and

563 (4) One member who is a health care professional with at least a bachelor's degree,
 564 experience in elder care, and knowledge in dementia care and who is not a personal care
 565 home administrator, an assisted living community administrator, or a nursing home
 566 administrator or pecuniarily interested in any personal care home, assisted living
 567 community, or nursing home, or has any connection with the personal care home, assisted
 568 living community, or nursing home industry whatsoever; and

569 ~~(1) One member who is a licensed medical doctor in this state and who is not a nursing~~
 570 ~~home administrator or pecuniarily interested in any nursing home;~~

571 ~~(2) One member who is a registered nurse in this state and who is not a nursing home~~
 572 ~~administrator or pecuniarily interested in any nursing home;~~

573 ~~(3) One member who is an educator with a graduate degree and specializing in the field~~
 574 ~~of gerontology and who is not a nursing home administrator or pecuniarily interested in~~
 575 ~~any nursing home;~~

576 ~~(4) Three members of the public at large who are not nursing home administrators or~~
 577 ~~pecuniarily interested in any nursing home or have any connection with the nursing home~~
 578 ~~industry whatsoever. Two of these three public, at-large positions shall be appointed~~
 579 ~~from a list of three persons for each of these two positions submitted by the Board of~~
 580 ~~Community Health. The Governor is vested with complete discretion in appointing the~~
 581 ~~third member for one of these three public, at-large positions;~~

582 ~~(5) One member who is a hospital administrator in this state, who is the holder of a~~
 583 ~~master's degree in hospital administration, and who is not a nursing home administrator~~
 584 ~~or pecuniarily interested in any nursing home; and~~

585 ~~(6) Six members, at least one of whom shall represent nonproprietary nursing homes,~~
 586 ~~who are licensed nursing home administrators in this state.~~

587 (b) The term for all members shall be three years from the date of appointment. A member
 588 may be removed as provided in Code Section 43-1-17, including removal for failing to
 589 attend three meetings in one calendar year. All vacancies shall be filled by the Governor
 590 for the unexpired terms in accordance with the requirements for appointment to the vacant
 591 position.

592 43-27-3.

593 The board shall elect a chairman and vice-chairman from its membership and such other
 594 officers as it shall deem necessary and shall adopt rules and regulations to govern its
 595 proceedings. Each member of the board shall be reimbursed as provided for in

596 subsection (f) of Code Section 43-1-2. The division director shall be the executive
597 secretary of the board.

598 43-27-4.

599 The board shall have sole and exclusive authority to determine the qualifications, skill, and
600 fitness of any person to serve as an administrator of a personal care home, an assisted living
601 community, or a nursing home under this chapter; and the holder of a license under this
602 chapter shall be deemed qualified to serve as the administrator of a such personal care
603 home, assisted living community, or nursing home, as applicable.

604 43-27-5.

605 (a) The board shall have the following powers and duties:

- 606 (1) To issue, renew, and reinstate the licenses of duly qualified applicants for licensure;
607 (2) To deny, suspend, revoke, or otherwise sanction licenses to practice as a ~~nursing~~
608 ~~home~~ an administrator;
609 (3) To initiate investigations for the purpose of discovering violations of this chapter;
610 (4) To initiate investigations for the purpose of discovering violations by a ~~nursing home~~
611 an administrator of the rules, regulations, or statutes of the Department of Community
612 Health or the Department of Human Services, provided that the board shall investigate
613 those violations only after revocation, limitation, or restriction of participation of the
614 ~~nursing home~~ long-term care facility of which such individual is the administrator in the
615 medical assistance program, if applicable, or the license issued by the Department of
616 Community Health and make written findings as to the causes of the alleged violations;
617 (5) To conduct hearings upon charges into alleged violations of this chapter;
618 (6) To prepare or approve all examinations for licensure as a ~~nursing home~~ an
619 administrator;
620 (7) To develop, impose, and enforce standards which must be met by individuals in order
621 to receive or maintain a license as a personal care home administrator, as an assisted
622 living community administrator, and as a nursing home administrator;
623 (8) To conduct a continuing study and investigation of ~~nursing homes and administrators~~
624 ~~of nursing homes~~ long-term care facilities and administrators of such long-term care
625 facilities within the state for the purpose of improving the standards imposed for the
626 licensing of such administrators; and
627 (9) To adopt such rules and regulations as shall be reasonably necessary for the
628 implementation and enforcement of this chapter. The board shall have the authority to
629 establish, provide, or approve various education programs or courses for personal care
630 home administrators, for assisted living community administrators, and for nursing home

631 administrators and to prescribe rules and regulations requiring applicants for licenses as
 632 ~~nursing home~~ administrators to attend such programs or courses as a prerequisite to their
 633 being admitted to the examination or issued a license and requiring licensed ~~nursing~~
 634 ~~home~~ administrators to attend such programs or courses as a prerequisite to their being
 635 issued any license renewal.

636 (b) Nothing in this chapter or in the rules and regulations adopted under this chapter shall
 637 be construed to require an applicant for a license as a ~~nursing home~~ an administrator who
 638 is certified by a recognized church or religious denomination which teaches reliance on
 639 spiritual means alone for healing as having been approved to administer institutions
 640 certified by such church or denomination for the care and treatment of the sick in
 641 accordance with its teachings to demonstrate proficiency in any medical techniques or to
 642 meet any medical educational qualifications or medical standards not in accord with the
 643 remedial care and treatment provided in such institutions.

644 43-27-6.

645 (a)(1) Prior to July 1, 2021, no ~~No~~ person shall serve as a nursing home administrator
 646 until first obtaining a license from the board.

647 (2) On and after July 1, 2021, no person shall serve as an administrator of a long-term
 648 care facility until first obtaining a license from the board; provided, however, that an
 649 individual hired as an administrator of a long-term care facility shall have 60 days from
 650 the date of hire to obtain such licensure.

651 (b) The board shall issue licenses as ~~nursing home~~ administrators only to persons who:

652 (1) Are at least 21 years of age;

653 (2) Are of reputable and responsible character;

654 (3) ~~Reserved;~~

655 (4)(3) Meet the standards and the criteria established by the board to evidence the
 656 applicant's qualifications by training and experience to operate a personal care home, an
 657 assisted living community, or a nursing home, provided that two years of experience
 658 working in a personal care home, an assisted living community, or a nursing home shall
 659 be equivalent to one year of any academic education and training requirements
 660 established by the board; and such experience may be substituted without limitation for
 661 such education and training requirements; and

662 (5)(4) Satisfactorily pass a written or oral examination, or both, approved by the board
 663 to determine the applicable qualifications of the applicant to operate a personal care
 664 home, an assisted living community, or a nursing home.

665 43-27-7.

666 (a) The board, in its discretion and otherwise subject to this chapter and the rules and
667 regulations of the board promulgated under this chapter prescribing the qualifications for
668 a personal care home administrator license, an assisted living community administrator
669 license, and a nursing home administrator license, may issue a license to a personal care
670 home administrator, an assisted living community administrator, or a nursing home
671 administrator who has been issued a license by the proper authorities of any state or issued
672 a certificate of qualification by any national organization, upon payment of a fee to be fixed
673 by the board and upon submission of evidence satisfactory to the board that such other state
674 or national organization maintains a system and standard of qualifications and
675 examinations for a personal care home administrator license, an assisted living community
676 administrator license, or a nursing home administrator license or certificate which is
677 substantially equivalent to those required in this state.

678 (b) An applicant for licensure who meets the qualifications of subsection (a) of this Code
679 section may be issued a provisional license by the board to practice as a personal care home
680 administrator, assisted living community administrator, or nursing home administrator
681 which shall be valid until the results of any examination required by the board and for
682 which the applicant is scheduled to take are released. An applicant who has been issued
683 a provisional license will be scheduled by the board to take the first available examination.
684 If the applicant passes the examination, the provisional license shall be valid until the
685 permanent license is issued. If the applicant fails to appear for the examination or if the
686 applicant fails the examination, the provisional license shall become invalid immediately.
687 The board may authorize the issuance of a second provisional license only to an applicant
688 who provides just cause to the board as to why the applicant was unable to appear for the
689 examination.

690 43-27-8.

691 Each person licensed as a ~~nursing home~~ an administrator shall be required to pay a biennial
692 license fee in an amount to be fixed by the board. Such license shall expire on the renewal
693 date established by the division director and shall be renewable for two years upon
694 payment of the biennial license fee. No license fee shall be required of any superintendent
695 of a state hospital or facility during such time as the superintendent is acting or serving in
696 the capacity as a nursing home administrator in a state institution and as an employee of
697 the state.

698 43-27-9.

699 The board may, for good cause shown and under such conditions as it may prescribe,
700 restore a license to any person whose license has been suspended or revoked.

701 43-27-10.

702 No provision of this chapter shall be construed as prohibiting or preventing a municipality
703 or county from fixing, charging, assessing, or collecting any license fee, registration fee,
704 tax, or gross receipt tax on any profession covered by this chapter or upon any related
705 profession or ~~any one~~ anyone engaged in any related profession governed by this chapter.

706 43-27-11.

707 (a) Any person who acts or serves in the capacity of a nursing home administrator without
708 holding a license as a nursing home administrator issued in accordance with this chapter
709 shall be guilty of a misdemeanor.

710 (b) Any person who knowingly acts or serves in the capacity of a personal care home
711 administrator or assisted living community administrator without holding an appropriate
712 license as such, issued in accordance with this chapter, shall be guilty of a misdemeanor.

713 ~~(b)~~(c) Any person not licensed under this chapter as a nursing home administrator who
714 holds himself or herself out to be a licensed nursing home administrator or uses the initials
715 N.H.A. after his or her name shall be guilty of a misdemeanor."

716 **SECTION 10.**

717 This Act shall become effective upon its approval by the Governor or upon its becoming law
718 without such approval.

719 **SECTION 11.**

720 All laws and parts of laws in conflict with this Act are repealed.