

**RULES  
OF  
DEPARTMENT OF HUMAN SERVICES  
OFFICE OF RESIDENTIAL CHILD CARE**

**CHAPTER 290-2-29**

**RULES AND REGULATIONS FOR MATERNITY HOMES**

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**290-2-29-.01 Legal Authority.** These rules are adopted and published pursuant to the Official Code of Georgia Annotated (O.C.G.A.) Sections 49-5-3, 49-5-8, 49-5-12 *et seq.*, and 49-2-17 *et seq.*

Authority O.C.G.A. Secs. 49-5-3, 49-5-8, 49-5-12, 49-2-17.

### **290-2-29-.02 Applicability of Rules.**

(1) No person, institution, agency, society or facility shall operate a maternity home unless a license or permit has been obtained from the Department.

(2) The following types of maternity homes or activities are exempt from the requirements of these regulations:

(a) Facilities licensed by the Department of Community Health pursuant to rules and regulations for hospitals, Chapter 290-9-7;

(b) Facilities licensed by the Department of Community Health pursuant to rules and regulations for intermediate care homes, Chapter 290-5-9;

(c) Facilities licensed by the Department of Community Health pursuant to rules and regulations for birthing homes, Chapter 290-5-41;

(d) Facilities, agencies and homes wherein children and youth are detained which are operated by any department or agency of state, county, or municipal government; and

(e) Facilities owned and operated by the federal government.  
Authority O.C.G.A. Secs. 49-5-3, 49-5-8, 49-5-12.

**290-2-29-.03 Title and Purpose.** These rules shall be known as the Rules and Regulations for Maternity Homes. The purpose of these rules is to provide minimal requirements for the licensing and inspection of maternity homes within the state of Georgia.

Authority O.C.G.A. Secs. 49-5-3, 49-5-8, 49-5-12. History. Original Rule entitled "Purpose" was filed on October 21, 1974; effective November 10, 1974.

**290-2-29-.04 Definitions.** In these rules, unless the context otherwise requires, the words, phrases and symbols set forth herein shall mean the following:

(a) "Adult" means any person 18 years of age or older who resides in the home.

(b) "Applicant" means the following:

1. When the 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 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 home is owned by an association, the governing body of the association shall authorize the application for the license and complete the statement of responsibility and the association shall serve as the licensee; and

4. When the 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.

(c) "Behavior management" means those principles and techniques used by a home to assist a resident in facilitating self-control, addressing inappropriate behavior, and achieving positive outcomes in a constructive and safe manner. Behavior management principles and techniques shall be used in accordance with the individual service plan, written policies and procedures governing service expectations, service plan goals, safety, security, and these rules and regulations.

(d) "Board" means the persons or legal entity in whom the ultimate legal responsibility, authority and accountability for the conduct of the home is vested.

(e) "Chemical restraint" means a drug or medication used as a restriction to manage the resident's behavior or restrict the resident's freedom of movement and is not a standard treatment or dosage in use for the resident's condition as specified in the service plan.

(f) "Child caring institution" means a child-welfare agency that is any institution, society, agency, or facility, whether incorporated or not, which either primarily or incidentally provides full-time care for children through 18 years of age outside of their own homes, subject to such exceptions as may be provided in rules and regulations of the Board of Human Services. This full-time care is referred to as room, board and watchful oversight. For purposes of these rules, a child caring institution means any institution, society, agency, or facility that provides such care to six (6) or more children.

(g) "Child placement," or "placement activity" means the selection, by a person or agency other than the child's parent or guardian, of a foster family or prospective adoptive family, or effecting the movement of the child into the foster family or prospective adoptive family. This definition includes any preparation of a home study of a foster home or of a prospective adoptive home. Counseling with respect to options available, legal services, or services as an agent for the purpose of notice of withdrawal of consent by the birth parent does not constitute child placement under this definition.

(h) "Child placing agency" means a child welfare agency that is any institution, society, agency, or facility, whether incorporated or not, which places children in foster homes for temporary care or in prospective adoptive homes for adoption. Agencies that arrange for children to receive care in foster homes or in prospective adoptive homes must make arrangements to assess the placement regarding the appropriateness of the room, board and watchful oversight that the prospective foster or adoptive person or family will provide.

(i) "Commissioner" means the Commissioner of the Department of Human Services.

(j) "Confinement" means the concluding state of pregnancy from the onset of labor to the birth of the child.

(k) "Criminal history background check" means a search as required by law of the criminal records maintained by law enforcement authorities to determine whether the applicant has a criminal record as defined in these rules.

(l) "Criminal record" means:

1. Conviction of a crime; or

2. Arrest, charge, and sentencing for a crime where:

(i) A plea of nolo contendere was entered to the charge; or

(ii) First offender treatment without adjudication of guilt pursuant to the charge was granted; or

(iii) Adjudication or sentence was otherwise withheld or not entered on the charge; or

(iv) Arrest and being charged for a crime if the charge is pending, unless the time for prosecuting such crime has expired pursuant to O.C.G.A. Sec. 17-3-1 *et seq.*

(m) "Day(s)" means calendar day(s) unless otherwise specified.

(n) "Department" means the Georgia Department of Human Services.

(o) "Director" means the chief administrative or executive officer of the home.

(p) "Disaster Preparedness Plan" means a written document that identifies potential hazards or events that, should they occur, would cause an emergency situation at the home and that proposes, for each identified emergency situation, a course of action so as to minimize the threat to the health and safety of the residents within the home.

(q) "Emergency safety interventions" mean those behavioral intervention techniques that are authorized under an approved emergency safety intervention plan and are utilized by properly trained staff in an urgent situation to prevent a youth from doing immediate harm to self or others.

(r) "Emergency safety intervention plan" means the plan developed by the home utilizing an approved nationally recognized, evidence-based, training program for emergency safety intervention. The plan shall clearly identify the emergency safety interventions staff may utilize and those that may never be used.

(s) "Employee" means any person, other than a director, employed by a home to perform any duties which involve personal contact between that person and any resident being cared for at the home and also includes any adult person who resides at the home or who, with or without compensation, performs duties for the home which involve personal contact between that person and any resident cared for by the home.

1. For purposes of these rules, an employee does not mean a youth that resides at the home and performs duties for the home;

2. For purposes of criminal history background check determinations, an "employee" means any person employed by the home or any adult person that resides at the home or who provides care to residents placed in the home.

(t) "Executive Director" means the person responsible for overall administration of the home.

(u) "Fingerprint records check determination" means a satisfactory or unsatisfactory determination by the Department based upon a records check comparison of Georgia Crime Information Center (GCIC) information with fingerprints and other information in a records check application.

(v) "Foster care" means supervised care in a substitute home or a child caring institution on a 24 hour full-time basis for a temporary period of time.

(w) "Foster home" means a private home where the foster parent(s) live which has been approved by the institution/agency to provide 24 hour care, lodging, supervision and maintenance for no more than six (6) children under the age of 19.

(x) "Foster parent" means an adult person approved by the institution who has a satisfactory criminal history background check determination and provides care, lodging, supervision, and maintenance on a 24 hour basis for a child who must receive care out of their own home.

(y) "Home" means a maternity home or second chance home as referenced in these rules.

(z) "Human services professional" means a person employed by the home who provides direct services and supervision to residents and their child(ren) in the home setting. The human services professional is responsible for monitoring the residents' needs and ensuring that appropriate services are being provided and arranged for in order to meet those needs. Duties include, but are not limited to: the coordination of the home's admission evaluation; the development of the service and room, board, watchful oversight plans; case work services as provided in the resident's service plans; and monitoring of the resident's educational and/or vocational needs.

(aa) "Infant" means a child from birth to one (1) year old.

(bb) "Isolation" means the separation of one (1) or more persons from others in order to reduce the spread of illness.

(cc) "Isolation room" means a bedroom with its own bathroom in which residents with acute illness are kept separate from other residents in order to reduce the spread of the illness.

(dd) "License" means a document issued by the Department that grants permission for the holder to provide services.

(ee) "Living unit" means the physical location where residents live within the home.

(ff) "Manual hold" means the application of physical force, without the use of any device, for the purpose of restricting the free movement of a resident's body and is considered a form of restraint. A manual hold does not include briefly holding a resident without undue force to calm or comfort the resident, holding a resident by the hand or by the shoulders or back to walk the resident safely from one (1) area to another where the resident is not forcefully resisting the assistance, or assisting the resident in voluntarily participating in activities of daily living.

(gg) "Maternity home" means any place in which any person, society, agency, corporation or facility receives, treats or cares for, within any six-month period, more than one (1) pregnant woman whose child is to be born out of wedlock, either before, during or within two (2) weeks after childbirth. For purposes of these rules, services provided include full-time residential care, support and supervision for more than one (1) pregnant youth through 21 years of age who is either admitted during pregnancy or within two (2) weeks after delivery, and who is not related to the owner by blood or marriage. For purposes of these rules, a maternity home may only provide such services to youth admitted to the home for a maximum period of eight (8) weeks following delivery unless providing second chance home services.

(hh) "Mechanical Restraint" means a device attached or adjacent to the resident's body that is not a prescribed and approved medical protection device and that she cannot easily remove that restricts freedom of movement or normal access to her body. A mechanical restraint does not include devices used to assist a youth with appropriate positioning or posture secondary to physical impairments or disabilities.

(ii) "Medicaid Rehabilitation Option Provider" means that category of behavioral health services designed for the maximum reduction of impairments related to mental illness or addiction and restoration of a Medicaid recipient to her best possible functional level.

(jj) "Medication error" means any deviation from the prescribed dosage, use or administration of a medication. A resident's refusal to take medication as prescribed constitutes a medication error. For over the counter medications, a medication error is any use that is not in accordance with the directions or instructions on the bottle.

(kk) "Notifiable diseases" are those diseases, injuries, and conditions requiring notice and reporting to the county board of health and the Georgia Department of Community Health.

(ll) "Outbreak" means two (2) or more cases of similar illness not considered foodborne or waterborne.

(mm) "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 a home and who:

1. Purports to or exercises authority of the owner in a home;
2. Applies to operate or operates a home;
3. Enters into a contract to acquire ownership of a home.

(nn) "Placement" means any activity by any person that provides assistance to a parent or guardian in locating and effecting the move of a child to a foster home or adoptive home, including assessing suitability of homes for placement. Counseling with respect to options available, legal services, or services as an agent for purposes of notice or withdrawal of consent by the birth parent does not constitute placement activity.

(oo) "Plan of correction" means a written plan submitted by the home acceptable to the Department. The plan shall identify the existing noncompliance of the home, the responsible staff, the proposed procedures, methods, means and period of time to correct the noncompliance. The plan shall also include the date of the implementation of the corrective action plan.

(pp) "Postnatal" means the six-week period after an infant is born.

(qq) "Postpartum" means the six-week period after giving birth.

(rr) "Preliminary records check application" means an application for a preliminary records check determination on forms provided by the Department.

(ss) "Preliminary records check determination" means a satisfactory or unsatisfactory determination by the Department based only upon a comparison of Georgia Crime Information Center (GCIC) information with other than fingerprint information regarding the person upon whom the records check is being performed.

(tt) "Psychotropic medication" means a prescription drug that is used to treat or manage a psychiatric symptom or challenging behavior. Some psychotropic medications fall into specific medication classes like antipsychotics or antidepressants. In other cases, the medications may be primarily used for other diseases but have been found effective in controlling behaviors thus making that specific use a psychotropic medication.

(uu) "Records check application" means two (2) sets of classifiable fingerprints, a records search fee to be established by the Department by rule and regulation, payable in such form as the Department may direct to cover the cost of a fingerprint records check, and an affidavit by the applicant disclosing the nature and date of any arrest, charge, or conviction of the applicant for the violation of any law; except for motor vehicle parking violations, whether or not the violation occurred in this state, and such additional information as the Department may require.

(vv) "Resident" means a pregnant or parenting youth or a child(ren) of a parenting youth who lives in the home.

(ww) "Room, board and watchful oversight" means providing a safe, comfortable room, adequately nutritious meals and oversight to ensure a resident's basic safety needs are met.

(xx) "Safeguard" means to take reasonable measures to eliminate the risk of harm to a resident receiving care. Where a specific method is not otherwise prescribed in these regulations, safeguards may include, but are not limited to, locking up a particular substance or item, storing a substance or item out of reach, erecting a barrier that

prevents a resident in care from reaching a particular place, item or substance, using protective safety devices, or providing supervision.

(yy) "Satisfactory criminal history background check determination" means a written determination that a person for whom a records check was performed was found to have no criminal record.

(zz) "Seclusion" means the involuntary confinement of a resident away from other residents, due to imminent risk of harm to self or others, in a room or an area from which the resident is physically prevented from leaving.

(aaa) "Second chance home" means a licensed maternity home that provides full-time residential care, support and supervision to pregnant and parenting youth through 21 years of age and their child(ren) that is expected to last for more than an eight (8) week period following delivery. Program services include parenting skills, such as child development, education, job training, transitioning to independent living, family budgeting, health and nutrition, and other skills to promote residents' long-term independence and the well-being of their child(ren).

(bbb) "Self-administration of medications" means that a resident administers prescription and non-prescription medication in the manner directed by the physician without assistance or direction.

(ccc) "Self-possession of medication" means that a resident carries medication on her person to allow for immediate and self-determined administration.

(ddd) "Supervision" means the continued responsibility of the licensee to take reasonable action to provide for the health, safety, and well-being of a resident while under the supervision of the licensee or the agent or employee of the licensee, including protection from physical, emotional, social, moral, financial harm and personal exploitation while in care. The licensee is responsible for providing the degree of supervision indicated by a resident's age, developmental level, physical, emotional, and social needs.

(eee) "Temporary license" means written authorization granted by the Department to an applicant for license to admit residents to the home on a conditional basis to allow a newly established home a reasonable, but limited period of time to demonstrate that operational procedures are in satisfactory compliance with these rules and regulations, or to allow an established and currently operating home a reasonable, but specified, length of time to comply with these rules and regulations, provided said home shall first present a Plan of Correction which is acceptable to the Department.

(fff) "Time-out" means a behavior management technique that involves the brief separation of a resident from the group, not to exceed 20 minutes, designed to deescalate the resident. During "time-out" a resident's freedom of movement is not physically restricted.

(ggg) "Unsatisfactory criminal history background check determination" means a written determination that a person for whom a records check was performed has a criminal record.



(hhh) "Variance" means a decision by the Department to grant a modification to all or part of the literal requirements of a rule to a home subject to the rule.

(iii) "Waiver" means a decision by the Department not to apply all or part of a rule to a home subject to the rule.

Authority O.C.G.A. Secs. 49-5-3, 49-5-8, 49-5-12. History. Original Rule entitled "Introduction and Definition" was filed on October 21, 1974; effective November 10, 1974.

## **290-2-29-.05 Application for or Renewing a License.**

### **(1) Application for License.**

#### **(a) The Applicant Defined.**

1. The home is owned by a sole proprietorship, the individual proprietor shall apply for the license, complete the statement of responsibility and serve as the licensee.

2. The home is owned by a partnership, the general partners shall apply for the license, complete the statement of responsibility and serve as the licensee.

3. The home is owned by an association, the governing body of the association shall authorize the application for the license and complete the statement of responsibility and the association shall serve as the licensee.

4. The 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.

(2) No person, partnership, association, corporation or entity shall operate a maternity home in the state without first obtaining a license to operate the home by demonstrating compliance with the necessary requirements set forth in these rules.

(3) No licensed maternity home shall provide room, board and watchful oversight to more than 16 residents including infants on its premises.

(4) Application for the issuance of an initial license to operate a home shall be made in writing on forms provided by the Department, shall be signed by the person seeking authority to operate the home, shall be notarized, and shall include at least the following information.

a. Name of home, address, the phone number; and email address;

b. Applicant's address and phone number;

c. Sources of financial support;

d. Written verification of compliance with local zoning requirements for the home where they are defined in zoning ordinances;

- e. Copy of the current fire marshal's certificate of approval;
- f. A statement of compliance with applicable state statutes and regulations and local ordinances approvals;
- g. Resident capacity;
- h. Total number of employees, by category;
- i. Services provided; and
- j. A statement verifying the required experience of the administrator and other professional staff.

(5) **Time for Filing.** An application for a license shall be submitted at least 90 days prior to the proposed opening date of the new home.

(6) **Criminal Records Check Required.** The director and employees, of a home must submit to criminal records checks in connection with any application for a license and employment.

(7) **Separate License Applications.** A separate license application is required for each geographical location which a home proposes to operate even when all of the proposed homes are owned by the same person or entity.

(8) **Notice of Denial.** If the Department determines that an applicant does not comply with these rules and determines that the issuance of a temporary or restricted license is not appropriate, the Department will provide a written notice of the denial of license and shall provide an opportunity for hearing to the applicant.

(9) **False or Misleading Information.** The application for a license including the application for a criminal records check must be truthfully and fully completed. In the event that the Department has reason to believe that the application has not been completed truthfully, the Department may require additional verification of the facts alleged. The Department may refuse to issue a license where false statements have been made in connection with the application or any other documents required by the Department.

(10) **Departmental Approval Required.** A home shall not begin operation without departmental approval.

(11) **Amended License.** An application for an amended license shall be submitted at least 30 days prior to the changes or additions, except in cases of emergencies. In such cases of emergencies, which make it impossible to submit an application within 30 days, the governing body or director shall notify the Department by telephone and shall submit an application for the amended license as soon as the governing body or the director becomes aware of the change or addition. An application shall be submitted for the following proposed changes:

- (a) A change in the name of the home;

(b) A change of ownership;

(c) A change in the ages of residents to be served;

(d) Additions or changes in the uses of the building(s) that will affect the home's licensed capacity.

**(12) Application for Renewal of a Continuing License.**

(a) An application for the renewal of a continuing license to operate a home shall be made in writing on the forms provided by the Department. The forms shall be signed by the person seeking authority to operate the home. The forms shall be notarized and contain information required in subsection (b):

(b) An annual report shall be submitted to the Department as part of the renewal application. This report shall include the period of July 1 through June 30 of the prior year and shall include the following:

1. Number of residents admitted;

2. Age, race, and educational levels of residents;

3. Length of stay of residents during the prenatal period. If residents left the home prior to delivery, the total number of residents that left and the reasons for leaving shall be included;

4. Residents who returned after delivery and length of stay;

5. Infants admitted and length of stay;

6. Residents who applied but were not admitted, and reasons such residents were not admitted; and

7. Residents who applied for admission and the decision regarding admission is pending.

Authority O.C.G.A. Secs. 49-5-3, 49-5-8, 49-5-12, 49-5-60, 49-5-62, 49-5-69

**290-2-29-.06 Organization and Administration.**

(1) **Program Purpose.** In accordance with these rules and regulations, a licensed maternity home shall develop, implement, and comply with written policies and procedures that specify its philosophy, purpose, and program orientation. Such policies and procedures shall identify the characteristics of the residents it serves, including referral sources.

(2) **Program Description and Implementation.** A program description which includes the purpose or function of the proposed home shall be clearly defined. The program description shall include:

(a) Written policies and procedures describing the scope of services to be provided, including room, board and watchful oversight and the manner in which such services will be provided and supervised through the home;

(b) A description of the services that are provided directly by the home and how the services will be coordinated with the Medicaid Rehabilitation Option provider or other available community or contract resources;

(c) Eligibility requirements for resident service and for providers of care; and

(d) A statement that the home shall only accept residents whose known needs can be met by the home based on pre-placement assessment, planning, and room, board, and watchful oversight capacity. No home shall provide services for residents whose needs for room, board, and watchful oversight cannot be met based upon the resident's physical, educational, or emotional needs.

(e) No licensed home shall assume responsibility for placement directly or indirectly of children for adoption unless the home has a child-placing license. Any evidence of violation of this requirement shall be sufficient ground for non-issuance of a license, or for revocation of a license already issued.

(f) Notice of the closing of a maternity home shall be sent to the Department with the license issued to the home attached.

**(3) Reporting of Serious Occurrences or Incidents.** Whenever the home has reason to believe any of the occurrences or incidents listed below has occurred, the home shall make a report summarizing the occurrence or incident to the Department of Human Services, Office of Residential Child Care.

(a) The summary report, including an initial safety plan, shall be made via email or facsimile within 24 hours of the occurrence or incident or when the home first became aware of the occurrence or incident, and must contain all of the information required on the incident intake information form, as relevant.

(b) The report shall be made regarding any serious occurrences or incidents involving residents in care, including but not limited to:

1. Accidents or injuries requiring medical treatment and/or hospitalization;
2. Police involvement;
3. Death;
4. Notifiable diseases, acquired by residents or staff, as defined by the Department of Public Health;
5. Suicide attempts;
6. Allegations of child abuse or neglect;

7. Closure of the home or any part of the home due to disaster or emergency situations such as fire or severe weather;

8. Any use of an emergency safety intervention; or

9. Any incident which results in any federal, state or private legal or administrative action by or against the home which affects any resident or the conduct of the home.

(c) A detailed investigative report which includes steps taken by the home to prevent further incidents of a similar nature from occurring shall follow in five (5) business days of the initial report if not already provided.

(4) **Child Abuse Reports.** Whenever the home has reason to believe that a resident in care has been subjected to child abuse it shall cause a report of such abuse to be made immediately to the child welfare agency of the county of occurrence providing protective services as designated by the Department of Human Services (Division of Family and Children Services) or in the absence of such an agency to an appropriate police authority or district attorney in accordance with the requirements of O.C.G.A. Sec. 19-7-5. A copy of such report shall also be filed with the Office of Residential Child Care.

Authority O.C.G.A. Secs. 19-7-5, 49-5-3, 49-5-8, 49-5-12.

#### **290-2-29-.07 Board of Directors.**

(1) Each maternity home shall have a clearly identified Board of Directors, which operates as the governing body of the home and is responsible for, and has authority over, the home's policies and activities and ensuring compliance with these rules and regulations. If a home is individually owned, the owner and/or operator is responsible for the establishment and enforcement of policies and the operation of the home.

(2) The chairperson or chief executive officer of the governing body shall complete a statement of responsibility on behalf of the governing body acknowledging the same in connection with any application for a license on a form provided by the Department. If a home is individually owned, then the owner(s) will complete the statement of responsibility.

#### **(3) Composition of the Board.**

(a) The Board shall be composed of at least five (5) members.

(b) At least one (1) of the Board members shall be a bona fide resident of Georgia.

(c) Provision shall be made for systematic rotation of board members through a plan of overlapping terms of office.

(d) Provision shall be made for removal of inactive Board members.

(e) Employees of the home shall not serve as members of the Board.

(4) **Functions and Responsibilities of the Board of Directors.** The Board shall:

- (a) Employ and dismiss an Executive Director;
  - (b) Delegate to the Executive Director the authority and responsibility for the employment of other staff members and the management of the affairs of the home according to the home's established policies;
  - (c) Refrain from direct administration or operation of the home either through individual members or committees, except in emergencies;
  - (d) Approve written policies for accepting youth for placement;
  - (e) Be responsible for the home's compliance with all applicable state laws and regulations;
  - (f) Be responsible for adequate financing and budgeting for the home;
  - (g) Meet at least quarterly;
  - (h) Keep complete minutes of each meeting reflecting official actions of the Board pertaining to and affecting any aspect of the program. Minutes of each meeting shall be kept permanently on file and be available for review upon request by the Department;
  - (i) Notify the Department's Office of Residential Child Care in writing within five (5) days when there is a change in the Executive Director or in the corporate structure, organization, or administration of the home;
  - (j) Inform the Department within 24 hours by phone and in writing within 10 days of notice to the home of any legal or administrative action brought against the home or any person affiliated with the home which affects any child in care or personnel or relates in any manner to the conduct of the home;
  - (k) Keep the Department informed on a quarterly basis, or more often if requested by the Department, concerning the status of current or previous judicial or administrative action against the home; and
  - (l) Be responsible for the disposition or storage of records of the home according to these rules, should the home cease operations.
- (5) If the governing body is a national or regional organization and has a local advisory board or committee, minutes of the local group setting forth changes in policies and administrative decisions affecting the local operation shall be made available to the licensing authority.
- (6) Board members shall have no direct or indirect financial interest in the assets, leases, business transactions, or in current professional services of the home. Any potential conflict of interest shall be declared by a Board member and the minutes shall record the declaration and abstention from the vote when a conflict exists.

(7) The home shall provide the Department with a list that includes the name, address and office held, if applicable, of all Board members and shall have on file a notarized copy of each member's letter of acceptance.

Authority O.C.G.A. Secs. 49-5-3, 49-5-8. History. Original Rule entitled "Governing Board" was filed on October 21, 1974; effective November 10, 1974.

### **290-2-29-.08 Financing.**

(1) The home shall:

(a) Have a sound plan of financing which assures sufficient funds to support adequately the services offered, to provide for residents accepted for care including care of infants born to residents, and to carry out the stated purposes of the home. A full and complete accounting of the financial affairs of the home shall be provided to the Board on an annual basis;

(b) Provide evidence that it has sufficient funds available to pay operating costs including compensation for a sufficient number of administrative and service staff through the current year of operation for which the license is to be issued;

(c) Maintain financial records of all receipts, disbursements, assets and liabilities and shall establish an accounting system capable of tracking all movements of funds and the actual expenditures for each case;

(d) Provide bond for Board members, the Director and staff responsible for handling substantial amounts of funds;

(e) Not require gratuities such as money or other things of value or services from residents or their representatives beyond the established fee; and

(f) Comply with all local and state and federal laws relating to the solicitation of funds.

(2) A schedule of fees shall be established and implemented and made available to a parent(s) or legal guardian(s), or legal representative(s) of residents considered for admission to the home. The schedule shall detail the basic cost of services and any additional costs for other services.

(3) An audited financial report shall be conducted annually by an independent certified public accountant.

(4) An annual budget shall be prepared and subsequently approved. Copies of the current year's budget and expenditure records shall be maintained for examination and review by the Department.

Authority O.C.G.A. Secs. 49-5-3, 49-5-8. History. Original Rule entitled "Finances" was filed on October 21, 1974; effective November 10, 1974.

### **290-2-29-.09 Policies and Procedures.**

(1) In accordance with these rules and regulations, a licensed maternity home shall develop, implement, and comply with written administrative and operational policies and procedures that shall include, but are not limited to, the following:

- (a) Person(s) empowered and responsible for determining all policies and procedures;
- (b) Periodic rotation of the governing board including term limits if applicable;
- (c) Specification of the home's philosophy, purpose, and program orientation;
- (d) Hiring of employees and/or acquiring of volunteers;
- (e) Characteristics of the residents served;
- (f) Referral sources;
- (g) Services that are limited to a specified time period;
- (h) A description of the range of services provided and the manner in which identified services will be provided;
- (i) Assignment of rooms to residents based on an assessment of age, gender, and developmental, social, and emotional needs;
- (j) Behavior management and the emergency safety intervention plan including the emergency safety interventions that will be used;
- (k) Maintenance and security of case and personnel records specifying who shall supervise the maintenance of records, who shall have custody of the records, how records will be secured, and to whom records may be released and for what purposes;
- (l) Filing and processing of grievances by staff and residents;
- (m) Child abuse and exploitation reporting;
- (n) Handling of life, limb, or function-threatening emergencies;
- (o) Infection control;
- (p) Quality improvement process;
- (q) Admissions and discharge;
- (r) Visiting hours and communications with person(s) outside the home;
- (s) Emergency medical care of residents with a local hospital or other health care facility that provides emergency services;



(t) Handling emergency medical situations regarding the child(ren) of residents in care should a parenting resident refuse medical treatment for her child;

(u) Use and management of all types of medications; and

(v) Disaster preparedness.

(2) The home's policies and procedures shall address each component of the rules and their subsections.

Authority O.C.G.A. Secs. 49-5-3, 49-5-8. History. Original Rule entitled "Policies and Procedures" was filed on October 21, 1974; effective November 10, 1974.

### **290-2-29-.10 Personnel.**

(1) **Director.** The governing body of the maternity home shall designate a director who shall be authorized to manage the home.

(a) Any director employed on or after the effective date of these rules shall possess at least one (1) of the following qualifications:

1. A master's degree from an accredited college or university in the area of social science, social work, childhood education, business or public administration or a related field plus two (2) years of experience in a related field;

2. A bachelor's degree from an accredited college or university in the area of social science, social work, childhood education, business public administration or a related field plus four (4) years of experience in a related field; or

3. A licensed registered nurse, doctor, or other licensed health care professional plus two (2) years of experience in a related field.

(b) Any director employed on or after the effective date of these rules must meet the following additional minimum qualifications:

1. Never have been shown by credible evidence (e.g. a court or jury, a Department investigation, or other reliable evidence) to have abused, neglected, sexually exploited, or deprived a child or adult or to have subjected any person to serious injury as a result of intentional or grossly negligent misconduct as evidenced by an oral or written statement to this effect obtained at the time of application and evidence of having made efforts to obtain and evaluate references from previous employers;

2. Participate in orientation and training required by these rules; and

3. Not have made any material false statements concerning qualifications requirements either to the Department or the proposed licensee.

(c) When the director is temporarily absent from the home and resident(s) are present in the home, a staff person designated by the director as responsible for supervising the operation of the home must also be present in the home. If the director remains unavailable for more than 14 consecutive calendar days, the officially designated person

shall have qualifications equivalent to the director's qualifications.

(2) **Staffing.** The home shall have sufficient numbers of qualified and trained staff as required by these rules to provide for the needs, care, protection, and supervision of residents in care. All staff and volunteers shall be supervised to ensure that assigned duties are performed adequately and to protect the health, safety and well-being of the residents in care. There shall be sufficient relief staff to ensure adequate coverage of all functions.

(a) All staff employed on or after the effective date of these rules must meet the following additional minimum qualifications:

1. Never have been shown by credible evidence (such as a decision of a court or jury, or a Department investigation or other reliable evidence) to have abused, neglected, sexually exploited, or deprived a child or adult or to have subjected any person to serious injury as a result of intentional or grossly serious injury as a result of intentional or grossly negligent misconduct as evidenced by an oral or written statement to this effect obtained at the time of application;

2. Participate in orientation and training as required by these rules;

3. Not have made any material false statements concerning qualifications requirements either to the Department or the proposed licensee as evidenced by a signed statement; and

4. Any adult living in the home must be checked against the child abuse and neglect registry for information, and must provide information from any other state in which the adult has resided in the previous five (5) years to check any child abuse and neglect registry maintained by that state. Maternity homes shall comply with these requirements before serving residents.

(b) Human services professionals. The home shall have a designated human services professional to provide oversight of services to residents and their families in the home setting. There shall be at least one (1) human services professional employed for every 16 residents in care. The total number of residents in care must not exceed 16 including infants. The home's director, if qualified by education, may perform the duties of a human services professional.

1. Any human services professional employed on or after the effective date of these rules shall either:

(i) Possess a bachelor's degree from an accredited college or university in social work, psychology, childhood education, education counseling and psychology, nursing or healthcare, or a related field and either have two (2) years experience in a field related to the type of residents served or be supervised by another human service professional with a master's degree in one (1) of the above disciplines; or

(ii) Possess a master's degree from an accredited college or university in one (1) of the above disciplines.

(c) Direct Care Staff. A maternity home shall have designated direct care staff to

supervise residents and be responsible for living units where the residents reside.

1. No maternity home shall admit or retain residents whose needs for room, board and watchful oversight cannot be met. The home shall have sufficient numbers of qualified and trained staff to provide for the room, board and watchful oversight of residents.

2. Any direct care staff shall be at least 21 years of age and possess a high school diploma or general education diploma (GED) and have current evidence of certification of a biennial training program in adult, child, and infant cardiopulmonary resuscitation (CPR) and a biennial training program in first aid which have been offered by certified or licensed health care professionals. Such training programs shall be completed within the first 90 days of employment.

3. Directors and human services professionals may not concurrently serve as direct care staff.

4. When volunteers are utilized a qualified staff member of the home shall be designated to plan, supervise, and coordinate the volunteer's functions as well as an appropriate training program.

(d) Staff Training. Prior to working with residents, all staff, including the director, who work with residents shall be oriented in accordance with these rules.

1. [Staff] orientation shall include instruction in:

(i) The home's purpose and description of services and its policies and procedures;

(ii) The employee's assigned duties and responsibilities;

(iii) Grievance policies and procedures;

(iv) Child abuse and exploitation policies and procedures;

(v) Reporting requirements for suspected cases of child abuse and sexual exploitation, notifiable diseases and serious injuries;

(vi) Policies and procedures for handling medical emergencies (life-threatening, limb-threatening, or function-threatening conditions), and managing use of medications by residents in care;

(vii) Infection control policies and procedures;

(viii) The home's policies and procedures regarding appropriate behavior management and emergency safety interventions; and

(ix) Privacy and confidentiality of residents.

2. In addition to orientation, all staff, including the director, shall receive training which shall include 24 clock hours of formal, annual training or instruction in resident and child care issues related to the employee's job assignment and to the types of services provided by the home. Annual training shall be counted from the date of hire.

Authority O.C.G.A. Secs. 49-5-3, 49-5-8. History. Original Rule entitled "Personnel" and "Personnel Policies" was filed on October 21, 1974; effective November 10, 1974.

### **290-2-29-.11 Personnel Records.**

(1) A home shall maintain written records for each employee, contractor, volunteer, and the director. Such records shall include the following:

(a) Identifying information such as name, address, telephone number, copy of state or federal issued identification, and emergency contact person(s) including telephone number(s);

(b) A 10-year employment history or a complete employment history if the person has not worked 10 years, including explanations for any gaps in employment;

(c) Records of educational qualifications including copies of transcripts, diplomas, current licenses, and verifications;

(d) Documentation of at least two (2) professional, educational, or personal references that attest to the person's capabilities of performing the duties for which he or she is employed and to the person's suitability of working with the types of residents being served. The document must contain the name, address, and signature of the person providing the reference or must be documented on the appropriate letterhead of the business/organization providing the reference;

(e) Satisfactory preliminary criminal history background check determination and a satisfactory fingerprint records check determination as required by law for the director, and a satisfactory determination on a preliminary records check and fingerprint records check for employees as required by law;

(f) Documentation from a licensed physician or other licensed healthcare professional of a health screening examination, that includes a tuberculosis screening, within thirty days of hiring sufficient in scope to identify conditions that may place residents at risk of infection, injury or improper care, and documentation of such screening annually thereafter;

(g) Date of employment;

(h) The person's current job description or statements of the person's duties and responsibilities;

(i) Documentation of orientation and training, including dates of all such training, as required by these rules; and

(j) Documentation of the individual's performance, including all records of employee discipline arising from the inappropriate use of behavior management techniques and emergency safety interventions and grievance reports described in these rules related to residents in care and the employee. Individual performance evaluations shall be conducted at least annually.

Authority O.C.G.A. Secs. 49-5-3, 49-5-8, 49-5-12, 49-5-60, 49-5-69. History. Original Rules entitled "Personnel" and "Personnel Policies" were filed on October 21, 1974; effective November 10, 1974.

### **290-2-29-.12 Maintenance of Case Records.**

- (1) A confidential case record shall be maintained for each resident which includes:
  - (a) Completed application for admission and services with identifying information that includes, but is not limited to, name, birth date, age, race, marital status, religion;
  - (b) Date of admission and source of referral including all documents related to the referral and admission of the resident to the home;
  - (c) Name, address, and telephone numbers of the parent(s) or legal guardian(s) or legal representative(s) of the resident;
  - (d) Assessment of services needed;
  - (e) Case plan or out-of-home family services agreement;
  - (f) Documentation of case reviews and updates of case plan;
  - (g) Educational and vocational information;
  - (h) Authorization for medical care, if resident is a minor;
  - (i) Medical and obstetrical history and examination completed no more than seven (7) days prior to or seven (7) days following admission to the home;
  - (j) Record of medical and dental services received;
  - (k) Medical records, including documentation of visits to physicians and dentists, records of prescriptions and administration of medicines, immunization records, and orders for modified diets;
  - (l) Authorization for receiving or sending information concerning the resident;
  - (m) Correspondence and contacts with other persons or agencies concerning the resident;
  - (n) Copy of financial agreements;
  - (o) Copy of any agreement with a transitional agency, entity or person providing services to the resident, such as a child placing agency, adoption agency or attorney;
  - (p) Approved visitation and contact plan including type, duration, location both on-site and off-site, and frequency, as well as any rationale for restrictions on family involvement; the home shall maintain documentation of resident's adherence to and the home's oversight of the visitation and contact plans;

(q) Documentation of hospital care and delivery dates;

(r) Name of baby and sex;

(s) A record of birth including birth date, weight at birth, measurements, any birth defects, method of delivery, and complications of pregnancy and delivery;

(t) Name, address, and title of person and/or agency to whom baby discharged, if not to mother;

(u) Date, time and circumstances of discharge from the home and the resident's plan for herself and baby; and relationship and signature of the individual to whom the resident was discharged, if a minor; and

(v) Signed acknowledgement of resident's rights.

Authority O.C.G.A. Secs. 49-5-3, 49-5-8, 49-5-12. History. Original Rule entitled "Case Records" was filed on October 21, 1974; effective November 10, 1974.

### **290-2-29-.13 Retention and Confidentiality of Case Records.**

(1) Case records shall be retained in the home for at least two (2) years following discharge of residents.

(2) The home shall ensure that case records are kept confidential and inaccessible to unauthorized persons in locked fireproof storage.

(3) Written policies and procedures shall be established and implemented for the maintenance and security of case records specifying who shall supervise the maintenance of records, who shall have custody of records, and to whom records may be released and for what purposes.

(4) A home shall maintain the confidentiality of all residents' case records. Employees of the home shall not disclose or knowingly permit the disclosure of any information in a case record except to appropriate home staff for reasons of the provision of care or services; the parent(s) or legal guardian(s), legal counsel, a court of legal jurisdiction, licensing staff, other authorized public officials in the performance of their mandated duties, or a licensed child placing agency.

(5) All maternity home staff, consultants, contractors, volunteers and others with access to information about the resident must be informed, in writing, of their responsibility to maintain resident confidentiality as evidenced by their signature. Authority O.C.G.A. Secs. 49-5-3, 49-5-8. History. Original Rule entitled "Confidentiality" was filed on October 21, 1974; effective November 10, 1974.

## **290-2-29-.14 Criminal History Background Checks.**

(1) **Criminal History Background Checks for Owners Required.** Prior to approving any license for a new maternity home, the Department shall require an owner to submit a records check application so as to permit the Department to obtain criminal history background information on the owner.

(a) An owner may not be required to submit a records check application if it is determined that the owner does not do at least one (1) of the following:

1. Maintains an office at the location where services are provided to residents;
2. Resides at a location where services are provided to residents;
3. Has direct access to residents receiving care; or
4. Provides direct personal supervision of personnel by being immediately available to provide assistance and direction during the time services are being provided.

(b) In lieu of a records check application, an owner may submit evidence, satisfactory to the Department, that within the immediately preceding 12 months the owner has received a satisfactory criminal history background check determination.

(c) A maternity home license shall not be issued, and any license issued shall be revoked where it has been determined that the owner has a criminal record involving any of the following covered crimes, as outlined in O.C.G.A. Sec. 49-2-14.1 *et seq.*:

1. A violation of Code Section 16-5-1, relating to murder and felony murder;
2. A violation of Code Section 16-5-21, relating to aggravated assault;
3. A violation of Code Section 16-5-24, relating to aggravated battery;
4. A violation of Code Section 16-5-70, relating to cruelty to children;
5. A violation of Code Section 16-5-100, relating to cruelty to a person 65 years of age or older;
6. A violation of Code Section 16-6-1, relating to rape;
7. A violation of Code Section 16-6-2, relating to aggravated sodomy;
8. A violation of Code Section 16-6-4, relating to child molestation;
9. A violation of Code Section 16-6-5, relating to enticing a child for indecent purposes;
10. A violation of Code Section 16-6-5.1, relating to sexual assault against persons in custody, detained persons, or patients in hospitals or other homes;
11. A violation of Code Section 16-6-22.2, relating to aggravated sexual battery;

12. A violation of Code Section 16-8-41, relating to armed robbery;

13. A violation of Code Section 30-5-8, relating to abuse, neglect, or exploitation of a disabled adult or elder person; or

14. Any other offense committed in another jurisdiction that, if committed in this state, would be deemed to be a crime listed in this paragraph without regard to its designation elsewhere.

(d) An owner with a valid maternity home license issued on or before the effective date of these rules shall be required to obtain a criminal records check determination.

(e) An owner with a valid maternity home license on or before the effective date of these rules who is determined to have a criminal record shall not have the license revoked prior to a hearing being held before a hearing officer pursuant to Chapter 13 of Title 50, the "Georgia Administrative Procedure Act."

(f) An owner with a valid maternity home license who acquires a criminal record subsequent to the effective date of these rules shall disclose the criminal record to the Department.

(g) If at any time the Department has reason to believe an owner holding a valid maternity home license has a criminal record, the Department shall require the owner to submit a records check application immediately for determination of whether a revocation action is necessary. Prior to the revocation of the license becoming final, the owner is entitled to an administrative hearing unless the owner has not begun providing services under the license. Where services are not currently being provided under the license, the decision of the administrative hearing officer must precede the initiation of services.

(h) Owners of a licensed maternity home shall submit a records check application no less than every five (5) years from the date of receipt of the initial satisfactory criminal history background check determination and either receive a subsequent satisfactory criminal history background check determination or have the unsatisfactory criminal history background check determination reversed as a result of an administrative hearing.

(i) Documentation of required criminal history background check determinations must be maintained in the owner's file.

**(2) Criminal History Background Checks for Directors Required.** Prior to serving as a director of a licensed maternity home, a person shall submit a records check application and receive a satisfactory determination or be determined eligible to serve as a director as a result of an administrative hearing.

(a) A person with an unsatisfactory criminal history background check determination may not serve as a director of a licensed home if it is determined that such person has a criminal record involving any of the following covered crimes:

1. Any felony under Georgia law;



2. A violation of Code Section O.C.G.A. Sec. 16-4-1, relating to criminal attempt when the crime attempted is any of the crimes specified by this paragraph;

3. A violation of Code Section O.C.G.A. Sec. 16-5- 23, relating to simple battery; where the victim is a minor;

4. A violation of Code Section O.C.G.A. Sec. 16-6-1 *et seq.*, relating to sexual offenses, excluding the offenses of bigamy or marrying a bigamist;

5. A violation of Code Section O.C.G.A. Sec. 16-12-1, relating to contributing to the delinquency of a minor;

6. Any other offense committed in another jurisdiction that, if committed in this state, would be deemed to be a crime listed in this paragraph without regard to its designation elsewhere.

(b) In lieu of a records check application, a director may submit evidence, satisfactory to the Department, that within the immediately preceding 12 months the above personnel have received a satisfactory records check determination or a satisfactory preliminary records check determination, whichever is applicable.

(c) Directors of a licensed maternity home shall submit a records check application no less than every five (5) years from the date of receipt of an initial satisfactory criminal history background check determination and either receive a subsequent satisfactory criminal history background check determination or have the unsatisfactory criminal history background check determination reversed as a result of an administrative hearing.

(d) Documentation of required criminal history background check determinations must be maintained in the director's file.

**(3) Criminal History Background Checks for Employees Required.** Prior to serving as an employee other than a director of a licensed maternity home, a person must submit a preliminary record check application and receive a satisfactory determination. Provided however, should there be an unsatisfactory determination, the person must submit to a fingerprint record check and obtain a satisfactory determination or be determined eligible to serve as an employee as a result of an administrative hearing.

(a) A person with an unsatisfactory background check determination may not serve as an employee of a licensed maternity home if it is determined that such person has a criminal record involving any of the following covered crimes:

1. Any felony under Georgia law;

2. A violation of Code Section O.C.G.A. Sec. 16-4-1, relating to criminal attempt when the crime attempted is any of the crimes specified by this paragraph;

3. A violation of Code Section O.C.G.A. Sec. 16-5- 23, relating to simple battery; where the victim is a minor;

4. A violation of Code Section O.C.G.A. Sec. 16-6-1 *et seq.*, relating to sexual offenses, excluding the offenses of bigamy or marrying a bigamist;

5. A violation of Code Section O.C.G.A. Sec. 16-12-1, relating to contributing to the delinquency of a minor;

6. Any other offense committed in another jurisdiction that, if committed in this state, would be deemed to be a crime listed in this paragraph without regard to its designation elsewhere.

(b) In lieu of a records check application, an employee may submit evidence, satisfactory to the Department, that within the immediately preceding 12 months the above personnel have received a satisfactory records check determination or a satisfactory preliminary records check determination, whichever is applicable.

(c) Employees of a licensed maternity home shall submit a records check application no less than every five (5) years from the date of receipt of an initial satisfactory criminal history background check determination and either receive a subsequent satisfactory criminal history background check determination or have the unsatisfactory criminal history background check determination reversed as a result of an administrative hearing.

(d) Documentation of required criminal history background check determinations must be maintained in the employee's personnel file.

Authority O.C.G.A. Secs. 49-5-3, 49-5-8, 49-2-14.1, 49-5-60, 49-5-62, 49-5-69, 49-5-73.

#### **290-2-29-.15 Basic Maternity Home Programs - Casework Services.**

(1) **Basic Maternity Home Programs. Preplacement Assessment.** A preplacement assessment shall be performed during which the home and legal custodian determine whether the home can meet the known needs of the resident. All relevant information required for admission to the home shall be reviewed in preplacement assessment and planning. Documentation of the preplacement assessment shall be maintained in the resident's file.

(2) **Basic Maternity Home Programs. Preplacement Assessment.** Prior to admission, the home shall provide the legal custodian with written information that includes:

(a) The home's program purpose and program description;

(b) The description of service planning and normal daily routines of residents;

(c) The description of health services including how the home handles illnesses, injuries, and medical emergencies (life-threatening, limb-threatening, and function-threatening conditions);

(d) The home's policies and procedures for behavior management and grievances;

(e) The home's policies and procedures for visiting hours and communications with persons outside the home;

(f) The names and telephone numbers of the resident's designated human services professional and primary direct care staff; and

(g) A schedule of fees if placement is not done under a purchase of service agreement.

(3) **Basic Maternity Home Programs. Preplacement Assessment.** The director of the home, in consultation with the human services professional, shall make the decision whether to accept an applicant for residential care on the basis of assessed needs of the resident and the make-up of the group currently in the home. A home shall only admit a youth whose known needs can be met by the home based on a preplacement assessment. Documentation of the preplacement assessment shall be maintained in the resident's file. The preplacement assessment shall include:

(a) Reasons for placement; and

(b) Placement needs such as social, health, educational, family, behavioral, and personal developmental history. In addition, the history shall include pregnancy status.

(4) **Basic Maternity Home Programs. Preplacement Visit.** The home shall document a preplacement visit by the resident, and the parent(s) or legal guardian(s), or placing agency representative if there is a reasonable likelihood that the resident will be admitted.

(5) **Basic Maternity Home Programs. Admission.** Upon admission, the human services professional shall discuss with the resident and obtain signed documentation from the legal custodian that they have received and considered the information provided in the rules and determined that the placement environment is appropriate and does not represent an undue risk to the health and safety of the potential resident being placed. Information provided to the resident shall include:

(a) Rules of the home and resident responsibilities;

(b) Services available through the home and community;

(c) Rights regarding residence in the home;

(d) Normal daily routines of residents;

(e) Health services, including how the home handles illnesses, injuries, and medical emergencies, particularly with regard to the residents' child(ren);

(f) Policies and procedures for behavior management and grievances;

(g) Policies and procedures for visiting hours and communications with persons outside the home; and

(h) Contact information for the resident's designated human services professional and

primary residential staff.

(6) **Basic Maternity Home Programs. Assessment.** The home's 15 day assessment shall be coordinated by the resident's designated human services professional. The home shall assess the needs of the resident in the areas of health care, room, board and watchful oversight, education, family relationships, personal, social and vocational development, and any behavioral issues that require monitoring. This assessment is intended to expand upon the initial preplacement assessment required by these rules. If an assessment is not completed within 15 days, the reasons for the delay shall be documented in the resident's case record and such documentation shall include statements indicating when the assessment is expected to be completed.

(7) **Basic Maternity Home Programs. Assessment.** A home shall obtain the resident's records from all prenatal health care and counseling services in order to complete the health needs component of the assessment.

(8) **Basic Maternity Home Programs. Assessment.** A home shall obtain the resident's school records from the last school attended in order to complete the education needs component of the assessment.

(9) **Basic Maternity Home Programs. Service Plan.** A written room, board and watchful oversight plan shall be developed within 15 days of admission by the resident's human services professional in concert with the resident's primary direct care staff, meaning the staff who has responsibility for supervision of the resident in the living unit where the resident resides. The plan shall contain the following data:

- (a) The results of the assessment and identified needs;
- (b) Statements of time-limited goals and objectives for the resident and methods of achieving them and evaluating them;
- (c) Statements of activities to be followed by the resident and staff members in pursuit of the stated goals and objectives;
- (d) Statements of any special care and services that will be arranged for or provided directly. Statements of special care and services include, but are not limited to, therapy, enhanced supervision, medications used to manage behaviors, and ongoing conditions;
- (e) Statements of goals and plans for discharge including the entity to whom the youth will be discharged and the proposed date of discharge;
- (f) Statements of the types of discipline that should be employed when necessary; and
- (g) Statements of any restrictions of communications or visitations with any persons; such statements shall clearly show that the health, safety, and welfare of the resident would be adversely affected by such communications or visits.

(10) **Basic Maternity Home Programs. Service Plan.** The resident must be involved in the development of the service and room, board and watchful oversight plans, and its periodic updates as described below. For minor residents, the parent(s) or legal guardian(s), or child placing agency representative shall also be involved. The

home must provide a copy or summary of the service plan to the resident and the parents or managing conservator of a minor resident. The involvement in and receipt of the service plan shall be documented by signature.

(11) **Basic Maternity Home Programs. Service Plan.** The service and room, board and watchful oversight plan shall be updated by the human services professional at a minimum of every month and following any significant change in circumstances including childbirth. Pertinent progress notes and data shall be incorporated in the plan to measure attainment of stated goals and objectives.

(a) The resident's primary direct care staff shall participate in updating the service and room, board and watchful oversight plan.

(b) The home shall be responsible for implementing the service and room, board and watchful oversight plan.

(12) **Basic Maternity Home Programs. Discharge.** The human services professional shall develop and implement a discharge plan for the resident that includes living arrangements, employment and/or school. It is the human services professional's responsibility to assist the resident directly or through referral to another agency when she needs help in these areas.

(13) **Basic Maternity Home Programs. Discharge.** The home must involve the resident and if applicable, the parents or legal guardians of the resident in discharge planning.

(14) **Basic Maternity Home Programs. Discharge.** During a resident's placement in a home, the preliminary plans for discharge shall be adjusted according to the resident's circumstances. At least two (2) months prior to planned discharge, except in cases of emergency discharges, a home shall formulate an aftercare plan that identifies the supports and resources that the resident and resident's family are expected to need following discharge. When a resident is being discharged for placement in another home or similar program, the receiving home or program, except in cases of emergency discharges, shall be given at least 14 days notice of the proposed date of placement.

(15) **Basic Maternity Home Programs. Discharge.** Emergency discharges are authorized when the health and safety of the resident or other residents in residence might be endangered by the resident's further placement in the home. At least 72 hours of prior notice of discharge shall be provided to the resident, parent(s) or legal guardian(s), or placement agency. If such notice is not possible, the reasons shall be documented in the resident's case record.

(16) **Basic Maternity Home Programs. Discharge.** Program participants may be terminated for repeated failure to fulfill resident responsibilities. Participants will receive a minimum of 14 days written notice of intent to terminate, during which time the resident may remain in the program with her child(ren), unless safety concerns are identified.

(17) **Basic Maternity Home Programs. Discharge.** When a resident is discharged, a home shall compile a complete written discharge summary within 30 days of the discharge. Such summary shall include:

(a) The name, address, telephone number and relationship of the person or entity to whom the resident was discharged, or the name of the placing agency if discharged to a placement agency;

(b) The date and circumstances of the resident's discharge must be documented in the resident's record;

(c) A summary of all the services provided for the resident to meet assessed needs while the resident was in the home;

(d) A summary of the resident's and the family's goals and objectives and accomplishments during care;

(e) A summary of any problems encountered by the resident and the family during care and;

(f) A summary of assessed needs which were not met during care, and a summary of the reasons why they were not met.

(18) **Basic Maternity Home Programs. Discharge.** Upon discharge, the home must inform residents of how long and where resident records will be maintained. A copy of the completed discharge summary shall be made available to the resident, and if applicable, her parent(s), legal guardian(s), or placement agency representative when it is completed.

(19) **Basic Maternity Home Programs. Casework Services.** All residents in care and families and legal guardians of residents in care shall receive case work services as provided in their service plan from their assigned human services professional or other appropriate professionals who shall meet with and counsel with the residents. The results of such counseling shall be recorded in the resident's case records. The purpose of such services are to identify and monitor the resident's progress relative to the needs, goals and objectives identified in assessments and service plans and to discuss any problems being encountered by or with the residents in care.

(20) **Basic Maternity Home Programs. Educational and Vocational Services.** A home shall not admit a resident unless an educational program commensurate with the specific educational and vocational needs of the resident can be provided.

(21) **Basic Maternity Home Programs. Educational and Vocational Services.** Provisions shall be made for mandatory education of all residents in care in accordance with O.C.G.A. 20-2-690 et seq. or its successor statute. For purposes of these rules, an on-campus school is defined as a private school, and must be in compliance with the above law.

(22) **Basic Maternity Home Programs. Educational and Vocational Services.** A resident's assigned human services professional shall monitor the resident's educational or vocational progress in the course of providing case work services and planning. Progress reports, such as report cards, and other records or documentation of a resident's educational or vocational performance while residing in the home shall be maintained in the resident's case record.

(23) **Basic Maternity Home Programs. Educational and Vocational Services.** Residents attending public schools who wish to participate in extracurricular activities shall be provided such reasonable opportunities by the home in accordance with the resident's service plan.

(24) **Basic Maternity Home Programs. Educational and Vocational Services.** Residents' daily activities as stated in their service plans shall provide for study time during the periods the residents are attending school.

(25) **Basic Maternity Home Programs. Other Services. Counseling.** The home must ensure that counseling about the different options regarding pregnancy is available to residents.

(26) **Basic Maternity Home Programs. Other Services. Counseling.** The home must ensure that residents have information, training, and counseling available regarding health aspects of pregnancy, preparation for childbirth, and recovery from childbirth.

(27) **Basic Maternity Home Programs. Other Services. Recreation and Leisure.** The home shall provide for a program of indoor and outdoor recreational and leisure activities. When providing these activities, it shall utilize the community's cultural, social, and recreational resources whenever possible and appropriate. Residents' activities as stated in their service plans shall provide for leisure and recreational time. A home shall procure and maintain a variety of recreational and leisure equipment and supplies such as games, sporting equipment, reading materials, and art supplies.

(28) **Basic Maternity Home Programs. Other Services. Correspondence.** The home shall not infringe on the resident's privilege of writing and receiving uncensored mail and visits from her family. Visits from her family may be limited, in accordance with the service plan.

(29) **Basic Maternity Home Programs. Other Services. Clothing.** The home shall ensure that all residents have adequate, properly fitting, seasonable clothing as required for health, comfort, physical well-being, and individual needs.

(30) **Basic Maternity Home Programs. Other Services.** Daily routines of residents shall provide for appropriate personal care, privacy, hygiene, and grooming commensurate with age, gender, and cultural heritage. All necessary toiletry items and supplies, such as and not limited to, soap, shampoo, hair brushes, toothbrushes and paste, deodorant, lotion, and bath towels, shall be provided.

(31) **Basic Maternity Home Programs. Other Services.** Residents shall not be held solely responsible for the accomplishments of any work activity of the home such as food preparation, laundering, housekeeping, or home maintenance. Residents shall not be considered substitutes for employed staff.

(32) **Basic Maternity Home Programs. Other Services.** Residents shall not be used for the purposes of soliciting funds for the home, nor shall residents be used in connection with any advertisement or publicity without the consent of the resident or legal guardian(s).

(33) **Basic Maternity Home Programs. Other Services. Religious Services.** Residents shall be permitted to participate in religious and cultural activities in accordance with their cultural and ethnic heritage.

(34) **Basic Maternity Home Programs. Other Services. Child Care.** No resident shall be responsible for the care of another resident for any period of time unless staff is present. In accordance with her service plan, a birth mother can assume responsibility for her child(ren).

(35) **Basic Maternity Home Programs. Infant Care.** All infants, particularly during the first 48 hours in the home shall be closely observed by the residential care staff.

(36) **Basic Maternity Home Programs. Infant Care.** Infants shall be held by a nurse, attendant, or resident while being fed.

(37) **Basic Maternity Home Programs. Infant Care.** A separate room or space shall be provided for preparation of milk mixtures, other foods and water. Provisions shall be made for sterilizing utensils, bottles, and nipples, and adequate refrigeration for storing of milk and food.

(38) **Basic Maternity Home Programs. Infant Care.** All formulas and changes in feeding shall be approved by the physician.

(39) **Basic Maternity Home Programs. Infant Care.** A resident who wishes to give personal attention to her infant, such as bathing and feeding, shall be permitted to do so. A resident who does not wish to see her child shall not be required to do so.

(40) **Basic Maternity Home Programs. Infant Care.** No visitor shall be permitted to see the infant except in accordance with the service plan.

(41) **Basic Maternity Home Programs. Infant Care.** The home shall not keep an infant longer than is necessary to make proper and sound plans for his or her care elsewhere.

(42) **Basic Maternity Home Programs. Infant Care.** An infant shall be discharged only to the following:

(a) His or her parent or legal guardian or

(b) A licensed child-placing agency.

Authority O.C.G.A. Secs. 49-5-3, 49-5-8. History. Original Rules entitled "Casework" and "Program" were filed on October 21, 1974; effective November 10, 1974.

#### **290-2-29-.16 Basic Maternity Home Programs - Health Services.**

(1) **Basic Maternity Home Programs. Health Services.** Health services for residents and infants shall be provided according to the best standards for maternal and child health which the local community affords and shall conform to standards established by the American College of Obstetricians and Gynecologists and the American Academy of Pediatrics. Responsibility for the health supervision of the home



shall be placed in one (1) licensed physician appointed by the governing board. The home shall have an isolation room available. There shall be an arrangement with the hospitals accepting residents for confinement which ensures that the residents are protected from interviews with persons seeking to effect or facilitate an independent placement.

(2) **Basic Maternity Home Programs. Health Services.** Within 15 days of admission, an assessment of the resident's medical and dental health shall be completed by the designated intake human services professional.

(3) **Basic Maternity Home Programs. Health Services. Prenatal Care.** The home must ensure that residents have access to prenatal health care, delivery, and immediate postpartum health care, and postpartum convalescent health care for the period post delivery and prior to discharge from the home.

(4) **Basic Maternity Home Programs. Health Services. Prenatal Care.** The program of prenatal care shall include:

(a) A complete medical and obstetrical history before admission to the home;

(b) A general physical examination of the resident shall be provided within 72 hours (excluding weekends and holidays) of admission unless such an examination has been completed within two (2) weeks prior to admission. The admission physical shall include a pregnancy test, complete blood count (CBC), vaginal smear, and T. B. test;

(c) Periodic examinations during pregnancy according to the standard of care for the community. Such examinations shall occur at minimum, monthly during the first seven (7) months, every two (2) weeks during the eighth month, and every week during the ninth month;

(d) Medical care at time of delivery, including hospitalization, and nursing care where indicated;

(e) Confinement in an accredited birthing facility meeting recognized standards, with facilities for dealing with complicated cases or emergencies;

(f) Paramedical services, including nursing, nutrition, and health education.

(5) **Basic Maternity Home Programs. Health Services. Postpartum Care.** The home shall ensure that each resident is informed of the need for a postpartum examination, unless the examination is provided before her discharge from the home. Provisions shall be made for all residents to receive a postpartum examination within 8 weeks after confinement if she remains in residence. Provisions shall be made to ensure the resident's return to a public health clinic or physician, physician's assistant, advanced practice registered nurse, or midwife for necessary checkups and medical instruction on postpartum care that may be indicated. A resident shall not remain in the home for more than eight (8) weeks after delivery once she has been medically discharged.

(6) **Basic Maternity Home Programs. Health Services. Postnatal Care.** The home shall ensure that each resident is informed of the need for postnatal examination for her

infant, unless the examination is provided before the infant's discharge from the home. Provisions shall be made for a complete physical examination by a physician, physician's assistant, advanced practice registered nurse, midwife, or public health clinic within the first 24 hours or sooner if indicated. A repeat examination shall be completed within the first 10 days. The repeat physical examination shall be completed by a physician, physician's assistant, advanced practice registered nurse, registered nurse, midwife, or public health clinic.

(7) **Basic Maternity Home Programs. Health Services. Medical Care.** The home shall ensure that residents receive timely, qualified medical and dental care when they are ill and that they continue to receive necessary follow-up medical care. Arrangements shall be made with at least one (1) physician and one (1) dentist or a health care agency that provides physician and dental services for the medical care of the residents. Residents shall receive annual medical check-ups and semiannual dental check-ups.

(8) **Basic Maternity Home Programs. Health Services. Dental Care.** A general dental examination of the resident shall be provided for within 30 days of admission unless such an examination has been completed within six (6) months prior to admission. Such examinations shall be done by a licensed dentist and shall be repeated at least every six (6) months.

(9) **Basic Maternity Home Programs. Health Services. Emergency Care.** The home shall ensure that residents receive timely, qualified medical or psychological care in cases of medical emergencies (life-threatening, limb-threatening, or function-threatening conditions). Policies shall be in place for the emergency medical care of residents with a local hospital or other health care facility that provides emergency services or with a local physician.

(10) **Basic Maternity Home Programs. Health Services. Medications.** The home shall develop and implement policies and procedures for the use and management of over-the-counter, general prescription, and psychotropic medications. All direct care staff shall receive orientation on the policies and procedures.

(11) **Basic Maternity Home Programs. Health Services. Medications.** The home shall maintain a list of non-prescription medications approved for use by pregnant women. No resident shall be given a non-prescription medication by staff members of the home unless the resident exhibits symptoms that the medication is designed to relieve and it is listed on the approved list.

(12) **Basic Maternity Home Programs. Health Services. Medications. Prescription Medications.** No resident shall be given a prescription medication unless the medication is prescribed for the resident by an authorized health care professional.

(13) **Basic Maternity Home Programs. Health Services. Medications.** Prescription medications shall only be given to a resident as ordered in the resident's prescription. A home shall not permit such medications prescribed for one (1) resident to be given to any other resident.

(14) **Basic Maternity Home Programs. Health Services. Medications.** A resident's attending physician shall be notified in cases of medication errors, adverse

reactions, or if the prescription medication does not appear to be effective as soon as the home becomes aware of such an event.

**(15) Basic Maternity Home Programs. Health Services. Medications.** A home shall designate and authorize classes of staff, such as residential staff, to handout medications and supervise the taking of medications. Only designated and authorized staff shall handout and supervise the taking of medication.

**(16) Basic Maternity Home Programs. Health Services. Medications.** A home shall maintain a record of all medications and nutritional supplements handed-out by authorized staff and taken by residents to include: name of resident taking medication, resident's allergies, name of prescribing physician, date of prescription (if the medication is prescription or psychotropic), route of administration, required dosage, date and time taken, dosage taken, and name and signature of staff member who handed-out and supervised the taking of the medication.

**(17) Basic Maternity Home Programs. Health Services. Medications. Self-Administration/Self-Possession of Medications.**

(a) Residents may self-possess and self-administer a metered dose or dry powder inhaler for relief of asthma, or before exercise to prevent onset of asthma symptoms, while at school or in the community, if the following conditions are met:

1. There is written approval from the resident's physician or other health care provider and the resident or parent or legal guardian (if resident is under 18) to possess and use the inhaler;

2. The director of the home or designee has received a copy of the written approvals from the physician and the parent or legal guardian; or

3. There is on file a written emergency care plan prepared by a licensed physician in collaboration with the resident and his or her parent or legal guardian. The plan shall contain specific instructions on the resident's needs including what to do in the event of an emergency.

(b) Residents with a need for emergency medication may also be allowed to self-possess and self-administer such medication, provided that they meet the same conditions established above. Residents who are prescribed epinephrine to treat anaphylaxis shall be allowed to self-possess and self-administer the medication if they meet the conditions stated above.

(c) A resident whose parent or legal guardian and physician provide written permission will be able to self-administer and self-possess his/her own medications.

(d) A medication that a resident possesses must be labeled and prepared by a pharmacy or pharmaceutical company and include the dosage and frequency of administration.

(e) The director of the home or designee may discontinue a resident's right to self-administer and/or self-possess if there is misuse by the resident. The denial shall follow a consultation with the parent or legal guardian.

(18) **Basic Maternity Home Programs. Health Services. Medications.** All medication shall be stored in labeled containers as prepared by a pharmacy, physician, or pharmaceutical company with the resident's name, the name of the medication, dosage, and the frequency of administration.

(19) **Basic Maternity Home Programs. Health Services. Medications.** All prescription and non-prescription medications, including medications requiring refrigeration, shall be kept in a locked storage cabinet or container which is not accessible to the residents and stored separate from cleaning chemicals and supplies or poisons. The keys to the locked cabinets or containers shall not be accessible to residents.

(20) **Basic Maternity Home Programs. Health Services. Medications.** All expired medications shall be discarded according to the community standard and not handed-out for use. The home shall remain responsible for the safeguarding of such medications even after discarding.

(21) **Basic Maternity Home Programs. Health Services. Medical Records.** A complete medical record shall be maintained on each resident. This record shall include:

- (a) Report of the medical and obstetrical history obtained prior to admission;
- (b) Reports of all examinations while resident is in the home;
- (c) Delivery information on the infant; and
- (d) Physician's discharge report.

(22) **Basic Maternity Home Programs. Health Services. First Aid Supplies.** Each living unit shall have a first aid kit and instruction manual; such kit shall contain scissors, tweezers, gauze pads, cotton balls, adhesive tape, thermometer, assorted band-aids, antiseptic cleaning solution, and bandages.

(23) **Basic Maternity Home Programs. Health Services. Nutrition.** The home shall provide food that meets residents' individual nutritional requirements and in accordance with the American College of Obstetrics and Gynecology (ACOG).

(24) **Basic Maternity Home Programs. Health Services. Nutrition.** The home shall make provision for three (3) regularly scheduled meals daily and provide for additional nutrition between meals, mid-morning, afternoon, and evening, as needed and desired by residents.

(25) **Basic Maternity Home Programs. Health Services. Nutrition.** The home shall provide any special diet prescribed by a resident's physician.

(26) **Basic Maternity Home Programs. Health Services. Nutrition.** The home shall offer nutritional counseling and guidance to all residents. Content of the counseling and guidance program must meet generally accepted standards in regard to nutrition during pregnancy and lactation.

(27) **Basic Maternity Home Programs. Health Services. Nutrition.** Food preparation, storage, and serving facilities and procedures must meet local health department requirements and recommendations.

(28) **Basic Maternity Home Programs. Health Services. Healthcare Crises.** Detailed written summary reports shall be made to the Department via email or fax on the required incident intake information form (IIIF) within 24 hours in the case of any notifiable disease, outbreak or significant increase in institutional-associated infections above the norm or baseline in an institution or employees who work there. If the outbreak, unusual incident, or epidemic has an unexpected pattern of cases, suspected cases, deaths, or increased incidence of disease that is a major public health concern, then such outbreak, unusual incident, or epidemic shall be reported immediately via telephone.

Authority O.C.G.A. Secs. 49-5-3, 49-5-8. History. Original Rule entitled "Health Program" was filed on October 21, 1974; effective November 10, 1974.

### **290-2-.29-.17 Basic Maternity Home Programs- Behavior Management and Emergency Safety Interventions.**

(1) **Basic Maternity Home Programs. Behavior Management.** Every home shall develop and implement policies and procedures on behavior management. Such policies and procedures shall set forth the types of residents served and room, board and watchful oversight capacities in accordance with its program purpose, the anticipated behavioral problems of the residents, and acceptable methods of managing such problems.

(2) **Basic Maternity Home Programs. Behavior Management.** Behavior management principles and techniques shall be used in accordance with the individual service plan and written policies and procedures governing service expectations, treatment goals, safety, security, and these rules and regulations.

(3) **Basic Maternity Home Programs. Behavior Management.** Behavior management shall be limited to the least restrictive appropriate method, as described in the resident's service plan and in accordance with the prohibitions as specified in these rules and regulations.

(4) **Basic Maternity Home Programs. Behavior Management.** The following forms of behavior management shall not be used:

- (a) Assignment of excessive or unreasonable work tasks;
- (b) Denial of meals and hydration;
- (c) Denial of sleep;
- (d) Denial of shelter, clothing, or essential personal needs;
- (e) Denial of essential program services;
- (f) Verbal abuse, ridicule, or humiliation;

(g) Chemical restraint, manual holds, and seclusion used as a means of coercion, discipline, convenience, or retaliation;

(h) Denial of communication and visits unless restricted;

(i) Corporal punishment;

(j) Seclusion not used appropriately as an emergency safety intervention.

(5) **Basic Maternity Home Programs. Behavior Management.** Residents shall not be permitted to participate in the behavior management of other residents or to discipline other residents, except as part of an organized therapeutic self-governing program in accordance with accepted standards of practice that is conducted in accordance with written policy and is supervised directly by designated staff.

(6) **Basic Maternity Home Programs. Behavior Management.** Homes shall submit to the Department electronically or by facsimile a report within 24 hours whenever an unusual incident occurs regarding behavior management, including any injury requiring medical treatment beyond first aid that is received by a resident as a result of any behavior management.

(7) **Basic Maternity Home Programs. Behavior Management.** All forms of behavior management used by direct care staff shall also be documented in case records in order to ensure that such records reflect behavior management problems.

(8) **Basic Maternity Home Programs. Emergency Safety Interventions.** Emergency safety interventions, including physical restraint, mechanical restraint, chemical restraint, seclusion, or any other, shall not be used on residents of homes. Authority O.C.G.A. Secs. 49-5-3, 49-5-8.

#### **290-2-29-.18 Second Chance Home Programs- Casework Services.**

(1) **Second Chance Home Programs.** Second chance home programs that care for pregnant residents must also meet all rule requirements for basic maternity home programs in relation to those residents.

(2) **Second Chance Home Programs. Preplacement Assessment.** A preplacement assessment shall be performed during which the home and legal custodian determine whether the home can meet the known needs of the resident. All relevant information required for admission to the home shall be reviewed in preplacement assessment and planning. Documentation of the preplacement assessment shall be maintained in the resident's file.

(3) **Second Chance Home Programs. Preplacement Assessment.** Prior to admission, the home shall provide the legal custodian with written information that includes:

(a) The home's program purpose and program description;

- (b) The description of service planning and normal daily routines of residents;
- (c) The description of health services including how the home handles illnesses, injuries, and medical emergencies (life-threatening, limb-threatening, and function-threatening conditions);
- (d) The home's policies and procedures for behavior management and grievances;
- (e) The home's policies and procedures for visiting hours and communications with persons outside the home;
- (f) The names and telephone numbers of the resident's designated human services professional and primary direct care staff; and
- (g) A schedule of fees if placement is not done under a purchase of service agreement.

(4) **Second Chance Home Programs. Preplacement Assessment.** The director of the home, in consultation with the human services professional, shall make the decision whether to accept an applicant for residential care on the basis of assessed needs of the resident and the make-up of the group currently in the home. A home shall only admit a youth whose known needs can be met by the home based on a preplacement assessment. Documentation of the preplacement assessment shall be maintained in the resident's file. The preplacement assessment shall include:

- (a) Reasons for placement; and
- (b) Placement needs such as social, health, educational, family, behavioral, and personal developmental history. In addition, the history shall include pregnancy status.

(5) **Second Chance Home Programs. Preplacement Visit.** The home shall document a preplacement visit by the resident, and the parent(s) or legal guardian(s), or placing agency representative if there is a reasonable likelihood that the resident will be admitted.

(6) **Second Chance Home Programs. Admission.** Upon admission, the human services professional shall discuss with the resident and obtain signed documentation from the legal custodian that they have received and considered the information provided in the rules and determined that the placement environment is appropriate and does not represent an undue risk to the health and safety of the potential resident being placed. Information provided to the resident shall include:

- (a) Rules of the home and resident responsibilities;
- (b) Services available through the home and community;
- (c) Rights regarding residence in the home;
- (d) Normal daily routines of residents;
- (e) Health services, including how the home handles illnesses, injuries, and medical

emergencies, particularly with regard to the residents' child(ren);

(f) Policies and procedures for behavior management and grievances;

(g) Policies and procedures for visiting hours and communications with persons outside the home; and

(h) Contact information for the resident's designated human services professional and primary residential staff.

(7) **Second Chance Home Programs. Assessment.** The home's 15 day assessment shall be coordinated by the resident's designated human services professional. The home shall assess the needs of the resident in the areas of health care, room, board and watchful oversight, education, family relationships, personal, social and vocational development, and any behavioral issues that require monitoring. The assessment is intended to expand upon the initial preplacement assessment required by these rules. If an assessment is not completed within 15 days, the reasons for the delay shall be documented in the resident's case record and such documentation shall include statements indicating when the assessment is expected to be completed.

(8) **Second Chance Home Programs. Assessment.** A home shall obtain the resident's records from all prenatal health care and counseling services in order to complete the health needs component of the assessment.

(9) **Second Chance Home Programs. Assessment.** A home shall obtain the resident's school records from the last school attended in order to complete the education needs component of the assessment.

(10) **Second Chance Home Programs. Service Plan.** A written room, board and watchful oversight plan shall be developed within 15 days of admission by the resident's human services professional in concert with the resident's primary direct care staff, meaning the staff who has responsibility for supervision of the resident in the living unit where the resident resides. The plan shall contain the following data:

(a) The results of the assessment and identified needs;

(b) Statements of time-limited goals and objectives for the resident and methods of achieving them and evaluating them;

(c) Statements of activities to be followed by the resident and staff members in pursuit of the stated goals and objectives;

(d) Statements of any special care and services that will be arranged for or provided directly. Statements of special care and services include, but are not limited to, therapy, enhanced supervision, medications used to manage behaviors, and ongoing conditions;

(e) Statements of goals and plans for discharge including the entity to whom the child will be discharged and the proposed date of discharge;

(f) Statements of the types of discipline that shall be employed when necessary; and



(g) Statements of any restrictions of communications or visitations with any persons; such statements shall clearly show that the health, safety, and welfare of the resident would be adversely affected by such communications or visits.

(h) Separate service plans shall be developed for infants and children of parenting residents.

(11) **Second Chance Home Programs. Service Plan.** The resident shall be involved in the development of the service and room, board and watchful oversight plans, and its periodic updates as described below. For minor residents, the parent(s) or legal guardian(s), or child placing agency representative shall also be involved. The home shall provide a copy or summary of the service plan to the resident and the parents or managing conservator of a minor resident. The involvement in and receipt of the service plan shall be documented by signature.

(12) **Second Chance Home Programs. Service Plan.** The service and room, board and watchful oversight plan shall be updated by the human services professional at a minimum of every six (6) months and following any significant change in circumstances including childbirth. Pertinent progress notes and data shall be incorporated in the plan to measure attainment of stated goals and objectives.

(a) The resident's primary direct care staff shall participate in updating the service and room, board and watchful oversight plan.

(b) The home shall be responsible for implementing the service and room, board and watchful oversight plan.

(13) **Second Chance Home Programs. Discharge.** The human services professional shall develop and implement a discharge plan for the resident that includes living arrangements, employment and/or school. It is the human services professional's responsibility to assist the resident directly or through referral to another agency when she needs help in these areas.

(14) **Second Chance Home Programs. Discharge.** The home must involve the resident and if applicable, the parents or legal guardians of the resident in discharge planning.

(15) **Second Chance Home Programs. Discharge.** During a resident's placement in a home, the preliminary plans for discharge shall be adjusted according to the resident's circumstances. At least two (2) months prior to planned discharge, except in cases of emergency discharges, a home shall formulate an aftercare plan that identifies the supports and resources that the resident and resident's family are expected to need following discharge. When a resident is being discharged for placement in another home or similar program, the receiving home or program, except in cases of emergency discharges, shall be given at least 14 days notice of the proposed date of placement.

(16) **Second Chance Home Programs. Discharge.** Emergency discharges are authorized when the health and safety of the resident or other residents in the residence might be endangered by the resident's further placement in the home. At least 72 hours of prior notice of discharge shall be provided to the resident, parent(s) or legal

guardian(s), or placement agency. If such notice is not possible, the reasons shall be documented in the resident's case record.

(17) **Second Chance Home Programs. Discharge.** Program participants may be terminated for repeated failure to fulfill resident responsibilities. Participants will receive a minimum of 14 days written notice of intent to terminate, during which time the resident may remain in the program with her child(ren), unless safety concerns are identified.

(18) **Second Chance Home Programs. Discharge.** When a resident is discharged, a home shall compile a complete written discharge summary within 30 days of the discharge. Such summary shall include:

(a) The name, address, telephone number and relationship of the person or entity to whom the resident was discharged, or the name of the placing agency if discharged to a placement agency;

(b) The date and circumstances of the resident's discharge must be documented in the resident's record;

(c) A summary of all the services provided for the resident to meet assessed needs while the resident was in the home;

(d) A summary of the resident's and the family's goals and objectives and accomplishments during care;

(e) A summary of any problems encountered by the resident and the family during care and;

(f) A summary of assessed needs which were not met during care, and a summary of the reasons why they were not met.

(19) **Second Chance Home Programs. Discharge.** Upon discharge, the home must inform residents of how long and where resident records will be maintained. A copy of the completed discharge summary shall be made available to the resident, and if applicable, her parent(s), legal guardian(s), or placement agency representative when it is completed.

(20) **Second Chance Home Programs. Casework Services.** All residents in care and families and legal guardians of residents in care shall receive case work services as provided in their service plan from their assigned human services professional or other appropriate professionals who shall meet with and counsel with the residents. The results of such counseling shall be recorded in the resident's case records. The purpose of such services are to identify and monitor the resident's progress relative to the needs, goals and objectives identified in assessments and service plans and to discuss any problems being encountered by or with the residents in care.

(21) **Second Chance Home Programs. Educational and Vocational Services.** A home shall not admit a resident unless an educational program commensurate with the specific educational and vocational needs of the resident can be provided.

(22) **Second Chance Home Programs. Educational and Vocational Services.** Provisions shall be made for mandatory education of all residents in care in accordance with O.C.G.A. 20-2-690 et seq. or its successor statute. For purposes of these rules, an on-campus school is defined as a private school, and must be in compliance with the above law.

(23) **Second Chance Home Programs. Educational and Vocational Services.** A resident's assigned human services professional shall monitor the resident's educational or vocational progress in the course of providing case work services and planning. Progress reports, such as report cards, and other records or documentation of a resident's educational or vocational performance while residing in the home shall be maintained in the resident's case record.

(24) **Second Chance Home Programs. Educational and Vocational Services.** Residents attending public schools who wish to participate in extracurricular activities shall be provided such reasonable opportunities by the home in accordance with the resident's service plan.

(25) **Second Chance Home Programs. Educational and Vocational Services.** Residents' daily activities as stated in their service plans shall provide for study time during the periods the residents are attending school.

(26) **Second Chance Home Programs. Other Services. Counseling.** The home shall ensure that counseling about the different options regarding pregnancy is available to residents.

(27) **Second Chance Home Programs. Other Services. Counseling.** The home shall ensure that residents have information, training, and counseling available regarding health aspects of pregnancy, preparation for childbirth, and recovery from childbirth.

(28) **Second Chance Home Programs. Other Services. Recreation and Leisure.** The home shall provide for a program of indoor and outdoor recreational and leisure activities. When providing these activities, it shall utilize the community's cultural, social, and recreational resources whenever possible and appropriate. Residents' activities as stated in their service plans shall provide for leisure and recreational time. A home shall procure and maintain a variety of recreational and leisure equipment and supplies such as games, sporting equipment, reading materials, and art supplies.

(29) **Second Chance Home Programs. Other Services. Correspondence.** The home shall not infringe on the resident's privilege of writing and receiving uncensored mail and visits from her family. Visits from her family may be limited, in accordance with the service plan.

(30) **Second Chance Home Programs. Other Services. Clothing.** The home shall ensure that all residents have adequate, properly fitting, seasonable clothing as required for health, comfort, physical well-being, and individual needs.

(31) **Second Chance Home Programs. Other Services.** Daily routines of residents shall provide for appropriate personal care, privacy, hygiene, and grooming commensurate with age, gender, and cultural heritage. All necessary toiletry items and

supplies, such as and not limited to, soap, shampoo, hair brushes, toothbrushes and paste, deodorant, lotion, and bath towels, shall be provided.

(32) **Second Chance Home Programs. Other Services.** Residents shall not be held solely responsible for the accomplishments of any work activity of the home such as food preparation, laundering, housekeeping, or home maintenance. Residents shall not be considered substitutes for employed staff.

(33) **Second Chance Home Programs. Other Services.** Residents shall not be used for the purposes of soliciting funds for the home, nor shall residents be used in connection with any advertisement or publicity without the consent of the resident or legal guardian(s).

(34) **Second Chance Home Programs. Other Services. Religious Services.** Residents shall be permitted to participate in religious and cultural activities in accordance with their cultural and ethnic heritage.

(35) **Second Chance Home Programs. Other Services. Child Care.** No resident shall be responsible for the care of another resident for any period of time unless staff is present. In accordance with her service plan, a birth mother can assume responsibility for her child(ren).

(36) **Second Chance Home Programs. Infant Care.** All infants, particularly during the first 48 hours in the home shall be closely observed by the residential care staff.

(37) **Second Chance Home Programs. Infant Care.** Infants shall be held by nurse, attendant, or resident while being fed.

(38) **Second Chance Home Programs. Infant Care.** A separate room or space shall be provided for preparation of milk mixtures, other foods and water. Provisions shall be made for sterilizing utensils, bottles, and nipples, and adequate refrigeration for storing of milk and food.

(39) **Second Chance Home Programs. Infant Care.** All formulas and changes in feeding shall be approved by a physician.

(40) **Second Chance Home Programs. Infant Care.** A resident who wishes to give personal attention to her infant, such as bathing and feeding, shall be permitted to do so. A resident who does not wish to see her child shall not be required to do so. However, the resident shall be assessed by the home for appropriateness of placement in a second chance home program.

(41) **Second Chance Home Programs. Infant Care.** No visitor shall be permitted to see the infant except in accordance with the service plan.

(42) **Second Chance Home Programs. Infant Care.** The home shall not keep an infant longer than is necessary to make proper and sound plans for his or her care elsewhere.

(43) **Second Chance Home Programs. Infant Care.** An infant shall be discharged only to the following:

(a) His or her parent or legal guardian or

(b) A licensed child-placing agency.

Authority O.C.G.A. Secs. 49-5-3, 49-5-8. History. Original Rules entitled "Casework" and "Program" were filed on October 21, 1974; effective November 10, 1974.

### **290-2-29-.19 Second Chance Home Programs- Health Services**

(1) **Second Chance Home Programs. Health Services.** Health services for residents and infants shall be provided according to the best standards for maternal and child health which the local community affords and shall conform to standards established by the American College of Obstetricians and Gynecologists and the American Academy of Pediatrics. Responsibility for the health supervision of the home shall be placed in one (1) licensed physician appointed by the governing board. The home shall have an isolation room available. There shall be an arrangement with the hospitals accepting residents for confinement which ensures that the residents are protected from interviews with persons seeking to effect or facilitate an independent placement.

(2) **Second Chance Home Programs. Health Services.** Within 30 days of admission, an assessment of the resident's medical and dental health shall be completed by the designated intake human services professional.

(3) **Second Chance Home Programs. Health Services. Prenatal Care.** The home shall ensure that residents have access to prenatal health care, delivery, and immediate postpartum health care, and postpartum convalescent health care for the period post delivery and prior to discharge from the home.

(4) **Second Chance Home Programs. Health Services. Prenatal Care.** The program of prenatal care shall include:

(a) A complete medical and obstetrical history before admission to the home;

(b) A general physical examination of the resident shall be provided within 72 hours (excluding weekends and holidays) of admission unless such an examination has been completed within one (1) year prior to admission. The admission physical shall include a pregnancy test, complete blood count (CBC), and T. B. test;

(c) Periodic examinations during pregnancy according to the standard of care for the community. Such examinations shall occur at minimum, monthly during the first seven (7) months, every two (2) weeks during the eighth month and every week during the ninth month;

(d) Medical care at time of delivery, including hospitalization, and nursing care where indicated;

(e) Confinement in an accredited birthing facility meeting recognized standards, with facilities for dealing with complicated cases or emergencies; and

(f) Paramedical services, including nursing, nutrition, and health education.

(5) **Second Chance Home Programs. Health Services. Postpartum Care.** The home shall ensure that each resident is informed of the need for a postpartum examination, unless the examination is provided before her discharge from the home. Provisions shall be made for all residents to receive a postpartum examination within 8 weeks after confinement if she remains in residence. Provisions shall be made to ensure the resident's return to a public health clinic or physician, physician's assistant, advanced practice registered nurse, or midwife for necessary checkups and medical instruction on postpartum care that may be indicated.

(6) **Second Chance Home Programs. Health Services. Postnatal Care.** The home shall ensure that each resident is informed of the need for postnatal examination for her infant, unless the examination is provided before the infant's discharge from the home. Provisions shall be made for a complete physical examination by a physician, physician's assistant, advanced practice registered nurse, midwife, or public health clinic within the first 24 hours or sooner if indicated. A repeat examination shall be completed within the first 10 days. The repeat physical examination shall be completed by a physician, physician's assistant, advanced practice registered nurse, registered nurse, midwife, or public health clinic.

(7) **Second Chance Home Programs. Health Services. Medical Care.** The home shall ensure that all residents receive an annual physical examination completed by a physician, physician's assistant, advanced practice registered nurse, or public health clinic. The examination shall include basic diagnostic laboratory, including but not limited to Complete Blood Count (CBC) and basic urinalysis; required immunizations; a TB test; and vision and hearing screens.

(8) **Second Chance Home Programs. Health Services. Medical Care.** A home shall ensure that residents receive timely, qualified medical and dental care when they are ill and that they continue to receive necessary follow-up medical care. Arrangements shall be made with at least one (1) physician and one (1) dentist or a health care agency that provides physician and dental services for the medical care of the residents. Residents shall receive annual medical check-ups and semiannual dental check-ups.

(9) **Second Chance Home Programs. Health Services. Pediatric Care.** The home shall ensure that all minor residents receive appropriate Early Periodic Screening and Diagnostic and Treatment Services (EPSDT) as required for age and development.

(10) **Second Chance Home Programs. Health Services. Dental Care.** A general dental examination of the resident shall be provided for within 30 days of admission unless such an examination has been completed within six (6) months prior to admission. Such examinations shall be done by a licensed dentist and shall be repeated at least every six (6) months.

(11) **Second Chance Home Programs. Health Services. Emergency Care.** The home shall ensure that residents receive timely, qualified medical or psychological care in cases of medical emergencies (life-threatening, limb-threatening, or function-threatening conditions). Policies shall be in place for the emergency medical care of residents with a local hospital or other health care facility that provides emergency services or with a local physician.

(12) **Second Chance Home Programs. Health Services. Medications.** The home shall develop and implement policies and procedures for the use and management of over-the-counter, general prescription, and psychotropic medications. All direct care staff shall receive orientation on the policies and procedures.

(13) **Second Chance Home Programs. Health Services. Medications.** The home shall maintain a list of non-prescription medications approved for use by pregnant women. No resident shall be given a non-prescription medication by staff members of the home unless the resident exhibits symptoms that the medication is designed to relieve and it is listed on the approved list.

(14) **Second Chance Home Programs. Health Services. Medications.** The home shall maintain a list of non-prescription medications approved for use by the pediatrician for each individual resident under 6 years of age. The approved list shall be maintained in each resident's file.

(15) **Second Chance Home Programs. Health Services. Medications. Prescription Medications.** No resident shall be given a prescription medication unless the medication is prescribed for the resident by an authorized health care professional.

(16) **Second Chance Home Programs. Health Services. Medications.** Prescription medications shall only be given to a resident as ordered in the resident's prescription. A home shall not permit such medications prescribed for one (1) resident to be given to any other resident.

(17) **Second Chance Home Programs. Health Services. Medications.** A resident's attending physician shall be notified in cases of medication errors, adverse reactions, or if the prescription medication does not appear to be effective as soon as the home becomes aware of such an event.

(18) **Second Chance Home Programs. Health Services. Medications.** A home shall designate and authorize classes of staff, such as residential staff, to handout medications and supervise the taking of medications. Only designated and authorized staff shall handout and supervise the taking of medication.

(19) **Second Chance Home Programs. Health Services. Medications.** The home shall maintain a record of all medications and nutritional supplements handed-out by authorized staff and taken by residents to include: name of resident taking medication, name of prescribing physician and date of prescription (if the medication is prescription or psychotropic), required dosage, date and time taken, dosage taken, and name and signature of staff member who handed-out and supervised the taking of the medication.

(20) **Second Chance Home Programs. Health Services. Medications. Self-Administration/Self-Possession of Medications.**

(a) Residents may possess and self-administer a metered dose or dry powder inhaler for relief of asthma, or before exercise to prevent onset of asthma symptoms, while at school or in the community, if the following conditions are met:

1. There is written approval from the resident's physician or other health care provider and the resident or parent or legal guardian (if resident is under 18) to possess and use the inhaler;

2. The director of the home or designee has received a copy of the written approvals from the physician and the parent or legal guardian; or

3. There is on file a written emergency care plan prepared by a licensed physician in collaboration with the resident and his or her parent or legal guardian. The plan shall contain specific instructions on the resident's needs including what to do in the event of an emergency.

(b) Residents with a need for emergency medication may also be allowed to self-possess and self-administer such medication, provided that they meet the same conditions established above. Residents who are prescribed epinephrine to treat anaphylaxis shall be allowed to self-possess and self-administer the medication if they meet the conditions stated above.

(c) A resident whose parent or legal guardian and physician provide written permission will be able to self-administer and self-possess his/her own medications.

(d) A medication that a resident possesses must be labeled and prepared by a pharmacy or pharmaceutical company and include the dosage and frequency of administration.

(e) The director of the home or designee may discontinue a resident's right to self-administer and/or self-possess if there is misuse by the resident. The denial shall follow a consultation with the parent or legal guardian.

**(21) Second Chance Home Programs. Health Services. Medications.** All medication shall be stored in labeled containers as prepared by a pharmacy, physician, or pharmaceutical company with the resident's name, the name of the medication, dosage, and the frequency of administration.

**(22) Second Chance Home Programs. Health Services. Medications.** All prescription and non-prescription medications, including medications requiring refrigeration, shall be kept in a locked storage cabinet or container which is not accessible to the residents and stored separate from cleaning chemicals and supplies or poisons. The keys to the locked cabinets or containers shall not be accessible to residents.

**(23) Second Chance Home Programs. Health Services. Medications.** All expired medications shall be discarded according to the community standard and not handed-out for use. The home shall remain responsible for the safeguarding of such medications even after discarding.

**(24) Second Chance Home Programs. Health Services. Medical Records.** A complete medical record shall be maintained on each resident. This record shall include:

1) Report of the medical and obstetrical history obtained prior to admission;



- 2) Reports of all examinations while resident is in the home;
- 3) Delivery information on the infant if applicable;
- 4) Physician's discharge report if applicable.

(25) **Second Chance Home Programs. Health Services. First Aid Supplies.** Each living unit shall have a first aid kit and instruction manual; such kit shall contain scissors, tweezers, gauze pads, cotton balls, adhesive tape, thermometer, assorted band-aids, antiseptic cleaning solution, and bandages.

(26) **Second Chance Home Programs. Health Services. Nutrition.** The home shall follow the guidelines of the US Department of Agriculture in providing food that meets residents' individual nutritional requirements. Modifications to diet and nutrition shall be in accordance with the American College of Obstetrics and Gynecology (ACOG) and/or the American Academy of Pediatrics (AAP).

(27) **Second Chance Home Programs. Health Services. Nutrition.** The home shall make provision for three (3) regularly scheduled meals daily and provide for additional nutrition between meals, mid-morning, afternoon, and evening, as needed and desired by residents.

(28) **Second Chance Home Programs. Health Services. Nutrition.** The home shall provide any special diet prescribed by a resident's physician.

(29) **Second Chance Home Programs. Health Services. Nutrition.** The home shall offer nutritional counseling and guidance to all residents. Content of the counseling and guidance program must meet generally accepted standards in regard to nutrition during pregnancy and lactation.

(30) **Second Chance Home Programs. Health Services. Healthcare Crises.** Detailed written summary reports shall be made to the Department via email or fax on the required incident intake information form (IIF) within 24 hours in the case of any home outbreak or significant increase in institution-associated infections above the norm or baseline in a home or employees who work there. If the outbreak or epidemic has an unexpected pattern of cases, suspected cases, deaths, or increased incidence of disease that is a major public health concern, then such outbreak or epidemic shall be reported immediately via telephone to the Department.  
Authority O.C.G.A. Secs. 49-5-3, 49-5-8. History. Original Rule entitled "Health Program" was filed on October 21, 1974; effective November 10, 1974.

### **290-2-29-20 Second Chance Home Programs- Behavior Management and Emergency Safety Interventions.**

(1) **Second Chance Home Programs. Behavior Management.** Every home shall develop and implement policies and procedures on behavior management. Such policies and procedures shall set forth the types of residents served and room, board and

watchful oversight capacities in accordance with its program purpose, the anticipated behavioral problems of the residents, and acceptable methods of managing such problems.

(2) **Second Chance Home Programs. Behavior Management.** Behavior management principles and techniques shall be used in accordance with the individual service plan and written policies and procedures governing service expectations, treatment goals, safety, security, and these rules and regulations.

(3) **Second Chance Home Programs. Behavior Management.** Behavior management shall be limited to the least restrictive appropriate method, as described in the resident's service plan and in accordance with the prohibitions as specified in these rules and regulations.

(4) **Second Chance Home Programs. Behavior Management.** The following forms of behavior management shall not be used:

- (a) Assignment of excessive or unreasonable work tasks;
- (b) Denial of meals and hydration;
- (c) Denial of sleep;
- (d) Denial of shelter, clothing, or essential personal needs;
- (e) Denial of essential program services;
- (f) Verbal abuse, ridicule, or humiliation;
- (g) Chemical restraint, manual holds, and seclusion used as a means of coercion, discipline, convenience, or retaliation;
- (h) Denial of communication and visits unless restricted;
- (i) Corporal punishment; and
- (j) Seclusion not used appropriately as an emergency safety intervention.

(5) **Second Chance Home Programs. Behavior Management.** Residents shall not be permitted to participate in the behavior management of other residents or to discipline other residents, except as part of an organized therapeutic self-governing program in accordance with accepted standards of practice that is conducted in accordance with written policy and is supervised directly by designated staff. A parenting resident may participate in the behavior management of his or her own child under staff supervision.

(6) **Second Chance Home Programs. Behavior Management.** Homes shall submit to the Department electronically or by facsimile a report within 24 hours whenever an unusual incident occurs regarding behavior management, including any injury requiring medical treatment beyond first aid that is received by a resident as a result of any behavior management.

(7) **Second Chance Home Programs. Behavior Management.** All forms of behavior management used shall also be documented in case records in order to ensure that such records reflect behavior management problems.

(8) **Second Chance Home Programs. Emergency Safety Interventions.**

(a) Emergency safety interventions, including physical restraint, mechanical restraint, chemical restraint, seclusion, or any other, shall not be used on residents who are pregnant or have other medical contraindications.

(b) Emergency safety interventions shall not be used on residents who are younger than six (6) years old.

(9) **Second Chance Home Programs.** Emergency safety interventions may be used only by staff trained in the proper use of such interventions when a resident exhibits a dangerous behavior reasonably expected to lead to immediate physical harm to the resident or others and less restrictive means of dealing with the injurious behavior have not proven successful or may subject the resident or others to greater risk of injury.

(10) **Second Chance Home Programs.** Emergency safety interventions shall not include the use of any mechanical or chemical restraint or manual hold that would potentially impair the resident's ability to breathe or has been determined to be inappropriate for use on a particular resident due to a documented medical or behavioral condition. All emergency safety interventions which employ the use of chemical restraints shall be implemented in accordance with the requirements set forth in these rules.

(11) **Second Chance Home Programs.** The home shall have written policies and procedures for the use of emergency safety interventions, a copy of which shall be provided to and discussed with each resident and the resident's parents and/or legal guardians prior to or at the time of admission.

(12) **Second Chance Home Programs.** The home shall document for each resident an assessment that states whether there are medical issues that would be incompatible with the appropriate use of emergency safety interventions on that resident. The assessment shall be performed by a physician, physician's assistant, or advanced practice registered nurse. Such assessment must be reevaluated and documented following any significant change in the resident's medical condition.

(13) **Second Chance Home Programs.** The home shall document for each resident an assessment that states whether there are psychological, emotional, or trauma-related issues that would be incompatible with the appropriate use of emergency safety interventions on that resident. The assessment shall be performed by a psychiatrist, psychologist, or licensed independent practitioner of mental health.

(14) **Second Chance Home Programs.** The home shall document each emergency safety intervention including the following:

(a) Date and description of the precipitating incident;

(b) Description of the de-escalation techniques used prior to the emergency safety intervention, if applicable;

(c) Environmental considerations;

(d) Names of staff participating in the emergency safety intervention;

(e) Any witnesses to the precipitating incident and subsequent intervention;

(f) Exact emergency safety intervention used;

(g) Beginning and ending time of the intervention;

(h) Outcome of the intervention;

(i) Detailed description of any injury arising from the incident or intervention; and

(j) Summary of any medical care provided.

(15) **Second Chance Home Programs.** Manual holds shall not be implemented by any employee not trained in prevention and use of emergency safety interventions.

(16) **Second Chance Home Programs.** Emergency safety interventions or the use of physical or chemical restraints may be used to prevent runaways only when the resident presents an imminent threat of physical harm to self or others, or as specified in the individual comprehensive service plan.

(17) **Second Chance Home Programs.** Home staff shall be aware of each resident's medical and behavioral conditions, as evidenced by written acknowledgement of such awareness, to ensure that the emergency safety intervention that is utilized does not pose any undue danger to the health and well-being of the resident.

(18) **Second Chance Home Programs.** Residents shall not be allowed to participate in the emergency safety intervention of another resident.

(19) **Second Chance Home Programs.** Immediately following the conclusion of the emergency safety intervention and hourly thereafter for a period of at least four (4) hours where the resident is with a staff member, the resident's behavior will be assessed, monitored, and documented to ensure that the resident does not appear to be exhibiting symptoms that would be associated with an injury.

(20) **Second Chance Home Programs.** At a minimum, the emergency safety intervention program that is utilized shall include the following:

(a) Techniques for de-escalating problem behavior including resident and staff debriefings;

(b) Appropriate use of emergency safety interventions;

(c) Recognizing aggressive behavior that may be related to a medical condition;

- (d) Awareness of physiological impact of a restraint on the resident;
- (e) Recognizing signs and symptoms of positional and compression asphyxia and restraint associated cardiac arrest;
- (f) Instructions as to how to monitor the breathing, verbal responsiveness, and motor control of a resident who is the subject of an emergency safety intervention;
- (g) Appropriate self-protection techniques;
- (h) Policies and procedures relating to using manual holds, including the prohibition of any technique that would potentially impair a resident's ability to breathe;
- (i) Home policies and reporting requirements;
- (j) Alternatives to restraint;
- (k) Avoiding power struggles;
- (l) Escape and evasion techniques;
- (m) Time limits for the use of restraint and seclusion;
- (n) Process for obtaining approval for continual restraints and seclusion;
- (o) Procedures to address problematic restraints;
- (p) Documentation;
- (q) Investigation of injuries and complaints;
- (r) Monitoring physical signs of distress and obtaining medical assistance; and
- (s) Legal issues.

(21) **Second Chance Home Programs.** Emergency safety intervention training shall be in addition to the annual training required in these rules and shall be documented in the staff member's personnel record.

(22) **Second Chance Home Programs.** All actions taken that involve utilizing an emergency safety intervention shall be recorded in the resident's case record showing the cause for the emergency safety intervention, the emergency safety intervention used, and, if needed, approval by the director, the staff member in charge of casework services, and the external physician who has responsibility for the diagnosis and treatment of the resident's behavior.

(23) **Second Chance Home Programs.** Homes shall submit to the Department electronically or by facsimile a report, in a format acceptable to the Department, within 24 hours whenever an unusual incident occurs regarding emergency safety interventions, including:

(a) Any injury requiring medical treatment beyond first aid that is received by a resident as a result of any emergency safety intervention;

(b) Whenever a home utilizes emergency safety interventions three (3) or more times in one (1) month with the same resident and/or whenever the home utilizes more than 10 emergency safety interventions for all residents in care within a 30-day period.

(24) **Second Chance Home Programs.** Homes shall submit a written report to the program's director on the use of any emergency safety intervention immediately after the conclusion of the intervention and shall further notify the resident's parents or legal guardians regarding the use of the intervention. A copy of such report shall be maintained in the resident's file.

(25) **Second Chance Home Programs.** At least once per quarter, the home, utilizing a master emergency safety intervention log, including all incidents of physical restraint, chemical restraint, and seclusion, and the residents' case records, shall review the use of all emergency safety interventions for each resident and staff member. The review shall include the type of intervention used and the length of time of each use, to determine whether there was an appropriate basis for the intervention, whether the use of the emergency safety intervention was warranted, whether any alternatives were considered or employed, the effectiveness of the intervention or alternative, and the need for additional training. Written documentation of all such reviews shall be maintained. Where the home identifies opportunities for improvement as a result of such reviews or otherwise, the home shall implement these changes through an effective quality improvement plan.

(26) **Second Chance Home Programs.** All direct care staff who may be involved in the use of emergency safety interventions, shall have evidence of having satisfactorily completed a training program for emergency safety alternative, and the need for additional training. Written documentation of all such reviews shall be maintained. Where the home identifies opportunities for improvement as a result of such reviews or otherwise, the home shall implement these changes through an effective quality improvement plan.

(27) **Second Chance Home Programs.** All direct care staff who may be involved in the use of emergency safety interventions, shall have evidence of having satisfactorily completed a training program for emergency safety interventions to protect residents and others from injury, which has been approved by the Department and taught by an appropriately certified trainer in such program. Homes shall check the Department's website for a list of approved training programs.

(28) **Second Chance Home Programs. Manual Holds.** Emergency safety interventions utilizing manual holds require at least one (1) trained staff member to carry out the hold. Emergency safety interventions utilizing prone restraints require at least two (2) trained staff members to carry out the hold.

(29) **Second Chance Home Programs. Manual Holds.** Emergency safety interventions shall not include the use of any chemical or mechanical restraint or manual hold that would potentially impair a resident's ability to breathe or has been determined to be inappropriate for use on a particular resident due to a documented medical or behavioral condition.

(30) **Second Chance Home Programs. Manual Holds.** When a manual hold is used upon any resident whose primary mode of communication is sign language, the resident shall be permitted to have his or her hands free from restraint for brief periods during the intervention, except when such freedom may result in physical harm to the resident or others.

(31) **Second Chance Home Programs. Manual Holds.** If the use of a manual hold exceeds 15 consecutive minutes, the home's director or his or her designee, who possesses at least the qualifications of the director and has been fully trained in the home's emergency safety intervention plan, shall be contacted by a two-way communications device or in person and determine that the continuation of the manual hold is appropriate under the circumstances. Documentation of any consultations and outcomes shall be maintained for each application of a manual hold that exceeds 15 minutes. Manual holds shall not be permitted to continue if the restraint is determined to pose an undue risk to the resident's health given the resident's physical or mental condition.

(32) **Second Chance Home Programs. Manual Holds.** A manual hold may not continue for more than 30 minutes at any one (1) time without the consultation as specified in subparagraph (31), and under no circumstances may a manual hold be used for more than one (1) hour total within a 24-hour period.

(33) **Second Chance Home Programs. Manual Holds.** If the use of a manual hold on a resident reaches a total of one (1) hour within a 24-hour period, the staff shall reconsider alternative strategies, document same, and consider notifying the authorities or transporting the resident to a hospital or other appropriate facility for evaluation.

(34) **Second Chance Home Programs. Manual Holds.** The resident's breathing, verbal responsiveness, and motor control shall be continuously monitored during any manual hold. Written summaries of the monitoring by a trained staff member not currently directly involved in the manual hold shall be recorded every 15 minutes during the duration of the restraint. If only one (1) trained staff member is involved in the restraint and no other staff member is available, written summaries of the monitoring of the manual hold shall be recorded as soon as is practicable, but no later than one (1) hour after the conclusion of the restraint.

(35) **Second Chance Home Programs. Manual Holds.** A positioning or securing device used to maintain the position, limit mobility, or temporarily immobilize a resident during medical, dental, diagnostic, or surgical procedures is not considered a manual hold.

(36) **Second Chance Home Programs. Seclusion.** Homes shall not utilize seclusion as an emergency safety intervention.

(37) **Second Chance Home Programs. Mechanical restraint.** Homes shall not utilize mechanical restraint as an emergency safety intervention.

(38) **Second Chance Home Programs. Chemical restraint.** Homes shall not utilize chemical restraint as an emergency safety intervention.  
Authority O.C.G.A. Secs. 49-5-3, 49-5-8.

## **290-2-29-.21 Physical Plant and Safety.**

(1) **Location.** The maternity home shall be located advantageously to medical services and transportation.

(2) **Construction.** Any individual or group which proposes to build a new maternity home or any maternity home planning for extensive remodeling shall comply with local building codes in all such construction. Building plans shall be submitted to the Department of Human Services for approval and for referral to proper authorities.

(a) Rooms shall be planned to accommodate not more than three (3) residents. Some single rooms are desirable.

(b) A recreation room for the exclusive use of the residents shall be provided.

(c) A room ensuring privacy where residents can visit with their families shall be provided.

(d) A recovery room shall be provided on the first floor when residents are housed on the second floor.

(e) Separate, private offices shall be provided for the casework staff when the offices are housed in the home.

(f) A separate room and bath for residents exhibiting symptoms of acute illness shall be provided.

(3) **Maintenance.** The interior and exterior of the buildings and grounds shall be kept clean, in good repair, and free from hazards to health and safety.

### **(4) Health Aspects.**

(a) **General Sanitation.** Proper facilities for sanitation shall be provided throughout the home and premises for the purpose of ensuring cleanliness and protection against disease.

(b) **Water.** Drinking water shall be supplied from an approved public supply if available; if not available, the private system shall comply with county and State ordinances and codes.

(c) **Sewerage.** Sewerage shall be disposed of through municipal systems where such are available. If municipal systems are not available, the private system shall comply with the existing local and State ordinances.

(d) **Heat, Light, and Ventilation.**

1. Heating facilities shall conform to local, state, and other applicable codes. All heating systems shall be installed with safety devices, to prevent fire, explosion and other hazards.



2. Natural light shall be available in every room used by residents and staff. Window areas shall conform with all applicable building codes. Curtains or shades shall be used for privacy as needed.

3. In combination with natural light, electric lighting shall be installed in sufficient quantity and diffusion as prescribed by all applicable building codes.

4. Natural ventilation shall be available in every room used by residents and staff. Cross ventilation shall be provided in sleeping rooms. Rooms which are abnormally damp shall not be used as living quarters.

(e) Bath and Toilet Facilities.

1. There shall be an adequate supply of hot and cold water to serve the maternity home. Water temperature shall not exceed 120 degrees Fahrenheit for hygiene and bathing. Toilet facilities shall be maintained in a sanitary condition equal to standards prescribed by the local health department or the Department of Human Services.

2. There shall be separate toilet and bath facilities for the residents and staff.

3. There shall not be less than one (1) lavatory with hot and cold water, one (1) toilet, and a bathtub or shower for every four (4) residents. Both tubs and showers are desirable, one or the other to be used in accordance with the physician's recommendations.

4. All showers, tubs, and toilets shall be in stalls with provision for privacy.

(f) Sleeping Facilities.

1. The area of a sleeping room shall not be less than 75 square feet per resident in single rooms, and not less than 63 square feet per resident in multiple rooms.

2. Each resident shall have a separate bed which has substantial springs, a comfortable mattress, and suitable bed covering.

3. Beds shall be at least four (4) feet apart at the head, foot, and sides.

4. Each resident shall have adequate closet and drawer space for personal possessions in the room assigned to her.

5. Sleeping quarters shall conform to all applicable building codes.

(g) Nursery. A nursery is not required by these rules, however, maternity homes that include nurseries must meet the following additional requirements:

1. Size. The nursery shall be large enough to allow a minimum of 30 square feet of floor space and 300 cubic feet of air space per infant.

2. Location, Ventilation, Lighting and Construction.

- (i) The nursery shall be near the residents' rooms but out of the line of traffic.
- (ii) There shall be outside windows for lighting and ventilation. Temperature shall be kept constant at no more than 80°F or less than 68°F.
- (iii) Walls, ceiling, and floors shall be clean and in good repair.
- (iv) An isolation area shall be equipped for use of any infant who is ill or suspected of being ill.

**(5) Safety Aspects.**

(a) General. Secure railing shall be provided for flights of more than four (4) steps and for all galleries more than four (4) feet from the ground.

(b) Fire Prevention.

1. Serious consideration shall be given to ensure that the home is so constructed, equipped and located as not to be a fire hazard.

2. If the home is of frame construction it shall be over 70 feet apart at the nearest points.

3. All electrical and heating installations shall conform to all applicable building codes according to regulations as set forth in the Georgia Safety Fire Law.

(c) Fire Protection.

1. The staff in the home shall be trained in properly reporting a fire, and in evacuating the home.

2. There shall be at least one (1) fire extinguisher for every 2000 square feet of floor area and for each floor. Fire extinguishers shall be provided in accordance with the recommended standards of the National Fire Protection Association for First Aid Fire Fighting Appliances. They shall be inspected regularly and kept charged and filled at all times.

3. There shall be more than one means of egress leading to the outside of the home from each floor; such exits shall open outward and shall not be locked from the inside.

4. Fire exits (doors, hallways and stairs) shall be kept well-lighted, clean and ready for instant use.

5. The required exit signs shall remain in place and exit lights kept on.

6. Fire alarm sounding devices shall be installed so as to be audibly heard throughout the home.

7. A certificate of occupancy shall be obtained from the State Fire Marshal for all homes.

(6) **Transportation.** Vehicles used by a home to transport residents shall be insured and shall have satisfactory annual safety inspection of brakes, exhaust system, headlights, steering, stop lights, suspension, tail lights, tires, turn signals, and windows and windshield wipers. Such inspection shall be documented on a GDHR Annual Transportation Vehicle Safety Inspection Certification (Form 699).

(a) When transporting residents, a home vehicle shall only be operated by a staff member or an authorized resident who possesses a valid driver's license as required for the class of the vehicle operated. If a home authorizes residents to drive, it shall establish and implement policies and procedures relative to the use of agency vehicles by such residents.

(b) No vehicle shall be used to transport more residents than the manufacturer's rated seating capacity for the vehicle.

(c) All vehicles used to transport residents shall be equipped with safety equipment which shall be used as required by federal and state laws.

(d) No resident shall be left in a vehicle without staff supervision.

(7) **Accessibility.** Where residents are dependent upon a wheelchair or other mechanical device for mobility, the home shall have at least two (2) exits from the home, remote from each other that are accessible to the resident and with easily negotiable ramps.

Authority O.C.G.A. Secs. 49-5-3, 49-5-8. Original Rules entitled "Location," "Construction," "Maintenance," "Health Aspects," and "Safety Aspects" were filed on October 21, 1974; effective November 10, 1974.

**290-2-29-.22 Food Service.** A home shall provide each resident with meals and snacks of serving sizes dependent upon the age of the resident based upon nutrition guidelines as established by the United States Department of Agriculture Child Care Food Program.

(1) **Food Service.** Meals and snacks shall be varied daily.

(2) **Food Service.** Additional servings of food shall be offered to residents over and above the required daily minimum if not contraindicated by modified diets.

(3) **Food Service.** Modified diets based on medical or religious reasons shall be served to residents as needed. Modifications of diets due to medical reasons shall be based on the written order of a physician and the order shall be placed in the resident's case record.

(4) **Food Service.** Food services of a maternity home licensed to care for thirteen (13) or more residents are subject to the provisions of the Rules and Regulations of the Department of Human Services for Food Service, Chapter 290-5-14, if the home provides food services in a centralized kitchen area. Such a home must obtain a valid food service permit.

(5) **Food Service.** Homes licensed to care for 12 or fewer residents, or not required to obtain a food service permit, shall meet the following requirements: Food shall be stored, prepared, and served in a safe and sanitary manner commensurate with generally accepted and recognized food service standards.

(6) **Food Service.** Each home shall have designated space for food preparation and storage areas separate from rooms used by residents.

(7) **Food Service.** All perishable foods shall be refrigerated at a temperature of 45 degrees Fahrenheit or below. Food shall be served or properly stored promptly after cooking. Freezer temperature shall be maintained at 0°F degrees Fahrenheit or below.

(8) **Food Service.** Food shall be in sound condition, free from spoilage and contamination and shall be safe for human consumption.

(9) **Food Service.** All raw fruits and vegetables shall be washed thoroughly before being cooked or served. Food not subject to further washing or cooking before serving shall be stored in such a manner as to be protected against contamination.

(10) **Food Service.** Containers for food storage other than the original containers or packages in which the food was obtained shall be impervious and nonabsorbent and have tight fitting lids or covers.

(11) **Food Service.** Eggs, pork, pork products, poultry, and fish, shall be thoroughly cooked.

(12) **Food Service.** Meats, poultry, fish, dairy products, bakery products and processed foods shall have been inspected under an official regulatory program.

(13) **Food Service.** Food service equipment and preparation areas shall be kept clean and free of accumulations of dust, dirt, food particles and grease deposits.

(14) **Food Service.** Non-disposable dishes, glasses and silverware shall be properly cleaned by pre-rinsing and scraping, washing, sanitizing and drying.  
Authority O.C.G.A. Secs. 49-5-3, 49-5-8. History. Original Rule entitled "Health Programs" was filed on October 21, 1974; effective November 10, 1974.

### **290-2-29-.23 Quality Assurance**

(1) The home shall have an on-going comprehensive, integrated, self-assessment quality improvement process which provides assurance that care is provided at all times in compliance with accepted standards of professional practice.

(2) The home shall have written plans, policies and procedures addressing quality assurance which include:

(a) Goals and objectives;

(b) The identity of the person responsible for the program;

(c) A system to ensure systematic, objective regular reports are prepared and distributed to the governing body and any other committees as directed by the governing body;

(d) The method for evaluating the quality and the appropriateness of care;

(e) A method for resolving identified problems; and

(f) A method for implementing practices to improve the quality of care;

(3) The plan shall be reviewed at least annually and revised as appropriate by the governing body.

(4) Quality assessment and improvement activities shall be based on the systematic collection, review, and evaluation of data which, at a minimum, includes:

(a) Services provided by professional and volunteer staff;

(b) Audits of resident records;

(c) Satisfaction surveys from staff, volunteers, and residents about services;

(d) Concerns or suggestions for improvement in services;

(e) Organizational review of the home's programs;

(f) Resident/family evaluations of care; and

(g) High-risk, high volume and problem-prone activities.

(5) When problems are identified in the provision of care, there shall be evidence of implementation of corrective actions, including ongoing monitoring, revisions of policies and procedures, educational intervention and changes in the provision of services.

(a) The effectiveness of actions taken to improve services or correct identified problems shall be evaluated.

(b) The home shall monitor and evaluate its resource allocation regularly to identify and resolve problems with the utilization of its services, facilities and personnel.

Authority O.C.G.A. Secs. 49-5-3, 49-5-8.

### **290-2-29-.24 Variances and Waivers**

(1) The Department may, in its discretion, grant waivers and variances of specific rules upon application or petition being filed by a home. The Department may establish conditions which must be met by the home in order to operate under the waiver or variance granted. Waivers and variances may be granted in accordance with the following considerations:

(a) **Variance.** A variance may be granted by the Department upon a showing by the applicant or petitioner that the particular rule or regulation that is the subject of the variance request should not be applied as written because strict application of the rule would cause undue hardship. The applicant or petitioner must also show that adequate standards affording protection for the health, safety and care of residents exist and will be met in lieu of the exact requirements of the rule or regulations in question.

(b) **Waiver.** The Department may dispense entirely with the enforcement of a rule or regulation by granting a waiver upon a showing by the applicant or petitioner that the purpose of the rule or regulation is met through equivalent standards affording equivalent protection for the health, safety and care of residents.

(c) **Experimental Variance or Waiver.** The Department may grant waivers and variances to allow experimentation and demonstration of new and innovative approaches to delivery of services upon a showing by the applicant or petitioner that the intended protections afforded by the rule or regulation which is the subject of the request are met and that the innovative approach has the potential to improve service delivery. Authority O.C.G.A. Secs. 49-5-3, 49-5-8, 50-13-9.1.

## **290-2-29-.25 Inspections and Access to Department Staff**

(1) **Inspections and Investigations.** The Department is authorized and empowered to conduct onsite inspections or investigations of a maternity home to verify compliance with these rules. Inspections are generally unannounced, and may occur at any time the department deems necessary to determine compliance with these rules.

(2) **Consent to Entry.** An application for a license or commission to operate a maternity home or the issuance of a license to operate a maternity home by the Department constitutes consent by the applicant, the proposed holder of the license and the owner of the premises for properly identified Department representatives to enter upon and inspect any and all home premises. For the purposes of these rules, access to home premises shall include all parts of the home, staff, residents in care, and documents pertinent to initial and continued licensure. The Department, in exercising its licensing authority, shall have the right to access residents' medical records.

(3) **Failure to Allow Access.** Failure to permit entry and inspection of the Department's representative to a home, its staff, or residents receiving care at the home or the books, records, papers, or other information related to initial or continued licensing shall constitute good cause for the denial or revocation of a license, or other sanctions as provided by law.

(4) **False or Misleading Statements.** No licensee or proposed holder of a license shall make or condone any employee making false or misleading statements to the Department in connection with any authorized inspection or investigation being conducted by the Department. Authority O.C.G.A. Secs. 49-2-17, 49-5-3, 49-5-8, 49-5-12.

## **290-2-29-.26 Disaster Preparedness**

(1) The maternity home shall prepare for potential emergency situations that may affect the care of residents by the development of an effective disaster preparedness plan that identifies emergency situations and outlines an appropriate course of action. The home must review and revise the plan annually, as appropriate, including any related written agreements.

(2) The disaster preparedness plan shall include at a minimum plans for the following emergency situations:

(a) Local and widespread weather emergencies or natural disasters, such as tornadoes, hurricanes, earthquakes, ice or snow storms, or floods;

(b) Manmade disasters such as acts of terrorism and hazardous materials spills;

(c) Unanticipated interruption of service of utilities, including water, gas, or electricity, either within the home or within a local or widespread area;

(d) Loss of heat or air conditioning;

(e) Fire, explosion, or other physical damage to the home;

(f) Pandemics or other situations where the community's need for services exceeds the availability of beds and services regularly offered by the home.

(3) There shall be plans to ensure sufficient staffing and supplies to provide room, board and watchful oversight during an emergency situation.

(4) There shall be plans for the emergency transport or relocation of all residents, should it be necessary, in vehicles appropriate to the residents' needs. Additionally, there shall be written agreements with any facilities which have agreed to receive the home's residents in emergency situations.

(5) The home shall document participation of all areas of the home in quarterly fire drills.

(6) In addition to fire drills, the home shall have its staff rehearse portions of the disaster preparedness plan, with a minimum of two (2) rehearsals each calendar year either in response to an emergency or through planned drills, with coordination of the drills with the local Emergency Management Agency (EMA) whenever possible.

(7) The plan shall include the notification to the Department of the emergency situation as required by these rules and notification of the lawful custodians of the residents' whereabouts and condition.

(8) The home shall provide a copy of the internal disaster preparedness plan to the local EMA and shall include the local EMA in development of the home's plan for the management of external disasters to conform to applicable local codes.

(9) The home's disaster preparedness plan shall be made available to the Department for inspection upon request.

(10) The Department may suspend any requirements of these rules and the enforcement of any rules where the Governor of the State of Georgia has declared a public health emergency.

Authority O.C.G.A. Secs. 49-5-3, 49-5-8.

### **290-2-29-.27 Emergency Orders**

(1) In accordance with O.C.G.A. 49-5-90 *et seq.*, notwithstanding other remedies available to the Department which may be pursued at the same time, the commissioner or his designee may issue emergency orders. Such orders may include the following:

(a) Emergency relocation of residents when it is determined that the residents are subject to an imminent and substantial danger.

(b) Emergency placement of a monitor or monitors in a home upon a finding that the Department's rules and regulations are being violated which threaten the health, safety, or welfare of residents in care and when one (1) or more of the following conditions are present:

1. The home is operating without a license; or
2. The Department has denied the application for the license or has initiated action to revoke the existing license; or
3. Residents are suspected of being subjected to injury or life-threatening situations or the health or safety of a resident or residents is in danger.

(c) Emergency prohibition of admissions to a home when residents are in imminent and substantial danger and the home has failed to correct a violation of rules and regulations within a reasonable time, as specified by the Department. Such violation giving rise to the prohibition could jeopardize the health and safety of the residents if allowed to remain uncorrected or is a repeat violation over a twelve (12) month period.

(d) An emergency order shall contain the following:

1. The scope of the order;
2. The reasons for the issuance of the order;
3. The effective date of the order if other than the date the order is issued;
4. The person to whom questions regarding the order are to be addressed; and
5. Notice of the right to a preliminary hearing.

(e) Unless otherwise provided in the order, an emergency order shall become effective upon its service to the owner, the director, or any other agent, employee, or person in



charge of the home at the time of the service of the order.

(f) Prior to issuing an emergency order, the commissioner or his designee may consult with persons knowledgeable in the relevant field and a representative of the home to determine if there is a potential for greater adverse effects on residents in care as a result of the emergency order.

Authority O.C.G.A. Secs. 49-5-3, 49-5-8, 49-5-90 *et seq.*

## **290-2-29-.28 Enforcement and Penalties**

(1) All adverse actions to enforce the Rules and Regulations for Maternity Homes shall be initiated in accordance with the Rules and Regulations for Enforcement of Licensing Requirements, Chapter 290-1-6, and O.C.G.A. §§ 49-5-12, 49-5-12.1, 49-2-17 and § 49-5-60 *et seq.* and the requirements set forth herein.

(2) Failure to Apply for License. No maternity home shall be operated or residents admitted without a license. Failure or refusal to file an application for a license shall constitute a violation of Chapter 5 of Title 49 of the Official Code of Georgia Annotated. Any person who fails or refuses to file an application for a license shall be subject to the penalties provided by law including, but not limited to, an order to cease and desist operating a home.

(3) Imposition of Sanctions. The Department may refuse to grant a license for the operation of any maternity home which does not fulfill the minimum requirements of these rules, may revoke a license which has been issued and may invoke other sanctions if a home violates any of these rules and regulations. Before any order is entered refusing a license applied for, revoking a license, or imposing a civil penalty; the applicant or license holder shall be afforded an opportunity for a hearing as provided in Article 1 of Chapter 2 of Title 49 and Article 1 of Chapter 5 of Title 49 of the Official Code of Georgia Annotated.

(4) No license shall be issued to any governing body which has been denied a license by the Department during the previous twelve (12) months. No license shall be issued to any governing body which has had a license revoked by the Department during the previous twelve (12) months.

(5) The Department is empowered to institute appropriate proceedings in a court of competent jurisdiction for the purpose of enjoining violation of any applicable provision of Title 49 of the Official Code of Georgia Annotated, or of these rules and regulations.

(6) Inspection Warrants. The commissioner or the commissioner's designee may obtain an inspection warrant authorizing the commissioner or the commissioner's designee to conduct a search or inspection of property either with or without the consent of the person whose property is to be searched or inspected if such search or inspection is pursuant to the enforcement of rules and regulations duly promulgated pursuant to residential child care licensing law.

(7) Plans of Correction. If the Department determines that either a maternity home or a facility applying to become licensed as a maternity home does not comply with the rules, the Department shall provide written notice specifying the rule(s) violated and setting a

time for the home not to exceed 10 business days within which to file an acceptable written plan of correction where the Department has determined that an opportunity to correct is permissible. If such plan of correction is determined not acceptable to the Department because it does not adequately correct the identified violation, the Department will advise the home or facility applying to become licensed that the plan of correction is not acceptable. The Department may allow the home to submit a revised plan of correction.

(a) The home shall comply with an accepted plan of correction.

(b) Where the Department determines that either the maternity home or the facility applying to become licensed as a maternity home has not filed an acceptable plan of correction or has not complied with the accepted plan of correction, the Department may initiate an adverse action to enforce these rules.

(8) Required Notifications for Revocations and Suspensions. The maternity home shall notify each resident's parents and/or legal guardians of the Department's actions to revoke the license or seek an emergency suspension of the home's license to operate.

(a) The official notice of the revocation or emergency suspension action and any final resolution, together with the Department's complaint intake phone number and website address, shall be provided by the home to each current and prospective resident's parents and/or legal guardians.

(b) The home shall ensure the posting of the official notice at the home in an area that is visible to each resident's parents and/or legal guardians.

(c) The home shall ensure that the official notice continues to be visible to each resident's parents and/or legal guardians throughout the pendency of the revocation and emergency suspension actions, including any appeals.

(d) The home shall have posted in an area that is readily visible to each resident's parents and/or legal guardians any inspection reports that are prepared by the Department during the pendency of any revocation or emergency suspension action.

(e) It shall be a violation of these rules for the home to permit the removal or obliteration of any posted notices of revocation, emergency suspension action, resolution, or inspection survey during the pendency of any revocation or emergency suspension action.

(f) The Department may post an official notice of the revocation or emergency suspension action on its website or share the notice of the revocation or emergency suspension action and any information pertaining thereto with any other agencies that may have an interest in the welfare of the residents in care at the home.

(g) The Department may suspend any requirements of these rules and the enforcement of any rules where the Governor of the State of Georgia has declared a public health emergency.

Authority O.C.G.A. Secs. 49-5-3, 49-5-8, 49-5-12, 49-5-12.1, 49-2-17, 49-5-73.

**290-2-29-.29 Severability.** In the event that any rule, sentence, clause, or phrase of any of these rules and regulations may be construed by any court of competent jurisdiction to be invalid, illegal, unconstitutional, or otherwise unenforceable, such determination or adjudication shall in no manner affect the remaining rules or portion thereof. The remaining rules or portions of rules shall remain in full force and effect, as if such rule or portions thereof so determined, declared, or adjudged invalid or unconstitutional were not originally a part of these rules.

Authority O.C.G.A. Secs. 49-5-3, 49-5-8.