


Georgia Alzheimer's Disease and Related Dementias State Plan

*Prepared by the Georgia Alzheimer's Disease
and Related Dementias State Plan Task Force*

2014

Georgia Alzheimer's Disease and Related Dementias State Plan

I, the undersigned, express support for the State Plan for Alzheimer's Disease and Related Dementias as presented to the Georgia General Assembly during the 2013-2014 Regular Session.

 _____ Date 4/7/2014
Dr. James J. Bulot, Director
Georgia Department of Human Services
Division of Aging Services
Chairman, Georgia Alzheimer's and Related Dementias State Plan Task Force

 _____ Date 10 Apr 14
Keith Horton, Commissioner
Georgia Department of Human Services

 _____ Date 6/23/2014
Nathan Deal, Governor
State of Georgia

Senate Bill 14

By: Senators Unterman of the 45th, Wilkinson of the 50th, Crosby of the 13th, Hill of the 4th and Orrock of the 36th

AS PASSED

A BILL TO BE ENTITLED

AN ACT

1 To amend Chapter 8 of Title 31 of the Official Code of Georgia Annotated, relating to
2 indigent and elderly patients, so as to create a Georgia Alzheimer's and Related Dementias
3 State Plan Task Force; to provide for legislative intent; to provide for its members and
4 vacancies; to provide for duties and responsibilities; to provide for a chairperson; to provide
5 for a quorum for the transaction of business; to provide for a final report; to provide for
6 related matters; to provide an effective date; to provide for automatic repeal; to repeal
7 conflicting laws; and for other purposes.

8 BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

9 **SECTION 1.**

10 Chapter 8 of Title 31 of the Official Code of Georgia Annotated, relating to indigent and
11 elderly patients, is amended by adding a new article to read as follows:

12 "ARTICLE 9

13 31-8-300.

14 The General Assembly finds and declares that Alzheimer's disease is a looming national
15 public health crisis and impacts every state. It is important for Georgia to assess its ability
16 to provide appropriate and necessary programs and services to Georgia's citizens living
17 with Alzheimer's disease and related dementias, and determine where Georgia is, where
18 Georgia is doing well, where gaps may exist, and where the private sector, public sector,
19 nonprofit and faith-based communities' resources may be leveraged to ensure that Georgia
20 grows to be fully dementia capable. The General Assembly further finds that access to
21 quality health care for Alzheimer's and related dementias and the rising cost of such care
22 are vitally important to the citizens of Georgia. Therefore, the General Assembly has
23 determined that it is in the best interests of the state and its citizenry to address this issue.

24 31-8-301.

25 There is created the Georgia Alzheimer's and Related Dementias State Plan Task Force
 26 for the purpose of studying and collecting information and data to assess the current and
 27 future impact of Alzheimer's disease on Georgia's citizens; to examine the existing
 28 industries, services, and resources addressing the needs of persons with Alzheimer's
 29 disease, their families, and caregivers; to review the National Alzheimer's Disease Plan
 30 currently under development by the federal Department of Health and Human Services;
 31 and to develop a strategy to mobilize a state response to Alzheimer's and related dementias
 32 as a public health crisis by creating a state plan.

33 31-8-302.

34 (a) The Georgia Alzheimer's and Related Dementias State Plan Task Force shall be
 35 composed of six members and shall include the director of the Division of Aging Services
 36 within the Department of Human Services, the commissioner of community health or his
 37 or her designee, the state health officer or his or her designee, the chairperson of the House
 38 Committee on the Health and Human Services, the chairperson of the Senate Health and
 39 Human Services Committee, and the chairperson of the House Committee on Human
 40 Relations and Aging.

41 (b) The director of the Division of Aging Services within the Department of Human
 42 Services shall serve as the chairperson of the task force. The task force may elect other
 43 officers as deemed necessary. The chairperson of the task force may designate and appoint
 44 committees from among the membership of the task force as well as appoint other persons
 45 to perform such functions as he or she may determine to be necessary as relevant to and
 46 consistent with this article. The chairperson shall only vote to break a tie.

47 (c) The task force shall invite other advisory members to assist the committee and may
 48 consider the following in making its selection: a person with Alzheimer's disease; a person
 49 with Alzheimer's related dementia; such person's caregiver; a representative of the nursing
 50 facility industry; a representative from the adult day care services industry; a representative
 51 of the home health industry; a representative of the personal care home industry; a
 52 physician; a consultant pharmacist; an Alzheimer's disease and related dementias
 53 researcher; law enforcement personnel; and other stakeholders from the public, private, and
 54 nonprofit sectors, voluntary health organizations, and the faith-based community.

55 31-8-303.

56 (a) The task force shall hold meetings at the call of the chairperson.

57 (b) A quorum for transacting business shall be a majority of the members of the task force.

58 (c) The members of the task force shall serve without compensation.

59 (d) The Division of Aging Services within the Department of Human Services shall
 60 provide administrative support to the task force.

61 (e) Each legislative member of the task force shall receive the allowances provided for in
 62 Code Section 28-1-8. Citizen members shall receive a daily expense allowance in the
 63 amount specified in subsection (b) of Code Section 45-7-21 as well as the mileage or
 64 transportation allowance authorized for state employees. Any members of the task force
 65 who are state officials, other than legislative members, and state employees shall receive
 66 no compensation for their services on the task force, but they shall be reimbursed for
 67 expenses incurred by them in the performance of their duties as members of the task force
 68 in the same manner as they are reimbursed for expenses in their capacities as state officials
 69 or employees. The funds necessary for the reimbursement of the expenses of state
 70 officials, other than legislative members, and state employees shall come from funds
 71 appropriated to or otherwise available to their respective departments. All other funds
 72 necessary to carry out the provisions of this article shall come from funds appropriated to
 73 the House of Representatives and the Senate.

74 31-8-304.

75 (a) The purpose of the task force shall be to create a comprehensive state plan for Georgia
 76 to address Alzheimer's and related dementias and shall include, at a minimum:

77 (1) Trends in state Alzheimer's and related dementias population and needs, including
 78 the changing population with dementia, including, but not limited to:

79 (A) State role in long-term care, family caregiver support, and assistance to persons
 80 with early stage and early onset Alzheimer's disease;

81 (B) State policy regarding persons with Alzheimer's disease and developmental
 82 disabilities; and

83 (C) Ongoing periodic surveillance of persons with Alzheimer's disease for purposes
 84 of having proper estimates of the number of persons in the state with Alzheimer's
 85 disease, and for the development of a response to this chronic condition that has risen
 86 to the level of a public health crisis;

87 (2) Existing services, resources, and capacity, including but not limited to the:

88 (A) Type, cost, and availability of dementia services;

89 (B) Dementia-specific training requirements for long-term care staff;

90 (C) Quality care measures for long-term care facilities;

91 (D) Capacity of public safety and law enforcement to respond to persons with
 92 Alzheimer's disease;

93 (E) Availability of home- and community-based resources for persons with
 94 Alzheimer's disease and respite care to assist families;

- 95 (F) Inventory of long-term care dementia care units;
- 96 (G) Adequacy and appropriateness of geriatric-psychiatric units for persons with
 97 behavior disorders associated with Alzheimer's disease and related dementias;
- 98 (H) Assisted living residential options for persons with dementia;
- 99 (I) State support of Alzheimer's disease research through Georgia universities and other
 100 resources;
- 101 (J) Medical education, content, and quality of course offerings and requirements for
 102 dementia training provided to students in medical education programs at all levels of
 103 education within both state and private programs from emergency medical technician
 104 and nursing assistant programs through advanced medical specialties and medical
 105 continuing education;
- 106 (K) Inventory of federal agencies who provide funding, services, programs, or
 107 resources for individuals with Alzheimer's disease or a related dementia, caregivers,
 108 medical professionals, or professional care providers; and
- 109 (L) Gaps in services;
- 110 (3) Needed state policies or responses, including but not limited to directions for the
 111 provision of clear and coordinated services and support to persons and families living
 112 with Alzheimer's disease and related disorders and strategies to address any identified
 113 gaps in services;
- 114 (4) Ways in which state and local agencies, private sector, quasi-governmental, voluntary
 115 health organizations, the faith community, and nonprofit organizations can collaborate
 116 and work together to form a seamless network of education, support, and other needed
 117 services to those living with Alzheimer's disease and related dementias and their families;
 118 and
- 119 (5) Specific areas to addressed, including:
- 120 (A) Increasing awareness of Alzheimer's disease among the public;
- 121 (B) Encouraging increased detection and diagnosis of Alzheimer's disease;
- 122 (C) Improving the individual health care that those with Alzheimer's disease receive;
- 123 (D) Improving the quality of the health care system in serving people with Alzheimer's
 124 disease;
- 125 (E) Expanding the capacity of the health care system to meet the growing number and
 126 needs of those with Alzheimer's disease;
- 127 (F) Training and better equipping health care professionals and others to deal with
 128 individuals with Alzheimer's disease;
- 129 (G) Workforce development by increasing the number of health care professionals that
 130 will be necessary to treat the growing aging and Alzheimer's populations;

- 131 (H) Improving services provided in the home and community to delay and decrease the
 132 need for institutionalized care;
- 133 (I) Improving access to long-term care, including assisted living, for those with
 134 Alzheimer's disease;
- 135 (J) Assisting unpaid Alzheimer's caregivers;
- 136 (K) Increasing research on Alzheimer's disease;
- 137 (L) Promoting activities that would maintain and improve brain health;
- 138 (M) Creating a better system of data collection regarding Alzheimer's disease and its
 139 public health burden;
- 140 (N) Public safety and addressing the safety related needs of those with Alzheimer's
 141 disease, including in-home safety for those living at home, Mattie's Call and safety of
 142 those who wander or are found wandering but who need supervision until they can be
 143 reunited with their family or professional caregiver and driving safety, including
 144 assessments and taking the license away when a person with dementia is no longer
 145 capable of driving safely;
- 146 (O) Addressing legal protections for, and legal issues faced by, individuals with
 147 Alzheimer's disease; and
- 148 (P) Improving how state government evaluates and adopts policies to help people with
 149 Alzheimer's disease and their families; determination of which department of state
 150 government is the most appropriate agency to house the ongoing work of the Georgia
 151 Alzheimer's and Related Dementias State Plan Task Force as it convenes annually to
 152 ensure track and report progress as Georgia becomes a more dementia-capable state.
- 153 (b) The task force shall have the following powers:
- 154 (1) To hold public meetings and utilize technological means, such as webcasts, to gather
 155 feedback on the recommendations from persons and families affected by Alzheimer's
 156 disease and related dementias and from the general public;
- 157 (2) To request and receive data from and review the records of appropriate agencies and
 158 health care facilities to the greatest extent allowed by state and federal law;
- 159 (3) To accept public or private grants, devises, and bequests; and
- 160 (4) To enter into all contracts or agreements necessary or incidental to the performance
 161 of its duties.
- 162 (c) Prior to the final report required in subsection (d) of this Code section, the task force
 163 may advise on legislation and other recommended changes to the Governor and the General
 164 Assembly.
- 165 (d) The task force shall issue a state plan which shall include proposed legislation, if any,
 166 to the Governor and the General Assembly on or before March 31, 2014.

167 31-8-305.

168 (a) Upon the abolishment of the task force as provided by this article, there shall be created
169 the Georgia Alzheimer's and Related Dementias Advisory Council.

170 (b) The advisory council membership shall include the same membership as the original
171 task force as provided for in this article.

172 (c) The advisory council shall meet at least annually to review the progress of the state
173 plan and to make any recommendations for changes, as well as recommend any legislation
174 needed to implement the plan.

175 31-8-306.

176 The task force shall stand abolished on March 31, 2014."

177 **SECTION 2.**

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

180 **SECTION 3.**

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

Acknowledgments

The Georgia Alzheimer's Disease and Related Dementias State Plan Task Force wishes to thank the hundreds of individuals from across Georgia who shared their thoughts and opinions about the challenges facing them relating to Alzheimer's disease and related dementias. Their input was integral to the development of the Georgia Alzheimer's Disease and Related Dementias State Plan content and recommendations.

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Commissioner Clyde Reese III, Esq., Department of Community Health

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Executive Summary

This is the Georgia Alzheimer's Disease and Related Dementias State Plan. Almost 30 years ago, at the request of the then-Atlanta Chapter of the of Alzheimer's Disease and Related Disorders Association, the Governor's Office and the Department of Human Resources delegated responsibility to the Office of Aging to conduct an Alzheimer's Disease Study Committee. Little was known about Alzheimer's at this time and much of the effort was devoted to understanding the nature of Alzheimer's. Early strides were made in identifying funding for respite services and expanding the Community Care Services Program, and the Office on Aging was directed to take an active role in educating the public.

In many ways, the initial study document was ahead of its time, and many of the recommendations floundered due to a lack of data (and the ability to collect and analyze data). Additionally, the public lacked a clear understanding of the extent to which Alzheimer's disease and related dementias would impact the state and nation.

This State Plan builds upon previous work done by the Division of Aging Services in developing dementia-capable systems, coupled with knowledge gleaned through the Georgia Chapter of the Alzheimer's Association, the National Alzheimer's Plan and The Healthy Brain Initiative as well as professional expertise, personal experience, and public input from across the state. It is the intent of the Georgia Alzheimer's and Related Dementias State Plan Task Force that, as the various goals are accomplished, and as new needs arise or new resources become available, the GARD Advisory Council would amend the State Plan to reflect these changes.

This plan provides:

1. Numerous recommendations to State Agencies, Offices and Departments as a starting point for transitioning Georgia into becoming a dementia-capable state. Some recommendations will be acted upon immediately and others will take time, legislation or commitments from State leadership to ensure resources are available. These should be revisited regularly to ensure that we are meeting expected outcomes.
2. A guide for Public Health to begin to develop capacity to address Alzheimer's disease and related dementias as a public health crisis. It also provides recommendations for engaging public and private-sector stakeholders to improve the state's response to community needs associated with Alzheimer's disease and related dementias.

This plan was developed to ensure that people with dementia, their families, and caregivers have ready access to reliable information, support and services and that they are delivered as effectively and efficiently as possible. Dementia is a devastating disease that causes changes in one's memory, behavior, and ability to think clearly. Statistically, dementia will eventually impact every region, every county and family in the state of Georgia. Alzheimer's is the sixth-leading cause of death in America. In Georgia in 1985, there were an estimated 40,000 people living with dementia. In the past six years alone, the number of Georgians reporting symptoms of dementia increased by 22 percent to

120,000 – this is a 427% increase from the 1985 estimates. The time is right for Georgia to adopt and implement this Alzheimer’s and Related Dementias State Plan.

**Dr. James Bulot, Director
DHS Division of Aging Services
Chair, Georgia Alzheimer’s and Related Dementias State Plan Task Force**

Introduction

More than 120,000 Georgians live with Alzheimer's disease, and the figure will leap to 160,000 by 2025.

Although Alzheimer's Disease accounts for 60-80% of dementia diagnoses, it is only one of many types of dementia. The impact on Georgians is staggering.

In 2013, Georgia joined other states in a push to address the problem comprehensively. Using the National Plan to Address Alzheimer's Disease as a model, supporters worked to create the Georgia Alzheimer's and Related Dementias State Plan Task Force. The six-person group features members of Georgia's General Assembly, Commissioners from the Departments of Public Health and Community Health and over 65 advisory panel members representing advocacy organizations, medical professions, providers and consumers.

'Between 2006 and 2012, the population at-risk for dementia grew by 22%.'

As a result of successful legislation, this multidisciplinary group of state leaders assessed Georgia's capacity to meet dementia-related needs and recommended innovative new ways to address the issue.

In addition, a diverse array of advisors who represented fields such as research, medicine, law enforcement, workforce development, and more, helped the task force analyze challenges and develop recommendations.

The resulting plan will serve as Georgia's blueprint for improving dementia prevention and treatment, community services, family support, and public awareness. As a living document, the plan will undergo regular review and reassessment to meet the evolving needs of Georgians living with dementia.

One of the goals of the creation of the State Plan is that it will work in tandem with the National Plan to ensure seamless leveraging of national and Georgia resources to address Alzheimer's as the public health crisis it has become.

At the recent G8 summit, member countries committed to the goal of identifying disease-modifying therapies for dementia by 2025 – similar to the goal in the National Plan to Address Alzheimer's Disease in the U.S.

I. Demographics

The legislative intent of the Georgia Alzheimer's and Related Dementias State Plan Task Force begins with the collection and study of data to assess the current and future impact of dementia. Per SB14, Part I of this report reviews the population trends needed by state planners. These trends include:

- Trends in the growth of the population aged 60 years and older
- Estimates for the numbers of persons with symptoms of dementia
- Estimates for the numbers of persons needing help due to these symptoms
- Estimates for the numbers of persons that need healthcare due to these symptoms

Dementia is not a normal part of the aging process. However, according to the Centers for Disease Control and Prevention (CDC), age is the best-known risk factor for Alzheimer's disease and other dementias. More than 90 percent of cases occur among persons aged 60 years and older.

Public health planning begins by counting the population with the greatest risk for dementia. In 2012, the U. S. Bureau of the Census estimated that there were 1,662,785 persons in Georgia aged 60 years and older. This is an increase of 373,376 persons in the six-year period since 2006.

The majority (70%) of this increase consists of persons aged 60 to 69 years. This is an increase of 258,468 persons. Research shows that growth of this age group is a combination of aging among Georgia residents and retirees who choose to move here.

Table 1 shows the percent growth for sub-categories of age. Other subgroups increased in number during the 2006 to 2012 period. Persons aged 80 years and older have the highest risk for developing Alzheimer's and other dementias. The numbers of persons in this age group are available on the Georgia Online Analysis and Statistical Information website. (<http://oasis.state.ga.us/oasis/>)

Table 1: Percent increase for each two-year period between 2006 and 2012

Adults aged 60+ years, by Age Category	% Change 2006 - 08	% Change 2008 - 010	% Change 2010 -12	% Change 2006 - 2012
Total	9.17	7.75	7.45	22.45
Aged 85+	6.42	5.80	7.12	18.12
Aged 80 - 84	3.12	2.63	4.16	9.59
Aged 75 – 79	3.21	3.30	6.00	12.02
Aged 70 – 74	5.53	6.67	9.49	20.19
Aged 65 – 69	11.34	8.94	12.23	29.14
Aged 60 – 64	14.00	10.84	4.09	26.66

Source: Georgia Online Analytical Statistical Information System; <http://oasis.state.ga.us/oasis/>

Counting the number of households is another approach to measure the impact of dementia. According to the 2012 American Community Survey, in Georgia there are 745,467 households with one or more persons aged 65 years and older in residence. There are 95,722 persons aged 75 and over who live alone and own their home. There are another 44,249 persons aged 75 years and over living alone and renting their residence. Both of these populations are vulnerable to the public health and safety effects of dementia.

The challenge for state planners is the size of the gap between diagnosed cases of Alzheimer’s and the number of persons with undiagnosed symptoms of dementia. How large is this gap? At this point in time, we can only provide estimates. If we use a number that is too small, then healthcare, public safety and other systems will not be able to respond. The next series of tables shows estimates using different strategies.

The following section presents two strategies for counting the numbers of persons affected by Alzheimer’s and other dementias.

Strategy One: Counting the numbers using data with diagnosed cases

According to the Alzheimer’s Association, there are currently an estimated 120,000 persons living with a diagnosis of Alzheimer’s disease in Georgia. If current trends continue, this number is expected to increase to 160,000 by the year 2025. Table 2 shows the projected numbers between 2000 and 2025.

**Table 2: Number of People Aged 65+ with diagnosed Alzheimer’s disease in Georgia
(Figures are rounded.)**

Year	Aged 65-74	Aged 75-84	Aged 85+	Total	% change from 2000
2000	7,500	58,000	44,000	110,000	
2010	7,400	60,000	57,000	120,000	9%
2020*	10,000	68,000	64,000	140,000	27%
2025*	12,000	84,000	68,000	160,000	45%

*projected values. Source: <http://www.Alz.org>

Strategy Two: Using data from CDC surveys of persons with symptoms of dementia.

‘These yield larger estimates and include non-dementia mental illnesses.’

Persons in the earliest stages of dementia can reliably report symptoms of confusion or memory problems. These symptoms lead to declines in the ability to focus attention and manage personal affairs and difficulties with language. Some, but not all, persons with confusion or memory problems develop Alzheimer’s and other dementias.

To support the work of public health planners across the United States, the CDC is developing population estimates that can be applied to state demographic data. These estimates came from the Behavioral Risk Factor Surveillance Survey of 21 states conducted in 2011. Georgia’s statistics are available in detail but were not a part of the composite reporting of other states. Participating neighboring states with similar populations included Florida, North Carolina, South Carolina, Tennessee, and West Virginia.

The following table shows estimates for the prevalence of confusion or memory problems among Georgia’s ‘at-risk’ population aged 60 years and older. To develop the numbers shown in Table 3, we applied the CDC estimates to Georgia census data. The final two rows of Table 3 contain estimates of the potential growth between 2006 and 2012. In six years, the number reporting symptoms increased by 22 percent to 211,174. This number includes 74,333 who live alone and 73,066 who have symptoms that limit their ability to engage in self-care.

**Table 3: Estimates for current Georgia Population,
Aged 60 years and older with Confusion or Memory Problems**

Number living alone, reported confusion or memory problems	74,333
Number with confusion or memory problems AND disability	73,066
Estimated Number with confusion / memory problems, 2012*	211,174
Estimated percent increase in number with symptoms between 2006 - 2012	22%

Source: MMWR, May 2013

A. State Role

The mission of the Georgia Department of Human Services Division of Aging Services (DAS) is to assist older individuals, at-risk adults, persons with disabilities, their families, and caregivers to achieve safe, healthy, independent, and self-reliant lives. It should be noted that, as Alzheimer's and related dementias progress, the level of impairment rises to the level of disability.

DAS (the state agency on aging) and Georgia's Aging Services Network (Area Agencies on Aging, their providers, older adults, and advocates) are committed to developing a person-centered, statewide comprehensive and coordinated system of programs and services. The system aims to serve all eligible individuals, regardless of age or ability, by providing seamless access to long-term supports and services that are needed to remain at home and in the community for as long as possible.

To effectively meet this goal, DAS and Area Agencies on Aging partner with public and private organizations. DAS specifically partners with the Department of Community Health (DCH) to provide services to Medicaid beneficiaries and also to provide advocacy and guidance in long-term care policy and the development of community supports for community integration, including efforts to reduce barriers to housing and transportation. DAS aligns its strategic planning goals with the Administration for Community Living (which houses the Administration on Aging), the Office of the Governor, the Department of Health and Human Services, and the Department of Public Health.

DAS is committed to strengthening and expanding the Older Americans Act's (OAA) core programs, discretionary grants, and consumer control and choice programs. DAS is fostering an integrated and systematic approach to delivering consumer-directed long-term supports and services and community living initiatives.

Enhancing the National Family Caregiver Support Program is a key goal. DAS is working to reduce caregiver burden and stress through evidence-based Alzheimer's Disease Supportive Services Program (ADSSP) discretionary grants and collaboration with the Rosalynn Carter Institute for Caregiving at Georgia Southwestern State University.

'It is imperative that we develop accurate estimates to measure the impact of dementia on community caregivers and health care professionals in Georgia.'

Table 4: Number of Alzheimer’s and Dementia Caregivers, Hours of Unpaid Care, Value of Caregiving, and Higher Personal Healthcare Costs Incurred by Caregivers in Georgia

Year	Number of Caregivers (in thousands)	Total Hours of Unpaid Care (in millions)	Total Value of Unpaid Care (in millions)	Higher Health Costs of Caregivers (in millions)
2010	482,000	5,490,000	\$6,552	n/a
2011	488,000	5,550,000	\$6,730	\$222
2012	495,000	5,630,000	\$6,944	\$235

Source: <http://www.alz.org>

The state’s role in planning long-term care, family caregiver support, and assistance to persons with dementia is hampered when we cannot accurately count cases. BRFSS 2011 data begins the process of filling this data gap. Using BRFSS 2011 estimates, there are:

- 112,133 persons with confusion or memory problems who need help from others in activities required for daily living.
- 74,333 persons with confusion or memory problems living alone.
- 73,066 persons with confusion or memory problems who also have disability in the activities required for daily living.

Georgia’s infrastructure for long-term care, healthcare, transportation, and public safety will need to plan for these numbers. Based on these data, we can make the following statements about confusion or memory problems in Georgia:

- 89,594 persons need help but do not have access.
- 112,133 persons have not discussed the symptoms with a healthcare provider.

B. Cognitive Impairment

The BRFSS Cognitive Impairment Module provides demographic, geographic and socioeconomic data regarding cognitive impairment. The module asks about memory and cognitive abilities as well as the impact of any memory loss on daily living. This knowledge is vital to developing or maintaining effective policies and programs to address the needs of people living with cognitive impairment in Georgia. Age is the greatest risk factor for cognitive impairment, and as the Baby Boomer generation passes age 65, the number of people living with cognitive impairment is expected to jump dramatically. Cognitive impairment is costly. People with cognitive impairment report more than three times as many hospital stays as individuals who are hospitalized for some other condition.

In Georgia, 14.3 percent – one in seven – of those aged 60 and over report that they are experiencing confusion or memory loss that is happening more often or is getting worse.

Each year, the Alzheimer's Association funds research on the surveillance of persons with Alzheimer's disease in every state of the country using the BRFSS (Behavioral Risk Factor Surveillance system), a nationwide telephone survey used to track health risks throughout the country. Of the individuals who have reported experiencing confusion or memory loss, almost 80% of them have not talked to a healthcare professional about it. For those with worsening memory problems, one in four says it has interfered with household activities or chores.

BRFSS Data on Georgia from 2011 was released in May of 2012 (see Appendix II). The Caregiver Module was conducted in Georgia in 2012 – in a partnership between the DHS Division of Aging Services (which paid for the Caregiver Module to be conducted) and the Association's Georgia Chapter (which paid for the Cognitive Module to be conducted).

C. Developmental Disabilities

Little is known about people with intellectual and developmental disabilities (IDD), and there has been little effort across states to develop specific policies related to people with developmental disabilities. From existing research, it appears as if most individuals with IDD experience dementia rates similar to older adults in the general population. However, some adults with intellectual disabilities are at higher risk for dementia – adults with Down syndrome are particularly susceptible. Recent studies for adults with Down syndrome show that 10-25% of individuals ages 40-49, 20-50% of individuals, ages 50-59, and 60-75% of individuals with Down syndrome older than age 60 have Alzheimer's disease (Alvarez, 2008). As people with intellectual and developmental disabilities continue to age more successfully and live longer, the numbers with Alzheimer's disease and other dementias will continue to increase. Currently, there are no state policies regarding people with intellectual and developmental disabilities and Alzheimer's disease or other dementias.

Likewise, the exact number of persons in Georgia with Serious Mental Illness (SMI) and comorbid dementia disorder is unknown and there are no state policies regarding this growing older adult population. SMI is a diagnosis stipulated by law and defined by the United States Substance Abuse and Mental Health Services Administration (SAMHSA) as requiring the person to have at least one (mental) disorder lasting 12 months, other than a substance use disorder, that meets DSM-IV criteria and causes "serious impairment." Serious impairment is indicated by a Global Assessment of Functioning (GAF) score of less than 60 (Epstein, Barker, Vorburger, & Murtha, 2004).

Persons with SMI are as vulnerable as the general population in acquiring a form of dementia as they age (Patterson & Jeste, 1999). For example, there is conflicting evidence regarding the rate of cognitive decline in persons with schizophrenia; however, experts speculate that schizophrenia reduces normal "cognitive reserve" which protects against dementia and lowers the threshold for clinically detected cognitive impairment (de Vries, Honer, Kemp, & McKenna, 2001). Deterioration in ability to function is also impacted by the person's opportunity throughout life to learn and participate in activities of daily living. For example, persons living in institutions do not generally

shop for their own food, cook their own meals, or manage their own finances (McCracken & Gellis, 2008). Georgia has a long history of institutionalizing persons with SMI and with the current mandate to provide persons with SMI and developmental disabilities the opportunity to live in the community. These populations warrant particular attention.

Dementia and depression are associated in older patients and often occur together. Recognizing and treating the depression can make a significant difference in terms of quality of life, caregiver stress, and institutionalization of the identified patient (Hermida & McDonald, 2011). The classic example is an elder who has a stroke and is demented secondary to the stroke. The cerebrovascular disease leading to a stroke has been shown to be associated with the development of mood symptoms. Depression is a risk factor for stroke (Krishnan et al., 2005) and approximately half of patients with post-stroke depression will meet criteria for major depression, and the other half will have minor depression (Robinson, 1998). Treating the depression can have marked benefits for the patient and the family in terms of the patient's motivation to stay in treatment and overall outcome.

The relationship between dementia and depression is well known in the medical literature. Over 50% of patients with dementing illnesses such as Alzheimer's disease may also have depressive symptoms, with 20% meeting criteria for a major depressive episode (Brown et al., 2009). Depressive symptoms may also precede cognitive decline in community elders (Sachs-Ericsson et al., 2005), and a significant number of individuals with depression and reversible cognitive deficits eventually progress to syndromic dementia (Faez-Fonseca et al., 2007). The biological markers of Alzheimer's disease are found in patients with major depression, including the genotype apolipoprotein E-e3/34 (Apo E4) (Krishnan et al., 1996) which has been linked to Alzheimer's disease.

Providing the systems of care to accurately diagnose depression and initiate appropriate treatment in patients with comorbid medical disorders is therefore important in long-term outcomes for both the family and their caregivers and may have a significant effect on the course of the illness.

II. Existing Services, Resources and Capacity

The DHS Division of Aging Services (DAS) coordinates a comprehensive array of home and community based services for older adults and adults with disabilities, including the Older American's Act Services as well as the 1915c Elderly and Disabled Waiver services programs. Since 2011, DAS, in coordination with the Alzheimer's Association, Georgia Chapter and the Rosalynn Carter Institute for Caregiving, has been providing dementia capability training to the broader Aging Services Network. Through the ACL/AoA Systems Integration Grant, DAS is creating a dementia-capable network of services through its existing providers, the law enforcement community, and Adult Protective Services. DAS, through the 12 Area Agencies on Aging, coordinates the Enhanced Services Program – a home and community based long-term care database that includes 19,000 resources for the aging community as well as 3500+ newly added statewide

resources for those individuals with developmental disabilities and brain and spinal cord injuries. In addition to the Division of Aging Services, other state agencies offering publicly funded services include the Department of Community Health, Department of Public Health and the Department of Behavioral Health and Developmental Disabilities. While all of these agencies may offer services which may benefit individuals with Alzheimer's disease or their families, no agency targets services specifically to persons with ADRD. For a listing of long term-supports and services in the community, individuals may call 866-552-4464 or visit www.georgiaservicesforseniors.org. Resources are also available on the Alzheimer's Association's website at www.alz.org or through the Association's 24/7 Helpline at 800-272-3900.

A. State Agency Resources

The legislation called for the working group to examine the array of needs of individuals diagnosed with Alzheimer's and other dementias, followed by a description of the services available to meet these needs, and the capacity of the state and current providers to meet these and future needs. The state plays a major role in the administration and provision of long-term care services for all older persons, including those with Alzheimer's, related dementias and their caregivers. Many of these roles are shared with other entities, including counties, providers, health plans, and Area Agencies on Aging. State agencies use a combination of state and federal funding to provide long-term supports and services to adults who need/require nursing home level of care. Georgia combines funds from Title III of the Older Americans Act with state appropriations and federal Medicaid funding for long-term supports and services.

Division of Aging Services (DAS): The Georgia Department of Human Services Division of Aging Services manages a statewide network of agencies, supports and services to help adults who are older or have disabilities live longer, live safely, and live well.

- Designates 12 Area Agencies on Aging under the Older Americans Act (OAA) to carry out federally mandated functions to provide information and assistance to older adults and their families, and administer federal Title III OAA and related grants for provision of nutrition, chore, transportation, caregiver support and caregiver counseling services in their planning and service area.
- Provides Information and assistance for older individuals and families as they look for options and services to meet their needs through the Aging and Disability Resource Connection.
- Administers several grant programs related to health promotion, chronic care management, falls prevention, Medicare Part D and other health insurance counseling.
- Provides administrative support to the State Long-Term Care Ombudsman, a mandated service under the OAA, which acts as a mediator for consumers and their families who are having problems with a facility or agency providing long-

term care, and provides specific information about long-term care services and programs to consumers and their families.

- Administers federally funded projects on Alzheimer's care, piloting evidence-based models for persons with Alzheimer's and their caregivers throughout the state.
- Supports the Gateway/Aging and Disability Resource Connection as the single entry point to access long-term services and supports (LTSS) statewide and assist consumers with making informed decisions on their long-term care.
- Administers the Elderly Legal Assistance Program (ELAP), Georgia's Older Americans Act Title III-B funded legal services program. It provides free legal services statewide to adults 60 and older, targeting those in the greatest need socially or economically. Attorneys provided by ELAP offer legal representation, information, and education in civil legal matters, including topics such as wills, probate and estate planning, issues related to long-term care discharge and residents' rights, advance directives for healthcare and powers-of-attorney questions, guardianship, and conservatorship issues. Information on these services can be retrieved from a variety of sources, including local AAAs (1-866-552-4464) and the Georgia Senior Legal Hotline (1-888-257-9519).
- Provides support for Powerful Tools for Caregivers (PTC), a six-week course that helps caregivers develop a wealth of self-care tools to reduce personal stress, change negative talk, communicate their needs to family members and healthcare or service providers, communicate more effectively in challenging situations, recognize the messages in their emotions, deal with difficult feelings, and make tough caregiving decisions. By 2014, Powerful Tools for Caregivers will be available in all regions of the state. The program is coordinated by Georgia's 12 Area Agencies on Aging.
- Administers the 1915c LTC Waiver. Currently over 30,000 adults who are older, disabled, and meet nursing home level of care receive the 1915c Medicaid LTC waiver program (CCSP and Source). HCBS waivers provide an array of LTC supportive services in a community setting with the goal of meeting the health and functional needs of low-income elders and individuals with disabilities who otherwise would be eligible for placement in a nursing home.

Department of Community Health (DCH): The Georgia Department of Community Health is one of Georgia's four health agencies serving the state's growing population of almost 10 million people. Responsible for a \$12 billion budget for State Fiscal Year 2013, the department is one of the largest agencies in Georgia state government. Serving as the lead agency for Medicaid and also overseeing the State Health Benefit Plan (SHBP), Healthcare Facility Regulation and Health Information Technology in Georgia, the agency programs provide access to health care services for one in four Georgians.

- Responsible for licensing, registration and certification of hospitals, health care agencies, clinics, home care agencies, personal care homes, assisted living facilities and nursing facilities, including approval of memory care and dementia units. Georgia currently has 40,249 nursing home beds and 29,059 personal care home beds.
- Provides quality assurance and quality information for consumers related to the agencies and facilities that DCH licenses and regulates (<http://www.gamap2care.info/>).
- Provides quality assurance through the regular surveying of all licensed agencies, programs, and facilities and regular assessments of nursing facility residents. Operates the Office of Healthcare Facility Regulation where consumers can lodge complaints against licensed providers.

Department of Public Health (DPH): The Georgia Department of Public Health (DPH) is the lead agency in preventing disease, injury and disability; promoting health and well-being; and preparing for and responding to disasters from a health perspective. DPH's main functions include: Health Promotion and Disease Prevention, Maternal and Child Health, Infectious Disease and Immunization, Environmental Health, Epidemiology, Emergency Preparedness and Response, Emergency Medical Services, Pharmacy, Nursing, Volunteer Health Care, the Office of Health Equity, Vital Records, and the State Public Health Laboratory.

- Administers Health Promotion and Disease Prevention Programs which provide population-based programs and services aimed at reducing disease risks, promoting healthy youth development, targeting unhealthy behaviors, providing access to early detection and treatment services, and improving management of chronic diseases. Alzheimer's is a chronic disease.
- Houses the Epidemiology Section which carries out a number of activities to identify diseases and describe health conditions, assess the health of Georgians, and develop recommendations to control diseases and improve overall health status in the state.
- Conducts active and passive surveillance to detect diseases and adverse health conditions.
- Recommends appropriate prevention measures, treatment, and control.

Both the Division of Aging Services and the Department of Community Health receive funding for institutional and home and community based services for people who are aged, blind or disabled; who meet nursing home level of care or for people with dementia. Each program will have varying levels of eligibility. The following lists the resources expended during the last fiscal year. Unless otherwise noted, funding is available to all eligible individuals, not just those with dementia. Please note, the list below is not meant to be all inclusive of all programs administered by each agency, just

those that are most likely to be utilized by someone with dementia requiring long-term support and services.

Program	Agency	Source	Total
State Alzheimer's Program*	DAS	State	\$2,387,409
Aging and Disability Resource Connections	DAS	State	\$444,000
CBS – Alzheimer's Set Aside*	DAS	State	\$75,000
CBS – Respite	DAS	State	\$1,042,159
Community Based Services	DAS	State	\$12,257,576
Community Cares Services Program	DAS	Federal+	\$154,465,271
Long Term Care Ombudsman	DAS	State	\$1,054,568
Long Term Care Ombudsman	DAS	Federal+	\$435,318
Title III Older Americans Act	DAS	Federal+	\$30,330,297
Title III E National Family Caregiver Support Program	DAS	Federal+	\$3,588,471
Social Service Block Grant	DAS	Federal+	\$5,138,280
Nutrition Services Incentive Program	DAS	Federal	\$3,866,515
Skilled Nursing Care in a Nursing Facility	DCH	Federal+	\$1,057,232,450
Skilled Care in a State Owned Facility	DCH	Federal+	\$39,070,736
Home Health Services	DCH	Federal+	\$5,981,371
Source Waiver	DCH	Federal+	\$277,611,612

Table does not include non-claims such as Medicare Part A, Part B and Part D expenses.

*Accessible only to people with Alzheimer's or related dementia's and their family.

+ State funds are used as match to draw down federal funds.

B. Dementia Services

Adult Day Care Services: Adult day services provide care in a congregate daytime setting, enabling family caregivers to work, run errands, or get needed respite. Older adults and people with disabilities may stay at an adult day care for a few hours or a full day while receiving meals, access to social activities, and general supervision. Some centers also provide transportation. Georgia's adult day services licensing standards, developed after the legislature approved licensing authority in 2003, are currently voluntary due to lack of funding for the licensing agency to administer the licensing process. The Division of Aging Services has standards that must be met by providers in the statewide aging network that provide day services through contracts with the Area Agencies on Aging (AAA). Georgia currently has 61 Community Care Services Program (CCSP) providers of Adult Day Health Services. CCSP is a Medicaid-funded waiver program that enables people at risk of nursing home placement to remain in the community through the use of supportive services.

Home Health Agencies (HHA): The agencies provide a full range of professional health care services in the home under the direction of the patient's physician, including, but not limited to: Skilled Nursing, Psychiatric Skilled Nursing, Physical, Occupational and Speech Therapy, Home Infusion, Medical Social Services, and Home Health Aide Services. Georgia currently has 1,282 Home Health Providers (<http://www.gahha.org/displaycommon.cfm?an=1>).

Long-Term Care Facilities, also called **Skilled Nursing Facilities**: provide 24-hour nursing care and personal assistance in an institutional setting. In 2013, Georgia had 369 licensed skilled nursing facilities with 40,249 beds. All Georgia nursing homes must be licensed by the state. To receive Medicare reimbursement, they must also be certified by the Centers for Medicare and Medicaid Services (CMS), or, in the case of Medicaid reimbursement, they must meet CMS certification standards even if the facility is not enrolled in Medicare.

Personal Care Homes: Personal care homes provide personal care assistance, protective oversight, social support services and 24-hour supervision for individuals with functional limitations to live as independently as possible in a community residential setting. Georgia currently has 1,913 licensed personal care homes and 10 assisted-living residences with 29,059 beds available for individuals, including private-pay and Medicaid residents.

Additionally, a wide array of home and community based services is available through the DHS Division of Aging Services and Area Agencies on Aging to persons aged 60 and older and their family caregivers. These include the following:

- **Nutrition and Wellness Programs**: These include home-delivered meals, the Senior Farmer's Market Nutrition Program, and wellness programs aimed at health promotion and disease prevention. The programs increase functional abilities, promote safety at home, help older adults avoid or delay problems caused by chronic diseases, and enhance quality of life.
- **Adult day care**: The service provides personal care for dependent elders is available in a supervised, protective congregate setting during some portion of the day. Services offered in conjunction with adult day care typically include social and recreational activities, training, and counseling.
- **In-home respite**: These services offer temporary substitute supports or living arrangements for care recipients in order to provide a brief period of relief or rest for caregivers.
- **Information and assistance**: Aging and Disability Resource Centers housed in Georgia's 12 Area Agencies on Aging assist older adults and individuals with developmental, physical, or behavioral disabilities who are looking for a variety of home- and community-based services and information about long-term care options.
- **Caregiver education training programs**: Workshops for current or potential clients/caregivers, or the general public, inform participants of service availability or provide general program information. An example of these types of programs is Powerful Tools for Caregivers, a six-week educational program which has a demonstrated a positive impact on caregiver health. Powerful Tools for Caregivers is designed for a diverse group of caregivers, including rural residents,

ethnic minorities, adult children of aging parents, caregivers at differing stages in their caregiving role, families with a variety of living situations, and caregivers with a range of educational backgrounds.

- **Support groups:** Clients meet in support groups on a regular, defined basis to discuss common problems or life issues. The group can have a professional as a moderator or be run by members alone. Support groups function to provide an expansion of social resources and knowledge relevant to members' situations, relief and reassurance, and enhanced coping skills.
- **Homemaker/personal care:** This service provides assistance with activities such as preparing meals, shopping for personal items, managing money, using the telephone, or performing light housekeeping.
- **Case management:** Case managers provide assistance, either in the form of access or care coordination, in circumstances where the older person is experiencing diminished functional capacity or other characteristics which require the provision of services by a formal service provider or family caregiver. Activities of case management include such practices as assessing needs, developing care plans, authorizing and coordinating services among providers, and providing follow-up and reassessment, as required. Case management involves the assessment, planning, and coordination of services desired, as well as monitoring and evaluating options and services to meet the individual's unique needs. It is performed in collaboration with the consumer and/or family caregiver.
- **GeorgiaCares:** Georgia's State Health Insurance Assistance Program (SHIP) helps Medicare beneficiaries, their families, and others understand rights, benefits, and services under the Medicare program and other related health insurance options.

C. Academic and Educational Resources

University of Georgia – Athens, Institute of Gerontology (IOG) within the College of Public Health is dedicated to training the workforce. IOG offers coursework to medical and nursing students at UGA's new health science campus. The Institute also provides education through a post-degree Gerontology Certificate Program, a Masters of Public Health – Gerontology track, and a Ph.D. program in Epidemiology. In addition to preparing professionals, the IOG offers free online training for anyone in a variety of topic areas, including basic gerontology, elder law, and housing issues. To accommodate the time commitments of learners across the state, the Institute offers online college credits and executive workshop training.

Georgia Regents University Alzheimer's Disease Research Center, Augusta: Georgia Regents University promotes interdisciplinary research, manages forums, provides education, maintains a study database, and performs other functions vital to Georgia's research community. The center is funded by the National Institutes of

Health, the VA Medical Center, the Alzheimer's Association, pharmaceutical companies, and the Georgia Research Alliance. The ARC was developed to support collaborative basic and clinical research in the area of Alzheimer's disease and related neurodegenerative disorders by (1) promoting interdisciplinary approaches to answering research questions; (2) providing a venue for regular meetings of its members for the purpose of sharing members' research findings, the latest published works in the field, and supporting visits to this campus by outside experts; (3) providing course materials and lectures related to Alzheimer's disease for undergraduate, graduate, and postgraduate student instruction, and (4) supporting two core facilities, the Neurological Disorder Database Registry, and the Animal Behavior Center.

Emory University– Atlanta, Alzheimer's Disease Research Center: Emory University's federally-supported Alzheimer's Disease Research Center (ADRC), one of 27 such centers across the country, offers a number of educational programs for community members and professionals. In almost all of its educational offerings, the ADRC partners with the Atlanta Regional Geriatric Education Center (ARGEC), a federally-supported program at Emory that has a specific Alzheimer's disease portfolio) and with the Alzheimer's Association, Georgia Chapter (AAGC). The following are programs offered by this partnership:

- **Family Caregiver Education programs:** Four types of education programs are offered regularly to family caregivers and, in some cases, persons with early stage dementia. These programs are offered at the Wesley Woods geriatric campus at Emory University. The programs include:
 - Early Memory Loss Group: This program for persons diagnosed with Mild Cognitive Impairment or early stage Alzheimer's (or other dementia) and their family care partner provides information about disease progression, communication challenges, and strategies, and encourages families to plan for the future.
 - Dealing with the management problems of dementia: This program helps family caregivers to understand and deal with the issues and choices they face as they take on and continue in the caregiver role they have assumed for a person in the active stages of dementia who continues to live in the community. The program emphasizes methods of behavior guidance, care decision-making, the use of community resources, and self-care.
 - Decision making and coping, post-institutionalization: This program for family caregivers who are about to place – or have placed – their family member in a supportive institutional environment emphasizes the maintenance of the caregiving role, the importance of on-going care decisions, partnering with institutional staff, and anticipatory preparation for end-of-life care and grieving.

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- **Community education forums.** The partnership engages in a series of programming to a variety of community groups in an effort to provide information about dementia and dementia care but also to draw those communities into collaborations that will benefit their members through focused programming and education. These forums take a number of forms:
 - Registry for Remembrance: The Registry is an effort aimed at partnering with institutions and organizations in the Atlanta-area African American community to provide dementia-specific education to their members, to empower these organizations to develop expertise and capacity in dementia and dementia care in ways that benefit their members, and to encourage participation in research by their members. Through the Registry for Remembrance, the ADRC, ARGEC, and AAGC have, for the past two years, offered community education forums at the Carter Center and community churches and centers on dementia and brain health for people of color.
 - Research Updates: The ADRC regularly provides community programs on the status of Alzheimer's research. These updates are also available through the ADRC newsletter and website.
 - Savvy Caregiver mini-seminars: The ADRC provides "short courses" in Savvy caregiving to organizations and community groups. These mini-programs are available to provider groups and also to employee assistance programs.
- **Memory screening events:** The ADRC regularly provides screening events. These are designed to examine the concerns of those who feel they may have memory problems. The results of the screening are not definitively diagnostic, but can identify the need for further testing and assessment. These screening events are held both at the Wesley Woods geriatric center at Emory and at collaborating community organizations.
- **Symposia for community health professionals:** Recognizing professionals' need for continuing education about dementia and new diagnostic, management, and treatment options, the ADRC-ARGEC-AAGC partnership is an available resource. The partnership offers scheduled seminars and workshops for professionals, but it also stands ready to collaborate with professional groups to design and deliver programs to their members.
- **Savvy Caregiver Train-the-Trainer programs:** In an effort to disseminate this evidence-based caregiver psychoeducation program, the ADRC is offering day-long workshops to organizations willing to offer the Savvy Caregiver to their constituents. This six-hour workshop provides continuing education credits to

participants who will learn how to conduct this program in their home organizations. Materials for the implementation of the program are provided.

- **Memory Clinics:** The Emory ADRC and associated Cognitive Neurology program offer specialty clinics to evaluate memory loss, mild cognitive impairment, Alzheimer's disease, and other forms of dementia. About 2500 patients receive comprehensive evaluations and/or longitudinal care annually. The clinics are located in the Emory Clinic at Wesley Woods and at Grady Memorial Hospital, and they are staffed by subspecialty trained neurologists, neuropsychologists, and advanced practice nurses. Emory ADRC clinicians work closely with the Fuqua Center for Late-Life Depression/ Emory Division of Geriatric Psychiatry clinicians in caring for persons with dementia with severe behavioral disturbances.
- **ADRC Newsletter:** Published 2-3 times a year, this newsletter, available via email, regularly provides updates on research advances in the field. It also provides opportunities to participate in research and articles focused on family caregiving and caregiver well-being.

Georgia Southwestern State University – Americus, Rosalyn Carter Institute for Caregiving (RCI), The Rosalynn Carter Institute for Caregiving establishes local, state, and national partnerships committed to building quality, long-term, home and community-based services. RCI focuses on providing caregivers with effective supports to promote caregiver health, skills and resilience. RCI focuses on helping caregivers coping with chronic illness and disability across the lifespan. RCI's overall goal is to support caregivers – both family and professional- through efforts of advocacy, education, research, and service.

- **Advocacy:** Reinforce the need for caregivers and the need to give support to those that give care at local, state, national, and international levels; Advocate for the use of evidence-based research to address the strain and burdens associated with family, volunteer and professional caregiving.
- **Education:** Develops caregiving curricula for multiple levels of educational need; Provides scholarship opportunities for both individuals in the caregiving field and family caregivers interested in obtaining skill knowledge for their caregiving situation; Provides training and certification in selected evidence-based caregiver programs
- **Research:** Provides technical assistance related to translational research targeting evidence-based caregiver programs; Contributes to the caregiving field through collaborative partnerships that invest in and support caregiving research
- **Service:** Provides caregiver support to individuals through education and advocacy through local, state, and national partnerships.

Georgia State University – Atlanta, Gerontology Institute: The Gerontology Institute is engaged in the study of aging and charged with the responsibility of developing and coordinating research, instruction, and service in gerontology throughout the university. Institute faculty and staff work cooperatively with many agencies and programs that serve older people in the Atlanta metropolitan area, providing consultation and sharing information and resources. Gerontology Institute faculty members conduct groundbreaking research designed to address the challenges of our aging society. Much of their work is focused on four inter-related areas: (1) Housing and Formal Long-term Care; (2) Social Relationships, Families, and Caregiving; (3) Diversity and Aging; and (4) Health and Aging.

Atlanta Regional Geriatric Education Center: The federally funded Atlanta Regional Geriatric Education Center (ARGEC) focuses principally on the education of health care providers in a variety of topics related to the care of older persons. The ARGECE has a special focus on enhancing providers' abilities to care for persons with dementing disorders, such as Alzheimer's disease. The ARGECE, by itself or in collaboration with the ADRC, can provide tailored training programs to groups of health care providers on a variety of dementia care topics.

As noted in the ARGECE's most recent report, special dementia-related training topics include: Recognizing the signs and symptoms of AD or other dementias/cognitive impairment; Non-Pharmacological Interventions for Patients with Dementia; Assessing, managing, and treating caregiver burden and depression; Long-term services and supports in the community; Referring patients and their families to appropriate support services in the community; Referring patients and their families to appropriate and cutting-edge research programs ranging from Healthy Brain and AD studies to research projects focusing on stress among caregivers of persons with dementia; Assisting AD patients and their families on accessing long-term services and support; Training on the unique needs of medically underserved and special populations, including racial and ethnic minorities and individuals with intellectual disabilities; and the impact of AD and cognitive impairment on mobility and driving to include dangers and public health information regarding older drivers, impact on individuals health, and effects of loss of executive function on driving among AD patients.

D. Advocacy Organizations and Services

The Alzheimer's Association, Georgia Chapter: The Alzheimer's Association, Georgia Chapter is a voluntary health organization which offers a wide range of services designed to meet the unique needs of families caring for people with Alzheimer's disease and related dementias. These include: helpline information and referral; care consultation; community support groups; Caring Connection, a telephone support group; Caregiver Time Out, a respite reimbursement program; family education; professional education; MedicAlert + Safe Return; resource library and information about clinical trials. The goals of the Georgia Chapter remain consistent with those of the national office: advancing research, enhancing care and support, raising public awareness and building capacity (<http://www.alz.org/georgia/index.asp>) .

- **24/7 Helpline:** The Alzheimer's Association provides free reliable information, referrals, and support in multiple languages for caregivers and persons with Alzheimer's disease. In addition, the standard packet provided to callers includes a 24/7 Helpline Card, a Georgia Chapter brochure, and fact sheets on Alzheimer's and other dementias, stages of Alzheimer's disease, Medic Alert + Safe Return, and the Alzheimer's Association. The Association includes additional printed information based upon needs and requests, as well as referrals to resources such as in home care, nursing homes, assisted living facilities, grief counseling, homemaker assistance services, and more. Specialists respond to the caller's need with a minimum of three referrals to each community resource requested. Other information is tailored to the individual caller's needs. ASK Kits are also offered to those calling the Helpline who may need more information. A basic ASK Kit includes fact sheets on: adult day centers, bathing, brain health, dressing, driving, eating, feelings, grief, mourning, and guilt, hallucinations, holidays, hospitalization, incontinence, taking medication safely, safety, sexuality, telling others about an Alzheimer's diagnosis, vacationing, and visiting. (1-800-272-3900)
- **Care Consultation:** The Alzheimer's Association provides telephone or in-person care consultation for those individuals needing more than information and referral. Care consultants are masters-level social workers or masters-level counselors.
- **Early Stage Programs:** The Association provides early stage support groups for both the care partner and the individual with dementia, social activities, Arts for Alzheimer's, and opportunities to volunteer in the Chapter office, in the Chapter's advocacy program and Walks.
- **Message Board:** The Alzheimer's Association offers message boards that connect people from all across the country who share their experiences and find support and friendship with others living with Alzheimer's disease.
- **MedicAlert + Alzheimer's Association Safe Return:** This is a 24-hour nationwide emergency response service for individuals with Alzheimer's disease or related dementias who wander or who have a medical emergency. To receive these services, a one-time enrollment fee of \$55 is required plus a \$7 shipping and handling fee. The annual renewal fee for these services is \$35. The program also includes training for police-fire/EMS/911 operators on how to recognize and assist individuals with dementia who may wander, and how to initiate a Mattie's Call (a community-wide alert used when a person with dementia is missing).
- **Alzheimer's Association CareSource:** This is an online suite of resources that will help caregivers coordinate assistance from family and friends, locate senior housing, review customized care recommendations, and enhance caregiving skills.

- **A Time to Talk:** The Alzheimer's Association, Georgia Chapter, provides A Time to Talk, a statewide program that provides telephone calls to participants who can benefit from receiving emotional support, coping strategies, or just a listening ear.
- **Advocacy Training:** The Alzheimer's Association provides free advocacy training to individuals living with dementia, as well as to their family caregivers, friends, and any Georgia citizen who wants to help change public policy regarding services for individuals with dementia. The Alzheimer's Association operates year-round advocacy programs that address needs at the city, county, state, and federal agency level and on the international level.
- **HealthCare Interactive:** The Alzheimer's Association and HealthCare Interactive provide online Alzheimer's training for family members; staff at nursing homes, assisted living facilities, hospice, home organizations, adult day programs, governmental and social service agencies; and police, fire, and other first responders.
- **Caregiver Time Out Program:** The Alzheimer's Association, Georgia Chapter, manages a caregiver time-out program that is also available to families of individuals with Parkinson's Disease and dementia

American Parkinson Disease Association, Georgia Chapter: The Georgia Chapter works in close cooperation with the Information & Referral Center to provide educational programs featuring topics that relate to Parkinson's disease and to the caregivers. The organization's target audience is people diagnosed with Parkinson's disease and their caregivers, and its goal is also to serve the medical community and the community at large by raising awareness of the disease and the treatments and support available. The Georgia Chapter works in close cooperation with the Information & Referral Center to provide educational programs featuring topics that relate to Parkinson's disease and to the caregivers. The Georgia Chapter initiates, funds and implements other outreach programs as requested by members and the target audience (<http://www.apdageorgia.org/>). The primary purposes of the Georgia Chapter are:

- To raise awareness about Parkinson's disease
- To raise funds for Parkinson's disease research
- To plan and execute educational programs with the local Information and Referral Center
- To plan and execute Chapter outreach programs for the Parkinson's community

Second Wind Dreams: Second Wind Dreams, a Georgia-based nonprofit, offers a virtual dementia tour to increase awareness of dementia's effects on individuals. The mission of Second Wind Dreams® (SWD) is to change the perception of aging through the fulfillment of dreams and the offering of innovative educational opportunities to caregivers and communities. The Virtual Dementia Tour is a scientifically proven method designed to increase sensitivity toward those with dementia. The Second Wind

Dreams® program is delivered **primarily** through volunteer efforts. It is available to individuals and communities. (<http://www.secondwind.org>)

Fuqua Center for Late-Life Depression / Emory University: The Fuqua Center for Late-Life Depression, an initiative of the Division of Geriatric Psychiatry at Emory University, is committed to improving the community's understanding and recognition of mental illnesses in older adults and improving access to geriatric psychiatric service including care for persons with co-occurring psychiatric and dementing illnesses and persons with behavioral disturbances related to dementia. The Fuqua Center provides community education programs, professional training and clinical services in Atlanta, throughout the state of Georgia and nationally.

See appendix XV for a listing of national Dementia Specific Organizations

E. Dementia Specific Training Requirements for Long-Term Care Staff

Assisted living guidelines indicate that training must be provided that meets the medical and social needs and characteristics of the resident population, including special needs of residents with dementia. Also, training must be provided that is specific to assigned job duties such as responding appropriately to dementia-related behaviors (Rules of Department of Community Health Rules for Assisted Living Communities Interpretive Guidelines, see Appendix III). Staff providing hands-on personal services in the memory care unit, must be trained specifically to care for residents with dementia (Rules of Department of Community Health Rules and Regulations for Assisted Living Communities, see Appendix VI).

Personal care homes in Georgia are licensed by the Department of Community Health (DCH) Healthcare Facility Regulation Division (HFRD). Within the first 60 days of employment, personal care homes are required to train staff in specialized memory care units or homes on various aspects of dementia including:

- The nature of Alzheimer's disease and other dementias
- Common behavior problems and appropriate behavior management techniques
- Communication skills that facilitate better resident-staff relations
- Positive therapeutic interventions and activities
- The role of family in caregiving for residents with dementia
- The support needed for family members of residents with Alzheimer's or other forms of dementia
- Environmental modifications that can be implemented to avoid problematic behaviors and create a more therapeutic environment
- The development of comprehensive and individual service plans
- How to update or provide relevant information for implementing those service plans consistently across all shifts
- New developments in diagnosis and therapy

- Recognizing physical or cognitive changes in residents, and
- Maintaining the safety of residents with Alzheimer's or other forms of dementia.

Staff training also includes guidance on how to manage residents who may elope from the home, including what actions are to be taken if a resident wanders away (elopes). (Rules of the Department of Community Health Rules and Regulations for Personal Care Homes, see Appendix V).

Staff of nursing facilities are required to receive in-service training toward understanding emotional problems and social needs of residents (Rules of the Department of Community Health Nursing Homes, see Appendix VI). Additionally, Certified Nurse Assistants (CNAs) are required by statute in the Code of Federal regulations to receive training for supporting residents with Alzheimer's or other dementia conditions.

The Code of Federal Regulations for nursing aide training (42CFR483.152) mandates these requirements for caring for cognitively impaired residents:

Care of cognitively impaired residents:

- (i) Techniques for addressing the unique needs and behaviors of individual with dementia (Alzheimer's and others);
- (ii) Communicating with cognitively impaired residents;
- (iii) Understanding the behavior of cognitively impaired residents;
- (iv) Appropriate responses to the behavior of cognitively impaired residents; and
- (v) Methods of reducing the effects of cognitive impairments.

See Appendix VII for the complete Code of Federal Regulations 42CFR483.152 for nursing aides.

The Alzheimer's Association, in collaboration with HealthCare Research Inc., provides Alzheimer's training for family members, as well as staff at nursing homes, assisted living facilities, hospice, home organizations, adult day programs, governmental and social service agencies, and police, fire, and other first responders (<http://www.hcinteractive.com/CARES>; http://www.ghca.info/index.php?option=com_eventbooking&task=view_event&event_id=109).

F. Quality Care Measures for Long Term Care Facilities

Alliant/GMCF – QIO: Alliant GMCF, the Medicare Quality Improvement Organization for Georgia, convenes providers, practitioners and patients to build and share knowledge, spread best practices and achieve rapid, wide-scale improvements in

patient care, increases in population health, and decreases in healthcare costs for all Americans.

Nursing Homes: The Centers for Medicare and Medicaid Services (CMS) identifies the quality measures required for nursing homes. They include the following:

Short-Stay Quality Measures

- Percent of Residents who Self-Report Moderate to Severe Pain (Short Stay)
- Percent of Residents with Pressure Ulcers that are New or Worsened (Short Stay)
- Percent of Residents Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay)
- Percent of Residents Assessed and Appropriately Given the Pneumococcal Vaccine (Short Stay)
- Percent of Short-Stay Residents Who Newly Received an Antipsychotic Medication

Long-Stay Quality Measures

- Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay)
- Percent of Residents who Self-Report Moderate to Severe Pain (Long Stay)
- Percent of High-Risk Residents with Pressure Ulcers (Long Stay)
- Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine (Long Stay)
- Percent of Residents Assessed and Appropriately Given the Pneumococcal Vaccine (Long Stay)
- Percent of Residents with a Urinary Tract Infection (Long Stay)
- Percent of Low-Risk Residents Who Lose Control of Their Bowels or Bladder (Long Stay)
- Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (Long Stay)
- Percent of Residents Who Were Physically Restrained (Long Stay)
- Percent of Residents Whose Need for Help with Activities of Daily Living Has Increased (Long Stay)
- Percent of Residents Who Lose Too Much Weight (Long Stay)
- Percent of Residents Who Have Depressive Symptoms (Long Stay)
- Percent of Long-Stay Residents Who Received An Antipsychotic Medication

These quality measures can also be found, using the following

link:<http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/NHQIQualityMeasures.html>.

Although none of these quality-care measures are specifically targeted at persons with Alzheimer's disease, according to the Alzheimer's Association, Georgia Chapter, some of these measures indirectly relate to persons with Alzheimer's disease. Some Alzheimer's patients eventually lose the ability to swallow. This can result in the patient losing weight and even becoming bedbound. This causes a heightened risk of excessive weight loss and pressure ulcers. Because of the behavioral expressions associated with Alzheimer's disease, if a person with Alzheimer's disease becomes agitated, this has potential to cause them to be restrained, fall, or be prescribed antipsychotic medication.

National Partnership to Improve Dementia Care in Nursing Homes: Georgia participates in this federal initiative, developed by the Centers for Medicare & Medicaid Services (CMS), to reduce unnecessary antipsychotic drug use in nursing homes. The Partnership's goal is "to optimize the quality of life and function of residents in America's nursing homes by improving approaches to meeting the health, psychosocial and behavioral health needs of all residents, especially those with dementia." (CMS, S&C Memo: 13-35-NH). (See Appendix 12.)

CMS Quality Indicator Survey (QIS) Stage 1 Interview Tools: Georgia uses interview tools developed by CMS to review the care of and services provided to nursing home residents with dementia. (See Appendix 12.)

Assisted Living Facilities & Personal Care Homes: Assisted living facilities and personal care home have specific requirements for memory care services and/or specialized memory care units or homes (see Appendix III & VI). The requirements include criteria that enhance the quality and safety of the home for persons with Alzheimer's disease and other dementias.

G. Capacity of Public Safety & Law Enforcement to Respond to People with Dementia

In 2011, the Forensic Special Investigations Unit (FSIU), located within the DHS Division of Aging Services and composed of individuals with backgrounds in Medicare fraud, criminal justice, and law enforcement, developed a course curriculum in collaboration with other state agencies representing the criminal justice system. The course is entitled At-Risk Adult Crime Tactics (ACT) Specialist Certification Course. ACT is co-sponsored by the Prosecuting Attorneys' Council of Georgia (PACGA) and is approved by Georgia Peace Officer Standards and Training Council (P.O.S.T.). The focus of ACT was, and remains, to equip primary and secondary responders with knowledge and skills to address the needs of at-risk adult crime victims in Georgia as part of a multi-disciplinary team, thus advancing public safety. Frequently, victims of these crimes have Alzheimer's or another dementia; therefore a basic understanding of Alzheimer's is part of the curriculum. At-risk adults include adults age 65 and older and adults age 18 and older with a disability.

FSIU offers ACT classes to primary and secondary responders including law enforcement, prosecutors, judges, social, protective and regulatory professionals,

financial institutions, fire, medical examiners, coroners, healthcare, EMS, victim advocates and other professionals working with at-risk adults. The training currently provides two-days/16 hours of curriculum. Providing multi-disciplinary training should increase collaboration among various agencies with diverse legal authority and priorities in order to address crimes against at-risk adults.

ACT covers at-risk adult abuse, neglect, and exploitation as it relates to Georgia law, describes the types of abuse (physical, sexual, emotional, neglect, and exploitation), explains the role of Georgia social service agencies (Adult Protective Services, Healthcare Facility Regulation, Long-term Care Ombudsman Program, and Department of Behavioral Health and Developmental Disability), explains Alzheimer's and the basics of investigating, e.g. evidence, red flags, and tips for interviewing at-risk adults.

To date, FSIU has conducted 32 ACT classes in all 12 DHS service regions in 24 counties. Currently, over 1100 professionals across the state have been certified as ACT Specialists. Of the 1100 certified ACT Specialists, 488 (48%) are law enforcement. Although classes have been held in only 24 counties, at least one local law enforcement officer has been trained in each of 76 counties and 40 GBI agents have been trained.

In addition to ACT, FSIU has also developed two P.O.S.T. certified courses specific to law enforcement and 9-1-1 personnel. The courses, Abuse, Neglect, and Exploitation of At-Risk Adults and At-Risk Adult Crime for 9-1-1 Personnel, are designed to give law enforcement officers and public safety communication center call-takers and dispatchers the basic skills needed when responding to crimes involving at-risk adults.

- **Forensic Special Investigations Unit:** This unit identifies and addresses system gaps and develops process improvements to protect Georgia's at-risk adults from abuse, neglect and exploitation. It provides training, outreach technical assistance, and case consultation to agencies, including, but not limited to, law enforcement, fire departments, emergency response, medical examiners, judges, adult protective services.
- **Adult Protective Services (APS):** The Georgia Department of Human Services (DHS), Division of Aging Services, Adult Protective Services (APS) investigates all reports of abuse, neglect, and/or exploitation of older persons (65+) or adults (18+) with a disability who do not reside in long-term care facilities pursuant to the Disabled Adults and Elder Persons Protection Act, O.C.G.A. §§ 30-5-1, et seq. For persons living in the community, Georgia law requires mandatory reporting of suspected abuse, neglect or exploitation by certain professionals who are mandated reporters. Failure for a mandated reporter to report abuse, neglect and/or exploitation of a disabled adult or elder person is punishable by a criminal misdemeanor. This statewide team investigates reports of abuse, neglect, and exploitation. They also work to prevent recurrence through the provision of protective services intervention.

The Alzheimer's Association, Georgia Chapter also provides training to law enforcement officers through the Georgia Peace Officer Standards and Training Council. The curriculum helps officers enhance their ability to identify and assist persons with Alzheimer's disease. Topics offered to law enforcement and emergency services agencies include MedicAlert& Safe Return training, how to activate Mattie's Call, and resources the Association has available to assist them in safely returning the person home. The Association also partners with public safety agencies to provide training for families to help ensure that elopement does not occur.

H. Inventory of Long-Term Care Units

Enhanced Services Program (ESP) is Georgia's most comprehensive database of long-term support services for aging and disability populations. Over 25,000 resources are in ESP, and DAS standards require that each of the 12 ADRCs have a full-time equivalent staff person to serve as the Resource Specialist so that new resources are continuously identified and added to the database and other records are kept current. All Gateway Counselors use ESP in providing information and assistance.

Nursing Home Information from the ESP Database

- Total number of nursing homes in ESP: 363
- Number of nursing homes listed on DCH website: 372
- Nursing home providers who have self-reported they can serve persons with dementia: 355*

Dementia Care:	Number:
Case by Case	217
All Stages	175
Early Stage	80
Early to Moderate	76
Moderate to Later	67
Later Stage	68
Separate Unit	38
Secured Unit	60
Separate/Secured Unit	56

*Information is self-reported by providers who may select multiple service options. See Appendix VIII for additional information regarding this subject.

I. Community Residential Options for Persons with Dementia

Assisted living communities (ALC) exist as a subset of personal care homes. The following information, obtained from the ESP database, will relate to personal care homes in general, not specifically ALCs.

Personal Care Home Information from the ESP Database

Total number of Personal Care Homes in ESP: 1,104

Number of Personal Care Homes listed on DCH website: 1817

Personal Care Home providers who have self-reported they can serve persons with dementia*

Personal Care Homes Reporting Dementia Care (Total Resident Capacity of 6 or More)

Dementia Care Available	Number of Facilities (from total of 549)
Case by Case	413
Early Stage	211
Moderate Stage	116
Later Stage	38

Personal Care Homes Reporting Dementia Care (Total Resident Capacity of 7-11)

Dementia Care Available	Number of Facilities (from total of 60)
Case by Case	48
Early Stage	39
Moderate Stage	20
Later Stage	9

Personal Care Homes Reporting Dementia Care (Total Resident Capacity of 12-24)

Dementia Care Available	Number of Facilities (from total of 235)
Case by Case	190
Early Stage	124
Moderate Stage	59
Later Stage	27

Personal Care Homes Reporting Dementia Care (Total Resident Capacity of 25+)

Dementia Care Available	Number of Facilities (from total of 237)
Case by Case	151
Early Stage	166
Moderate Stage	129
Later Stage	96

* Numbers may be duplicated by providers if they have indicated they serve persons at all levels of dementia. Other information on dementia care may be clarified in the comments section of individual records.

** Capacity may not be listed in all records

J. ADRD Research through Georgia Universities and Other Resources

National Institute on Aging (NIA): The NIA funds the Emory Alzheimer's Disease Research Center (ADRC) at Emory University in Atlanta, GA. The goal of this AD center is to improve diagnosis, care, and prevention of Alzheimer's disease.

National Institute of Health (NIH)/VA Medical Center/Alzheimer's Association/Georgia Research Alliance/Several pharmaceutical companies: The listed organizations are responsible for the funding provided to the Alzheimer's Research Center (ARC) at Georgia Regents University in Augusta. The ARC was developed to support collaborative basic and clinical research in the area of Alzheimer's disease and related neurodegenerative disorders by (1) promoting interdisciplinary approaches to answering research questions; (2) providing a venue for regular meetings of its members for the purpose of sharing members' research findings, the latest published works in the field, and supporting visits to this campus by outside experts; (3) providing course materials and lectures related to Alzheimer's disease for undergraduate, graduate, and postgraduate student instruction, and (4) supporting tow core facilities, the Neurological Disorder Database Registry, and the Animal Behavior Center.

Georgia REACH Project: The Rosalynn Carter Institute (RCI) selected 11 rural counties in Georgia to implement a caregiver intervention program which is designed to reduce negative outcomes associated with caregiving for a family member with Alzheimer's disease. A pre- and post-assessment of the intervention is given to evaluate the effectiveness of the program in reducing negative outcomes related to caregiving of a family member with Alzheimer's disease. Results indicated statistically significant decreases in caregiver depression and burden, as well as improved caregiver health. Caregivers report that working one-on-one with the interventionist led to a better understanding of the disease and consequently reduced their frustrations with the care recipient (Easom, Alston, & Coleman, 2013). The cost of the Georgia REACH Project is \$7/day over the six-month implementation period. Because this was conducted in a rural **area**, travel costs for interventionists were high; in an urban area, the cost may be less.

Georgia REACH-Coastal Project: RCI selected the Coastal Georgia Area Agency on Aging (AAA) to replicate this evidence-based caregiver intervention program (Georgia REACH) which is designed to reduce negative outcomes associated with caregiving for a family member with Alzheimer's disease -- outcomes such as depression and poor health. Preliminary data analysis reveals large effects in the reduction of caregiver stress and caregiver depression, even with a relatively small sample size. The program has been successfully embedded within the agency and has proven to be an effective addition to the menu of services offered to their constituents.

Georgia Care Consultation Project: RCI collaborated with three Georgia AAAs to replicate an evidence-based telephone care consultation intervention program for Alzheimer's disease and related disorders (ADRD) patients and caregivers. Over a 12-month time period, participants converse with a Care Consultant. Information

regarding health problems, support services, and other available resources are provided through the Care Consultation project. Preliminary data analysis reveals a decrease in unmet needs, improved self-rated health, and a decrease in reported hospital and emergency room visits. Results from the use of this intervention in prior studies indicate improved care, reduced hospital admissions, delayed nursing home placement, fewer emergency department visits, decreased symptoms of caregiver depression, reduced caregiver stress and burnout, reduced relationship strain, decreased embarrassment and isolation, and improved access to information. Due to the success of the implementation in their central office, the Atlanta Regional Commission AAA has expanded the program into two additional offices within their region. The Rosalynn Carter Institute for Caregiving and the Atlanta Regional Commission will examine this expansion to develop a model for further dissemination through other AAAs. (See Appendix IX). The cost of the Care Consultation is \$1.03/day over the 12 month period.

ROAD Program (Reaching Out to Assess Dementia): RCI uses the Rowland Universal Dementia Assessment Scale (RUDAS) as a tool to screen for memory loss. This tool was developed and validated in the southwest of Sydney by a team at the Liverpool Hospital. Memory screening is conducted in the home, and if the test indicates a potential memory issue, clients receive a confidential copy of their questionnaire to take with them to their doctor. For additional information on RUDAS, see Appendix X.

Emory Alzheimer's Disease Research Center (ADRC): This center at Emory University, funded by the National Institute on Aging, operates to improve the diagnosis, care, and prevention of Alzheimer's disease.

K. Inventory of Federal Agencies that Provide Services or Resources for People with ADRD

Administration for Community Living (ACL): DAS and the Rosalynn Carter Institute for Caregiving (RCI) have received multiple demonstration grants from the ACL to develop new protocols and interventions to better serve persons with Alzheimer's disease (AD) and their caregivers. These grants include the following:

- **Caregiver Assessment:** From 2007-2010, ACL funded the Tailored Caregiver Assessment and Referral® (TCARE®) protocol in three Georgia AAAs. TCARE® protocol is an evidence-based program designed to enable care managers to more effectively support family caregivers by efficiently targeting services to their needs and strengths (Montgomery, Kwak, Kosloski, & Valuch, 2011). TCARE® guides care managers through an assessment and care planning process that helps them examine the care context and identify the sources and types of stress that a caregiver is experiencing. Research studies on TCARE from four states including Georgia indicate a statistically significant reduction in caregiver burden and intention to place in a nursing home. For more information on TCARE®, see Appendix XI.

- Early Stage Alzheimer's Disease: DAS, in collaboration with the Alzheimer's Association and participating AAAs, designed new protocols and interventions for persons with early stage Alzheimer's disease. Innovations included driving assessments, tools to determine financial capacity, and a clinical counseling protocol. (*See Alzheimer's Disease and Support Services, Georgia Division of Aging Services Final Report for additional information*).
- The Eldercare Locator helps find help on a variety of subjects and can be filtered by topic area or geographic location. <http://www.eldercare.gov>

The U.S. Department of Veterans Affairs can help caregivers of veterans find nearby assistance via their zip code locator or their Caregiver Support Line http://www.caregiver.va.gov/help_landing.asp

NIH's Alzheimer's Disease Education and Referral Center can be contacted five days a week via phone at 1-800-438-4380 or via email at adear@nia.nih.gov. <http://www.nia.nih.gov/alzheimers>

National Institute on Aging (NIA): The NIA funds the Emory Alzheimer's Disease Research Center (ADRC) at Emory University in Atlanta, GA. The goal of this AD center is to improve diagnosis, care, and prevention of Alzheimer's disease.

III. ◆ Recommendations ◆

The recommendations are a result of collaboration, research and deliberation by the Georgia Alzheimer's and Related Dementias State Plan Task Force. The Task Force consisted of Senator Renee Unterman --Chair of the Senate Health and Human Services Committee, Representative Tommy Benton,-- Chair of the House Human Services and Aging Committee, Representative Sharon Cooper — Chair of the House Health and Human Services Committee, Clyde Reese — Commissioner of the Department of Community Health, Dr. Brenda Fitzgerald — Commissioner of the Department of Public Health, and Dr. James Bulot — Director of the Department of Human Services Division of Aging Services who also served as Chair of the Task Force. The Task Force was assisted by an Advisory Council provided for in Senate Bill 14, and convened by the Chair to help with the task of doing the work of the Task Force.

The Advisory Council was composed of persons living with Alzheimer's and a related dementia, caregivers, representatives of the nursing facility industry, representatives from adult day programs, representatives from home health industry, representatives of the personal care home industry, physicians, a consultant pharmacist, Alzheimer's researchers, law enforcement personnel, and other stakeholders from the public, private, and non-profit sectors, voluntary health organizations and the faith-based community.

The work of the Task Force reflects the concerns and priorities conveyed to the Task Force through seven Task Force meetings, one listening session conducted by the Task Force, numerous listening sessions by the Alzheimer's Association, Georgia Chapter

conducted both prior to the passage of Senate Bill 14, and during the tenure of the Task Force. Public input through a survey was conducted by the Division of Aging Services through its website and through the Alzheimer's Association, Georgia Chapter's classes, speaking engagements, Town Halls, and its website.

Sections:

- Healthcare, Research, and Data Collection
- Workforce Development
- Service Delivery
- Public Safety
- Outreach and Partnerships
- Resources

A. Healthcare, Research and Data Collection

GOAL: Ensure the early and accurate diagnosis of dementia. Early diagnosis improves accuracy and treatment effectiveness while also enabling individuals to plan for care needs and financial considerations in advance.

STRATEGIES TO ACHIEVE THIS GOAL:

- De-stigmatize dementia and encourage individuals to explore concerns about memory problems with their physicians.
- Identify and promote culturally appropriate strategies designed to increase public awareness about dementia.
- Educate physicians and other healthcare providers about the importance of early, accurate diagnosis and provide appropriate tools and training.
- Recognize cognition as a "vital sign" and assess all Medicare patients during the Annual Wellness Visit under Medicare.
- Promote the NIA-designated Emory University Alzheimer's Disease Research Centers as the key referral source for community physicians to support diagnosis and management of complex cases.

GOAL: Use surveillance data to enhance awareness and action in public health programming and state planning. Surveillance is the ongoing analysis and interpretation of health data. Incorporating cognitive impairment and caregiver surveillance data into all State agency work, particularly state planning for public health, aging services and community health, will aid in the development of research, policy, and regional service plans for individuals with ADRD.

STRATEGIES TO ACHIEVE THIS GOAL:

- Develop a plan to have the diagnosis of dementia routinely recorded in medical records.
- Develop a plan for high-risk populations such as persons with mental illness and developmental disabilities to be screened for dementia and, when diagnosed, to have the diagnosis is routinely recorded in medical records.
- Implement a State Alzheimer's Disease and Related Disorders Registry to be housed in the Department of Public health.
- In alternating years, utilize the Behavioral Risk Factor Surveillance System's (BRFSS) Cognitive Impairment and Caregiver Modules
- Link BRFSS data with health related outcome and/or quality measures.
- Provide surveillance data to state agencies, regional commissions and other planning agencies to encourage communities and agencies to adequately plan on ADRD growth.
- Add comorbidities to the death certificate to better enable tracking of dementia incidence.

GOAL: Recognize Alzheimer's as a chronic disease, and develop a public awareness and education campaign that will promote a healthy lifestyle which may reduce the risk of Alzheimer's and related dementias as well as promote early, accurate diagnosis.

STRATEGIES TO ACHIEVE THIS GOAL:

- Provide public health awareness, education and resource information through the Georgia Department of Public Health and other agencies, with website information and media releases.
- Pursue public, private, corporate and philanthropic funding for broad-based statewide educational campaigns.
- Promote positive images of people living with dementia and their caregivers to combat stigma
- Partner with secondary and post-secondary educational institutions to infuse ADRD throughout health-related curricula.
- Identify and promote strategies designed to increase awareness about dementia, reduce conflicting messages, decrease stigma, and promote early diagnosis.
- Coordinate efforts to disseminate evidenced-based messages about risk reduction for preserving cognitive health.
- Ensure that local Aging and Disability Resource Centers as well as Area Agencies on Aging are aware of and promote existing training and informational materials available to family caregivers, especially those located in rural areas.

- Integrate Alzheimer’s and related dementias awareness training into existing heart, stroke, and diabetes education programs as the risk factors are interconnected – via managing the numbers (blood pressure, pulse, cholesterol, and blood sugar) Integrate into the training that what is good for the heart is good for the brain.
- Adopt the 16 action items from *The Healthy Brain Initiative Road Map* that are relevant to immediate implementation to assist states in becoming dementia-capable.

GOAL: Improve the care and health outcomes of people with Alzheimer’s disease and related dementia and their families. Families currently provide the majority of care for people with dementia. Ensuring that both the person with dementia and the caregiver are adequately supported is essential to ensure adequate resources are in place statewide to meet the growing needs.

STRATEGIES TO ACHIEVE THIS GOAL:

- Develop protocols and a corresponding training module to help ensure professionals recognize the role of care partners in the care coordination of persons with dementia.
- Increase awareness among healthcare professionals about care partner health and its importance in maintaining the health and safety of the person with dementia.
- Develop and implement quality standards for dementia care in state-funded services such as Medicaid State Plan services, HCBS waivers, personal care, and nursing homes.
- Require that all State contracts providing services to older adults, including those with developmental disabilities and/or mental illness and comorbid dementia, include quality measures specific to dementia-capable care.
- Review HCBS Waivers and modify as necessary to provide person-centered care to people with dementia as well as to expand caregiver support services to family members providing care to people with dementia.
- Evaluate the cost and feasibility of developing state and/or federally funded caregiver support programs for caregivers who do not currently qualify for Medicaid services.
- Provide care coordination to people with dementia and their caregivers upon diagnosis to improve access to information on options and resources
- Establish Quality Care measures with system benchmarks for facility- and community-based care for persons with Alzheimer's disease and other dementias.
- Identify and promote wide use of evidence-based practices through the development of an Evidence-Based Practice Guide specific to Alzheimer’s care.

B. Workforce Development

GOAL: Determine the size, competency, and capacity of the existing workforce. The Georgia Alzheimer's and Related Dementias Advisory Council shall request and analyze workforce data to make recommendations to the Office of Workforce Development, the Departments of Public Health and Community Health, the Department of Behavioral Health and Developmental Disabilities, the Division of Aging Services, and the legislature regarding workforce policies to attract and train qualified individuals.

STRATEGIES TO ACHIEVE THIS GOAL:

- The Chair of the GARD Advisory Council shall convene a Healthcare Workforce Work group which shall:
 - Survey professionals, utilizing information on licensed professionals from the Secretary of State's office, the Georgia Board for Physician Workforce, and other entities as necessary.
 - Coordinate with the Georgia Alliance of Direct Support Professionals (or another direct-care worker association) to assist in assessing the size of the direct-care workforce.
 - Collaborate with professional associations related to the non-licensed professional workforce to determine the prevalence of this workforce in Georgia (i.e. the American Geriatric Society).
 - Explore and initiate recruitment plans for the direct-care and healthcare provider workforce focused on geriatric care.
- Determine the geographic distribution of the workforce, focusing on rural and urban and other aspects of distribution.
- Determine the demographics of this workforce, looking at age, sex, national origin/ethnicity, languages spoken, and other relevant demographics.
- Project the future supply of the workforce and estimate future shortages or surpluses.

GOAL: Develop a dementia-capable, culturally competent workforce. In becoming a dementia capable state, the existing and future long-term services and supports workforce, as well as individuals across the health care continuum, would benefit from education and training in Alzheimer's disease and related disorders. As Georgia continues to develop a no-wrong-door entry into long-term supports and services, agencies must ensure that the staff are competent in dementia-care skills and knowledgeable about the resources and services necessary to help support people with Alzheimer's disease and related disorders.

STRATEGIES TO ACHIEVE THIS GOAL:

- Encourage state agencies to develop hiring strategies to ensure they have the appropriate expertise in cognitive health and impairment related to research and best practices.
- Develop and implement an evidence-based training curriculum and implementation strategies for targeted audiences (e.g., Department of Behavioral Health and Developmental Disabilities, Office of the State Inspector General, Georgia Bureau of Investigation)
- Require training for all state staff associated with any of the Medicaid and Non-Medicaid home and community based waivers, as well as training for primary and secondary contract staff who have a primary role of interacting with older adults, their family or caregivers.
- Support voluntary certification, licensure, and degree programs that encourage working with older adults and persons with Alzheimer's disease and related dementias.
- Infuse a basic level of information on older adults, aging and dementia in all health-related fields that require licensing and certification.
- Partner with licensing boards to cultivate continuing education on aging and chronic disease topics including Alzheimer's disease and related dementias for health and allied healthcare providers.
- In partnership with the State Plan Task Force member agencies and academic institutions, create an open-source web-based basic training curriculum for entities and individuals desiring to provide dementia-capable services (skilled nursing, adult day health, home care, hospital, personal care home). Create electronic system of verifying and tracking basic certification.
- Create and/or support continuing education efforts that improve healthcare providers' ability to recognize early signs of dementia.
- Dementia care management competencies must be developed and taught in medical schools, academic health centers and allied health professional education and also extended to the full range of helping professions, include those working in the aging services network.

GOAL: Develop a direct-care workforce education and training curriculum. Develop and implement a career and training model for Georgia's direct-care workforce. Use the input of a broad-based partner team which should include representatives from, but not be limited to: aging and adult services; healthcare facility regulation; community/technical colleges; career, technical and agricultural education in high schools; disability advocates; consumer direction groups; aging advocates; provider associations (e.g., home and hospice care, assisted living, affordable and public housing, healthcare facilities); Department of Labor; universities, the Alzheimer's Association, faith-based groups, and consumers.

STRATEGIES TO ACHIEVE THIS GOAL:

- Develop 30-60 hour competency-based, dementia-specific core training or standardized training across the direct-care workforce, regardless of setting
- Provide an introduction to direct-care work and “on-ramping” for new entrants, unemployed workers and individuals receiving unemployment or other state assistance. The use of resources embedded into community colleges can leverage State or Workforce Investment Act funds or unemployment-related dollars. Provide tuition waivers for low-income new entrants.
- Develop sustainable delivery systems, including community/technical colleges and high school allied health career/technical programs.
- Collaborate with the Office of Workforce Development to identify resources potentially available to provide support for vulnerable workers through the provision of services such as case management, career counseling and/or educational planning services, and partnerships with Head Start or other support services for transportation and childcare.
- Recognize agencies and/or organizations which work toward enhancing the wages of the direct-care work force, the professionalization of direct-care workers; effective coaching; the promotion of direct-care workers’ vital role in interdisciplinary teams; and the effective engagement of direct-care workers in care transitions and health IT.
- Develop residencies or fellowships for the training of geriatric psychiatrists, geriatricians, and other geriatric specialists.
- Develop a specific track on dementia and dementia-related diseases for medical students and residents.
- Evaluate the feasibility of a “Bucks for Brains” program to recruit and train geriatric psychiatrists, geriatricians, and other geriatric specialists.
- Universities and colleges throughout Georgia, including public entities governed by the Board of Regents and the Technical College System of Georgia, should evaluate existing social, health and allied health curriculums to ensure adequate basic information is provided on an aging population and Alzheimer’s disease and related dementias.

GOAL: Encourage dementia-specific training for ER, first responders, and Protective Services. Encourage dementia-specific training as part of yearly in-service training for emergency personnel (e.g., firefighters, emergency medical technicians, behavioral health crisis and access telephone line and mobile assessment personnel, and police officers) as well as support personnel, including Public Guardianship and Adult Protective Services.

STRATEGIES TO ACHIEVE THIS GOAL:

- Work with affiliated statewide associations on the development of dementia-specific training for emergency room staff, including nurses, physicians and related professionals such as radiologists.
- Increase training for state Adult Protective Services workers on Alzheimer's disease and related dementias.
- Partner with the Georgia Hospital Association and the Medical Association of Georgia to develop protocols for emergency care of persons with dementia.
- Develop emergency-room specific protocols on appropriate treatment of those with dementia – including behavior management strategies.
- Ensure that these emergency providers understand the role and partnership of the care partner in the emergency care of the person with dementia.

GOAL: Develop a workforce retention group. In collaboration with the Office of Workforce Development, convene a Geriatric Workforce Retention Group to explore and initiate retention plans for the direct-care and healthcare provider workforce focused on geriatric care.

STRATEGIES TO ACHIEVE THIS GOAL:

- Potential members for the primary group and sub-groups include:
 - Care Facilities: representatives of nursing homes and assisted living facilities
 - Direct Care Workers: representatives of nurses, certified nursing assistants, and home care organization staff members
 - Medical Professions: physicians, medical assistants, allied health providers
 - Government: the Department of Labor, the Governor's Office of Workforce Development, the DHS Division of Aging Services, Area Agencies on Aging, Centers for Medicare and Medicaid Services, etc.
 - Patients and Caregivers: patient advocates, family caregivers, and community-based or faith-based organizations
 - Recruiters: Staffing agencies and others that recruit workers.
- Evaluate opportunities for advanced training in geriatrics, dementia, behavioral health, and related topics.
- Evaluate the feasibility of private/public payers' provision of enhanced reimbursement for practitioners (direct and professional) who have advanced training in relevant subject matter.
- Examine the current work environment (respect of other employees and supervisors, hours, patient load, pay, benefits, and safety measures).

- Develop strategies to improve care and communication among workers, patients, and family caregivers.

C. Service Delivery

GOAL: Assess statewide capacity on a regional basis. Evaluate access and capacity in regions throughout the state, especially in regard to issues of proximity and parity in urban versus rural areas. Develop a person-centered system that provides dependable, high-quality, and affordable services for individuals with Alzheimer's and related dementias throughout the entire state of Georgia.

STRATEGIES TO ACHIEVE THIS GOAL:

- Establish criteria which define an effective Alzheimer's/related dementias service delivery system, using other state plans as models, and compile a comprehensive statewide catalogue and assessment of Georgia's current service delivery which measures the current system against the proposed established criteria. Funding is necessary to conduct the assessment.
- Make specific recommendations to address gaps in service delivery based on findings.
- Assign/procure dedicated staff persons or consultants to develop and conduct the assessment.
- Analyze the assessment of gaps in service.
- Identify potential recommendations from other states' plans for consideration (including recommendations that could be implemented prior to completion of the assessment). Resources needed include technical and financial resources to analyze the assessment and implement recommendations. Note that recommendations cannot be made until baseline criteria are established and an assessment of current service delivery system is completed.
- Identify best practices for the care of persons with serious mental illness (SMI) and developmental disabilities and comorbid dementia.
- Raise awareness that individuals with younger-onset Alzheimer's need services targeted to their specific needs.
- Recognize self-determination. Distinguish between younger-onset and early-stage Alzheimer's and recognize that early-stage individuals still have much that they can contribute and control in their lives and should be allowed to be as independent as possible until the disease robs them of their ability to do so.

GOAL: Train professionals, caregivers, and volunteers in person-centered care. Provide training to family caregivers, proxy caregivers, nursing home staff, assisted living staff, and others who interact with individuals who have dementia. Train those who provide care for people with dementia to use person-centered practices to interact

with them in ways that honor and support their individual personhood, recognizing that each person has his or her own preferences, needs, interests, personality, and history.

STRATEGIES TO ACHIEVE THIS GOAL:

- Work with professional licensing and certification entities to require dementia-specific training* in relevant licensing, certification, and continuing education initiatives for health care providers, including, but not limited to, nurses, certified nursing assistants, physicians not specializing in geriatrics, emergency room staff, emergency medical technicians, rehabilitation therapists, dentists, clergy and chaplains, etc.

** Dementia-specific training should include the diagnostic process, progression of the disease, communication skills, understanding and guiding behaviors, (non-pharmacological management interventions and medication management), the importance of understanding person-centered care as it pertains to nutrition and dining information, activities, and daily life skills. This model will also include the effective communication with and understanding of the stress of the family caregiver.*

- Train facility staff to view behavioral “problems” as *behavioral expressions* that are a way for a person with dementia to communicate. Train care providers to identify the root cause of behavioral expression and then address the cause through an individualized approach focusing on the strengths and preferences of the individual, one that may incorporate social interaction, music, pets, solitude, spiritual practices, beneficial touch such as massage, and awareness of lighting and noise.

Reference:

Dementia Initiative “Dementia Care: The Quality Chasm” (2013),
Kitwood, 1997

- For the family caregiver, offer accessible training* to include an understanding of the disease, its progression, and how it affects thinking and behavior; strategies for effective communication and behavior guidance; information about available resources and services; treatment; strategies for self-care; and the management of caregiver stress.

**Accessible Training should take advantage of a variety of available delivery mechanisms such as free or low-cost online e-learning modules and local group training available through the Alzheimer’s Association,*

the Emory Alzheimer's Disease Research Center, Area Agencies on Aging, health departments, and the Rosalyn Carter Institute for Caregiving. Training includes specific programs such as Savvy Caregiver and Powerful Tools for Caregivers classes.

- For volunteers working in settings that involve interaction with people with dementia, appropriate training* should be readily available and promoted. These volunteers could include those involved with Meals on Wheels, day centers, senior centers, faith-based programs, long-term care facilities, or hospitals.

**Appropriate training should include an understanding of the disease, its progression and how it affects thinking and behavior; strategies for effective communication and behavior guidance; the recognition of caregiver stress; and alterations in behavior that may require expert attention. A model volunteer training curriculum may be developed by the Alzheimer's Association.*

GOAL: Research and adopt person-centered best practices in facility type and scale. Provide person-centered service at home and in small home-like facilities that are integrated into the community.

STRATEGIES TO ACHIEVE THIS GOAL:

- Allow for state dollars to fund long-term care options other than skilled nursing homes.
- Create incentives for providing services to those with dementia that increase access and improve quality, according to national best practices. Use innovative “aging in place” homes/housing such as naturally occurring retirement communities (NORC), villages, and livable communities.
- Develop and make small-scale adult day programs more accessible by offering them through existing service providers.
- Fund a pilot to demonstrate expanded person-centered evidence-based best practices in long-term care and community-based facilities caring for individuals with dementia, specifically focused on creating small units (6 -10 residents) based on The Netherlands model.
- Explore the development of a model program for residents with severe dementia, such as De Hodeweyk, an innovative dementia-care village in the Netherlands.
- Utilize approaches used by the disability community in their approach to person-first / person-centered care.

GOAL: Promote the use of person-centered facility design. Use incentives, training, and regulations to ensure that environments that serve individuals with dementia will incorporate the best evidence-based practices and design features.

STRATEGIES TO ACHIEVE THIS GOAL:

- Develop regulations, grants, waiver protocols or other financial incentives to invite the development of new approaches to facility design. Such approaches should reflect evidence-based practices which support person-centered care and show promise for improving the quality of life.
- Create policy within facilities that serve people with dementia to enforce best practice in design, color, texture, lighting, air change ratio, and sound, thereby promoting the safety, security, and management of persons with dementia.
- Educate architects and engineers about the impact of architecture and engineering, reflected through design, color, texture, lighting, air change ratio, and sound, on the safety, security, and management of persons with dementia. Educate these professionals through pre-service and in-service training.

GOAL: Improve consumers' access to needed services and information. Address information and key services such as respite. Facilitate the use of technology.

STRATEGIES TO ACHIEVE THIS GOAL:

- Determine what resources are available and what barriers exist to accessing the resources.
- Develop a service delivery directory, electronic or otherwise. Enhance the existing directory available through the Georgia Association of Area Agencies on Aging. Allocate funding for the creation and ongoing management and maintenance of this database.
- Provide funding and implement innovative models to increase caregivers' access to respite that is provided through in-home respite providers, adult day services organizations, volunteer-based respite programs, and other sources. Respite relieves the caregivers of care duties for a specified period of time and may include support services such as home-delivered meals.
- Use assistive technology to provide services and training in care and safety to help both persons with dementia and their caregivers.
 - Research current and upcoming technology options being utilized for dementia.
 - Create a Resource Guide for Adaptive Technology. The guide should be available electronically.
 - Provide increased access to safety monitoring and support for caregivers.

GOAL: Improve care transitions of persons with dementia by providing guidance and tools for discharge planners.

STRATEGIES TO ACHIEVE THIS GOAL:

- Assure that an appropriate discharge plan is developed for each patient being discharged from a hospital, skilled nursing facility or emergency room. The plan should be made in collaboration with the individual and family, the physician, and the provider.
- Assure that all discharge planners in hospitals, skilled nursing facilities, and emergency rooms have access to region-specific resources, including websites and written literature.
- Ensure that discharge planners provide families with access to resource information before discharge occurs. Information should include the number for the regional Aging and Disability Resource Connection (ADRC) and the Alzheimer’s Association, Georgia Chapter to assist with long-term care planning.
- Support care transitioning programs that help patients move from one healthcare setting to another.
- Identify means (payor sources, administrative policies) for obtaining neuropsychological, psychiatric, and occupational therapy evaluations needed to plan adequately for an individual’s transition from an institution (hospital, skilled nursing facility) to the community.
- Conduct an evidence-based review of transitions of care models for people with Alzheimer’s disease, and then pilot.

GOAL: Examine and respond to transportation challenges. Lack of transportation leads to social isolation and the underutilization of available services.

STRATEGIES TO ACHIEVE THIS GOAL:

- Identify agencies and organizations currently working on statewide, regional, and local transportation “best practice” plans for transportation throughout the state.
- Explore additional funding options for accessible and affordable transportation services that are dementia-capable, and improve the integration and coordination of public and social service transportation.
- Partner with the Georgia Department of Transportation to develop a plan that encompasses travel training, door-through-door services, and assisted transportation, all of which serve to foster the independence of persons with early-stage Alzheimer’s and other forms of dementia.

- Explore public and private sources of funding for such supplemental transportation efforts.
- Offer incentives and training to local nonprofit providers to launch volunteer transportation programs in their communities. Give priority to providers that are familiar with this population, such as senior centers, faith-based respite programs, and adult day programs.

GOAL: Ensure that providers offer high-quality services to persons with dementia. Maintain effective practices for licensure and quality care measurement.

STRATEGIES TO ACHIEVE THIS GOAL:

- Fund, implement and enforce adult day services licensure in order to ensure the quality of providers. Legislation must be passed to secure funding for enforcement of licensure.
- Establish and enforce quality care measures related to personalized practices (person-centered care) for facility- and community-based care for persons with Alzheimer's disease and other dementias.

D. Public Safety

GOAL: Ensure the safety of persons with dementia who are at risk of abuse, neglect, and/or exploitation. Provide tools and training to law enforcement and partnering community professionals and provide resources to address emergency needs.

STRATEGIES TO ACHIEVE THIS GOAL:

- Develop a website for law enforcement and first responders which contains training modules related to dementia.
- Develop specialized regional multi-disciplinary teams to 1) respond to and investigate crimes against at-risk adults, including those with dementia, and 2) relocate victims when needed.
- Create an at-risk adult subject matter expert in each Georgia Bureau of Investigation region to focus on combating crime and providing technical assistance to local law enforcement.
- Create a network of housing options, personal support services and other needed services for at-risk adults in need of safe emergency housing due to dangerous situations, such as the absence of a caregiver, wandering, or exposure to potential abuse, neglect, and/or exploitation. The system should have an infrastructure to facilitate access to resources 24/7.
- Provide state-approved forms such as the Georgia Advance Directive for Healthcare, Physician Orders for Life Sustaining Treatment (POLST), and other

documents at no cost to the consumer via public libraries, resource centers, and easily accessible websites.

- Evaluate state laws, specifically with respect to powers of attorney and Guardianship, and make recommendations which will decrease fraud, abuse, neglect, and self-neglect of persons with Alzheimer's disease and other dementias.
- Collaborate with the 12 Area Agencies on Aging, the Governor's Office of Consumer Protection, the Georgia Bureau of Investigation, the Medicaid Fraud Control Unit, the United States Department of Health and Human Services, the United States Office of the Inspector General, and the Division of Aging Services, Adult Protective Services and Senior Medicare Patrol project to educate consumers and financial professionals regarding risks, prevention, and mitigation of abuse and fraud specific to consumers with dementia.
- Partner with Adult Protective Services (APS), law enforcement, the banking and financial industry, and the court system to recognize ongoing or potential financial abuse of people with dementia, protect those at risk, and curb ongoing exploitation.
- Create a 24/7 emergency access line to APS so that law enforcement and other key community safety net agencies/organizations can reach them during the evening, weekends, and holidays.

GOAL: Reduce rates of injury among persons with dementia. Increase the usage of voluntary alert systems, technical assistance, tools, and regulations to prevent and avoid injury due to wandering public emergencies, auto accidents, and other occurrences that put persons with dementia at risk.

STRATEGIES TO ACHIEVE THIS GOAL:

- Encourage law enforcement to use Mattie's Call when a person with dementia is reported missing. The public alert system is currently voluntary and is not used to its full potential.
- Engage partners to develop guidance for local emergency management agencies. Guidance should help to ensure that the needs of individuals with dementia will be met during evacuation, transportation, and sheltering during a disaster.
- Implement an educational program for medical providers to increase the use of the STEADI screening tool - Stopping Elderly Accidents, Deaths, and Injuries in medical practices. This evidence-based practice developed by the Centers for Disease Control reduces falls, driving injuries, and other accidents experienced by persons with dementia and other at-risk individuals.
- Through the Department of Public Health, engage partners to 1) determine the public safety impact of implementing gradual restrictions in driving privileges

based on demonstrated driving ability and 2) determine infrastructure needed to implement the practice.

- Increase awareness of driving assessment programs in Georgia – to both physicians and families.
- Because visual acuity is not an appropriate measure of the driving ability of a person with Alzheimer’s or a related dementia, it is recommended that the Short Blessed Test * and the Rapid Paced Walk Test * be administered by the Department of Driver Services as a first screening of drivers who are diagnosed with Alzheimer’s or a related dementia.
 - The **Short Blessed Test** is a paper test from which the tester asks the driver questions. If the individual scores 6 or more on the Short Blessed Test, he or she should be referred for a full evaluation. A copy of the test can be found in the Appendix.
 - The **Rapid Paced Walk** is a timed 20-foot walk in which the participant walks 10 feet and returns as fast as possible without falling. A return walk of seven seconds or more is an indicator of greater crash risk and should prompt a referral for a full driver evaluation.
- Promote programs that (a) ensure home safety through falls prevention programs, home safety assessments, and home monitoring devices; (b) help people with dementia and their families prepare for care and services in the event of a disaster or emergency; and (c) develop employer- supported dementia caregiver training and other employer-supported programs.
- Increase safety in the community by improving the visibility and utilization of locator devices and programs such as the MedicAlert + Alzheimer’s Association Safe Return program.
- Educate caregivers on the importance of home modifications to prevent injury. *(Recommendation also noted in Outreach and Partnerships section.)*

E. Outreach and Partnership

GOAL: Raise public awareness about dementia. Encourage persons presenting with symptoms or whose family indicate potential cognitive impairment to seek diagnosis and treatment from a healthcare professional in to plan ahead for needed resources and care. Increase availability of information for people with dementia their families, caregivers and professionals. Leverage the various national association and state campaigns and related materials to allow greater access to trusted public information.

STRATEGIES TO ACHIEVE THIS GOAL:

- Identify and implement culturally appropriate strategies designed to increase public awareness about dementia. Use materials developed by AARP, Area Agencies on Aging, the Alzheimer's Association, the Centers for Disease Control, the Georgia DHS Division of Aging Services, the Rosalynn Carter Institute and other organizations.
- Develop a marketing and media plan with a message that helps reduce stigma and fear related to dementia. Include the developmental disability community in the target population. Determine branding and implement the plan statewide.
- Promote advance care planning and advance financial planning to care partners, families, and individuals with dementia in the early stages before function declines. This population includes those with younger-onset Alzheimer's and developmental disabilities.
- Create an electronic clearinghouse of information, forms and resources for public consumption related to ADRD and provide appropriate linkages between all of the state health agencies to ensure citizens have access to the most up-to-date information.
- Work with national organizations, state chapters and other outreach partners to identify and disseminate culturally appropriate information through statewide promotional campaigns.
- Develop a dementia-capable website and portal to allow family members and those with early onset dementia to navigate and make healthcare decisions related to all services and care.
- Provide public health awareness, education and resource information through the Georgia Department of Public Health with website information and media releases.
- Educate caregivers on the importance of home modifications to prevent injury. *(Recommendation also noted in Public Safety section.)*

GOAL: Educate the public and organizations to become more “dementia-friendly.” Increase the knowledge and sensitivity levels of those in the surrounding community through training programs, resources, and volunteer-based initiatives.

STRATEGIES TO ACHIEVE THIS GOAL:

- Provide training modeled after the “Dementia Friends” program in Japan and the United Kingdom. Over four million people have been trained to be dementia friendly in Japan. Using a one-hour education program on dementia similar to

Red Cross training on first aid and CPR, organizers prepare individuals, organizations, and businesses to be dementia friendly.

- Explore and create ways to make culturally sensitive, evidenced-based information and education available through existing and new programs. Incorporate education into wellness and employee assistance programs and through partnerships with organizations such as the Society for Human Resource Management.
- Develop a strategic plan that supports faith- and community-based organizations in their efforts to provide early detection, education and resources for individuals and families experiencing symptoms of memory loss and dementia. Make training programs available for all faith- and community-based organizations. Work through health ministries to identify persons in need of an assessment and to support those with dementia and their caregivers. (Note: Only physicians can make a diagnosis. “Detection” tools often available at health fairs and other events are accompanied by the caveat that the test is not definitive. If a reason for possible concern is detected, individuals are strongly encouraged to see a physician who specializes in the diagnosis of Alzheimer’s and related dementias.)
- Train the community on person-centered concepts and practices in planning and service delivery.

GOAL: Expand Georgia’s capacity to address the needs of persons with dementia through strategic partnerships and resource sharing, the leveraging of existing funding, and accessing new sources. Potential funding sources include VA benefits, Medicaid waivers, long-term care insurance, and other options.

STRATEGIES TO ACHIEVE THIS GOAL:

- Promote appropriate public and private partnerships and determine strategies to increase awareness, promote early detection and diagnosis, decrease fear and stigma, refer individuals to assistance organizations, promote brain health, leverage resources, provide education, and promote research. (Private and public partners may include, but are not limited to, major employers, the healthcare industry, chambers of commerce, state and federal government, organizations, agencies, business associations, educational institutions and non-traditional partners.)
- Develop an ongoing repository of culturally sensitive resources for use by partners. Engage organizations as repositories that are currently serving in this capacity (such as the Rosalynn Carter Institute).
- Explore funding from diverse sources to support carrying out the State Plan. Invite partners to contribute funding to support the State Plan. Seek funding through foundations and corporations.

- Create funding mechanisms to support family caregivers to keep their family member with dementia at home longer by providing reimbursement for personal care services, specialized medical supplies, and respite, for example.
- Leverage enhanced funding available through the Balancing Incentive Program to increase access to home and community based services.

Resources

While the Georgia Alzheimer’s and Related Dementia State Plan Task Force provided many recommendations which would require little to no additional funding, the issues of funding must be addressed. The State Plan Task Force recognizes that there will never be enough public resources to meet the needs of the growing population of people with dementia. One of the key goals of the Plan is to provide hope that, through implementation of the Plan, resources can incrementally be made available to meet the need through leveraging of federal/national, state, public, private, and faith-based collaborative, cooperatively designated resources. Benchmarking this data with the surveillance data is essential to ensure that the legislature, policy makers, state agencies and the public are informed regarding where resources are being directed.

GOAL: Establish dedicated Alzheimer’s and related dementia private funding. The Division of Aging Services is one of the few state agencies that receive a high level of public support. Each year, for every \$1 received in state and or federal funding, the Aging Services Network generates an additional \$2 in local contributions to expand services. Additionally, each year, through the Georgia Fund for Children and Elderly alone, the Division of Aging Services receives over \$150,000 in public contributions which is used to expand services for older adults. Earmarking and dedicating funds for Alzheimer’s and dementia-related activities will provide needed resources across Georgia to meet the growing demand.

STRATEGIES TO ACHIEVE THIS GOAL:

- Revise existing “tax check-off” legislation allowing the public to earmark specific, tax deductible funds to be targeted to for dementia-specific purposes (ie: research, expansion of services, advocacy, education, etc.).
- Evaluate the feasibility of a statewide healthcare tax that would be utilized to expand Medicaid services for people with dementia to provide for long-term care supports and services; the fund would be split between home and community based services and long-term care services, particularly novel, innovative services for people with ARD.

GOAL: Monitor State and Federal Fund expenditures for long-term supports and services for people with dementia - including Medicaid, Older Americans Act and State Funds. The GARD Advisory Council shall evaluate the use of state and federal funds and make findings available to the Governor, the Legislature, the Department of Community Health, the Department of Public Health, and the Division of Aging

Services. The GARD Advisory Council shall evaluate the availability and proportion of funds and make budget requests to the Governor based upon surveillance data and past expenditures.

STRATEGIES TO ACHIEVE THIS GOAL:

- The Department of Community Health and the Division of Aging Services shall submit, upon request, to the GARD Advisory Council an accounting of the funding spent on long-term care and community based care services for people with dementia by fund source and the number of people served.
- The Department of Community Health should explore various methodologies to expand home and community based waivers for people with dementia.
- The Department of Community Health should consider nursing home reimbursement and personal care home reimbursement for facilities which provide for person-centered dementia-specific services.
- The Department of Community Health should explore the expansion of provider fees for community based programs in order to draw down more federal funding.
- The Department of Community Health should facilitate the use of civil monetary penalties for improving quality care for nursing home residents with dementia.

Regarding all Goals and Strategies, it should be recognized that much of the work that needs to be done now and in future assessment and updates of the Plan will require legislation and corresponding funding to develop and implement that specific item of the Plan. The Advisory Council commits to work with partner stakeholders, state agencies, and legislators to develop and have filed appropriate legislation and corresponding appropriations requests throughout the life of this Plan.

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Appendix I: Demographic Analysis Tables

Table: Demographic analysis.

Population aged 60 years and older 'At-risk' for Alzheimer's and related Dementias, Georgia 2012.

Population aged 60 and older, GA	2006	2008	2010	2012
Total	1,289,409	1,419,658	1,538,984	1,662,785
Aged 85+	101,108	108,040	114,696	123,483
Aged 80 - 84	121,869	125,789	129,191	134,797
Aged 75 - 79	171,109	176,787	182,816	194,484
Aged 70 - 74	222,213	235,231	252,029	278,443
Aged 65 - 69	289,474	326,491	358,555	408,494
Aged 60 - 64	383,636	447,320	501,697	523,084

Estimate for Current Georgia Population with Confusion or Memory Problems

Estimated increase in percent of adults reporting Confusion and / or memory problems, 2006 to 2012 22%

Estimated Number with Confusion / Memory problems, 2012* 211,174

Sub-populations of Confusion / Memory Problem, 2012

Number living alone, reported confusion or memory problems 74,333

Number with confusion or memory problems AND Disability 73,066

Number of persons with confusion or memory problems Needing help from someone 112,133

Number of persons with confusion or memory problems Receiving help 22,539

Estimated current impact of confusion and memory problems in Georgia, 2012

Unmet need for help 89,594

Number 'Not discussed with healthcare provider' 170,417

Total Population Growth, Adults aged 60+ years by Age Category	% Change 2006 - 08	% Change 2008 - 010	% Change 2010 -12
Total	9.17%	7.75%	7.45%
Aged 85+	6.42%	5.80%	7.12%
Aged 80 – 84	3.12%	2.63%	4.16%
Aged 75 – 79	3.21%	3.30%	6.00%
Aged 70 – 74	5.53%	6.67%	9.49%
Aged 65 – 69	11.34%	8.94%	12.23%
Aged 60 – 64	14%	10.84%	4.09%

*Estimates in summary statistics based on Morbidity and Mortality Weekly Report, May 10, 2013. 'Self-reported increased Confusion or Memory Loss and Associated Functional Difficulties among adults >=60 years, 21 States, 2011" Vol. 62 / No. 18. Corresponding author: Angela J. Deokar, ajdeokar@cdc.gov. 770-488-5327. **Source: Georgia OASIS, 1/2/2014. Created 1/2/2014 for GARD Task.**

Appendix II: Behavioral Risk Factor Surveillance System

BRFSS Data, Georgia 2011

What is already known about confusion and memory loss?

Declines in cognitive function vary from person to person and may include changes in attention, memory, learning, executive function, and language that negatively affect quality of life, personal relationships and capacity for making informed decisions about health care and other issues (Wagster, et. al, 2012).



Memory problems are typically one of the first warning signs of cognitive loss, and Mild Cognitive Impairment (MCI) may occur when memory problems are greater than normal for a person's age but not as severe as those experienced in Alzheimer's disease (NIH, 2013). Some, but not all, people with MCI develop Alzheimer's disease (the most common cause of dementia), and some may even

recover from MCI if treatable causes such as medication side effects or temporary depression are detected and treated (NIH, 2013).

In 2011, 22 states added 10 questions on cognitive impairment to their Behavioral Risk Factor Surveillance System (BRFSS) survey. These data were analyzed for respondents aged 60 and older in the 22 states.

What has been learned about this topic in Georgia?

- 14.3% of Georgia adults aged 60 or older self-reported confusion or memory loss that is happening more often or getting worse over the past 12 months² (values ranged from 6.4% to 20.0% across the 22 states)

Among Georgia adults aged 60 or older with confusion or memory loss:

- 25.1% reported confusion or memory loss that always, usually, or sometimes interfered with their ability to work or engage in social activities (range: 13.2% - 39.7%)
- 25.1% reported confusion or memory loss that always, usually, or sometimes caused them to give up household chores (range: 14.3% - 38.3%)
- 7.9% reported that they always or usually received help from a family member or friend because of their confusion or memory loss (range: 2.8% - 14.7%)
- 37.7% live alone, with no other adults or children in the household (range: 28.2% - 48.8%)
- 21.9% discussed their confusion or memory loss with a health care provider (range: 11.2% - 32.0%)

Characteristics of Older Adults who Self-Reported Confusion or Memory Loss, Georgia BRFSS 2011

	Weighted %	95% C.I.
All adults aged 60+	14.3	12.4 - 16.5
Age (years)		
60-64	12.2	9.3 - 16.0
65-74	12.9	10.5 - 15.9
75-84	19.9	14.7 - 26.3
85 and older	13.4	8.1 - 21.3
Gender*		
Male	14.7	11.3 - 18.8
Female	14.0	11.9 - 16.4
Education		
Less than high school	20.4	15.7 - 26.2
High school	14.7	11.6 - 18.5
Some college	11.1	8.5 - 14.5
College graduate	7.6	5.6 - 10.2
Disability Status		
Disabled	21.4	18.3 - 24.8
Not disabled	8.9	6.6 - 12.0
Veteran Status*		
Veteran	15.7	11.9 - 20.4
Non-veteran	13.9	11.7 - 16.5

The denominator in every case is >50

P > 0.05; not statistically significant

Why is this important?

This report provides a baseline estimate of the extent of self-reported confusion or memory loss among non-institutionalized adults aged 60 or older who may require services and support now or in the future. These findings underscore the need for increased awareness about changes in memory and confusion that may warrant discussions with health care and service providers so that linkages can be made to accurate information and needed services.

¹ Sample size for Georgia is 2,471 adults aged 60 and older.

² Results are specific for this question and do not correspond to a specific diagnosis. Data are weighted and refer to the civilian, non- institutionalized population. Source: CDC, BRFSS, 2011.

Appendix III: Rules of the Dept. of Community Health for Assisted Living Communities Int. Guidelines; includes mandated rules for assisted living communities related to memory care services and specialized memory care units

<p>(11) Medical, nursing (other than developing and updating care plans, training, medication administration and skills competency determinations) health services required on a periodic basis, or for short-term illness, must not be provided as services of the assisted living community. When such services are required, they shall be purchased by the resident or the resident's representative or legal surrogate, if any, from appropriately licensed providers which are managed independently and not owned or operated by the assisted living community. The assisted living community may assist in arrangement for such services, but not in the provision of those services.</p>	
<p>Authority O.C.G.A. §§. 31-2-7, 31-2-8, 31-7-1, <i>et seq.</i> and 43-26-12.</p>	
<p>111-8-63-.18 Requirements for Memory Care Services.</p>	
<p>(1) An assisted living community which serves residents with cognitive deficits which place the residents at risk of eloping, i.e. engaging in unsafe wandering activities <u>outside the assisted living community must do the following:</u></p>	
<p>(a) Develop, train and enforce policies and procedures for staff to deal with residents who may wander away from the assisted living community including what actions, are to be taken if a resident wanders away (elopes) from the assisted living community.</p>	<p>Mattie’s Call Law must be followed. See O.C.G. A. §38-3-110 et seq.</p>
<p>(b) Utilize appropriate effective safety devices, which do not impede the residents’ rights to mobility and activity choice or violate fire safety standards, to protect the residents who are at risk of eloping from the premises.</p>	<p>Such devices could include alarms that sound when an exterior door is opened and alert the staff to a resident’s leaving the building.</p>
<p>1. If the safety devices include magnetic locks used on exit doors, as approved by the fire marshal having jurisdiction over the assisted living community, then the locking device shall be electronic and release whenever the following occurs: activation of the fire alarm or sprinkler system, power failure to the assisted living community or by-pass for routine use by the public and staff for service using a key button/key pad located at the exit or continuous pressure for thirty (30) seconds or less.</p>	<p>Before installing new locks, check with the fire safety jurisdiction having authority for the community to ensure that the device meets local requirements and that there is always a safe method of exiting through the door in the event of a power failure, etc.</p>

<p>2. If the safety devices include the use of keypads to lock and unlock exits, then directions for their operations shall be posted on the outside of the door to allow individuals' access to the unit. However, if the unit is a whole assisted living community, then directions for the operation of the locks need not be posted on the outside of the door. The units must not have entrance and exit doors that are closed with non-electronic keyed locks nor shall a door with a keyed lock be placed between a resident and the exit.</p>	
<p>(2) An assisted living community serving residents who are at risk of eloping from the premises must retain on file at the assisted living community current pictures of any such residents.</p>	<p>At a minimum, a community must have a current picture of any resident who is at risk of eloping, e.g. has advancing dementia and gets confused about location and may wander outside the community. The picture may be taken at the time of admission but must be periodically updated if the resident's physical appearance changes greatly. A copy of the photo should be provided to law enforcement authorities if Mattie's Call is initiated. It is a good idea to maintain current pictures of all residents particularly where medications are being administered to ensure that the right medication is being administered to the right resident by PRN staff, etc.</p>
<p>Authority O.C.G.A. §§ 31-2-7,31-2-8, 31-7-1 <i>et seq.</i></p>	
<p>111-8-63-.19 Additional Requirements for Specialized Memory Care Units</p>	
<p>(1) In addition to all other requirements contained in this Chapter, where an assisted living community holds itself out as providing additional or specialized care to persons with probable diagnoses of Alzheimer's Disease or other dementia or charges rates in excess of that charged other residents because of cognitive deficits which may place the residents at risk of eloping, the assisted living community must meet the following requirements:</p>	<p>The purpose of this rule is to assist potential residents and families in understanding what services are provided, by whom, when and at what cost.</p>
<p>(a) Written Description. The assisted living community must include in its licensed residential care profile an accurate written description of the special care unit that includes the following:</p>	

1. a statement of philosophy and mission;	
2. how the services and activities of the special care unit are different from those	
3. staffing including job titles of staff who work in the unit, staff training and continuing education requirements;	Potential residents and families need to know who is staffing the unit. Does the community provide a nurse, and if so, for how many hours a week? Is a nurse on call?
4. admission procedures, including screening criteria;	
5. assessment and service planning protocol, including criteria to be used that would trigger a reassessment of the resident's status before the customary quarterly review;	The protocol should explain the kinds of changes in condition that would trigger a re-evaluation, e.g. loss of ability to ambulate.
6. staffing patterns, including the ratio of direct care staff to resident for a 24-hour cycle, and a description of how the staffing pattern differs from that of the rest of the program;	
7. a description of the physical environment including safety and security features;	
8. a description of activities, including frequency and type, and how the activities	
9. the program's fee or fee structure for all services provided by the unit or assisted living community;	Residents and their families need to be given clear information on all fees that might be charged.
10. the discharge criteria and procedures;	
11. the procedures that will be utilized for handling emergency situations; and	
12. the involvement of the unit with families and family support programs.	
(b) Physical Design, Environment, and Safety. The memory care unit or special care unit must be designed to accommodate residents with severe dementia or Alzheimer's Disease in an assisted living community-like environment which includes the following:	
1. multipurpose room(s) for dining, group and individual activities which are appropriately furnished to accommodate the activities taking place;	
2. secured outdoor spaces and walkways which are wheel chair accessible and allow residents to ambulate safely but prevent undetected egress;	

<p>3. high visual contrast between floors and walls and doorways and walls in resident use areas—except for fire exits, door and access ways which may be designed to minimize contrast to conceal areas where the residents should not enter;</p>	
<p>4. adequate and even lighting which minimizes glare and shadows;</p>	
<p>5. the free movement of the resident, as the resident chooses, between the common space and the resident’s own personal space in a bedroom that accommodates no more than two (2) residents;</p>	
<p>6. individually identified entrances to residents’ rooms to assist residents in readily identifying their own personal spaces;</p>	
<p>7. an effective automated device or system to alert staff to individuals entering or leaving the unit in an unauthorized manner. An assisted living community need not use an automated alert for an exit door when the particular exit is always staffed by a receptionist or other staff member who views and maintains a log of individuals entering and leaving the assisted living community. If the exit door is not always staffed, then the assisted living community must activate an automated alert when the door is not attended;</p>	
<p>8. communication system(s) which permit staff in the unit to communicate with other staff outside the unit and with emergency services personnel as needed; and</p>	<p>The unit must have a functioning communication system to allow staff in the unit to summon help from others outside the unit. The system should include an internal intercom or alarm system to alert other staff and a telephone to contact emergency medical services.</p>
<p>9. a unit providing specialized memory care services which undergoes major renovation or is first constructed after December 9, 2009, must be designed and constructed in compliance with applicable state and local building and fire codes relevant to the specialized unit and the assisted living community.</p>	
<p>(c) Staffing and Initial Staff Orientation. The assisted living community must ensure that the contained unit is staffed with sufficient specially trained staff to meet the unique needs of the residents in the unit.</p>	

<p>1. At a minimum, the assisted living community must employ certified medication aides in the unit to administer certain medications.</p>	<p>Residents who are properly placed in a specialized memory care unit require the administration of medications by certified medication aides, at a minimum.</p>
<p>2. At least one staff member who is awake and supervising the unit at all times and sufficient numbers of trained staff on duty at all times to meet the needs of the residents.</p>	
<p>3. Staff who, prior to caring for residents independently, have successfully completed an orientation program that includes at least the following components in addition to the general training required in Rule 111-8-63-.09:</p>	
<p>(i) the assisted living community's philosophy related to the care of residents with dementia in the unit;</p>	
<p>(ii) the assisted living community's policies and procedures related to care in the unit and the staff's particular responsibilities including wandering and egress control; and</p>	
<p>(iii) an introduction to common behavior problems characteristic of residents residing in the unit and recommended behavior management techniques.</p>	
<p>(d) Initial Staff Training. Within the first six months of employment, staff assigned to the unit shall receive training in the following topics:</p>	
<p>1. the nature of Alzheimer's Disease and other dementias, including the definition of dementia, and knowledge of dementia-specific care needs;</p>	
<p>2. common behavior problems and recommended behavior management techniques;</p>	
<p>3. communication skills that facilitate better resident-staff relations;</p>	
<p>4. positive therapeutic interventions and activities such as exercise, sensory stimulation, activities of daily living skills;</p>	
<p>5. the role of the family in caring for residents with dementia, as well as the support needed by the family of these residents;</p>	
<p>6. environmental modifications that can avoid problematic behavior and create a more therapeutic environment;</p>	
<p>7. development of comprehensive and individual service plans and how to update or provide relevant information for updating and implementing them consistently across all shifts, including establishing baseline care needs;</p>	

8. new developments in dementia care that impact the approach to caring for the residents in the special unit;	
9. skills for recognizing physical or cognitive changes in the resident that warrant seeking medical attention; and	
10. skills for maintaining the safety of residents with dementia.	
<p>(e) Special Admission Requirements for Unit Placement. Residents must have a physician’s report of physical examination completed within 30 days prior to admission to the community or unit on forms made available by Department. The physical examination must clearly reflect that the resident has a diagnosis of probable Alzheimer’s Disease or other dementia and has symptoms which demonstrate a need for placement in the specialized unit. However, the unit may also care for a resident who does not have a probable diagnosis of Alzheimer’s Disease or other dementia, but desires to live in this unit and waives his or her right to live in a less restrictive environment. In addition, the physical examination report must establish that the potential resident of the unit does not require 24-hour skilled nursing care.</p>	<p>Departmental Physical Examination form is required. A resident who requires 24-hour skilled nursing care for management of their medical needs must not be admitted to the Memory Care Unit.</p>
<p>(f) Post-Admission Assessment. If the resident is admitted directly into the specialized memory care unit, the unit must obtain an assessment of each resident’s care needs to include the following components: resident’s family supports, level of activities of daily living functioning, physical care needs and level of behavior impairment.</p>	
<p>(g) Individual Written Care Plan and Reviews. The resident’s written care plan will be developed or updated by staff with at least one member of the specialized memory care staff providing direct care participating. Input from each shift of direct care staff that provides care to the resident will be requested. All team members participating shall sign the written care plan and the plan will be shared with the direct care staff providing care to the resident and serve as a guide for the delivery of care to the resident. The written care plan must be reviewed at least quarterly and modified as changes in the resident’s needs occur.</p>	<p>Quarterly reviews of care plans are required for residents in a specialized memory care unit.</p>
<p>(h) Therapeutic Activities. The unit shall provide activities appropriate to the needs of the individual residents and adapt the activities, as necessary, to encourage participation of the residents in the following at least weekly with at least some therapeutic activities occurring daily:</p>	
1. gross motor activities; e.g. exercise, dancing, gardening, cooking, etc;	

2. self-care activities; e.g. dressing, personal hygiene/grooming;	
3. social activities; e.g. games, music;	
4. sensory enhancement activities, e.g. distinguishing pictures and picture books,	
5. outdoor activities; e.g. walking outdoors and field trips.	
(2) No licensed assisted living community is permitted to hold itself out as providing specialized care for residents with probable Alzheimer's disease or other dementia or charge a differential rate for care of residents with cognitive deficits that place the residents at risk of engaging in unsafe wandering activities (eloping) unless it meets the additional requirements specified in Rule 111-8-63-.19(1) and its subparagraphs (a) Through (h) above.	
Authority: O.C.G.A. §§ 31-2-7, 31-2-8, 31-7-1 et seq. <i>et seq.</i> and 43-26-32.	

**Appendix IV: Rules and Regs of the Dept. of Community Health
for Assisted Living Communities; includes mandated rules for
assisted living communities related to memory care services and
specialized memory care units**

111-8-63-.18 Requirements for Memory Care Services

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

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

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

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

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

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

Authority: O.C.G.A. §§ 31-2-7, 31-2-8, 31-7-1 *et seq.*

111-8-63-.19 Additional Requirements for Specialized Memory Care Units

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

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

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

12. the involvement of the unit with families and family support programs.

(b) Physical Design, Environment, and Safety.

The memory care unit or special care unit must be designed to accommodate residents with severe dementia or Alzheimer's Disease in an assisted living community-like environment which includes the following:

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

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

(c) **Staffing and Initial Staff Orientation.** The assisted living community must ensure that the contained unit is staffed with sufficient specially trained staff to meet the unique needs of the residents in the unit.

1. At a minimum, the assisted living community must employ certified medication aides in the unit to administer certain medications.

2. At least one staff member who is awake and supervising the unit at all times and sufficient numbers of trained staff on duty at all times to meet the needs of the residents.

3. Staff who, prior to caring for residents independently, have successfully completed an orientation program that includes at least the following components in addition to the general training required in Rule 111-8-63-.09:

(i) the assisted living community's philosophy related to the care of residents with dementia in the unit;

(ii) the assisted living community's policies and procedures related to care in the unit and the staff's particular responsibilities including wandering and egress control; and

(iii) an introduction to common behavior problems characteristic of residents residing in the unit and recommended behavior management techniques.

(d) **Initial Staff Training.** Within the first six months of employment, staff assigned to the unit shall receive training in the following topics:

1. the nature of Alzheimer's Disease and other dementias, including the definition of dementia, and knowledge of dementia-specific care needs;

2. common behavior problems and recommended behavior management techniques;

3. communication skills that facilitate better resident-staff relations;

4. positive therapeutic interventions and activities such as exercise, sensory stimulation, activities of daily living skills;
5. the role of the family in caring for residents with dementia, as well as the support needed by the family of these residents;
6. environmental modifications that can avoid problematic behavior and create a more therapeutic environment;
7. development of comprehensive and individual service plans and how to update or provide relevant information for updating and implementing them consistently across all shifts, including establishing baseline care needs;
8. new developments in dementia care that impact the approach to caring for the residents in the special unit;
9. skills for recognizing physical or cognitive changes in the resident that warrant seeking medical attention; and
10. skills for maintaining the safety of residents with dementia.

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

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

(g) Individual Written Care Plan and Reviews.

The resident's written care plan will be developed or updated by staff with at least one member of the specialized memory care staff providing direct care participating. Input from each shift of direct care staff that provides care to the resident will be requested. All team members participating shall sign the written care plan and the plan will be shared with the direct care staff providing care to the resident and serve as a guide for the delivery of care to the resident. The written care plan must be reviewed at least quarterly and modified as changes in the resident's needs occur.

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

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

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

Authority: O.C.G.A. §§ 31-2-7, 31-2-8, 31-7-1 et seq. *et seq.* and 43-26-3

Appendix V: Rules of the Dept. of Community Health Rules and Regs for Personal Care Homes; includes mandated rules for personal care homes related to memory care services and specialized memory care units or homes

111-8-62-.18 Requirements for Memory Care Services

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

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

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

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

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

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

Authority: O.C.G.A. §§ 31-2-7, 31-7-1, 31-7-2.1 and 31-7-12.

111-8-62-.19 Additional Requirements for Specialized Memory Care Units or Homes

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

(a) Provides additional or specialized care in locked units to such residents.

(b) Holds itself out as providing additional or specialized care to such residents.

(c) Charges rates in excess of that charged other residents because of the cognitive deficits of such residents which may place them at risk of eloping.

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

(a) A statement of philosophy and mission.

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

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

(d) Admission procedures, including screening criteria.

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

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

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

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

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

(j) Discharge criteria and procedures;

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

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

(3) Disclosure of Description. A personal care home with an Alzheimer's/dementia special care unit must disclose the written description of the special care unit to:

(a) Any person upon request.

(b) The family or resident's representative before admission of the resident to the Memory Care Unit or program.

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

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

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

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

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

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

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

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

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

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

(5) Staffing and Initial Staff Orientation. The home must ensure that the contained unit is staffed at all times with sufficient specially trained staff to meet the unique needs of the residents in the unit, including the following:

(a) Medications for residents living in the memory care unit must be provided to the residents by either or both of the following:

1. A licensed registered nurse or a licensed practical nurse who is working under the supervision of a licensed physician or registered nurse.

2. A proxy caregiver employed by the home in compliance with the Rules and Regulations for Proxy Caregivers, Chapter 111-8-100.

(b) At least one awake staff member who is supervising the unit at all times and sufficient numbers of trained staff on duty at all times within the unit to meet the needs of the residents.

(c) Staff who, prior to caring for residents independently, have successfully completed an orientation program that includes at least the following components in addition to the general training required in Rule 111-8-62-.09:

1. The home's philosophy related to the care of residents with dementia in the unit.

2. The home's policies and procedures related to care in the unit and the staff's particular responsibilities including wandering and egress control.

3. An introduction to common behavior problems characteristic of residents residing in the unit and appropriate behavior management techniques.

(6) Initial Staff Training. Within the first six months of employment, staff assigned to the unit must receive training in the following topics:

(a) The nature of Alzheimer's disease and other dementias, including the definition of dementia, the need for careful diagnosis and knowledge of the stages of Alzheimer's disease

(b) Common behavior problems and appropriate behavior management techniques.

(c) Communication skills that facilitate better resident-staff relations.

(d) Positive therapeutic interventions and activities such as exercise, sensory stimulation, activities of daily living skills.

(e) The role of the family in caring for residents with dementia, as well as the support needed by the family of these residents.

(f) Environmental modifications that can avoid problematic behavior and create a more therapeutic environment.

(g) Development of comprehensive and individual service plans and how to update or provide relevant information for updating and implementing them consistently across all shifts, including establishing a baseline and concrete treatment goals and outcomes.

(h) New developments in diagnosis and therapy that impact the approach

to caring for the residents in the special unit.

(i) Recognizing physical or cognitive changes in the resident that warrant seeking medical attention.

(k) Maintaining the safety of residents with dementia.

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

(8) Post-Admission Assessment. The home must assess each resident's care needs to include the following components: resident's family supports, level of activities of daily living functioning, physical care needs and level of behavior impairment. Individual Service Plans: The post-admission assessment must be used to develop the resident's individual service plan within 14 days of admission. The service plan must be developed by a team with at least provides care to the resident. All team members participating must sign the service plan and the service plan must be shared with the direct care staff providing care to the resident and serve as a guide for the delivery of services to the resident. The service plan must include the following:

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

- (a) Residents expressed preferences regarding care, activities and interests.
- (b) Specific behaviors to be addressed with interventions to be used.
- (c) Names of staff primarily responsible for implementing the service plan.
- (d) Evidence of family involvement in the development of the plan when appropriate.
- (e) Evidence of the service plan being updated at least quarterly or more frequently if the needs of resident change substantially.

Therapeutic Activities. The unit must provide therapeutic activities appropriate to the needs of the individual residents and adapt the activities, as necessary, to encourage the participation of the residents. The following kinds of therapeutic activities must be provided at least weekly with a least some therapeutic activities occurring daily:

- (f) Gross motor activities; e.g. exercise, dancing, gardening, cooking, other outdoor activities
- (g) Self-care activities; e.g. dressing, personal hygiene/grooming

- (h) Social activities; e.g. games, music, crafts
 - (i) Sensory enhancement activities, e.g. distinguishing pictures and picture books, reminiscing and scent and tactile stimulation.
- (9) No licensed personal care home may provide or hold itself out as providing specialized care for residents with probable Alzheimer’s disease or other dementia or charge a differential rate for care of residents with cognitive deficits that place the residents at risk of engaging in unsafe wandering activities (eloping) unless it meets the additional requirements specified in Rule 111-8-62-.19.

Authority: O.C.G.A. §§31-2-7, 31-7-1, 31-7-2, 31-7-2.1, 31-7-12, 31-8-180 et seq. and 43-26-32.

Appendix VI: Rules of the Department of Community Health
Nursing Homes; includes mandated rules for nursing homes related to
social service needs of all patients

111-8-56-.07 Social Service

- (1) Each home shall provide services to assist all patients in dealing with social and related problems through one or more case-workers on the staff of the facility or through arrangements with an appropriate outside agency.
- (2) Social service information concerning each patient shall be obtained and kept. This information shall cover social and emotional factors related to the patient's condition and information concerning his home situation, financial resources and relationships with other people.
- (3) All nursing personnel and employees having contact with patients shall receive social service orientation and in- service training toward understanding emotional problems and social needs of patients.
- (4) One person in each home shall be designated as being responsible for the social services aspects of care in the home.

Authority: O.C.G.A. §§ 31-2-4 et seq. and 31-7-1 et seq.

**Appendix VII: Code Of Federal Regulations 42CR483.152 For
Nursing Aides; Includes Regulations For Nursing Aides Related To
Caring For Dementia Patients**

§ 483.152 Requirements for approval of a nurse aide training and competency evaluation program.

(a) For a nurse aide training and competency evaluation program to be approved by the State, it must, at a minimum—

(1) Consist of no less than 75 clock hours of training;

(2) Include at least the subjects specified in paragraph (b) of this section;

(3) Include at least 16 hours of supervised practical training. *Supervised practical training* means training in a laboratory or other setting in which the trainee demonstrates knowledge while performing tasks on an individual under the direct supervision of a registered nurse or a licensed practical nurse;

(4) Ensure that—

(i) Students do not perform any services for which they have not trained and been found proficient by the instructor; and

(ii) Students who are providing services to residents are under the general supervision of a licensed nurse or a registered nurse;

(5) Meet the following requirements for instructors who train nurse aides;

(i) The training of nurse aides must be performed by or under the general supervision of a registered nurse who possesses a minimum of 2 years of nursing experience, at least 1 year of which must be in the provision of long term care facility services;

(ii) Instructors must have completed a course in teaching adults or have experience in teaching adults or supervising nurse aides;

(iii) In a facility-based program, the training of nurse aides may be performed under the general supervision of the director of nursing for the facility who is prohibited from performing the actual training; and

(iv) Other personnel from the health professions may supplement the instructor, including, but not limited to, registered nurses, licensed practical/vocational nurses, pharmacists, dietitians, social workers, sanitarians, fire safety experts, nursing home administrators, gerontologists, psychologists, physical and occupational therapists, activities specialists, speech/language/hearing therapists, and resident rights experts. Supplemental personnel must have at least 1 year of experience in their fields;

(6) Contain competency evaluation procedures specified in § 483.154.

(b) The curriculum of the nurse aide training program must include—

(1) At least a total of 16 hours of training in the following areas prior to any direct contact with a resident:

(i) Communication and interpersonal skills;

(ii) Infection control;

(iii) Safety/emergency procedures, including the Heimlich maneuver;

(iv) Promoting residents' independence; and

(v) Respecting residents' rights.

(2) Basic nursing skills;

(i) Taking and recording vital signs;

(ii) Measuring and recording height and weight;

(iii) Caring for the residents' environment;

(iv) Recognizing abnormal changes in body functioning and the importance of reporting such changes to a supervisor; and

(v) Caring for residents when death is imminent.

(3) Personal care skills, including, but not limited to—

(i) Bathing;

(ii) Grooming, including mouth care;

(iii) Dressing;

(iv) Toileting;

(v) Assisting with eating and hydration;

(vi) Proper feeding techniques;

(vii) Skin care; and

(viii) Transfers, positioning, and turning.

(4) Mental health and social service needs:

(i) Modifying aide's behavior in response to residents' behavior;

(ii) Awareness of developmental tasks associated with the aging process;

(iii) How to respond to resident behavior;

(iv) Allowing the resident to make personal choices, providing and reinforcing other behavior consistent with the resident's dignity; and

(v) Using the resident's family as a source of emotional support.

(5) Care of cognitively impaired residents:

(i) Techniques for addressing the unique needs and behaviors of individual with dementia (Alzheimer's and others);

(ii) Communicating with cognitively impaired residents;

(iii) Understanding the behavior of cognitively impaired residents;

(iv) Appropriate responses to the behavior of cognitively impaired residents; and

(v) Methods of reducing the effects of cognitive impairments.

(6) Basic restorative services:

(i) Training the resident in self care according to the resident's abilities;

(ii) Use of assistive devices in transferring, ambulation, eating, and dressing;

(iii) Maintenance of range of motion;

(iv) Proper turning and positioning in bed and chair;

(v) Bowel and bladder training; and

(vi) Care and use of prosthetic and orthotic devices.

(7) Residents' Rights.

(i) Providing privacy and maintenance of confidentiality;

- (ii) Promoting the residents' right to make personal choices to accommodate their needs;
- (iii) Giving assistance in resolving grievances and disputes;
- (iv) Providing needed assistance in getting to and participating in resident and family groups and other activities;
- (v) Maintaining care and security of residents' personal possessions;
- (vi) Promoting the resident's right to be free from abuse, mistreatment, and neglect and the need to report any instances of such treatment to appropriate facility staff;
- (vii) Avoiding the need for restraints in accordance with current professional standards.

**Appendix VIII: Inventory Of Long-Term Dementia Care Units;
An Inventory Of All Licensed Nursing Homes In GA With The
Ability To Care For Dementia Patients**

NURSING HOME DEMENTIA ALL STAGES

Name	Address	City	Zip Code
A G Rhodes Health and Rehab - Wesley Woods	1819 Clifton Road, N.E.	Atlanta, GA	30329
Abbeville Healthcare and Rehab	206 Main Street East	Abbeville, GA	31001
Altamaha HealthCare Center	1311 West Cherry Street	Jesup, GA	31545
Amara Healthcare and Rehabilitation	2021 Scott Road	Augusta, GA	30906
Anderson Mill Health and Rehabilitation Center	2130 Anderson Mill Road	Austell, GA	30106
Appling Nursing and Rehabilitation Pavilion	163 E Tollison Street	Baxley, GA	31513
Arrowhead Healthcare Center	239 Arrowhead Boulevard	Jonesboro, GA	30236
Autumn Breeze Health Care Center	1480 Sandtown Road, SW	Marietta, GA	30008
Avalon Health and Rehabilitation	120 Spring Street	Newnan, GA	30263
Azalea Health and Rehabilitation	300 Cedar Street	Metter, GA	30439
Baptist Village, Inc	2650 Carswell Avenue	Waycross, GA	31502
BayView Nursing Home	12884 Cleveland Street	Nahunta, GA	31553
Bell Minor Nursing Home	2200 Old Hamilton Place NE	Gainesville, GA	30507
Bethany Nursing Center of Millen	466 South Gray Street	Millen, GA	30442
Bethany Nursing Center of Vidalia	1305 East North Street	Vidalia, GA	30474
Bolingreen Health and Rehabilitation Center	529 Bolingreen Drive	Macon, GA	31210
Brandon Wilde Pavilion	4275 Owens Road	Evans, GA	30809
Brentwood Health and Rehabilitation	115 Brentwood Drive	Waynesboro, GA	30830
Brian Center of Canton	150 Hospital Circle	Canton, GA	30114
Brightmoor Health Care, Inc.	3235 Newnan Road	Griffin, GA	30224
Bryan County Health & Rehabilitation Center	127 Carter Street	Richmond Hill, GA	31324
Budd Terrace at Wesley Woods	1833 Clifton Road, N.E.	Atlanta, GA	30329
Calhoun Health Care Center Inc	1387 U S Highway 41 North	Calhoun, GA	30701
Calhoun Nursing Home	265 Turner Street	Edison, GA	39846

Name	Address	City	Zip Code
Camellia Gardens of Life Care Nursing Home	804 South Broad Street	Thomasville, GA	31792
Carrollton Manor, Incorporated	2455 Oak Grove Church Road	Carrollton, GA	30117
Cartersville Heights Care and Rehabilitation Center	78 Opal Street	Cartersville, GA	30120
Cedar Springs Health and Rehab	148 Cason Road	Cedartown, GA	30125
Cedar Valley Nursing and Rehabilitation	225 South Philpot Street	Cedartown, GA	30125
Chaplinwood Nursing Home	325 Allen Memorial Drive	Milledgeville, GA	31061
Chatsworth Health Care Center	102 Hospital Drive	Chatsworth, GA	30705
Chatuge Regional Nursing Home	386 Bel Aire Drive	Hiawassee, GA	30546
CHC Woodstock Nursing and Rehabilitation	105 Arnold Mill Road	Woodstock, GA	30188
Coastal Manor	128 Coastal Manor Drive SE	Ludowici, GA	31316
Cobb Health Care Center	2430 Paoli Road	Comer, GA	30629
Cordele Health & Rehabilitation	1106 North 4th Street	Cordele, GA	31015
Countryside Health Center	233 Carrollton Street	Buchanan, GA	30113
Crestview Health and Rehabilitation Center	2800 Springdale Road SW	Atlanta, GA	30315
Crossview Care Center	402 East Bay Street	Pineview, GA	31071
Cumming Nursing Center and Manor	2775 Castleberry Road	Cumming, GA	30041
Dade Health and Rehab	1234 Highway 301	Trenton, GA	30752
Dawson Health and Rehabilitation	1159 Georgia Avenue SE	Dawson, GA	39842
Delmar Gardens of Smyrna	404 King Spings Village Park	Smyrna, GA	30082
Douglasville Nursing and Rehabilitation Center, LLC	4028 Highway 5	Douglasville, GA	30135
Dublinair Health Care & Rehabilitation Center	300 Industrial Blvd	Dublin, GA	31021
Early Memorial Nursing Home	11740 Columbia Street	Blakely, GA	39823
East Lake Arbor	304 Fifth Avenue	Decatur, GA	30030
Eastman Healthcare and Rehab	556 Chester Hwy	Eastman, GA	31023
Eatonton Health & Rehab Center	125 Sparta Highway, 16 East	Eatonton, GA	31024
Elberta Health Care	419 Elberta Road	Warner Robins, GA	31093
Emanuel County Nursing Home - Emanuel Medical Center	117 Kite Road	Swainsboro, GA	30401

Name	Address	City	Zip Code
Evergreen Health and Rehab	139 Moran Lake Road	Rome, GA	30161
Fairburn Healthcare Center	178 West Campbellton Street	Fairburn, GA	30213
Fifth Avenue Health Care Center	505 North 5th Avenue	Rome, GA	30165
Florence Hand Home	200 Medical Drive	LaGrange, GA	30240
Fort Valley Health and Rehab	604 Bluebird Boulevard	Fort Valley, GA	31030
Fountainview Center for Alzheimers Disease	2631 North Druid Hills Road	Atlanta, GA	30329
Friendship Health and Rehab	161 Friendship Road	Cleveland, GA	30528
Gateway Health and Rehabilitation	3201 Westmoreland Road	Cleveland, GA	30528
Genesis Healthcare at Folkston Park	36261 Okefenokee Drive	Folkston, GA	31537
Gilmer Nursing Home	1362 South Main Street	Ellijay, GA	30540
Glenn-Mor Nursing Home	10629 US Highway 19	Thomasville, GA	31792
Glenwood Healthcare	303 North 5th Street	Glenwood, GA	30428
Gold City Convalescent Center	222 Moores Drive	Dahlonega, GA	30533
Golden Living Center - Jesup	1090 West Orange Street	Jesup, GA	31545
Golden Living Center - Thomaston	310 Avenue F	Thomaston, GA	30286
Golden Living Center Augusta	1600 Anthony Road	Augusta, GA	30904
Goodwill Healthcare and Rehab LLC	4373 Houston Avenue	Macon, GA	31206
Gordon Health and Rehabilitation	1280 Mauldin Road	Calhoun, GA	30701
Grace Healthcare of Tucker	2165 Idlewood Road	Tucker, GA	30084
Gracemore Nursing & Rehabilitation	2708 Lee Street	Brunswick, GA	31520
Green Acres Health and Rehabilitation	313 Allen Memorial Drive, S	Milledgeville, GA	31061
Habersham Home	541 Hwy 441 North	Demorest, GA	30535
Haralson Nursing and Rehab Center	315 Field Street	Bremen, GA	30110
Hart Care Center	261 Fairview Avenue	Hartwell, GA	30643
Hartwell Health Care	94 Cade Street	Hartwell, GA	30643
Hazlehurst Court Care & Rehabilitation Center	180 Burketts Ferry Road	Hazlehurst, GA	31539
Heardmont Health Care Inc	1043 Longstreet Road	Elberton, GA	30635
Heart of Georgia Nursing Home	815 Legion Drive	Eastman, GA	31023

Name	Address	City	Zip Code
Heritage Healthcare at Shepherd Hills	800 Patterson Road	LaFayette, GA	30728
Heritage Healthcare at Sunrise	2709 South Main Street	Moultrie, GA	31768
Heritage Healthcare of Fort Oglethorpe	1067 Battlefield Parkway	Fort Oglethorpe, GA	30742
Heritage Healthcare of Franklin	360 South River Road	Franklin, GA	30217
Heritage Healthcare of Jasper	1350 East Church Street	Jasper, GA	30143
Heritage Healthcare of LaFayette	205 Road Runner Boulevard	LaFayette, GA	30728
Heritage Healthcare of Lilburn	788 Indian Trail Road	Lilburn, GA	30047
Heritage Healthcare of Macon	2255 Anthony Road	Macon, GA	31204
Heritage Healthcare of Toccoa	633 Falls Road	Toccoa, GA	30577
Heritage Healthcare of West Atlanta	2645 Whiting Street N.W.	Atlanta, GA	30318
Heritage Inn Health and Rehabilitation Center	307 Jones Mill Road	Statesboro, GA	30458
Jeffersonville Nursing Home and Rehabilitation Center	113 Spring Valley Drive	Jeffersonville, GA	31044
Jesup Health and Rehab	3100 Savannah Hwy	Jesup, GA	31545
Kindred Transitional Care and Rehab - Marietta	26 Tower Road	Marietta, GA	30060
Lanier Village Estates - WillowBrooke Court	4000 Village View Drive	Gainesville, GA	30506
Life Care Center of Gwinnett	3850 Safehaven Drive	Lawrenceville, GA	30044
Life Care Center of Lawrenceville	210 Collins Industrial Way	Lawrenceville, GA	30043
Lumber City Nursing & Rehabilitation Center	93 GA Hwy 19	Lumber City, GA	31549
Magnolia Manor - St. Simons	2255 Frederica Road	St. Simons Island, GA	31522
Magnolia Manor - West	2000 Warm Springs Road	Columbus, GA	31904
Magnolia Manor Methodist Nursing Center	2001 South Lee Street	Americus, GA	31709
Maple Ridge Health Care Center	22 Maple Ridge Drive SE	Cartersville, GA	30121
McRae Manor Nursing Home, Inc.	160 South 1st Avenue	McRae, GA	31055
Meadowbrook Nursing Home	4608 Lawrenceville Highway	Tucker, GA	30084
Medical Management Health & Rehab Center	1509 Cedar Avenue	Macon, GA	31204

Name	Address	City	Zip Code
Miller Nursing Home	206 Grace Street	Colquitt, GA	39837
Molena Health & Rehab	185 Hill Street	Molena, GA	30258
Mountain View Health Care	547 Warwoman Road	Clayton, GA	30525
Muscogee Manor and Rehab Center	7150 Manor Road	Columbus, GA	31907
New Horizons Limestone	2020 Beverly Road NE	Gainesville, GA	30501
New London Health Center	2020 McGee Road	Snellville, GA	30078
NHC Healthcare - Rossville	1425 McFarland Avenue	Rossville, GA	30741
NHC of Fort Oglethorpe	2403 Battlefield Parkway	Fort Oglethorpe, GA	30742
Northeast Atlanta Health and Rehab	1500 South Johnson Ferry R	Atlanta, GA	30319
Nursecare of Buckhead	2920 Pharr Court South, N.W	Atlanta, GA	30305
Oaks Health Center at The Marshes of Skidaway	95 Skidaway Island Park Road	Savannah, GA	31411
Oakview Health and Rehabilitation	960 Highland Avenue	Summerville, GA	30747
Orchard Health and Rehabilitation	1321 Pulaski School Road	Pulaski, GA	30451
Palmyra Nursing Home	1904 Palmyra Road	Albany, GA	31701
Parkside at Hutcheson	110 Park City Road	Rossville, GA	30741
Peachbelt Health & Rehab Center	801 Elberta Road	Warner Robins, GA	31093
Pinewood Manor	277 Commerce Street	Hawkinsville, GA	31036
Pinewood Nursing Center	433 North McGrift Street	Whigham, GA	39897
Pleasant View Nursing Center	475 Washington Street	Metter, GA	30439
Presbyterian Village	2000 East-West Connector	Austell, GA	30106
Ridgewood Manor Health and Rehabilitation	1110 Burleyson Drive	Dalton, GA	30720
Roberta Health and Rehab	420 Myrtle Drive	Roberta, GA	31078
Rockdale Healthcare Center	1510 Renaissance Drive NE	Conyers, GA	30012
Rockmart Nursing and Rehabilitation Center	528 Hunter Street	Rockmart, GA	30153
Rosemont Of Stone Mountain	5160 Spring View Avenue	Stone Mountain, GA	30083
Rosewood Nursing Center	2795 Finney Circle	Macon, GA	31217
Ross Memorial Health Care Center	1780 Old Highway 41 N.W.	Kennesaw, GA	30152
Roswell Nursing and Rehabilitation Center	1109 Green Street	Roswell, GA	30075
Sadie G. Mays Health and Rehabilitation Center	1821 Anderson Avenue, N.W	Atlanta, GA	30314
Savannah Beach Nursing and Rehabilitation Center	90 Van Horne Street	Tybee Island, GA	31328

Name	Address	City	Zip Code
Shady Acres Health and Rehabilitation	1310 West Gordon Street	Douglas, GA	31533
Shamrock Nursing & Rehabilitation Center	1634 Telfair Street	Dublin, GA	31021
Smith Medical Nursing Care Center	501 East McCarty Street	Sandersville, GA	31082
Southern Traditions	144 Depot Street	Buchanan, GA	30113
Southland Care Center	606 Simmons Street	Dublin, GA	31021
Sparta Health Care Center	11744 Highway 22	Sparta, GA	31087
Spring Harbor at Green Island	100 Spring Harbor Drive	Columbus, GA	31904
Summerhill Senior Community	500 Stanley Street	Perry, GA	31069
Summerhill Senior Community- Veranda West	500 Stanley Street	Perry, GA	31069
Summit Health and Rehab	2 Three Mile Road	Rome, GA	30165
Sylvester Health Care	104 Monk Street	Sylvester, GA	31791
Tattnall Healthcare Center	142 Memorial Drive	Reidsville, GA	30453
The Oaks at Limestone	2560 Flintridge Road	Gainesville, GA	30501
The Oaks at Scenic View	205 Peach Orchard Road	Baldwin, GA	30511
The Oaks of Carrollton	921 Old Newnan Road	Carrollton, GA	30117
The Retreat	Jasper Memorial Hospital	Monticello, GA	31064
Thomson Health and Rehabilitation Center	511 Mount Pleasant Road	Thomson, GA	30824
Townsend Park Health and Rehabilitation	196 North Dixie Avenue	Cartersville, GA	30120
Treutlen County Health and Rehabilitation	2249 College Street North	Soperton, GA	30457
Twin Fountains Home	1400 Hogansville Road	LaGrange, GA	30240
Twin View Health Care Center	211 Mathis Avenue	Twin City, GA	30471
Unihealth Post Acute Care - Marietta	50 Saine Drive	Marietta, GA	30008
UniHealth Post Acute Care- Athens Heritage	960 Hawthorne Avenue	Athens, GA	30606
UniHealth Post-Acute Care - Greenville	99 Hillhaven Road	Greenville, GA	30222
Union County Nursing Home	550 Hospital Circle	Blairsville, GA	30512
University Extended Care - Westwood, Inc.	561 University Drive	Evans, GA	30809
University Nursing & Rehabilitation	180 Epps Bridge Road	Athens, GA	30606
UPAC Savannah	12825 White Bluff Road	Savannah, GA	31419
Warrenton Health and Rehabilitation Center	813 Atlanta Highway	Warrenton, GA	30828

Name	Address	City	Zip Code
Wellstar Paulding Nursing Center	600 West Memorial Drive	Dallas, GA	30132
Westbury Health and Rehab Center	1420 Milstead Road	Conyers, GA	30012
Westminster Commons	560 St. Charles Avenue, N.E	Atlanta, GA	30308
Wildwood Health Care Inc	184 Pin Hook Road	Talking Rock, GA	30175
Winthrop Health and Rehab	12 Chateau Drive	Rome, GA	30161
Wood Dale Health and Rehabilitation	1102 Burleyson Drive	Dalton, GA	30720
Woodland Health Care and Rehabilitation Center	625 North Coastal Highway 1	Midway, GA	31320
Wrightsville Nursing Home	337 West Court Street	Wrightsville, GA	31096
Wynfield Park Health and Rehabilitation	223 West 3rd Avenue	Albany, GA	31701
Zebulon Park Health & Rehabilitation	343 Plantation Way	Macon, GA	31210

NURSING HOME DEMENTIA SEPARATE SECURED UNIT

Name	Address	City	Zip Code
A G Rhodes Health and Rehab - Wesley Woods	1819 Clifton Road, N.E.	Atlanta, GA	30329
Amara Healthcare and Rehabilitation	2021 Scott Road	Augusta, GA	30906
Bethany Nursing Center of Millen	466 South Gray Street	Millen, GA	30442
Brandon Wilde Pavilion	4275 Owens Road	Evans, GA	30809
Brentwood Health and Rehabilitation	115 Brentwood Drive	Waynesboro, GA	30830
Budd Terrace at Wesley Woods	1833 Clifton Road, N.E.	Atlanta, GA	30329
Camellia Health and Rehabilitation	700 East Long Street	Claxton, GA	30417
Chaplinwood Nursing Home	325 Allen Memorial Drive	Milledgeville, GA	31061
Chatsworth Health Care Center	102 Hospital Drive	Chatsworth, GA	30705
CHC Woodstock Nursing and Rehabilitation	105 Arnold Mill Road	Woodstock, GA	30188
Christian City Convalescent Center	7300 Lester Road	Union City, GA	30291
Coastal Manor	128 Coastal Manor Drive SE	Ludowici, GA	31316
Cordele Health & Rehabilitation	1106 North 4th Street	Cordele, GA	31015
Crossview Care Center	402 East Bay Street	Pineview, GA	31071

Douglasville Nursing and Rehabilitation Center, LLC	4028 Highway 5	Douglasville, GA	30135
Evergreen Health and Rehab	139 Moran Lake Road	Rome, GA	30161
Fifth Avenue Health Care Center	505 North 5th Avenue	Rome, GA	30165
Fountainview Center for Alzheimers Disease	2631 North Druid Hills Road	Atlanta, GA	30329
Heritage Healthcare of Macon	2255 Anthony Road	Macon, GA	31204
Lake City Nursing and Rehabilitation	2055 Rex Road	Lake City, GA	30260
Life Care Center of Lawrenceville	210 Collins Industrial Way	Lawrenceville, GA	30043
Magnolia Manor - West	2000 Warm Springs Road	Columbus, GA	31904
Magnolia Manor Methodist Nursing Center	2001 South Lee Street	Americus, GA	31709
Maple Ridge Health Care Center	22 Maple Ridge Drive SE	Cartersville, GA	30121
McRae Manor Nursing Home, Inc.	160 South 1st Avenue	McRae, GA	31055
Northeast Atlanta Health and Rehab	1500 South Johnson Ferry R	Atlanta, GA	30319
Nursecare of Buckhead	2920 Pharr Court South, N.W	Atlanta, GA	30305
Oakview Health and Rehabilitation	960 Highland Avenue	Summerville, GA	30747
Orchard Health and Rehabilitation	1321 Pulaski School Road	Pulaski, GA	30451
Powder Springs Nursing and Rehab Center	3460 Powder Springs Road	Powder Springs, GA	30127
Presbyterian Village	2000 East-West Connector	Austell, GA	30106
Ridgewood Manor Health and Rehabilitation	1110 Burleyson Drive	Dalton, GA	30720
River Towne Center	5131 Warm Springs Road	Columbus, GA	31909
Riverdale Place	315 Upper Riverdale Road	Riverdale, GA	30274
Rosemont Of Stone Mountain	5160 Spring View Avenue	Stone Mountain, GA	30083
Roswell Nursing and Rehabilitation Center	1109 Green Street	Roswell, GA	30075
Signature Healthcare of Buckhead	54 Peachtree Park Drive	Atlanta, GA	30309
Sparta Health Care Center	11744 Highway 22	Sparta, GA	31087
Summerhill Senior Community	500 Stanley Street	Perry, GA	31069
Summerhill Senior Community- Veranda West	500 Stanley Street	Perry, GA	31609
Tattnall Healthcare Center	142 Memorial Drive	Reidsville, GA	30453

Thomson Health and Rehabilitation Center	511 Mount Pleasant Road	Thomson, GA	30824
Townsend Park Health and Rehabilitation	196 North Dixie Avenue	Cartersville, GA	30120
Traditions Health and Rehab Center	2816 Evans Mill Road	Lithonia, GA	30058
UniHealth Post-Acute Care - Old Capital	310 Highway 1 Bypass	Louisville, GA	30434
University Extended Care - Westwood, Inc.	561 University Drive	Evans, GA	30809
UPAC Savannah	12825 White Bluff Road	Savannah, GA	31419
Warrenton Health and Rehabilitation Center	813 Atlanta Highway	Warrenton, GA	30828
Wellstar Paulding Nursing Center	600 West Memorial Drive	Dallas, GA	30132
Westbury Health and Rehabilitation Center of McDonough	198 Hampton Street	McDonough, GA	30253
Westminster Commons	560 St. Charles Avenue, N.E.	Atlanta, GA	30308
Wood Dale Health and Rehabilitation	1102 Burleyson Drive	Dalton, GA	30720
Woodland Health Care and Rehabilitation Center	625 North Coastal Highway 1	Midway, GA	31320

PERSONAL CARE HOME DEMENTIA CASE BY CASE

Name	Address	City	Zip Code
A 1 Belinda Winfrey PCH	1833 Empress Court	Augusta, GA	30906
A Better Home Care	2700 Stancil Boulevard	Jonesboro, GA	30326
A Home for Mom and Dad	2560 Johnson Drive	Doraville, GA	30340
A Loving Heart Personal Care Home	3437 Gebhart Court	Hephzibah, GA	30815
A Place for Comfort	1766 Big Valley Lane	Stone Mountain, GA	30083
A Touch of Home for the Elderly	503 East Jefferson Street	Americus, GA	31709
AAA Holly House	1680 Northwoods Drive	Marietta, GA	30066
Abundant Living Personal Care	883 Roy Woods Road	Comer, GA	30629
Adam and Eve Personal Care Home	5169 Covington Highway	Decatur, GA	30035
Adonis Personal Care Home	1409 Greenview Way	Lawrenceville, GA	30044
Agape Living	1840 Phinizy Road	Augusta, GA	30906
Agape Personal Care Home of Macon LLC	4732 Sgoda Road	Macon, GA	31217
Akinson Residential and Community Healthcare	5153 Grovefield Place	Lithonia, GA	30038

Name	Address	City	Zip Code
Services			
Alberta Gregory Personal Care Home	2102 Kennedy Drive	Augusta, GA	30904
Alero Personal Care Home Inc	230 Trelawny Circle	Covington, GA	30016
All Partners In Care Services	2266 Stone Drive	Lilburn, GA	30047
All Season Personal Care Home	55 Hickory Circle	Carrollton, GA	30116
Alzheimers Care of Commerce	200 Bolton Drive	Commerce, GA	30529
Amazing Grace Personal Care Home	206 Reynolds Street	Augusta, GA	30901
Amazing Grace Personal Care Home #2 - Augusta	1307 Cabana Court	Augusta, GA	30909
Amelia Gardens I	545 Toonigh Road	Woodstock, GA	30188
Amelia Gardens II	2030 Bascomb Carmel Road	Woodstock, GA	30189
Andras AA Personal Care Home	1736 Jenkins Street	Augusta, GA	30904
Angel 2 Angel TLC	2644 Dogwood Drive	Valdosta, GA	31602
Angels Care Personal Care Home	2620 Richmond Hill Road	Augusta, GA	30906
Angels Royal Gardens Personal Care Home	7752 Marabou Lane	Riverdale, GA	30274
Anna P's Personal Care Home	25 Clarion Court	Covington, GA	30016
Annette Holleys Personal Care Home #2	4515 Colonial Road	Martinez, GA	30907
Anns Phenomenal Care Home	2102 Hillsinger Road	Augusta, GA	30904
Anointed Hands PCH	3193 Old Monroe Madison H	Monroe, GA	30655
Antebellum Grove Assisted Living	1010 Kathryn Ryals Road	Warner Robins, GA	31088
Anthony's Personal Care Home	2329 Cadden Road	Augusta, GA	30906
Antias Tender Touch	725 Fincher Road	Covington, GA	30016
Apache Personal Care Home	3135 Apache Drive	Columbus, GA	31909
Arbor Terrace at Cascade	1001 Research Center	Atlanta, GA	30331
Arbor Terrace at Tucker	5844 Highway 29	Tucker, GA	30084
Arbor Terrace at West Cobb	3829 Floyd Road	Austell, GA	30106
Aryoak PCH	425 Ryoaks Drive	Hampton, GA	30228

Name	Address	City	Zip Code
Ashley Manor Personal Care Home	532 Dickson Road	Marietta, GA	30066
Atherton Place	111 Tower Road	Marietta, GA	30060
Atria Buckhead	2848 Lenox Road	Atlanta, GA	30324
Augusta Gardens Retirement Residence	3725 Wheeler Road	Augusta, GA	30909
Autumn Breeze Assisted Living	2215 Old Hamilton Place	Gainesville, GA	30507
Autumn House	3059 Nottaway Court	Chamblee, GA	30341
Autumn Square Personal Care Home	2455 Oak Grove Church Road	Carrollton, GA	30117
Autumn Terrace II	1026 Keith Drive	Perry, GA	31069
Autumn Terrace III	1026 Keith Drive	Perry, GA	31069
Autumn Years	60 Massell Drive SE	Cartersville, GA	30121
Averett's Personal Care Home	1401 20th Street	Columbus, GA	31901
Avondale Assisted Living at Kensington	3508 Kensington Road	Decatur, GA	30032
Avondale Assisted Living at Northlake	3965 Gloucester Drive	Tucker, GA	30084
Avondale Homes at Tucker	2553 Sandpiper Drive	Tucker, GA	30084
Azalea Estates	105 Autumn Glen Circle	Fayetteville, GA	30215
Azalea House	1896 Ludovie Lane	Decatur, GA	30033
Baptist Village Lake Park	763 Johnston Way	Lake Park, GA	31636
Barbara Ray Halls Personal Care Home	2638 Castletown Drive	Hephzibah, GA	30815
Bargerons Personal Care Home	2903 Milledgeville Road	Augusta, GA	30904
Beasley's Personal Care Home	310 South 3rd Street	Stillmore, GA	30464
Belair at Macon, The	4901 Harrison Road	Macon, GA	31206
Bellevue Manor	903 A Bellevue Avenue	Dublin, GA	31021
Belmont Village	5455 Glenridge Drive	Atlanta, GA	30342
Bentley Assisted Living at Northminster	50 Sumner Way	Jefferson, GA	30549
Bessie Maes Personal Care Home	910 Quaker Road Drive	Waynesboro, GA	30830
BestCare Assisted Living	2775 Cruse Road; #1401	Lawrenceville, GA	30044
Bethany Assisted Living, Inc.	1400 Northeast Main Street	Vidalia, GA	30474
Bethel Gardens Senior Living	3805 Jackson Way	Powder Springs, GA	30127
Betty Saxons Personal Care Home	1125 Piney Grove Road	Augusta, GA	30906
Betty's Personal Care Home	17 Arabian Trail	Swainsboro, GA	30401

Name	Address	City	Zip Code
Blair House Senior Living Community	684 Arlington Place	Macon, GA	31201
Blair Sunshine Home, The	69 Taylor Trail	Wrightsville, GA	31096
Bless To The Max	5870 GA Highway 57	Gordon, GA	31031
Blossom Personal Care Home	2494 Lillies Trace	Dacula, GA	30019
Bradley Place	418 Park Avenue North	Tifton, GA	31794
Brians Personal Care Home	3010 Deerfield Way	Rex, GA	30273
Briceland Personal Care Home	1380 West Poplar Street	Griffin, GA	30223
Brickhaven Assisted Living	1807 12th Avenue	Albany, GA	31707
Bright Way Personal Care Home	8829 Hamilton Road	Pine Mountain, GA	31822
Brighter Beginning PCH	800 Chapel Hill Drive	Lawrenceville, GA	30045
Brighter Day PCH	2720 Colorado Street	Columbus, GA	31906
Brighter Mornings at the Shoals	7456 Highway 82 Spur	Maysville, GA	30558
Brightmoor Assisted Living	3223 Newnan Road	Griffin, GA	30224
Brighton Gardens of Buckhead	3088 Lenox Road	Atlanta, GA	30324
Brittany House at Benson Heights	1788 Sandy Plains Road	Marietta, GA	30066
Brittany's Place Assisted Living	141 Denis Drive	Jeffersonville, GA	31044
Broderick Personal Care Home	114 Chapel Street	Greensboro, GA	30642
Brookdale Place of Augusta	326 Boy Scout Road	Augusta, GA	30909
Brooks Home Care	2408 Mims Road	Hephzibah, GA	30815
Brookside Glen	400 Bradley Park Drive	Columbus, GA	31904
Brown Personal Care Home	554 Idlewood Road	Waynesboro, GA	30830
Bryants of Peace Personal Care Home	339 Marshall Street	Martinez, GA	30907
Buckingham South	5450 Abercorn Street	Savannah, GA	31405
Burst of Joy	396 7th Avenue SE	Cairo, GA	39828
Burton Homecare Assisted Living	21 Ivywood Drive	Hull, GA	30646
Burton Homecare Assisted Living	447 Reese Street	Athens, GA	30601
C & G Care Whispers	841 Overlook Trail	Monroe, GA	30655
Cambridge Farms Assisted Living	4040 Webb Bridge Road	Alpharetta, GA	30005
Camden Place Assisted Living	115 Dodd Circle	Statesboro, GA	30458
Cameron Hall of Ellijay	114 Penland Street	Ellijay, GA	30540
Camilla Retirement Home	161 East Broad Street	Camilla, GA	31730

Name	Address	City	Zip Code
Campbell-Stone Sandy Springs	350 Carpenter Drive, NE	Atlanta, GA	30328
Candler Ridge II	1205 Nunnally Drive	Monroe, GA	30655
Cannonwood Village	2834 Old US Highway 441 S	Tiger, GA	30576
Care Givers & More Elderly Care Services	6602 Shucraft Road	Appling, GA	30802
Carehouse SSHINE LLC Personal Care Home	166 Alfred Payne Road	Danville, GA	31017
Caring 4 U	1508 Jonathan Place	Hephzibah, GA	30815
Caring 4 You	4945 Golden Circle	Mableton, GA	30126
Caring Hands Assisted Living	1741 Highway 138	Riverdale, GA	30296
Caring Hearts PCH	430 South Broad Street	Monroe, GA	30655
Caring Hearts PCH #2	10 Dial Road	Monroe, GA	30658
Carlyle Place - Cambridge Court	5300 Zebulon Road	Macon, GA	31210
Carols Place	2662 Barclay Street	Hephzibah, GA	30815
Carolyn's II	202 East Adair Street	Valdosta, GA	31601
Carolyn's Personal Care Home	525 Green Street	Valdosta, GA	31601
Carriage House of Royal Southern Plantation	690 Tommy Lee Fuller Drive	Loganville, GA	30052
Cecil Rice Personal Care Home	753 Mangham Road	Griffin, GA	30224
Cedar Hill Senior Living Community	402 East Ellawood Avenue	Cedartown, GA	30125
Cedar Personal Care Home	526 Cedar Street	Oglethorpe, GA	31068
Celestial Care Services	6571 Valley Hill Drive	Mableton, GA	30126
Chambrel at Roswell	1000 Applewood Drive	Roswell, GA	30076
Champeunes Personal Care Home	3439 Rushing Road	Augusta, GA	30906
Charis Personal Care Home	1914 Skidaway Road	Savannah, GA	31404
Charms Personal Care Home	900 West Residence Avenue	Albany, GA	31701
Chelsea House	515 Carr Street	Augusta, GA	30904
Cherokee Angel PCH #3	326 Heights Place	Canton, GA	30114
Chestnut Manor Personal Care Home	13 Chestnut Street	Griffin, GA	30223
Choice Care Assisted Living Inc.	4930 Highway 20	Loganville, GA	30052
Christian Care Home #2	114 Jacqueline Terrace	Milledgeville, GA	31061
Church Street Manor	425 West Church Street	Swainsboro, GA	30401
Churchill Manor	143 Mayfield Road	Alpharetta, GA	30009

Name	Address	City	Zip Code
Circle of Care Personal Care Home	3731 Fairington Drive	Hephzibah, GA	30815
Clarice Green Family PCH	1220 Dogwood Road North	Woodville, GA	30669
Clary Care Center	249 Hospital Drive	Toccoa, GA	30577
Coastal Assisted Living of St. Marys	1020 McDowell Street	St. Marys, GA	31558
Cobis Personal Care Home	7200 Manor Road	Columbus, GA	31907
College Manor	205 West College Street	Griffin, GA	30224
Colonial Gardens of Warner Robins #1	903 West Highway 96	Warner Robins, GA	31088
Colquitt Garden Manor	498 5th Street SE	Moultrie, GA	31768
Comforters	2753 Trail Creek Circle	Lithia Springs, GA	30122
Comfy Personal Care Home	2460 Skylars Mill Way	Snellville, GA	30078
Cooper House AL	2213 Augusta Highway	Lincolnton, GA	30817
Corinth Road Personal Care Home	1141 Corinth Road	Newnan, GA	30263
Cornerstone Care Home	594 Shannon Way	Lawrenceville, GA	30044
Cornerstone Care of Georgia PCH	1152 Nimblewood Way	Stone Mountain, GA	30088
Cornerstone Compassion Center, Inc.	420 Warren Road	Augusta, GA	30907
Cornerstone Group Home	919 Lawyers Lane	Columbus, GA	31906
Cornerstone Training and Develop	919 Lawyers Lane	Columbus, GA	31906
Cottage Landing	150 Cottage Lane	Carrollton, GA	30117
Cottages on Wesleyan, The	1633 Wesleyan Drive	Macon, GA	31210
Cottonfields Manor Personal Care Home	55 Plantation Drive	Stockbridge, GA	30281
Country Gardens Assisted Living	19 Hillcrest Circle	Butler, GA	31006
Country Haven Retirement Center	120 Country Haven Lane	Ringgold, GA	30736
Country Heritage II	5761 Conner Road	Flowery Branch, GA	30542
Country Living Personal Care Home	5841 Maysville Road	Commerce, GA	30529
Country Manor Estates	1487 Allen Road	Macon, GA	31216
Countryside Personal Care Home	236 Lawson Hall Drive	Waynesboro, GA	30830
Covenant Care Hamptom	120 West Tisbury Lane	Pooler, GA	31322
Covenant Care Lane	141 West Tisbury Lane	Pooler, GA	31322
Covenant Care Tisbury	126 West Tisbury Lane	Pooler, GA	31322
Covenant Woods	5424 Woodruff Farm Road	Columbus, GA	31907
Coventry Place	2806 North Decatur Road	Decatur, GA	30033

Name	Address	City	Zip Code
Cozy Manor Personal Care Home	706 North Main Street	LaFayette, GA	30728
Crabapple Hall	200 Pine Valley Drive	Alpharetta, GA	30009
Cumming Manor Personal Care	2775 Castleberry Road	Cumming, GA	30040
Cunningham's PCH	195 Bristlecone Court	Winterville, GA	30683
Daisy Vincent Personal Care Home #2	2342 Windsor Spring Road	Augusta, GA	30906
Davis Elderly Care	5275 Hereford Farm Road	Evans, GA	30809
Deep Springs Personal Care Home	20 Deep Springs Way	Covington, GA	30016
Delmar Gardens of Gwinnett	3100 Club Drive	Lawrenceville, GA	30044
Denards Personal Care Home	173 N. Hulin Avenue	Tignall, GA	30668
Denita Care PCH	1616 Flat Shoals Road	College Park, GA	30349
Dennis and Dilsie Adult Care Home	217 St. Andrew Street	Sylvania, GA	30467
Destinys Home of Comfort Personal Care Home	2529 Crosscreek Road	Hephzibah, GA	30815
Devine Trinity Personal Care Home	29 Oak Street	Hinesville, GA	31313
Diane's House II PCH	5283 Winding Glen Drive	Lithonia, GA	30038
Diane's House Personal Care	2038 Mallard Way	Lithonia, GA	30058
Divine Care 1962	1962 Neptune Drive	Augusta, GA	30906
Divine Care Assisted Living	605 Georgia Avenue	Washington, GA	30673
Divine Love Personal Care Home	943 Falling Creek Drive	Macon, GA	31220
Dogwood Bluff Personal Care Home	266 Pony Lake Lane	Dahlonega, GA	30533
Dogwood Forest of Alpharetta	253 North Main Street	Alpharetta, GA	30009
Dogwood Forest of Dunwoody	7400 Peachtree Dunwoody R	Atlanta, GA	30328
Dogwood Forest of Fayetteville	1294 Highway 54 West	Fayetteville, GA	30214
Dogwood Forest of Gainesville	3315 Thompson Bridge Road	Gainesville, GA	30506
Dogwood Gardens Senior Living	1222 Plaza Avenue	Eastman, GA	31023
Dominion Assisted Living	3645-A Cusseta Road	Columbus, GA	31903
Dry Lake Personal Care Home	4829 Dry Lake Road	Dixie, GA	31629
Duncan McRae House	129 South Railroad Avenue	Mount Vernon, GA	30445
Dynamic Personal Care Home	3363 Luxembourg Circle	Decatur, GA	30034

Name	Address	City	Zip Code
East Georgia Personal Care Home II	1371 West Peachtree Avenue	Union Point, GA	30669
Easy Living Personal Care Home	2688 Nub Garland Road	Toccoa, GA	30577
Echols Personal Care Home	5266 Lexington Road	Rayle, GA	30660
Eddie's Care Home	2613 US Hwy 84 East	Valdosta, GA	31606
Eden Personal Care Home	2438 Swan Lake Drive	Grayson, GA	30017
Edgewood of Monticello	1178 College Street	Monticello, GA	31064
Elaine Miller Personal Care Home	5413 Old Augusta Highway	Grovetown, GA	30813
Elaines Personal Care Home	626 East Riverbend Drive	Lilburn, GA	30047
Elaines Personal Care Home II	186 Lockring Drive	Lilburn, GA	30047
Ellens Personal Care Home	3229 Old Louisville Road	Augusta, GA	30906
Elmcroft at Milford Chase	1345 Milford Church Road	Marietta, GA	30008
Elmcroft of Mt. Zion	7493 Mount Zion Boulevard	Jonesboro, GA	30236
Emerald City Lodge	103 Terrace Drive	Dublin, GA	31021
Emerald Isles PCH	1402 Shadowbrook Drive	Marietta, GA	30062
Emeritus at Flint River Memory Care Community	250 Water Tower Court	Macon, GA	31210
Emeritus at Newnan	355 Millard Farmer Industrial	Newnan, GA	30263
Emeritus at Sandy Springs	1260 Hightower Trail	Atlanta, GA	30350
Emeritus at Sandy Springs Place	1262 Hightower Trail	Atlanta, GA	30350
Emeritus at Vinings	2401 Cumberland Parkway S	Atlanta, GA	30309
Emory Senior Living	2795 Scenic Highway 124	Snellville, GA	30078
enAble of Georgia at Barrington	1070 Barrington Lane Court	Alpharetta, GA	30076
enAble of Georgia at Benjamin E. Mays	2729 Benjamin E. Mays Drive	Atlanta, GA	30311
enAble of Georgia at Branchwood	2864 Branchwood Drive	East Point, GA	30344
enAble of Georgia at Crabapple	10500 Crabapple Road	Roswell, GA	30075
enAble of Georgia at Denna Drive	130 Denna Drive	Alpharetta, GA	30004
enAble of Georgia at East Hembree	805 East Hembree Crossing	Roswell, GA	30076
enAble of Georgia at Pine Grove	540 Pine Grove	Roswell, GA	30075
Enchanted Lives Personal Care Home	3613 Larkspur Drive	Augusta, GA	30906
Ettas House	1682 Pharr Road	Snellville, GA	30078

Name	Address	City	Zip Code
Evans Personal Care Home	3680 Highway 15 South	Siloam, GA	30665
Evans Personal Care Home	426 Liberty Street	Gray, GA	31032
Evening Sun Personal Care	1392 Colony East Circle	Stone Mountain, GA	30083
Evergreen Terrace	53 Northwoods Drive	Dahlonega, GA	30533
Fairhaven Assisted Living Residence	1550 Glyngo Parkway	Brunswick, GA	31525
Faith Dwellings	4666 Randalwood Drive	Stone Mountain, GA	30083
Faith Hope and Grace Home	279 Cab Drive	Sylvania, GA	30467
Faith Landing Personal Care Home	1215 Hale Street	Waynesboro, GA	30830
Faith Personal Care Home	3623 Mecklinburg Place	Decatur, GA	30032
Faithfully Yours PCH	2512 Melville Avenue	Decatur, GA	30032
Falcon Crest Manor	111 Epps Street	Gordon, GA	31031
Falling Angels Two Assisted Living	4 Tahoe Drive	Savannah, GA	31405
FAM Personal Care Home	5618 Wellborn Creek Drive	Lithonia, GA	30058
FAM1 Personal Care Home	294 Tanners Bridge Road	Bethlehem, GA	30620
Family Affair Personal Care Home	525 Carlton Road	Palmetto, GA	30268
Family Pampering Center PCH #1	2180 Surrey Trail	College Park, GA	30349
Fellowship Assisted Living	277 Medical Way	Riverdale, GA	30274
Felton Manor	16 Roving Road	Cartersville, GA	30121
First Love Personal Care Home #1	2403 Wrightsboro Road	Augusta, GA	30904
First Love Personal Care Home #2	2734 Milledgeville Road	Augusta, GA	30904
Fite Living Centre	5 Fite Street	Cartersville, GA	30120
Five Ponds Personal Care Home	4688 Windsor Spring Road	Hephzibah, GA	30815
Florence Jeffersons T.L.C.	4357 Seago Road	Hephzibah, GA	30815
Foothills II Retirement Home	264 Myers Chance Road	Dahlonega, GA	30533
Foothills Retirement Home I	264 Myers Chance Road	Dahlonega, GA	30533
Frances B. Bell Personal Care Home	106 Joiner-Oglesby Road	Sardis, GA	30456
Franciscan Woods	2425 Williams Road	Columbus, GA	31909
Free Love Personal Care Home	3668 Ellington Airline Road	Dearing, GA	30808
Freedom House Augusta PCH	2006 Sibley Road	Augusta, GA	30909
Freeman Personal Care Home	1945 15th Street	Augusta, GA	30901

Name	Address	City	Zip Code
Fulcher - Nations Personal Care Home	2020 Edgar Street	Augusta, GA	30904
G & M Personal Care Home	1635 Stephenson Road	Lithonia, GA	30058
G and E Assisted Living Home	2260 Highway 77 South	Greensboro, GA	30642
G.S.E. Gantt Personal Care Home	3834 Fairington Drive	Hephzibah, GA	30815
Garden of Eden Personal Care Home	1573 Jett Roberts Road	Jefferson, GA	30549
Garden Of Love	2208 Woodward Avenue	Augusta, GA	30906
Garden View Retirement Assisted Living, Inc.	6134 College Avenue	Blackshear, GA	31516
Gardens at Royal Oaks	1218 Broadrick Drive	Dalton, GA	30720
Gardners Personal Care Home	2024 Wrightsboro Road	Augusta, GA	30901
Garrett Manor	339 Marshall Street	Martinez, GA	30907
Gaynell Hymels Personal Care Home	1029 Mosley Road	Augusta, GA	30906
Gaynell Hymels Personal Care Home II	1015 Mosley Road	Augusta, GA	30906
Gentle Services In Home Care	7363 Ovis Court	Riverdale, GA	30274
Georgia Living Center	182 Head Avenue	Tallapoosa, GA	30176
Gladys Hood Personal Care Home	4820 McComb Road	Hephzibah, GA	30815
Gods Child Personal Care Home	3719 Colbert Street	Augusta, GA	30906
Gold City Personal Care Home	350 Moores Drive	Dahlonega, GA	30533
Golden Crest Assisted Living - Eagles Landing	425 Country Club Drive	Stockbridge, GA	30281
Golden Days Quality Care Home	940 Knollwood Road	Mineral Bluff, GA	30559
Golden Life Christian Centers	2330 Ruby Drive	Augusta, GA	30906
Golden Living Community of Augusta	2237 Lee Street	Augusta, GA	30904
Golden Living Community of Augusta #2	2237 Lee Street	Augusta, GA	30904
Golden Personal Care Home I	257 Golden Road	Eastman, GA	31023
Golden Personal Care Home II	257 Golden Road	Eastman, GA	31023
Golden Pond Assisted Living Center	8167 Eisenhower Parkway	Lizella, GA	31052
Golden Retreat	503 South Goodman Street	Sparks, GA	31647
Golden Royal Orchards PCH	5112 Kelly Drive	Cohutta, GA	30710

Name	Address	City	Zip Code
Golden Rule Personal Care Home	2342 Dorn Road	Augusta, GA	30906
Golden Services Personal Care Home	930 West Magnolia Street	Valdosta, GA	31601
Golden South	705 Denham Road	Sycamore, GA	31790
Golden South II	705 Denham Road	Sycamore, GA	31790
Golff Personal Care Home	439 Drexell Avenue	Millen, GA	30442
Gospel Water Branch Elderly Housing, Inc.	672 King Taylor Road	Evans, GA	30809
Grace Manor	405 North Ridge Avenue	Tifton, GA	31794
Gracemont Assisted Living	4960 Jot-Em-Down Road	Cumming, GA	30041
Gracemont Assisted Living	4940 Jot-Em-Down Road	Cumming, GA	30041
Graces House	2 River Street	Cave Spring, GA	30124
Graces House Two	5 Raintree Drive SE	Silver Creek, GA	30173
Gracey Manor	3400 Youth Monroe Road	Loganville, GA	30052
Gramps N Grannies I	500 North Houston Road	Warner Robins, GA	31093
Gramps N Grannies II	502 North Houston Road	Warner Robins, GA	31093
Great Day PCH	2604 Whittier Place	Hephzibah, GA	30815
Greater Care Services PCH	4265 Parkwood Drive	Augusta, GA	30906
Greater Columbus Protective Care PCH	2425 Third Avenue	Columbus, GA	31901
Green Meadows PCH Corp	155 Abney Road	Cochran, GA	31014
Griffin Manor	207 West College Street	Griffin, GA	30224
Gro Shady Oaks	310 Chestnut Street	Dalton, GA	30721
Grosvenor Personal Care Home	4556 Central Drive	Stone Mountain, GA	30083
Guardian Angel	178 Green Street	Winder, GA	30680
Habersham House Senior Residence	5200 Habersham Street	Savannah, GA	31405
Halls Personal Care Home of Evans	4528 Hereford Farm Road	Evans, GA	30809
Hapeville Manor Assisted Living	601 Coleman Street	Hapeville, GA	30354
Happy Grove Cottage	2809 Club Forest Drive	Conyers, GA	30013
Harison Heights	3648 Walton Way Extension	Augusta, GA	30909
Harold Avenue PCH	1969 Harold Avenue	Smyrna, GA	30080
Harpers Personal Care Home	186 Bootlegger Lane	Washington, GA	30673
Harris House Inc.	605 South Lee Street	Fitzgerald, GA	31750
Haven of Tender Loving Care	407 W Moore Street	Dublin, GA	31021
Hearthstone of Roswell	350 Market Place	Roswell, GA	30075
Heavenly Arms	2764 1/2 Tobacco Road	Hephzibah, GA	30815

Name	Address	City	Zip Code
Heavenly Hands	3365 Tanglewood Drive	Augusta, GA	30909
Helping Hands Assisted Living LLC	525 Highway 24 East	Milledgeville, GA	31061
Helping Hands Personal Care Home 2	6260 Mozart Drive	Riverdale, GA	30296
Heritage Care Home	108 West 3rd Street	Ocilla, GA	31774
Heritage House	811 Bellevue Avenue	Dublin, GA	31021
Heritage Inn Retirement Center	14901 River Street	Blakely, GA	39823
Heritage of Brookstone	5235 Stilesboro Road N.W.	Kennesaw, GA	30152
Hickey Personal Care Home	515 Thomas Drive	Martinez, GA	30907
Higher Living Personal Care Home	650 Main Street	Warrenton, GA	30828
Highland Circle Personal Care Home	1028 Highland Circle	Conyers, GA	30012
Highland Manor	903 B Bellevue Avenue	Dublin, GA	31021
Hills House Personal Care Home	4745 Mike Padgett Highway	Augusta, GA	30906
Hilltop House Personal Care Home	1208 West Gordon Street	Quitman, GA	31643
Hollis House	407 Boulevard	LaGrange, GA	30240
Home Away From Home Personal Care Homes	8412 Red Cedar Way	Riverdale, GA	30274
Home of Love Personal Care Home	2188 Fairway Circle, SW	Atlanta, GA	30331
Home Sweet Home Personal Care Home	2459 Dublin Drive	Augusta, GA	30906
Homeplace Senior Living - Memory Care Community	345 Pearl Bates Avenue	Eastman, GA	31023
Hopewell Assisted Living	1945 Old Concord Drive	Covington, GA	30016
Horizon Bay	180 Woodrow Wilson Way	Rome, GA	30165
Horizon Bay - Vibrant Retirement Living	530 Northside Drive	Carrollton, GA	30117
House of Angels	420 Lavender Road	Athens, GA	30606
House of Angels II	260 General Daniels Avenue	Danielsville, GA	30633
House of Angels Personal Care Home	3554 Evangeline Drive	Augusta, GA	30906
House of Lord Home Care	3802 MacLand Road	Hiram, GA	30141
House of Naum Personal Care Home, The	2880 Olive Grove Church Ro	Roberta, GA	31078
House of Paradise Assisted Living, LLC	42 East Calhoun Street	Wadley, GA	30477
House of Prosperity	3702 Willow Bend Run	Columbus, GA	31907
House of Refuge	452 Cason Road	Cedartown, GA	30125

Name	Address	City	Zip Code
Humming Birds Personal Care Home	2124 Harding Road	Augusta, GA	30906
Idris Twins Personal Care Home	3778 Burnt Leaf Lane	Snellville, GA	30039
IJN Adult Personal Care Home - Atlanta	1949 Vicki Lane	Atlanta, GA	30316
In Loving Hands Care	9343 Thomas Road	Jonesboro, GA	30238
Inez Thomas Personal Care Home	3406 Richmond Hill Road	Augusta, GA	30906
Inez Thomas Personal Care Home #2	3405 Richmond Hill Road Ea	Augusta, GA	30906
Irene Johnson Personal Care Home	5018 Kennedy Street	Columbus, GA	31907
Isaac Haven Assisted Living Center	1939 Isaac Watkins Road	Montrose, GA	31065
Ivy Hall North	5690 State Bridge Road	Alpharetta, GA	30022
Ivy Springs Retirement Cottage	1408 Spring Street SE	Smyrna, GA	30080
Ivydale Personal Care Home	1836 South Main Street	Moultrie, GA	31768
Izes of an Angel	1431 Perry Avenue	Augusta, GA	30901
J R & C Assisted Living Center	2195 Waynesboro Highway	Hiltonia, GA	30467
Jabez Assisted Living II	339 E A Taylor Road	Crawfordville, GA	30631
Jackson Falls	7579 Covington Highway	Lithonia, GA	30058
Jacksons Personal Care Home	2377 Dublin Drive	Augusta, GA	30906
Jamestown Personal Care Home	300 Green Street	Fort Valley, GA	31030
Jane Smiths Personal Care Home	1809 Mavis Street	Augusta, GA	30906
Jinks Personal Care Home	609 Perham Street	Waycross, GA	31503
John Wesley Villas	5471 Thomaston Road	Macon, GA	31220
Johnnie E. Christmas Manor	3891 Manor House Drive	Marietta, GA	30062
Johns Helping Hands	2903 Larkspur Drive	Augusta, GA	30906
Jones Manor	339 Marshall Street	Martinez, GA	30907
Jones Personal Care Home	1618 Cider Lane	Augusta, GA	30906
Jonesboro Assisted Living	2620 Highway 138 S. E.	Jonesboro, GA	30236
Jordan Personal Care Home	1910 Sagemont Drive	Augusta, GA	30906
Joseph Home of Comfort PCH	3908 Fairington Drive	Hephzibah, GA	30815
Joyce Graves PCH	8488 Webb Road	Riverdale, GA	30274
Joyland Personal Care Home	430 West Broad Street	Griffin, GA	30223
Joyland Phase II	418 Meriwether Street	Griffin, GA	30223

Name	Address	City	Zip Code
Joys Manor PCH and Assisted Living	3442 Midway Road	Decatur, GA	30032
Juniper Street Personal Care Home	1313 Juniper Street	LaGrange, GA	30240
Kamga Personal Care Home	2237 Winston Way	Augusta, GA	30906
Kendrick Home	1016 Ell Street (B)	Macon, GA	31206
Kentwood Personal Care Home	1227 West Wheeler Parkway	Augusta, GA	30909
Killian Hill Personal Care Home	1538 Killian Hill Road	Lilburn, GA	30047
Kimberly Assisted Living Home	700 West Memorial Drive	Dallas, GA	30132
Kind Hearts Personal Care	3676 Lee Road	Snellville, GA	30039
Kingdom Kare PCH I	105 Wilson Street	Greensboro, GA	30642
Kingdom Kare PCH II	1061 Adrian Circle	Greensboro, GA	30642
Kings Bridge Retirement Center	3055 Briarcliff Road, N.E.	Atlanta, GA	30329
Kings Personal Kare Facility	111 Elizabeth Way	Ellenwood, GA	30294
Kingsford of Warner Robins	851 Gunn Road	Warner Robins, GA	31093
Kingsford Place	95 Progress Avenue	Hawkinsville, GA	31036
Krisscare Personal Care Home	2793 Skyland Drive	Snellville, GA	30078
L & R Personal Care	14 Sharper Circle	Valdosta, GA	31601
Lake Erma Assisted Living	103 West Main Street	Lakeland, GA	31635
Lake House Legion Lake	2928 Legion Lake Road	Douglasville, GA	30135
Lake Oconee Assisted Living Home IV	108 Oak Street	Greensboro, GA	30642
Lake Oconee Assisted Living Home V	2390 Veazey Road	Greensboro, GA	30642
Lake Pointe Assisted Living & Memory Care Community	45 Walnut Street	Hartwell, GA	30643
Lake Springs	4355 South Lee Street	Buford, GA	30518
Lakeside Rest Home	924 Crump Street	Swainsboro, GA	30401
Lakeview ITR Personal Care Home	349 Shoreline Drive	Thomasville, GA	31757
Lakeview Manor	1321 Price Mill Road	Madison, GA	30650
Lakeview Retirement Center	111 Stephens Avenue	Baxley, GA	31513
Langdale Place	2720 Windemer Drive	Valdosta, GA	31602
Langston Assisted Living	4646 Ruby Forrest Drive	Stone Mountain, GA	30083
Lanham Personal Care Home	2950 Old Highway #1	Hephzibah, GA	30815

Name	Address	City	Zip Code
Lanier Village Estates - OakBridge Terrace	3950 Village View Drive	Gainesville, GA	30506
Lateishas Assisted Living Care II	3268 Linton Road	Sparta, GA	31087
Laties Personal Care Home	9618 Brown Road	Jonesboro, GA	30238
Laurel Creek Manor Assisted Living	7955 Majors Road	Cumming, GA	30041
Lazy-R Personal Care Center	81 Wellborn Street	Blairsville, GA	30512
Le'glen Personal Care Home	2490 Boulder Springs Point	Ellenwood, GA	30294
Leisure Living of LaGrange I	137 Parker Place	LaGrange, GA	30240
Lewis Family Care Home	2870 Effingham Highway	Sylvania, GA	30467
Lewis Personal Care Home	317 West Lake Shore Drive	Martinez, GA	30907
Lifetime CLA	706 High Pointe Drive	Winder, GA	30680
Lighthouse Personal Care Home	1431 Brittain Road	Douglasville, GA	30134
Lighthouse Personal Care Home, The	206 Blue Mountain Parkway	Rocky Face, GA	30740
Longevity Personal Care Home	1520-22 12th Street	Augusta, GA	30901
Longevity Personal Care Home #2	2884 Lumpkin Road	Augusta, GA	30906
Lorraine Young Personal Care Home	2836 Tobacco Road	Hephzibah, GA	30815
Louise Lott Personal Care Home I	420 Colorado Street	Augusta, GA	30901
Lovelace Living Center	4870 Farm Valley Drive	Woodstock, GA	30188
Loves Community Care Center	2366 Dublin Drive	Augusta, GA	30906
Loves Personal Care Facility	2347 Amsterdam Drive	Augusta, GA	30906
Loving Care Senior Citizen Home	4225 Alton Street	Columbus, GA	31903
Loving Grace Personal Care Home #1	1236 12th Street	Augusta, GA	30901
Loving Hands	233 Northstar Drive	Columbus, GA	31907
Loving Hearts Personal Care Home	10241 Deep Creek Place	Union City, GA	30291
Loving Life Personal Care Home	2104 Sanders Road	Augusta, GA	30906
Loving Touch Ministries	1660 Hallmark Hills Drive	Griffin, GA	30223
Lucille Kylers Quality Care Personal Care Home	3231 Ware Road	Augusta, GA	30909
Luckeys Personal Care Home	3169 Highway 88	Blythe, GA	30805

Name	Address	City	Zip Code
Macks Personal Care Home	3603 Richdale Drive	Augusta, GA	30906
Macy Retirement Center	4408 Houston Avenue	Macon, GA	31206
Madison House Assisted Living	167 West Jefferson Street	Madison, GA	30650
Magnolia Estates of Elberton	68 College Avenue	Elberton, GA	30635
Magnolia Estates of Oconee	1641 Virgil Langford Road	Bogart, GA	30622
Magnolia Estates of Winder	624 Gainesville Highway	Winder, GA	30680
Magnolia Hills Retirement Home	504 Historic Highway 441 N	Demorest, GA	30535
Magnolia Lane	6365 Newborn Drive	College Park, GA	30349
Magnolia Manor - On the Coast	141 Timber Trail	Richmond Hill, GA	31324
Magnolia Manor - St. Marys	4695 Charlie Smith Sr. Highw	St. Marys, GA	31558
Magnolia Manor - St. Simons	100 Heritage Drive	St. Simons Island, GA	31522
Magnolia Manor South	3011 Veterans Parkway	Moultrie, GA	31788
Magnolia Place Inc.	6430 Newton Road	Albany, GA	31721
Majestic Manor	67 Pin Oak Drive	Rock Spring, GA	30739
Maliha Personal Care Home	32 Marvin Avenue	Summerville, GA	30747
Mapleview Personal Care Home #2	2622 Cawana Road	Statesboro, GA	30461
Mapleview Personal Care Home - 3	10 Church Street	Statesboro, GA	30458
Marable Manor PCH	235 East Marable Street	Monroe, GA	30655
Maranatha Personal Care Home	4414 Reef Road	Marietta, GA	30066
Maries Adult Personal Care Home	3524 Wrightsboro Road	Augusta, GA	30909
Marks Personal Care Home	1721 Hephzibah-McBean Ro	Hephzibah, GA	30815
Mary and Marthas Personal Care Home	616 Mohawk Street	Rossville, GA	30741
Mary Washington Personal Care Home	590 Mountain Oaks Parkway	Stone Mountain, GA	30087
Mary's Haven Personal Care Home	310 South Hutchinson Avenue	Adel, GA	31620
Masters Personal Care Home	362 Carver Street, S.E.	Thomson, GA	30824
Matrel's Personal Care Home	1008 East 12th Street	West Point, GA	31833
Maya Assistant Living	321 South 12th Street	Griffin, GA	30223
McClendon Personal Care Home	3050 Johnny Long Road	Newton, GA	39870
McMullen Personal Care Home	4770 Old Lake Park Road	Valdosta, GA	31606

Name	Address	City	Zip Code
Medlock Gardens Decatur	460 Medlock Road	Decatur, GA	30030
Memory Lane of Bremen Bldg A	524 Gordon Street	Bremen, GA	30110
Memory Lane of Bremen Bldg B	524 Gordon Street	Bremen, GA	30110
Memory Lane of Bremen Bldg C	524 Gordon Street	Bremen, GA	30110
Mercy Personal Care Home	3630 Brushy Wood Drive	Loganville, GA	30052
Merrill Gardens at Dunwoody	1460 South Johnson Ferry R	Dunwoody, GA	30319
Merrys Personal Care	4070 Janice Drive	East Point, GA	30344
Misty Meadows Personal Care Home	3464 Wolf Pen Gap Road	Suches, GA	30572
Mitchells Personal Care Home	405 Lawton Street	Atlanta, GA	30310
Mitchells Personal Care Home	684 Cascade Avenue	Atlanta, GA	30310
Morning Pointe Assisted Living	660 Jolly Road NW	Calhoun, GA	30701
Morning Starr Personal Care Home	519 Lawrenceville Street	Norcross, GA	30071
Morningside of Columbus	4500 South Stadium Drive	Columbus, GA	31909
Morningside of Dalton	2470 Dug Gap Road	Dalton, GA	30720
Morningside of Gainesville	2435 Limestone Parkway	Gainesville, GA	30501
Morningside of Macon	6191 Peake Road	Macon, GA	31220
Morris Assisted Living	1103 Bedford Avenue	Columbus, GA	31907
Morris Assisted Living II	4547 Moline Avenue	Columbus, GA	31907
Mosleys Personal Care Home	309 Walker Street	Augusta, GA	30901
Mossy Oak Assisted Living	1150 River Road	Jesup, GA	31546
Mother & Daughter Personal Care Home	1923 Kissingbower Road	Augusta, GA	30904
Mount Sinai Home Care	862 Split Rock Lane	Douglasville, GA	30134
Mountain Breeze PCH	167 Habersham Landing Drive	Demorest, GA	30535
Mt. Pleasant Alternative Care	311 Johnson Avenue	Thomson, GA	30824
Murry's PCH	230 McKenzie Drive	Swainsboro, GA	30401
My House 2 Community Care Facility	2836 Ravenwood Drive	Snellville, GA	30078
Naja Personal Care Home	935 Donington Circle	Lawrenceville, GA	30045
Nasworthy Care Home	4896 Stanfield Road	Patterson, GA	31557
Neals Personal Care Home	4520 Hereford Farm Road	Evans, GA	30809
New Haven	615 South Hutchinson Avenue	Adel, GA	31620

Name	Address	City	Zip Code
New Hope Assisted Living of Georgia	3985 Flat Shoals Road	Union City, GA	30291
North Spring Assisted Living	4 North Spring Street	Claxton, GA	30417
Northside Villa	8828 Hwy 112 North	Rochelle, GA	31079
Northwoods Retirement Home	54 Northwoods Drive	Dahlonega, GA	30533
Norwood Christian Care Personal Care Home	1793 Parkhill Drive	Decatur, GA	30032
Oak Ridge	160 Moores Road	Mineral Bluff, GA	30559
Odom, Pam Personal Care Home	129 Leonard Lane	Swainsboro, GA	30401
Opals Personal Care Home	100 Oakridge Drive	LaGrange, GA	30241
Open Arms Assisted Living - Sylvania	425 Gilgail Road	Sylvania, GA	30467
Open Arms Care Home	133 Apple Street	Midville, GA	30441
Open Arms Elderly Care	1864 Central Avenue	Augusta, GA	30904
Open Arms Personal Care Home	3725 Millstone Run	Augusta, GA	30906
Orchid Personal Care Home II	5809 Glenlake Court	Columbus, GA	31909
Overall Group Home	4462 Parmalee Path	Conley, GA	30288
Palm Shade Villa Assisted Living	175 Crowell Road North	Covington, GA	30014
Palm Shade Villa Assisted Living II	12166 Highway 212	Covington, GA	30014
Palmer Family Care Home	4550 Janice Drive	College Park, GA	30337
Panola Care, Inc.	3169 Pequea Drive	Lithonia, GA	30038
Paradise Living Personal Care Home	2571 Hwy 36 East	Jackson, GA	30233
Parker Hill Manor	1218 Parker Avenue	Albany, GA	31701
Pathways Center IGR - Female Only	403 Northlake Drive	Carrollton, GA	30117
Pathways Center IGR - Male Only	405 Northlake Drive	Carrollton, GA	30117
Patricias Adults Care Home	206 St. Andrews Street	Sylvania, GA	30467
Patron Place PCH	1992 Sewing Circle	Lithonia, GA	30058
Patterson Personal Care Home - Augusta	1605 Cornell Drive	Augusta, GA	30906
Payne Care Home II	2740 West Antler Drive	Augusta, GA	30906
Peaceful Living Personal Care Home - Augusta	2714 Coleman Avenue	Augusta, GA	30906
Peaceful Manor Retirement Home	2412 Cardinal Street	Albany, GA	31701
Peaceful Personal Care Home	168 Peaceful Lane	Portal, GA	30450

Name	Address	City	Zip Code
Peachtree Plantation	4251 Hudson Drive	Oakwood, GA	30566
Peachtree Village Senior Living	199 West W Gary Road	Commerce, GA	30529
Perfect Care, Inc.	114 Sullivan Drive	Americus, GA	31709
Petal's PCH	3371 Glen Summit Lane	Snellville, GA	30039
Philchris Assisted Living	297 Academy Drive	Thomasville, GA	31792
Picture of Life	351 South Hill Street	Toccoa, GA	30577
Pike Manor, Inc.	10642 U.S. Highway 19 North	Zebulon, GA	30295
Pine Shadows Retirement Manor	202 Bryant Drive	Sylvester, GA	31791
Pine Shadows Too	407 North McPhaul Street	Sylvester, GA	31791
Pineland Personal Care Home	235 Broxton Highway	Hazlehurst, GA	31539
Pines Retirement Living	801 Darling Avenue	Waycross, GA	31501
Pineview Gardens of Evans	4393 Owens Road	Evans, GA	30809
Pineview Gardens Personal Care Home	4255 Highway 25 North	Hephzibah, GA	30815
Pinewood Retirement Villa	7 Slapppy Drive	Hawkinsville, GA	31036
Pinnacle Way	825 Wright Street	Thomasville, GA	31792
Plair Personal Care Home	2016 Scott Road	Augusta, GA	30906
Plair Personal Care Home II	2014 Scott Road	Augusta, GA	30906
Plantation South of Duluth	3450 Duluth Park Lane	Duluth, GA	30096
Plantation South of Dunwoody	4594 Barclay Drive	Dunwoody, GA	30338
Platinum Care Personal Care Home	2358 Oak Avenue	Morrow, GA	30260
Pleasant Valley Retirement Home	510 Reed Road	Dalton, GA	30720
Port City Personal Care Home	720 East Shotwell Street	Bainbridge, GA	39819
Precious Care Home	1105 Mt. Vernon Road	Vidalia, GA	30474
Precious Touch PCH	6631 Chason Woods Court	Jonesboro, GA	30238
Presbyterian Home and Retirement Community	1901 West Screven Street	Quitman, GA	31643
Presbyterian Village	2000 East-West Connector	Austell, GA	30106
Presbyterian Village - Hearthstone	2000 East-West Connector	Austell, GA	30106
Priscilla Davis Personal Care Home	3674 Old Ferry Road	Martinez, GA	30907
PRN Nursing Alternative Living Family Care Solutions, Inc. (DD)	103 South 4th Street	McIntyre, GA	31054
Providence Assisted Living of Milton	17210 Birmingham Highway	Alpharetta, GA	30004

Name	Address	City	Zip Code
Providence of Alpharetta	12775 Providence Road	Alpharetta, GA	30009
Quality Choice Personal Care Home	3075 Antioch Road, Building	Macon, GA	31206
Quality Living Homes	3204 Chamblee Tucker Road	Atlanta, GA	30341
Rainbow Retirement Home	109 Meyer Farm Road	Arnoldsville, GA	30619
Raynna Personal Care Home	2532 Kensington Drive West	Augusta, GA	30906
Re-Creation of Hope	3600 Brushy Wood Drive	Loganville, GA	30052
Reagans Personal Care Home	4527-C Ogeechee Road	Savannah, GA	31504
Red Hill Personal Care Home	530 Red Hill Road	Jesup, GA	31545
Remington House	1504 Renaissance Drive	Conyers, GA	30012
Renaissance Marquis Retirement Village	3126 Cedartown Highway	Rome, GA	30161
Renaissance On Peachtree	3755 Peachtree Road, N.E.	Atlanta, GA	30319
Residential Living, Inc.	7861 Collinswood Court	Jonesboro, GA	30236
Resting Nest	4884 Price Road	Gainesville, GA	30506
Restorative Assisted Living Facility	3740 Wingate Drive	Columbus, GA	31909
Retirement Inn	414 West Main Street	Swainsboro, GA	30401
Rhema Personal Care Facilities	3144 Macedonia Road	Powder Springs, GA	30127
Ritchglow Personal Care Home	2717 Rainbow Forest Drive	Decatur, GA	30034
Riverside Place	1151 West College Street	Bainbridge, GA	39817
Riverwood Retirement Life Community	511 West 10th Street	Rome, GA	30165
Rock Creek Manor	50 Cagle Mill Road South	Jasper, GA	30143
Roman Court	1168 Chulio Road	Rome, GA	30161
Rose-Anns Personal Care Home	2016 Country Place Drive	Augusta, GA	30906
Rosemaude Personal Care Home	642 Erin Avenue, SW	Atlanta, GA	30310
Rosewood at Fort Oglethorpe	14 Fort Town Drive	Fort Oglethorpe, GA	30742
Rosewood Manor	1107 Tanner Street	Nicholls, GA	31554
Royal Care	568 Highway 26 E	Cochran, GA	31014
Royal Cottage Personal Care Home	65 Stoney Point Terrace	Covington, GA	30014
Royal Oaks	211 West College Street	Adrian, GA	31002
Royal Southern Plantation	580 Tommy Lee Fuller Drive	Loganville, GA	30052
Ruby Place	705 Cleland Street	Savannah, GA	31415
Ruthies Assisted Living	1441 Jeffersonville Road	Macon, GA	31217

Name	Address	City	Zip Code
Ryans Hope Personal Care Home	4472 Malibu Drive	Decatur, GA	30035
S. N. Waters Personal Care Home	3166 Highway 88	Blythe, GA	30805
Sacred Hands Personal Care Homes	141 St Ann Circle	Dallas, GA	30157
Safe Haven at Lenox Park	1137 Lynmoor Drive	Atlanta, GA	30319
Saint James Place	2027 Alta Vista Drive	Columbus, GA	31907
Samuda's Personal Care Home	2752 Skyland Drive	Snellville, GA	30078
Sandy Springs Assisted Living	300 Johnson Ferry Road, N.	Sandy Springs, GA	30328
Sara's Personal Care Home	129 Leonard Lane	Swainsboro, GA	30401
Savannah Court of Lake Oconee	1061 Willow Run Road	Greensboro, GA	30642
Savannah Court of Milledgeville	61 Marshall Road	Milledgeville, GA	31061
Savannah Plantation PCH	102 Level Creek Road	Buford, GA	30518
Savannah Square	167 Murrow Street	Blythe, GA	30805
Seasons Assisted Living	2724 Ledo Road	Albany, GA	31707
Senior Care America	1165 Hillcrest Glenn Circle	Sugar Hill, GA	30518
Senior Care America II	828 Rock Springs Road	Lawrenceville, GA	30043
Senior Citizens Care Center Annex	223 Harmon Road	Swainsboro, GA	30401
Serenity 1 Personal Care Home	3967 Lenora Church Road	Snellville, GA	30039
Serenity Assisted Living	206 Pine Street	Sparks, GA	31647
Serenity House	8599 Sheridan Drive	Jonesboro, GA	30236
Serenity Mountain Manor	309 Price Creek Farms Lane	Jasper, GA	30143
Serenity Personal Care Home	120 E. Winthorpe Avenue	Millen, GA	30442
Sha Sha's Leisure Living	1465 Teagle Road	Forsyth, GA	31029
Sha-Lyndas Personal Care Home	2313 Cadden Court	Augusta, GA	30906
Shady Lane	4901 La Roche Avenue	Savannah, GA	31404
Shady Lane II PCH	1133 Cornell Avenue	Savannah, GA	31406
Shady Lane IV	4901 LaRoche Avenue	Savannah, GA	31404
Shady Pines Estate	124 Airport Road	Abbeville, GA	31001
Shenices Assisted Living Home	3216 Highway 16	Sparta, GA	31087
Sheppard Personal Care Home	123 Emma Lane	Waynesboro, GA	30830
Sheridan Place - Assistive Living Unit	504 Firetower Road	Dublin, GA	31021

Name	Address	City	Zip Code
Sheridan Place - Clare Bridge Place Memory Care Unit	504 Firetower Road	Dublin, GA	31021
Shiloh Personal Care Home	300 West Second Street	Ocilla, GA	31774
Sibors Manor	3890 Wrightsboro Road	Augusta, GA	30909
Sillah Group Home	3510 Rockfort Drive	College Park, GA	30349
Silver Linings Personal Care Home	407 Harvey Street	Stapleton, GA	30823
Silverleaf of Athens	705 Whitehead Road	Athens, GA	30606
Sirmons Personal Care Home	623 Davis Avenue	Lakeland, GA	31635
Smith PCH	315 Advance Street	Swainsboro, GA	30401
Sonshine Manor Personal Care Home	115 Stephens View Road	Jasper, GA	30143
South Columbus Personal Care Home	2440 Mesa Street	Columbus, GA	31903
South Dooley Retirement Center II	1400 Swift Street	Perry, GA	31069
South Haven II	1335 Lake Ridge Parkway	Riverdale, GA	30296
Southern Breeze Assisted Living	127 S. Belair Road	Martinez, GA	30907
Southern Care Retirement Home	1934 Whiddon Mill Road	Tifton, GA	31793
Southern Charm	110 South Third Avenue	McRae, GA	31055
Southern Comfort Personal Care	6735 Pulaski Highway	Statesboro, GA	30458
Southern Escapes Assisted Living	3047 Johnson Road	Loganville, GA	30052
Southern Heritage I	812 Carl Vinson Parkway	Centerville, GA	31028
Southern Heritage II	814 Carl Vinson Parkway	Centerville, GA	31028
Southern Magnolia	405 Thompson Street	Vidalia, GA	30474
Southern Manor Retirement Inn	1532 Fair Road	Statesboro, GA	30458
Southern Pines Senior Care Inc.	258 College Avenue	Maysville, GA	30558
Southern Pines Senior Living	423 Covington Avenue	Thomasville, GA	31792
Southern Retreat	307 Charles Street	Vienna, GA	31092
Southern Senior Living	215 East Sellers Street	Douglas, GA	31533
Sparks Community Care Home, LLC	207 Forestside Circle	Americus, GA	31709
Sparks Retirement Home, Inc.	304 South Goodman Street	Sparks, GA	31647
Sparks Serenity Phase III	1701 Maxwell Street	Americus, GA	31709
Spice of Life	1458 Mill Street	Augusta, GA	30901

Name	Address	City	Zip Code
Spring Garden Personal Care Home	3361 Glen Summit Lane	Snellville, GA	30039
Spring Harbor at Green Island	100 Spring Harbor Drive	Columbus, GA	31904
Spring Lane Personal Care Home	1570 Spring Lane NW	Atlanta, GA	30314
Spring Villa Personal Care	620 Monroe Street	Macon, GA	31201
Springfield Personal Care Home	3342 Springfield Road	Sparta, GA	31087
St Irene PCH	44 Clairmont Avenue	Elberton, GA	30635
St Marys Highland Hills Village	1660 Jennings Mill Road	Bogart, GA	30622
St. George Village - Wellington Court	11350 Woodstock Road	Roswell, GA	30075
St. Ives Assisted Living	5835 Medlock Bridge Parkway	Alpharetta, GA	30022
Star Manor	241 Nelson Street	Cartersville, GA	30120
Stonehenge Assisted Living 3	168 Stonehenge Drive	Blairsville, GA	30512
Stonehenge Assisted Living One	168 Stonehenge Drive	Blairsville, GA	30512
Stonehenge Too	168 Stonehenge Drive	Blairsville, GA	30512
Suites at Oak View	55 Stockade Road	Summerville, GA	30747
Summer Street Community Services	132 Summer Street	Adairsville, GA	30103
Summer Street Community Services II	32 Horseshaw Road	Adairsville, GA	30103
Summer Willow Assisted Living	259 Nunez Lexsy Road	Swainsboro, GA	30401
Summer Willow at James Place	213 Industrial Blvd	Dublin, GA	31021
Summer's Landing at Green Island	6830 River Road	Columbus, GA	31904
Summer's Landing Tilly Mill	4821 North Peachtree Road	Dunwoody, GA	30338
Summers Landing	419 Airport Road	Griffin, GA	30224
Summers Landing - Douglas	1360 West Gordon Street	Douglas, GA	31533
Summers Landing Limestone	2030 Windward Lane	Gainesville, GA	30501
Summers Landing Northland Assisted Living	5399 Northland Drive	Atlanta, GA	30342
Summers Landing PCH	171 Highway 78 NW	Monroe, GA	30655
Sunny Mills Assisted Living	402 North West Street	Greensboro, GA	30642
Sunrise at East Cobb	1551 Johnson Ferry Road	Marietta, GA	30062
Sunrise at Huntcliff Summit	8480 Roswell Road	Sandy Springs, GA	30350

Name	Address	City	Zip Code
Sunrise at Johns Creek	11405 Medlock Bridge Road	Johns Creek, GA	30093
Sunset Nellee	6420 Bennett Drive	Rex, GA	30273
Sunshine Care	1103 Beard McCord Drive	Lincolnton, GA	30817
Sunshine Residential Care	3949 Pine Gorge Circle	Dacula, GA	30019
Sweet Sadies Personal Care Home	434 Railroad Avenue	Blythe, GA	30805
Tanglewood Assisted Living Facility	50 Tanglewood Drive	Dawsonville, GA	30534
Tapleys Personal Care Home	4602 Hereford Farm Road	Evans, GA	30809
Tebeau House Retirement Home	2019 Tebeau Street	Waycross, GA	31501
Tender Care Assisted Living at Snellville	3922 Centerville Highway #1	Snellville, GA	30039
Tender Care Personal Care Home	1560 Twin Bridge Lane	Lawrenceville, GA	30043
Tennille Assisted Living	525 North Main Street	Tennille, GA	31089
Terris Personal Care Home	1680 Lawrenceville - Suwane	Lawrenceville, GA	30043
The Blossom Personal Care Home	1245 Augusta Avenue	Augusta, GA	30901
The Carlton	690 Mt. Vernon Highway	Atlanta, GA	30328
The Colonnade at Brandon Wilde	4275 Owens Road	Evans, GA	30809
The Cottage Senior Living	818 Round Tree Court	Lawrenceville, GA	30045
The Gables at Cobb Village	12 Cobb Village Drive	Royston, GA	30662
The Hallmark Buckhead	650 Phipps Boulevard, NE	Atlanta, GA	30326
The Hampton House Assisted Living Facility	432 South Fourth Street	Colbert, GA	30628
The Home Place	801 Walnut Street	Louisville, GA	30434
The Home Place PCH	602 Hamilton E. Holmes Drive	Atlanta, GA	30318
The Mann House	5413 Northland Drive	Atlanta, GA	30342
The Mews III PCH	621 North Cherokee Road	Social Circle, GA	30025
The Nightingale Song Personal Care Home	2548 US 27 South	Carrollton, GA	30117
The Oaks Assisted Living at The Marshes of Skidaway Island	95 Skidaway Island Park Road	Savannah, GA	31411
The Oaks at Peake Assisted Living	400 Foster Road	Macon, GA	31210
The Oaks at Post Road	3875 Post Road	Cumming, GA	30040
The Oaks at Scenic View Assisted Living	205 Peach Orchard Drive	Baldwin, GA	30511
The Oaks of Carrollton Assisted Living	921 Old Newnan Road	Carrollton, GA	30116

Name	Address	City	Zip Code
The Oaks Personal Care Home	777 Nursing Home Road	Marshallville, GA	31057
The Plaza At Talmage Terrace	801 Riverhill Drive	Athens, GA	30606
The Plaza Personal Care at St. John Towers	724 Greene Street	Augusta, GA	30901
The Providers, Inc.	799 Moreland Avenue	Atlanta, GA	30316
The Rachel House, Inc.	204 West Colquitt Street	Sparks, GA	31647
The Retreat	1207 East McPherson Street	Nashville, GA	31639
The Retreat II	1207 East McPherson Street	Nashville, GA	31639
The Southern Living Center	434 Beall Springs Road	Gibson, GA	30810
The Stewart House	102 South Street	Carrollton, GA	30117
The Suites at Cypress Pond	15 Kent Road	Tifton, GA	31794
The Veranda at Carnesville	29 McEntire Street	Carnesville, GA	30521
The White House Personal Care Home	452 State Street	Waycross, GA	31501
The Willows	4179 Wheeler Road	Martinez, GA	30907
The Woods Assisted Senior Living	1401 Macon Road	Griffin, GA	30224
Thomaston Manor	409 West Gordon Street	Thomaston, GA	30286
Thompson Manor	107 Rowe Street	Dublin, GA	31021
Thompsons Personal Care Home	3435 Linderwood Drive	Augusta, GA	30906
Tignall Assisted Living	185 S. Hulin Avenue	Tignall, GA	30668
TLC Family Home	3605 Shallowford Road	Marietta, GA	30062
TLC Personal Care Home	2861 Greenville Street	LaGrange, GA	30241
Touch By An Angel PCH #2	2815 Dean's Bridge Road	Augusta, GA	30906
Traces of Tiger II	382 Bridge Creek Road	Tiger, GA	30576
Treutlen Living Center	5590 Third Street North	Soperton, GA	30457
Trinity Personal Care Home of Georgia, LLC	718 Weed Street	Augusta, GA	30904
True Comfort Care Home 3	476 Briarwood Lane	Hull, GA	30646
True Comfort Care Home 4	1081 Helican Spring Road	Athens, GA	30601
True Comfort Care Home 5	1905 Danielsville Rd	Athens, GA	30601
True Comfort Care Home 6	185 Catalpa Drive	Athens, GA	30601
Truly Living Well Personal Care Home	7078 Bethel Court	Riverdale, GA	30296
Tudor Castle Personal Care Home	2056 Tudor Castle Circle	Decatur, GA	30035
Twelve Oaks Senior Living	2000 Bellevue Road	Dublin, GA	31021
Tylers Assisted Living	208 Flowing Wells Road	Martinez, GA	30907
U2 Concepts Personal Care	2900 Keenan Road	College Park, GA	30349
Universal Healthcare	1766 Enclave Place	Conley, GA	30288

Name	Address	City	Zip Code
Service			
V & T Shady Rest PC Home	1386 New Petersburg Road	Lincolnton, GA	30817
Vanderpoole's Senior Living Center	1718 Mossy Rock Cove	Lithonia, GA	30058
Vernon Woods	101 Vernon Woods Drive	LaGrange, GA	30240
Victoria Personal Care Home	2666 Nancy Drive	Macon, GA	31206
Victory House	310 West Washington Avenue	Nashville, GA	31639
Victory Villa	308 West Washington Avenue	Nashville, GA	31639
Victory Village	3650 Salem Church Road	Jasper, GA	30143
Villa Rose	430 Mosley Road	Byron, GA	31008
Vina Mae Robinson Retirement Center - VMR	566 West 16th Avenue	Albany, GA	31701
Vina Mae Robinson Retirement Center 2 - Monroe House	566 West 16th Avenue	Albany, GA	31701
Vincent's Village Personal Care	3113 Washington Road	East Point, GA	30344
Vision Personal Care Home #1	960 Curry Place	Macon, GA	31202
Vital Place	985 Waldwick Drive	Lawrenceville, GA	30045
Waldrop Personal Care Inc	89 Burnt Hickory Road	Cartersville, GA	30120
Walnut Creek Manor	1033 Highway 155 North	McDonough, GA	30253
Wanda Shelly Personal Care Home	1055 Hephzibah-McBean Ro	Hephzibah, GA	30815
Ware Group Home	214 Edison Drive	Albany, GA	31705
Washington Manor	184 Pine Lane	Washington, GA	30673
Watson Manor	115 Watson Street	Thomson, GA	30824
Waverly Gardens of Evans	550 Gibbs Road	Evans, GA	30809
We Care 2 Personal Care Home	1483 Virgil Pond Lane	Loganville, GA	30052
We Care Assisted Living	1022 Fisk Avenue	Columbus, GA	31906
We Care Assisted Living #2	2036 7th Street	Columbus, GA	31907
We Care Personal Care Home Facility	206 Walnut Drive	Americus, GA	31719
We Care Personal Home Phase II	813 Parker Street	Americus, GA	31709
Weavers Manor	803 West Ogeechee Street	Sylvania, GA	30467
Welcome Home PCH	2366 Centerville Rosebud Ro	Loganville, GA	30052
Welcome Home Personal Care Home	5780 Rock Road	Union City, GA	30291
Well Care	2433 Powder Springs Road	Marietta, GA	30064

Name	Address	City	Zip Code
WellCare Assisted Living	2433 Powder Springs Road	Marietta, GA	30064
Wesbys Personal Care Home, Inc.	1429 Highway 23 South	Waynesboro, GA	30830
Wesley Woods Towers	1825 Clifton Road, N.E.	Atlanta, GA	30329
West Assistive Living II	116 Maple Circle	Greensboro, GA	30642
West Forrest Personal Care Home	280 West Forrest Street	Harlem, GA	30814
West Village Retirement Community, Inc.	409 West Goodrich Avenue	Thomaston, GA	30286
Whispering Pines	6273 Highway 41 South	Bolingbroke, GA	31004
Whispering Pines 1	110 East Paces Drive	Athens, GA	30605
Whispering Pines 2	100 East Paces Drive	Athens, GA	30605
Whispering Pines Personal Care Home	10096 Burkhalter Road	Statesboro, GA	30458
White Dove Personal Care Home	2229 Highway 98 East	Danielsville, GA	30633
White Oaks	130 Moores Road	Mineral Bluff, GA	30559
White Oaks	867 Longstreet Road	Cochran, GA	31014
White Oaks at Lanier	255 Elm Street	Cumming, GA	30040
Wilkinson Center	249 Hospital Drive	Toccoa, GA	30577
Willow Creek, Centerville	404 North Houston Lake Bou	Centerville, GA	31028
Willow Creek, Perry	1900 Macon Road	Perry, GA	31069
Willow Ridge Personal Care Home	801 Faceville Highway	Bainbridge, GA	39819
Willows Edge	401 Dixie Street	Sparta, GA	31087
Wilson's Personal Care Home	1527 Dade Street	Augusta, GA	30904
Wings of Faith PCH	12433 Highway 16 East	Monticello, GA	31064
Winnwood Retirement Community - Sullivan House	100 Whitlock Avenue	Marietta, GA	30064
Winterville Retirement Center	124 Avery Street	Winterville, GA	30683
Winthrop at Polk	131 Melissa Lane	Cedartown, GA	30125
Winthrop Court Assisted Living	10 Highway 411 East	Rome, GA	30161
Winthrop West Senior Living	279 Technology Parkway	Rome, GA	30165
Wise Choice Personal Care Home	318 Meadow Court	Martinez, GA	30907
Wonderland Assisted Living, LLC	3780 Napier Avenue	Macon, GA	31204
Woodhaven Personal Care Home	6246 Highway 136	Trenton, GA	30752

Name	Address	City	Zip Code
Xtraordinary Personal Care Home	328 Rockdale Road	Martinez, GA	30907
Yellow Brick House	6903 Main Street	Lithonia, GA	30058

PERSONAL CARE HOMES SEPARATE UNIT

Name	Address	City	Zip Code
Antebellum Grove Assisted Living	1010 Kathryn Ryals Road	Warner Robins, GA	31088
Arbor Terrace	170 Marilyn Farmer Way	Athens, GA	30606
Arbor Terrace at Cascade	1001 Research Center	Atlanta, GA	30331
Arbor Terrace at Tucker	5844 Highway 29	Tucker, GA	30084
Arbor Terrace at West Cobb	3829 Floyd Road	Austell, GA	30106
Arbor Terrace of Decatur	425 Winn Way	Decatur, GA	30030
Arbor Terrace of East Cobb	866 Johnson Ferry Road	Marietta, GA	30068
Ashley Glen	441 Prime Point	Peachtree City, GA	30269
Ashton Hall	1155 Lawrenceville Highway	Lawrenceville, GA	30046
Atria Buckhead	2848 Lenox Road	Atlanta, GA	30324
Atria Johnson Ferry	9 Sherwood Lane	Marietta, GA	30067
Augusta Gardens Retirement Residence	3725 Wheeler Road	Augusta, GA	30909
Belmont Village	5455 Glenridge Drive	Atlanta, GA	30342
Bentley Assisted Living at Northminster	50 Sumner Way	Jefferson, GA	30549
Benton House at Benton Village	201 Evergreen Terrace	Stockbridge, GA	30281
Benton House at Benton Village - Transitional Step Down Program	201 Evergreen Terrace	Stockbridge, GA	30281
Benton House of Covington	7155 Dearing Road	Covington, GA	30014
Benton House of Dublin and Beacon Neighborhood	212 Fairview Park Drive	Dublin, GA	31021
Benton House of Newnan Lakes	25 Newnan Lakes Boulevard	Newnan, GA	30263
Bickford Senior Living	840 LeCroy Drive	Marietta, GA	30068
Blair House Senior Living Community	684 Arlington Place	Macon, GA	31201
Brasstown Manor	108 Church Street	Hiawassee, GA	30546
Brighton Gardens of Buckhead	3088 Lenox Road	Atlanta, GA	30324

Brighton Gardens of Dunwoody	1240 Ashford Center Parkway	Dunwoody, GA	30338
Brookside Glen	400 Bradley Park Drive	Columbus, GA	31904
Cameron Hall	240 Marietta Highway	Canton, GA	30114
Carlyle Place - Cambridge Court	5300 Zebulon Road	Macon, GA	31210
Carriage House of Royal Southern Plantation	690 Tommy Lee Fuller Drive	Loganville, GA	30052
Cedar Hill Senior Living Community	402 East Ellawood Avenue	Cedartown, GA	30125
Cedar Plantation Assisted Living and Alzheimers Community	46637 Highway 46 East	Metter, GA	30439
Cobis Personal Care Home	7200 Manor Road	Columbus, GA	31907
Courtyard Gardens	1000 River Center Place	Lawrenceville, GA	30043
Cumming Manor Personal Care	2775 Castleberry Road	Cumming, GA	30040
Dogwood Forest at Eagles Landing	475 Country Club Drive	Stockbridge, GA	30281
Dogwood Forest of Alpharetta	253 North Main Street	Alpharetta, GA	30009
Dogwood Forest of Dunwoody	7400 Peachtree Dunwoody R	Atlanta, GA	30328
Dogwood Forest of Fayetteville	1294 Highway 54 West	Fayetteville, GA	30214
Dogwood Forest of Gainesville	3315 Thompson Bridge Road	Gainesville, GA	30506
Eastside Gardens	2078 Scenic Highway	Snellville, GA	30078
Elmcroft at Milford Chase	1345 Milford Church Road	Marietta, GA	30008
Elmcroft of Mt. Zion	7493 Mount Zion Boulevard	Jonesboro, GA	30236
Elmcroft of Roswell	400 Marietta Highway	Roswell, GA	30075
Elmcroft Senior Living	515 The Pass	Martinez, GA	30907
Emeritus at Decatur	475 Irvin Court	Decatur, GA	30030
Emeritus at Heritage Hills	3607 Weems Road	Columbus, GA	31909
Emeritus at Riverstone Senior Living	125 Riverstone Terrace	Canton, GA	30114
Emeritus at Sandy Springs Place	1262 Hightower Trail	Atlanta, GA	30350
Emeritus at Spring Mountain	1790 Powder Springs Road	Marietta, GA	30064
Emeritus at Vinings	2401 Cumberland Parkway S	Atlanta, GA	30309
Emeritus at Woodstock Senior Living Community	756 Neese Road	Woodstock, GA	30188
Evans Personal Care Home	426 Liberty Street	Gray, GA	31032
Evergreen Assisted Living	2823 Gillionville Road	Albany, GA	31721
Fairhaven Assisted Living Residence	1550 Glynco Parkway	Brunswick, GA	31525
FAM Personal Care Home	5618 Wellborn Creek Drive	Lithonia, GA	30058

Gardens of Roswell	9212 Nesbit Ferry Road	Alpharetta, GA	30022
Gentilly Gardens	625 Gentilly Road	Statesboro, GA	30458
Golden Crest	2160 Lake Harbin Road	Morrow, GA	30260
Governors Glen	5000 Governors Drive	Forest Park, GA	30297
Greenwood Gardens	1160 Whitlock Avenue	Marietta, GA	30064
Griffin House South, The	107 West Liberty Street	Claxton, GA	30417
Grosvenor Personal Care Home	4556 Central Drive	Stone Mountain, GA	30083
Habersham House Senior Residence	5200 Habersham Street	Savannah, GA	31405
Heritage of Sandy Plains	3039 Sandy Plains Road	Marietta, GA	30066
House of Angels	420 Lavender Road	Athens, GA	30606
Kendrick Home	1016 Ell Street (B)	Macon, GA	31206
Lake Springs	4355 South Lee Street	Buford, GA	30518
Langdale Place	2720 Windemer Drive	Valdosta, GA	31602
Lanier Village Estates - OakBridge Terrace	3950 Village View Drive	Gainesville, GA	30506
Laurel Creek Manor Assisted Living	7955 Majors Road	Cumming, GA	30041
Leisure Living of LaGrange I	137 Parker Place	LaGrange, GA	30240
Magnolia Manor Retirement Center	2001 South Lee Street	Americus, GA	31709
Mattie H. Marshall Center	2001 South Lee Street	Americus, GA	31709
Memory Lane of Bremen Bldg A	524 Gordon Street	Bremen, GA	30110
Morning Pointe Assisted Living	660 Jolly Road NW	Calhoun, GA	30701
Morning Starr Personal Care Home	519 Lawrenceville Street	Norcross, GA	30071
Morningside of Albany	1721 Beattie Road	Albany, GA	31721
Morningside of Conyers	1352 Wellbrook Circle	Conyers, GA	30012
Mountain View Personal Care Home	3675 Kensington Road	Decatur, GA	30032
Mt. Carmel Personal Care Home	3084 Mt. Carmel Road	Hampton, GA	30228
Northlake Gardens	1300 Montreal Road	Tucker, GA	30084
Palm Shade Villa Assisted Living II	12166 Highway 212	Covington, GA	30014
Park Regency Personal Care Home	3000 Veterans Parkway	Moultrie, GA	31768
Peachtree Plantation	4251 Hudson Drive	Oakwood, GA	30566
Peachtree Village Senior Living	199 West W Gary Road	Commerce, GA	30529
Plantation Manor Personal Care Home	220 Park Avenue	Thomasville, GA	31792
Plantation South of Dunwoody	4594 Barclay Drive	Dunwoody, GA	30338
Presbyterian Village	2000 East-West Connector	Austell, GA	30106

Presbyterian Village - Hearthstone	2000 East-West Connector	Austell, GA	30106
Renaissance Marquis Retirement Village	3126 Cedartown Highway	Rome, GA	30161
Riverwood Retirement Life Community	511 West 10th Street	Rome, GA	30165
Roman Court	1168 Chulio Road	Rome, GA	30161
Royal Southern Plantation	580 Tommy Lee Fuller Drive	Loganville, GA	30052
Safe Haven at Lenox Park	1137 Lynmoor Drive	Atlanta, GA	30319
Sandy Springs Assisted Living	300 Johnson Ferry Road, N.	Sandy Springs, GA	30328
Savannah Commons Retirement Community - Verra Spring	1 Peachtree Drive	Savannah, GA	31419
Savannah Court of Lake Oconee	1061 Willow Run Road	Greensboro, GA	30642
Savannah Court of Newnan	27 Belt Road	Newnan, GA	30263
Scepter Living Center of Snellville LLC	3000 Lenora Church Road	Snellville, GA	30078
Sheridan Place - Clare Bridge Place Memory Care Unit	504 Firetower Road	Dublin, GA	31021
Southern Care Retirement Home	1934 Whiddon Mill Road	Tifton, GA	31793
Southern Pines Senior Living	423 Covington Avenue	Thomasville, GA	31792
Sparks Inn at Christian City	7290 Lester Road	Union City, GA	30291
St Marys Center for Alzheimer's and Dementia Care	1660 Jennings Mill Road	Bogart, GA	30622
St. Ives Assisted Living	5835 Medlock Bridge Parkway	Alpharetta, GA	30022
Summers Landing PCH	171 Highway 78 NW	Monroe, GA	30655
Summerset Assisted Living Community	3711 Benjamin E. Mays Drive	Atlanta, GA	30331
Sunrise at Buckhead	1000 Lenox Park	Atlanta, GA	30319
Sunrise at Decatur	920 Clairemont Avenue	Decatur, GA	30030
Sunrise at East Cobb	1551 Johnson Ferry Road	Marietta, GA	30062
Sunrise at Five Forks	3997 Five Forks Trickum	Lilburn, GA	30047
Sunrise at Huntcliff Summit	8480 Roswell Road	Sandy Springs, GA	30350
Sunrise at Johns Creek	11405 Medlock Bridge	Johns Creek, GA	30093
Susans Personal Care Home	114 Hambleton Street	Thomasville, GA	31792
Tara Plantation Assisted Living	440 Tribble Gap Road	Cumming, GA	30040
The Carlton	690 Mt. Vernon Highway	Atlanta, GA	30328
The Cohen Home	10485 Jones Bridge Road	Alpharetta, GA	30022
The Court at Sandy Springs - Memory Care (Emeritus)	1262 Hightower Trail	Atlanta, GA	30350
The Mews III PCH	621 North Cherokee Road	Social Circle, GA	30025

The Oaks Assisted Living at The Marshes of Skidway Island	95 Skidaway Island Park Road	Savannah, GA	31411
The Oaks at Post Road	3875 Post Road	Cumming, GA	30040
The Oaks of Carrollton Assisted Living	921 Old Newnan Road	Carrollton, GA	30116
The Plaza Personal Care Center - Wesley Wood	2280 North Highway 29	Newnan, GA	30265
The Suites at Poplar Creek	114 Old Airport Road	LaGrange, GA	30240
Winterville Retirement Center	124 Avery Street	Winterville, GA	30683
Winthrop at Polk	131 Melissa Lane	Cedartown, GA	30125
Winthrop West Senior Living	279 Technology Parkway	Rome, GA	30165
Woodland Ridge	4005 South Cobb Drive	Smyrna, GA	30080
Woodstock Estates	1000 Professional Way	Woodstock, GA	30188
Yellow Brick House	6903 Main Street	Lithonia, GA	30058

PERSONAL CARE HOMES SECURED UNIT

Name	Address	City	Zip Code
Alzheimers Care of Commerce	200 Bolton Drive	Commerce, GA	30529
Amelia Gardens I	545 Toonigh Road	Woodstock, GA	30188
Amelia Gardens II	2030 Bascomb Carmel Road	Woodstock, GA	30189
Antebellum Grove Assisted Living	1010 Kathryn Ryals Road	Warner Robins, GA	31088
Arbor Terrace	170 Marilyn Farmer Way	Athens, GA	30606
Arbor Terrace at Cascade	1001 Research Center	Atlanta, GA	30331
Arbor Terrace at Tucker	5844 Highway 29	Tucker, GA	30084
Arbor Terrace at West Cobb	3829 Floyd Road	Austell, GA	30106
Arbor Terrace of Decatur	425 Winn Way	Decatur, GA	30030
Arbor Terrace of East Cobb	866 Johnson Ferry Road	Marietta, GA	30068
Ashley Glen	441 Prime Point	Peachtree City, GA	30269
Ashton Hall	1155 Lawrenceville Highway	Lawrenceville, GA	30046
Atherton Place	111 Tower Road	Marietta, GA	30060
Atria Buckhead	2848 Lenox Road	Atlanta, GA	30324
Atria Johnson Ferry	9 Sherwood Lane	Marietta, GA	30067
Augusta Gardens Retirement Residence	3725 Wheeler Road	Augusta, GA	30909
Avondale Assisted Living at Kensington	3508 Kensington Road	Decatur, GA	30032
Avondale Assisted Living at Northlake	3965 Gloucester Drive	Tucker, GA	30084

Avondale Homes at Tucker	2553 Sandpiper Drive	Tucker, GA	30084
Belair at Macon, The	4901 Harrison Road	Macon, GA	31206
Bella's Cottage	7275 Timberline Overlook	Cumming, GA	30041
Belmont Village	5455 Glenridge Drive	Atlanta, GA	30342
Bentley Assisted Living at Northminster	50 Sumner Way	Jefferson, GA	30549
Benton House at Benton Village	201 Evergreen Terrace	Stockbridge, GA	30281
Benton House at Benton Village - Transitional Step Down Program	201 Evergreen Terrace	Stockbridge, GA	30281
Benton House of Covington	7155 Dearing Road	Covington, GA	30014
Benton House of Dublin and Beacon Neighborhood	212 Fairview Park Drive	Dublin, GA	31021
Benton House of Newnan Lakes	25 Newnan Lakes Boulevard	Newnan, GA	30263
BestCare Assisted Living	2775 Cruse Road; #1401	Lawrenceville, GA	30044
Bickford Senior Living	840 LeCroy Drive	Marietta, GA	30068
Blair House Senior Living Community	684 Arlington Place	Macon, GA	31201
Bless To The Max	5870 GA Highway 57	Gordon, GA	31031
Brasstown Manor	108 Church Street	Hiawassee, GA	30546
Brighton Gardens of Buckhead	3088 Lenox Road	Atlanta, GA	30324
Brighton Gardens of Dunwoody	1240 Ashford Center Parkway	Dunwoody, GA	30338
Brittany House at Benson Heights	1788 Sandy Plains Road	Marietta, GA	30066
Brittany's Place Assisted Living	141 Denis Drive	Jeffersonville, GA	31044
Brookside Glen	400 Bradley Park Drive	Columbus, GA	31904
Cambridge Farms Assisted Living	4040 Webb Bridge Road	Alpharetta, GA	30005
Cameron Hall	240 Marietta Highway	Canton, GA	30114
Camilla Retirement Home	161 East Broad Street	Camilla, GA	31730
Carlyle Place - Cambridge Court	5300 Zebulon Road	Macon, GA	31210
Carriage House of Royal Southern Plantation	690 Tommy Lee Fuller Drive	Loganville, GA	30052
Cedar Hill Senior Living Community	402 East Ellawood Avenue	Cedartown, GA	30125

Cedar Plantation Assisted Living and Alzheimers Community	46637 Highway 46 East	Metter, GA	30439
Cherokee Angel PCH #3	326 Heights Place	Canton, GA	30114
Cobis Personal Care Home	7200 Manor Road	Columbus, GA	31907
Colonial Gardens of Warner Robins #1	903 West Highway 96	Warner Robins, GA	31088
Comforters	2753 Trail Creek Circle	Lithia Springs, GA	30122
Country Manor Estates	1487 Allen Road	Macon, GA	31216
Courtyard Gardens	1000 River Center Place	Lawrenceville, GA	30043
Cumming Manor Personal Care	2775 Castleberry Road	Cumming, GA	30040
Cunningham's PCH	195 Bristlecone Court	Winterville, GA	30683
Divine Love Personal Care Home	943 Falling Creek Drive	Macon, GA	31220
Dogwood Forest at Eagles Landing	475 Country Club Drive	Stockbridge, GA	30281
Dogwood Forest of Alpharetta	253 North Main Street	Alpharetta, GA	30009
Dogwood Forest of Dunwoody	7400 Peachtree Dunwoody R	Atlanta, GA	30328
Dogwood Forest of Fayetteville	1294 Highway 54 West	Fayetteville, GA	30214
Dogwood Forest of Gainesville	3315 Thompson Bridge Road	Gainesville, GA	30506
Eastside Gardens	2078 Scenic Highway	Snellville, GA	30078
Elmcroft at Milford Chase	1345 Milford Church Road	Marietta, GA	30008
Elmcroft of Mt. Zion	7493 Mount Zion Boulevard	Jonesboro, GA	30236
Elmcroft of Roswell	400 Marietta Highway	Roswell, GA	30075
Elmcroft Senior Living	515 The Pass	Martinez, GA	30907
Emeritus at Decatur	475 Irvin Court	Decatur, GA	30030
Emeritus at Flint River Memory Care Community	250 Water Tower Court	Macon, GA	31210
Emeritus at Heritage Hills	3607 Weems Road	Columbus, GA	31909
Emeritus at Riverstone Senior Living	125 Riverstone Terrace	Canton, GA	30114
Emeritus at Sandy Springs Place	1262 Hightower Trail	Atlanta, GA	30350
Emeritus at Spring Mountain	1790 Powder Springs Road	Marietta, GA	30064
Emeritus at Vinings	2401 Cumberland Parkway S	Atlanta, GA	30309
Emeritus at Woodstock Senior Living Community	756 Neese Road	Woodstock, GA	30188
Evans Personal Care Home	426 Liberty Street	Gray, GA	31032
Evergreen Assisted Living	2823 Gillionville Road	Albany, GA	31721

Fairhaven Assisted Living Residence	1550 Glynco Parkway	Brunswick, GA	31525
Falcon Crest Manor	111 Epps Street	Gordon, GA	31031
FAM Personal Care Home	5618 Wellborn Creek Drive	Lithonia, GA	30058
Franciscan Woods	2425 Williams Road	Columbus, GA	31909
Gardens of Roswell	9212 Nesbit Ferry Road	Alpharetta, GA	30022
Gentilly Gardens	625 Gentilly Road	Statesboro, GA	30458
Golden Crest	2160 Lake Harbin Road	Morrow, GA	30260
Golden Pond Assisted Living Center	8167 Eisenhower Parkway	Lizella, GA	31052
Governors Glen	5000 Governors Drive	Forest Park, GA	30297
Gracemont Assisted Living	4940 Jot-Em-Down Road	Cumming, GA	30041
Gracemont Assisted Living	4960 Jot-Em-Down Road	Cumming, GA	30041
Greenwood Gardens	1160 Whitlock Avenue	Marietta, GA	30064
Griffin House South, The	107 West Liberty Street	Claxton, GA	30417
Habersham House Senior Residence	5200 Habersham Street	Savannah, GA	31405
Haven of Tender Loving Care	407 W Moore Street	Dublin, GA	31021
Helping Hands Assisted Living LLC	525 Highway 24 East	Milledgeville, GA	31061
Heritage of Sandy Plains	3039 Sandy Plains Road	Marietta, GA	30066
Home Away From Home Personal Care Homes	8412 Red Cedar Way	Riverdale, GA	30274
Homeplace Senior Living - Memory Care Community	345 Pearl Bates Avenue	Eastman, GA	31023
House of Angels	420 Lavender Road	Athens, GA	30606
House of Naum Personal Care Home, The	2880 Olive Grove Church Ro	Roberta, GA	31078
Ivy Springs Retirement Cottage	1408 Spring Street SE	Smyrna, GA	30080
Kendrick Home	1016 Ell Street (B)	Macon, GA	31206
Kingsford of Warner Robins	851 Gunn Road	Warner Robins, GA	31093
Lake Pointe Assisted Living & Memory Care Community	45 Walnut Street	Hartwell, GA	30643
Lake Springs	4355 South Lee Street	Buford, GA	30518
Langdale Place	2720 Windemer Drive	Valdosta, GA	31602
Laurel Creek Manor Assisted Living	7955 Majors Road	Cumming, GA	30041
Leisure Living of LaGrange I	137 Parker Place	LaGrange, GA	30240
Loving Care Senior Citizen Home	4225 Alton Street	Columbus, GA	31903
Macy Retirement Center	4408 Houston Avenue	Macon, GA	31206

Magnolia Manor Retirement Center	2001 South Lee Street	Americus, GA	31709
Marshview Senior Living	7410 Skidaway Road	Savannah, GA	31406
Mattie H. Marshall Center	2001 South Lee Street	Americus, GA	31709
Memory Lane of Bremen Bldg A	524 Gordon Street	Bremen, GA	30110
Merryvale Assisted Living	11980 Highway 142 North	Oxford, GA	30054
Morning Pointe Assisted Living	660 Jolly Road NW	Calhoun, GA	30701
Morning Starr Personal Care Home	519 Lawrenceville Street	Norcross, GA	30071
Morningside of Albany	1721 Beattie Road	Albany, GA	31721
Morningside of Conyers	1352 Wellbrook Circle	Conyers, GA	30012
Morningside of Macon	6191 Peake Road	Macon, GA	31220
Mountain View Personal Care Home	3675 Kensington Road	Decatur, GA	30032
Mt. Carmel Personal Care Home	3084 Mt. Carmel Road	Hampton, GA	30228
Northlake Gardens	1300 Montreal Road	Tucker, GA	30084
Northwoods Retirement Home	54 Northwoods Drive	Dahlonega, GA	30533
Odom, Pam Personal Care Home	129 Leonard Lane	Swainsboro, GA	30401
Palm Shade Villa Assisted Living II	12166 Highway 212	Covington, GA	30014
Palmer Family Care Home	4550 Janice Drive	College Park, GA	30337
Park Regency Personal Care Home	3000 Veterans Parkway	Moultrie, GA	31768
Peachtree Plantation	4251 Hudson Drive	Oakwood, GA	30566
Peachtree Village Senior Living	199 West W Gary Road	Commerce, GA	30529
Petal's PCH	3371 Glen Summit Lane	Snellville, GA	30039
Pinewood Retirement Villa	7 Slappey Drive	Hawkinsville, GA	31036
Plantation Manor Personal Care Home	220 Park Avenue	Thomasville, GA	31792
Plantation South of Dunwoody	4594 Barclay Drive	Dunwoody, GA	30338
Presbyterian Village	2000 East-West Connector	Austell, GA	30106
Presbyterian Village - Hearthstone	2000 East-West Connector	Austell, GA	30106
Quality Choice Personal Care Home	3075 Antioch Road, Building	Macon, GA	31206
Renaissance Marquis Retirement Village	3126 Cedartown Highway	Rome, GA	30161
Riverwood Retirement Life Community	511 West 10th Street	Rome, GA	30165
Roman Court	1168 Chulio Road	Rome, GA	30161

Royal Southern Plantation	580 Tommy Lee Fuller Drive	Loganville, GA	30052
Safe Haven at Lenox Park	1137 Lynmoor Drive	Atlanta, GA	30319
Sandy Springs Assisted Living	300 Johnson Ferry Road, N.	Sandy Springs, GA	30328
Sara's Personal Care Home	129 Leonard Lane	Swainsboro, GA	30401
Savannah Commons Retirement Community - Verra Spring	1 Peachtree Drive	Savannah, GA	31419
Savannah Court of Milledgeville	61 Marshall Road	Milledgeville, GA	31061
Savannah Court of Newnan	27 Belt Road	Newnan, GA	30263
Savannah Plantation PCH	102 Level Creek Road	Buford, GA	30518
Scepter Living Center of Snellville LLC	3000 Lenora Church Road	Snellville, GA	30078
Seasons Assisted Living	2724 Ledo Road	Albany, GA	31707
Serenity of Jefferson	1442 Johnson Mill Road	Jefferson, GA	30549
Sha Sha's Leisure Living	1465 Teagle Road	Forsyth, GA	31029
Shadowmoss Plantation	249 Holland Drive	Savannah, GA	31419
Sheridan Place - Clare Bridge Place Memory Care Unit	504 Firetower Road	Dublin, GA	31021
Silverleaf of Athens	705 Whitehead Road	Athens, GA	30606
Silverleaf of Snellville	2106 McGee Road	Snellville, GA	30078
South Dooley Retirement Center II	1400 Swift Street	Perry, GA	31069
South Haven II	1335 Lake Ridge Parkway	Riverdale, GA	30296
Southern Care Retirement Home	1934 Whiddon Mill Road	Tifton, GA	31793
Southern Pines Senior Living	423 Covington Avenue	Thomasville, GA	31792
Spanish Oaks Retreat	8510 Whitfield Avenue	Savannah, GA	31406
Sparks Inn at Christian City	7290 Lester Road	Union City, GA	30291
St Marys Center for Alzheimer's and Dementia Care	1660 Jennings Mill Road	Bogart, GA	30622
St. George Village - Wellington Court	11350 Woodstock Road	Roswell, GA	30075
St. Ives Assisted Living	5835 Medlock Bridge Parkway	Alpharetta, GA	30022
Summers Landing Limestone	2030 Windward Lane	Gainesville, GA	30501
Summers Landing Northland Assisted Living	5399 Northland Drive	Atlanta, GA	30342
Summers Landing PCH	171 Highway 78 NW	Monroe, GA	30655
Summerset Assisted Living Community	3711 Benjamin E. Mays Drive	Atlanta, GA	30331

Sunrise at Buckhead	1000 Lenox Park Boulevard,	Atlanta, GA	30319
Sunrise at Decatur	920 Clairemont Avenue	Decatur, GA	30030
Sunrise at East Cobb	1551 Johnson Ferry Road	Marietta, GA	30062
Sunrise at Five Forks	3997 Five Forks Trickum Ro	Lilburn, GA	30047
Sunrise at Huntcliff Summit	8480 Roswell Road	Sandy Springs, GA	30350
Sunrise at Johns Creek	11405 Medlock Bridge Road	Johns Creek, GA	30093
Sunrise Harbour Personal Care Home	139 Orchard Pass	Warner Robins, GA	31088
Sunshine Residential Care	3949 Pine Gorge Circle	Dacula, GA	30019
Sweetwater Springs Assisted Living	1600 Lee Road	Lithia Springs, GA	30122
Tara Plantation Assisted Living	440 Tribble Gap Road	Cumming, GA	30040
The Carlton	690 Mt. Vernon Highway	Atlanta, GA	30328
The Court at Sandy Springs - Memory Care (Emeritus)	1262 Hightower Trail	Atlanta, GA	30350
The Green House II at Calvary	7462 Old Moon Road	Columbus, GA	31909
The Mann House	5413 Northland Drive	Atlanta, GA	30342
The Mews III PCH	621 North Cherokee Road	Social Circle, GA	30025
The Oaks Assisted Living at The Marshes of Skidaway Island	95 Skidaway Island Park Road	Savannah, GA	31411
The Oaks at Post Road	3875 Post Road	Cumming, GA	30040
The Oaks of Carrollton Assisted Living	921 Old Newnan Road	Carrollton, GA	30116
The Plaza Personal Care Center - Wesley Wood	2280 North Highway 29	Newnan, GA	30265
The Suites at Poplar Creek	114 Old Airport Road	LaGrange, GA	30240
The Valencia Personal Care Home Inc.	605 South Valencia Drive	Albany, GA	31707
The Woods Assisted Senior Living	1401 Macon Road	Griffin, GA	30224
Victoria Personal Care Home	2666 Nancy Drive	Macon, GA	31206
Virginia Gardens Assisted Living Center	404 East Church Street	Fort Valley, GA	31030
We Care 2 Personal Care Home	1483 Virgil Pond Lane	Loganville, GA	30052
Winterville Retirement Center	124 Avery Street	Winterville, GA	30683
Winthrop at Polk	131 Melissa Lane	Cedartown, GA	30125
Winthrop West Senior Living	279 Technology Parkway	Rome, GA	30165
Woodland Ridge	4005 South Cobb Drive	Smyrna, GA	30080

Woodstock Estates	1000 Professional Way	Woodstock, GA	30188
Yellow Brick House	6903 Main Street	Lithonia, GA	30058

PERSONAL CARE HOMES LATER STAGE

Name	Address	City	Zip Code
A Better Home Care	2700 Stancil Boulevard	Jonesboro, GA	30326
A Place for Comfort	1766 Big Valley Lane	Stone Mountain, GA	30083
Agape Living	1840 Phinizy Road	Augusta, GA	30906
Amelia Gardens I	545 Toonigh Road	Woodstock, GA	30188
Amelia Gardens II	2030 Bascomb Carmel Road	Woodstock, GA	30189
Angels Royal Gardens Personal Care Home	7752 Marabou Lane	Riverdale, GA	30274
Antebellum Grove Assisted Living	1010 Kathryn Ryals Road	Warner Robins, GA	31088
Arbor Terrace	170 Marilyn Farmer Way	Athens, GA	30606
Arbor Terrace at Cascade	1001 Research Center Atlanta	Atlanta, GA	30331
Arbor Terrace at Tucker	5844 Highway 29	Tucker, GA	30084
Arbor Terrace at West Cobb	3829 Floyd Road	Austell, GA	30106
Arbor Terrace of Decatur	425 Winn Way	Decatur, GA	30030
Arbor Terrace of East Cobb	866 Johnson Ferry Road	Marietta, GA	30068
Ashley Glen	441 Prime Point	Peachtree City, GA	30269
Ashton Hall	1155 Lawrenceville Highway	Lawrenceville, GA	30046
Atria Buckhead	2848 Lenox Road	Atlanta, GA	30324
Atria Johnson Ferry	9 Sherwood Lane	Marietta, GA	30067
Augusta Gardens Retirement Residence	3725 Wheeler Road	Augusta, GA	30909
Autumn Village 2A	746 McDonough Road	Jackson, GA	30233
Autumn Village 2B	746 McDonough Road	Jackson, GA	30233
Autumn Village 2C	746 McDonough Road	Jackson, GA	30233

Belair at Macon, The	4901 Harrison Road	Macon, GA	31206
Belmont Village	5455 Glenridge Drive	Atlanta, GA	30342
Benton House at Benton Village	201 Evergreen Terrace	Stockbridge, GA	30281
Benton House at Benton Village - Transitional Step Down Program	201 Evergreen Terrace	Stockbridge, GA	30281
Benton House of Covington	7155 Dearing Road	Covington, GA	30014
Benton House of Dublin and Beacon Neighborhood	212 Fairview Park Drive	Dublin, GA	31021
Benton House of Newnan Lakes	25 Newnan Lakes Boulevard	Newnan, GA	30263
BestCare Assisted Living	2775 Cruse Road; #1401	Lawrenceville, GA	30044
Bickford Senior Living	840 LeCroy Drive	Marietta, GA	30068
Blair House Senior Living Community	684 Arlington Place	Macon, GA	31201
Brasstown Manor	108 Church Street	Hiawassee, GA	30546
Brightmoor Assisted Living	3223 Newnan Road	Griffin, GA	30224
Brighton Gardens of Buckhead	3088 Lenox Road	Atlanta, GA	30324
Brighton Gardens of Dunwoody	1240 Ashford Center Parkway	Dunwoody, GA	30338
Brittany House at Benson Heights	1788 Sandy Plains Road	Marietta, GA	30066
Brittany House at Holly Springs	2852 Holly Springs Road	Marietta, GA	30062
Brittany's Place Assisted Living	141 Denis Drive	Jeffersonville, GA	31044
Cambridge Farms Assisted Living	4040 Webb Bridge Road	Alpharetta, GA	30005
Cameron Hall	240 Marietta Highway	Canton, GA	30114
Candler Ridge II	1205 Nunnally Drive	Monroe, GA	30655
Carlyle Place - Cambridge Court	5300 Zebulon Road	Macon, GA	31210
Cedar Hill Senior Living Community	402 East Ellawood Avenue	Cedartown, GA	30125
Cedar Plantation Assisted Living and Alzheimers Community	46637 Highway 46 East	Metter, GA	30439
Covenant Care Hamptom	120 West Tisbury Lane	Pooler, GA	31322

Covenant Care Lane	141 West Tisbury Lane	Pooler, GA	31322
Covenant Care Tisbury	126 West Tisbury Lane	Pooler, GA	31322
Divine Love Personal Care Home	943 Falling Creek Drive	Macon, GA	31220
Dogwood Forest at Eagles Landing	475 Country Club Drive	Stockbridge, GA	30281
Dogwood Forest of Fayetteville	1294 Highway 54 West	Fayetteville, GA	30214
Dream Catcher Farm Personal Care Home	286 Four Points Road	Jackson, GA	30233
Dream Catcher in the Woods	286 Four Points Road	Jackson, GA	30233
Eden Personal Care Home	2438 Swan Lake Drive	Grayson, GA	30017
Elmcroft at Milford Chase	1345 Milford Church Road	Marietta, GA	30008
Elmcroft of Mt. Zion	7493 Mount Zion Boulevard	Jonesboro, GA	30236
Elmcroft of Roswell	400 Marietta Highway	Roswell, GA	30075
Elmcroft Senior Living	515 The Pass	Martinez, GA	30907
Emeritus at Decatur	475 Irvin Court	Decatur, GA	30030
Emeritus at Flint River Memory Care Community	250 Water Tower Court	Macon, GA	31210
Emeritus at Heritage Hills	3607 Weems Road	Columbus, GA	31909
Emeritus at Riverstone Senior Living	125 Riverstone Terrace	Canton, GA	30114
Emeritus at Sandy Springs Place	1262 Hightower Trail	Atlanta, GA	30350
Emeritus at Spring Mountain	1790 Powder Springs Road	Marietta, GA	30064
Emeritus at Vinings	2401 Cumberland Parkway S	Atlanta, GA	30309
Emeritus at Woodstock Senior Living Community	756 Neese Road	Woodstock, GA	30188
Ettas House	1682 Pharr Road	Snellville, GA	30078
Evergreen Assisted Living	2823 Gillionville Road	Albany, GA	31721
FAM Personal Care Home	5618 Wellborn Creek Drive	Lithonia, GA	30058
G.S.E. Gantt Personal Care Home	3834 Fairington Drive	Hephzibah, GA	30815
Gardens of Roswell	9212 Nesbit Ferry Road	Alpharetta, GA	30022
Generous Care Giving	2769 Kilgore Road	Buford, GA	30519

Gentilly Gardens	625 Gentilly Road	Statesboro, GA	30458
Golden Crest	2160 Lake Harbin Road	Morrow, GA	30260
Golden Rule Personal Care Home	2342 Dorn Road	Augusta, GA	30906
Gracemont Assisted Living	4960 Jot-Em-Down Road	Cumming, GA	30041
Grosvenor Personal Care Home	4556 Central Drive	Stone Mountain, GA	30083
Habersham House Senior Residence	5200 Habersham Street	Savannah, GA	31405
Heritage of Sandy Plains	3039 Sandy Plains Road	Marietta, GA	30066
Homeplace Senior Living - Memory Care Community	345 Pearl Bates Avenue	Eastman, GA	31023
Lake Pointe Assisted Living & Memory Care Community	45 Walnut Street	Hartwell, GA	30643
Leisure Living of LaGrange I	137 Parker Place	LaGrange, GA	30240
Lorraine Young Personal Care Home	2836 Tobacco Road	Hephzibah, GA	30815
Loving Grace Personal Care Home #1	1236 12th Street	Augusta, GA	30901
Macy Retirement Center	4408 Houston Avenue	Macon, GA	31206
Magnolia Manor Retirement Center	2001 South Lee Street	Americus, GA	31709
Mattie H. Marshall Center	2001 South Lee Street	Americus, GA	31709
Memory Lane of Bremen Bldg A	524 Gordon Street	Bremen, GA	30110
Mercy Personal Care Home	3630 Brushy Wood Drive	Loganville, GA	30052
Merryvale Assisted Living	11980 Highway 142 North	Oxford, GA	30054
Morning Starr Personal Care Home	519 Lawrenceville Street	Norcross, GA	30071
Morningside of Albany	1721 Beattie Road	Albany, GA	31721
Morningside of Conyers	1352 Wellbrook Circle	Conyers, GA	30012
Morningside of Macon	6191 Peake Road	Macon, GA	31220
Mountain View Personal Care Home	3675 Kensington Road	Decatur, GA	30032
Mt. Carmel Personal Care Home	3084 Mt. Carmel Road	Hampton, GA	30228
Naja Personal Care Home	935 Donington Circle	Lawrenceville, GA	30045
Northlake Gardens	1300 Montreal Road	Tucker, GA	30084

Pineview Gardens of Evans	4393 Owens Road	Evans, GA	30809
Pineview Gardens Personal Care Home	4255 Highway 25 North	Hephzibah, GA	30815
Plair Personal Care Home	2016 Scott Road	Augusta, GA	30906
Plair Personal Care Home II	2014 Scott Road	Augusta, GA	30906
Plantation Manor Personal Care Home	220 Park Avenue	Thomasville, GA	31792
Plantation South of Dunwoody	4594 Barclay Drive	Dunwoody, GA	30338
Platinum Care Personal Care Home	2358 Oak Avenue	Morrow, GA	30260
Precious Touch PCH	6631 Chason Woods Court	Jonesboro, GA	30238
Presbyterian Village	2000 East-West Connector	Austell, GA	30106
Presbyterian Village - Hearthstone	2000 East-West Connector	Austell, GA	30106
Providence of Alpharetta	12775 Providence Road	Alpharetta, GA	30009
Rainbow Retirement Home	109 Meyer Farm Road	Arnoldsville, GA	30619
Renaissance On Peachtree	3755 Peachtree Road, N.E.	Atlanta, GA	30319
Riverwood Retirement Life Community	511 West 10th Street	Rome, GA	30165
Roman Court	1168 Chulio Road	Rome, GA	30161
Royal Southern Plantation	580 Tommy Lee Fuller Drive	Loganville, GA	30052
Safe Haven at Lenox Park	1137 Lynmoor Drive	Atlanta, GA	30319
Savannah Court of Milledgeville	61 Marshall Road	Milledgeville, GA	31061
Savannah Court of Newnan	27 Belt Road	Newnan, GA	30263
Scepter Living Center of Snellville LLC	3000 Lenora Church Road	Snellville, GA	30078
Senior Citizens Care Center Annex	223 Harmon Road	Swainsboro, GA	30401
Serenity of Jefferson	1442 Johnson Mill Road	Jefferson, GA	30549
Sha Sha's Leisure Living	1465 Teagle Road	Forsyth, GA	31029
Sheridan Place - Clare Bridge Place Memory Care Unit	504 Firetower Road	Dublin, GA	31021
Silverleaf of Snellville	2106 McGee Road	Snellville, GA	30078
Sonshine Manor Personal Care Home	115 Stephens View Road	Jasper, GA	30143
Southern Heritage II	814 Carl Vinson Parkway	Centerville, GA	31028

Southern Pines Senior Care Inc.	258 College Avenue	Maysville, GA	30558
Southern Pines Senior Living	423 Covington Avenue	Thomasville, GA	31792
St Marys Center for Alzheimer's and Dementia Care	1660 Jennings Mill Road	Bogart, GA	30622
Stonehenge Assisted Living 3	168 Stonehenge Drive	Blairsville, GA	30512
Stonehenge Assisted Living One	168 Stonehenge Drive	Blairsville, GA	30512
Stonehenge Too	168 Stonehenge Drive	Blairsville, GA	30512
Summers Landing PCH	171 Highway 78 NW	Monroe, GA	30655
Summerset Assisted Living Community	3711 Benjamin E. Mays Drive	Atlanta, GA	30331
Sunrise at Buckhead	1000 Lenox Park Boulevard,	Atlanta, GA	30319
Sunrise at Decatur	920 Clairemont Avenue	Decatur, GA	30030
Sunrise at East Cobb	1551 Johnson Ferry Road	Marietta, GA	30062
Sunrise at Five Forks	3997 Five Forks Trickum Ro	Lilburn, GA	30047
Sunrise at Huntcliff Summit	8480 Roswell Road	Sandy Springs, GA	30350
Sunrise Harbour Personal Care Home	139 Orchard Pass	Warner Robins, GA	31088
Sweetwater Springs Assisted Living	1600 Lee Road	Lithia Springs, GA	30122
Tapleys Personal Care Home	4602 Hereford Farm Road	Evans, GA	30809
Tara Plantation Assisted Living	440 Tribble Gap Road	Cumming, GA	30040
Tender Care Assisted Living at Snellville	3922 Centerville Highway #1	Snellville, GA	30039
Tender Care Personal Care Home	1560 Twin Bridge Lane	Lawrenceville, GA	30043
The Carlton	690 Mt. Vernon Highway	Atlanta, GA	30328
The Cottage Senior Living	818 Round Tree Court	Lawrenceville, GA	30045
The Court at Sandy Springs - Memory Care (Emeritus)	1262 Hightower Trail	Atlanta, GA	30350
The Green House at Calvary	7490 Old Moon Road	Columbus, GA	31909
The Green House II at Calvary	7462 Old Moon Road	Columbus, GA	31909

The Mann House	5413 Northland Drive	Atlanta, GA	30342
The Oaks Assisted Living at The Marshes of Skidway Island	95 Skidaway Island Park Road	Savannah, GA	31411
The Plaza Personal Care Center - Wesley Wood	2280 North Highway 29	Newnan, GA	30265
The Suites at Poplar Creek	114 Old Airport Road	LaGrange, GA	30240
Trinity Personal Care Home of Georgia, LLC	718 Weed Street	Augusta, GA	30904
Tudor Castle Personal Care Home	2056 Tudor Castle Circle	Decatur, GA	30035
Tylers Assisted Living	208 Flowing Wells Road	Martinez, GA	30907
Victoria Personal Care Home	2666 Nancy Drive	Macon, GA	31206
Vital Place	985 Waldwick Drive	Lawrenceville, GA	30045
Washington Manor	184 Pine Lane	Washington, GA	30673
We Care 2 Personal Care Home	1483 Virgil Pond Lane	Loganville, GA	30052
Whispering Pines	6273 Highway 41 South	Bolingbroke, GA	31004
Willow Gardens	16 Crestwood Drive	Toccoa, GA	30577
Winthrop at Polk	131 Melissa Lane	Cedartown, GA	30125
Winthrop West Senior Living	279 Technology Parkway	Rome, GA	30165
Woodland Ridge	4005 South Cobb Drive	Smyrna, GA	30080
Woodstock Estates	1000 Professional Way	Woodstock, GA	30188
Yellow Brick House	6903 Main Street	Lithonia, GA	30058
Yellow Brick Road PCH	5063 Upper Elm Street	Atlanta, GA	30349

PERSONAL CARE HOMES MODERATE STAGE

Name	Address	City	Zip Code
A 1 Belinda Winfrey PCH	1833 Empress Court	Augusta, GA	30906
A Better Home Care	2700 Stancil Boulevard	Jonesboro, GA	30326
A Loving Heart Personal Care Home	3437 Gebhart Court	Hephzibah, GA	30815
A Place for Comfort	1766 Big Valley Lane	Stone Mountain, GA	30083

AAN Center	414 Rigby Street	Marietta, GA	30060
Agape Living	1840 Phinizy Road	Augusta, GA	30906
Alberta Gregory Personal Care Home	2102 Kennedy Drive	Augusta, GA	30904
Alero Personal Care Home Inc	230 Trelawny Circle	Covington, GA	30016
Amazing Grace Personal Care Home	206 Reynolds Street	Augusta, GA	30901
Amelia Gardens	576 Nickajack Road	Mableton, GA	30126
Amelia Gardens I	545 Toonigh Road	Woodstock, GA	30188
Amelia Gardens II	2030 Bascomb Carmel Road	Woodstock, GA	30189
Andras AA Personal Care Home	1736 Jenkins Street	Augusta, GA	30904
Angels Care Personal Care Home	2620 Richmond Hill Road	Augusta, GA	30906
Angels Royal Gardens Personal Care Home	7752 Marabou Lane	Riverdale, GA	30274
Annette Holleys Personal Care Home #2	4515 Colonial Road	Martinez, GA	30907
Antebellum Grove Assisted Living	1010 Kathryn Ryals Road	Warner Robins, GA	31088
Anthony's Personal Care Home	2329 Cadden Road	Augusta, GA	30906
Arbor Terrace	170 Marilyn Farmer Way	Athens, GA	30606
Arbor Terrace at Cascade	1001 Research Center	Atlanta, GA	30331
Arbor Terrace at Tucker	5844 Highway 29	Tucker, GA	30084
Arbor Terrace at West Cobb	3829 Floyd Road	Austell, GA	30106
Arbor Terrace of Decatur	425 Winn Way	Decatur, GA	30030
Arbor Terrace of East Cobb	866 Johnson Ferry Road	Marietta, GA	30068
Ashley Glen	441 Prime Point	Peachtree City, GA	30269
Ashton Hall	1155 Lawrenceville Highway	Lawrenceville, GA	30046
Atria Buckhead	2848 Lenox Road	Atlanta, GA	30324
Atria Johnson Ferry	9 Sherwood Lane	Marietta, GA	30067

Augusta Gardens Retirement Residence	3725 Wheeler Road	Augusta, GA	30909
Autumn Breeze Assisted Living	2215 Old Hamilton Place	Gainesville, GA	30507
Autumn Village	753 Covington Street	Jackson, GA	30233
Autumn Village 2A	746 McDonough Road	Jackson, GA	30233
Autumn Village 2B	746 McDonough Road	Jackson, GA	30233
Autumn Village 2C	746 McDonough Road	Jackson, GA	30233
Avondale Assisted Living at Kensington	3508 Kensington Road	Decatur, GA	30032
Avondale Assisted Living at Northlake	3965 Gloucester Drive	Tucker, GA	30084
Avondale Homes at Tucker	2553 Sandpiper Drive	Tucker, GA	30084
Barbara Ray Halls Personal Care Home	2638 Castletown Drive	Hephzibah, GA	30815
Belair at Macon, The	4901 Harrison Road	Macon, GA	31206
Belmont Village	5455 Glenridge Drive	Atlanta, GA	30342
Benton House at Benton Village	201 Evergreen Terrace	Stockbridge, GA	30281
Benton House at Benton Village - Transitional Step Down Program	201 Evergreen Terrace	Stockbridge, GA	30281
Benton House of Dublin and Beacon Neighborhood	212 Fairview Park Drive	Dublin, GA	31021
Benton House of Newnan Lakes	25 Newnan Lakes Boulevard	Newnan, GA	30263
Bessie Maes Personal Care Home	910 Quaker Road Drive	Waynesboro, GA	30830
BestCare Assisted Living	2775 Cruse Road; #1401	Lawrenceville, GA	30044
Bethany Assisted Living, Inc.	1400 Northeast Main Street	Vidalia, GA	30474
Bickford Senior Living	840 LeCroy Drive	Marietta, GA	30068
Blair House Senior Living Community	684 Arlington Place	Macon, GA	31201
Blossom Personal Care Home	2494 Lillies Trace	Dacula, GA	30019
Brasstown Manor	108 Church Street	Hiawassee, GA	30546
Brightmoor Assisted Living	3223 Newnan Road	Griffin, GA	30224
Brighton Gardens of Buckhead	3088 Lenox Road	Atlanta, GA	30324
Brittany House at Benson Heights	1788 Sandy Plains Road	Marietta, GA	30066
Brittany House at Holly Springs	2852 Holly Springs Road	Marietta, GA	30062
Brookdale Place of Augusta	326 Boy Scout Road	Augusta, GA	30909

Brooks Home Care	2408 Mims Road	Hephzibah, GA	30815
Brown Personal Care Home	554 Idlewood Road	Waynesboro, GA	30830
Bryants of Peace Personal Care Home	339 Marshall Street	Martinez, GA	30907
Cambridge Farms Assisted Living	4040 Webb Bridge Road	Alpharetta, GA	30005
Cameron Hall	240 Marietta Highway	Canton, GA	30114
Cameron Hall of Ellijay	114 Penland Street	Ellijay, GA	30540
Camilla Retirement Home	161 East Broad Street	Camilla, GA	31730
Candler Ridge II	1205 Nunnally Drive	Monroe, GA	30655
Care Givers & More Elderly Care Services	6602 Shucraft Road	Appling, GA	30802
Carlyle Place - Cambridge Court	5300 Zebulon Road	Macon, GA	31210
Carols Place	2662 Barclay Street	Hephzibah, GA	30815
Cedar Hill Senior Living Community	402 East Ellawood Avenue	Cedartown, GA	30125
Cedar Plantation Assisted Living and Alzheimers Community	46637 Highway 46 East	Metter, GA	30439
Champeunes Personal Care Home	3439 Rushing Road	Augusta, GA	30906
Charms Personal Care Home	900 West Residence Avenue	Albany, GA	31701
Colonial Gardens of Warner Robins #1	903 West Highway 96	Warner Robins, GA	31088
Colquitt Garden Manor	498 5th Street SE	Moultrie, GA	31768
Cordelia Manor Personal Care Home	1307 Blackshear Road	Cordele, GA	31015
Country Manor Estates	1487 Allen Road	Macon, GA	31216
Courtyard Gardens	1000 River Center Place	Lawrenceville, GA	30043
Covenant Care Hampton	120 West Tisbury Lane	Pooler, GA	31322
Covenant Care Lane	141 West Tisbury Lane	Pooler, GA	31322
Covenant Care Tisbury	126 West Tisbury Lane	Pooler, GA	31322
Cozy Manor Personal Care Home	706 North Main Street	LaFayette, GA	30728
Davis Elderly Care	5275 Hereford Farm Road	Evans, GA	30809
Delmar Gardens of Gwinnett	3100 Club Drive	Lawrenceville, GA	30044
Dennis and Dilsie Adult Care Home	217 St. Andrew Street	Sylvania, GA	30467

Destinys Home of Comfort Personal Care Home	2529 Crosscreek Road	Hephzibah, GA	30815
Divine Love Personal Care Home	943 Falling Creek Drive	Macon, GA	31220
Dogwood Bluff Personal Care Home	266 Pony Lake Lane	Dahlonega, GA	30533
Dogwood Forest at Eagles Landing	475 Country Club Drive	Stockbridge, GA	30281
Dogwood Forest of Fayetteville	1294 Highway 54 West	Fayetteville, GA	30214
Dogwood Forest of Gainesville	3315 Thompson Bridge Road	Gainesville, GA	30506
Dream Catcher Farm Personal Care Home	286 Four Points Road	Jackson, GA	30233
Dream Catcher in the Woods	286 Four Points Road	Jackson, GA	30233
Echols Personal Care Home	5266 Lexington Road	Rayle, GA	30660
Eden Personal Care Home	2438 Swan Lake Drive	Grayson, GA	30017
Elaine Miller Personal Care Home	5413 Old Augusta Highway	Grovetown, GA	30813
Elmcroft at Milford Chase	1345 Milford Church Road	Marietta, GA	30008
Elmcroft of Mt. Zion	7493 Mount Zion Boulevard	Jonesboro, GA	30236
Elmcroft of Roswell	400 Marietta Highway	Roswell, GA	30075
Elmcroft Senior Living	515 The Pass	Martinez, GA	30907
Emeritus at Decatur	475 Irvin Court	Decatur, GA	30030
Emeritus at Flint River Memory Care Community	250 Water Tower Court	Macon, GA	31210
Emeritus at Heritage Hills	3607 Weems Road	Columbus, GA	31909
Emeritus at Riverstone Senior Living	125 Riverstone Terrace	Canton, GA	30114
Emeritus at Sandy Springs Place	1262 Hightower Trail	Atlanta, GA	30350
Emeritus at Spring Mountain	1790 Powder Springs Road	Marietta, GA	30064
Emeritus at Vinings	2401 Cumberland Parkway S	Atlanta, GA	30309
Emeritus at Woodstock Senior Living Community	756 Neese Road	Woodstock, GA	30188
Englewood Health Care I	507 North Madison	Albany, GA	31701
Ettas House	1682 Pharr Road	Snellville, GA	30078
Evans Personal Care Home	426 Liberty Street	Gray, GA	31032
Evergreen Assisted Living	2823 Gillionville Road	Albany, GA	31721
Faith and Hope Personal Care Home	773 Chapman Street	Jonesboro, GA	30238

Faith Landing Personal Care Home	1215 Hale Street	Waynesboro, GA	30830
FAM Personal Care Home	5618 Wellborn Creek Drive	Lithonia, GA	30058
Family Pampering Center PCH #1	2180 Surrey Trail	College Park, GA	30349
Fern's Tender Loving Care Home	3547 Spring Valley Road	Decatur, GA	30032
First Love Personal Care Home #1	2403 Wrightsboro Road	Augusta, GA	30904
First Love Personal Care Home #2	2734 Milledgeville Road	Augusta, GA	30904
Fite Living Centre	5 Fite Street	Cartersville, GA	30120
Five Ponds Personal Care Home	4688 Windsor Spring Road	Hephzibah, GA	30815
Florence Jeffersons T.L.C.	4357 Seago Road	Hephzibah, GA	30815
Freeman Personal Care Home	1945 15th Street	Augusta, GA	30901
Fulcher - Nations Personal Care Home	2020 Edgar Street	Augusta, GA	30904
G.S.E. Gantt Personal Care Home	3834 Fairington Drive	Hephzibah, GA	30815
Gardens at Royal Oaks	1218 Broadrick Drive	Dalton, GA	30720
Gardens of Roswell	9212 Nesbit Ferry Road	Alpharetta, GA	30022
Gardners Personal Care Home	2024 Wrightsboro Road	Augusta, GA	30901
Gaynell Hymels Personal Care Home	1029 Mosley Road	Augusta, GA	30906
Gaynell Hymels Personal Care Home II	1015 Mosley Road	Augusta, GA	30906
Generous Care Giving	2769 Kilgore Road	Buford, GA	30519
Gentilly Gardens	625 Gentilly Road	Statesboro, GA	30458
Georgia Living Center	182 Head Avenue	Tallapoosa, GA	30176
Gods Child Personal Care Home	3719 Colbert Street	Augusta, GA	30906
Golden Crest	2160 Lake Harbin Road	Morrow, GA	30260
Golden Crest Assisted Living - Eagles Landing	425 Country Club Drive	Stockbridge, GA	30281
Golden Pond Assisted Living Center	8167 Eisenhower Parkway	Lizella, GA	31052
Golden Rule Personal Care Home	2342 Dorn Road	Augusta, GA	30906
Golff Personal Care Home	439 Drexell Avenue	Millen, GA	30442
Gospel Water Branch Elderly Housing, Inc.	672 King Taylor Road	Evans, GA	30809
Governors Glen	5000 Governors Drive	Forest Park, GA	30297
Gracemont Assisted Living	4940 Jot-Em-Down Road	Cumming, GA	30041

Gracemont Assisted Living	4960 Jot-Em-Down Road	Cumming, GA	30041
Graces House	2 River Street	Cave Spring, GA	30124
Great Day PCH	2604 Whittier Place	Hephzibah, GA	30815
Greenwood Gardens	1160 Whitlock Avenue	Marietta, GA	30064
Griffin House South, The	107 West Liberty Street	Claxton, GA	30417
Grosvenor Personal Care Home	4556 Central Drive	Stone Mountain, GA	30083
Habersham House Senior Residence	5200 Habersham Street	Savannah, GA	31405
Halls Personal Care Home of Evans	4528 Hereford Farm Road	Evans, GA	30809
Hapeville Manor Assisted Living	601 Coleman Street	Hapeville, GA	30354
Heather House	11965 Old Mountain Park Ro	Roswell, GA	30075
Heather House Crabapple	290 Ranchette Road	Alpharetta, GA	30004
Heavenly Arms	2764 1/2 Tobacco Road	Hephzibah, GA	30815
Helping Hands Personal Care Home 2	6260 Mozart Drive	Riverdale, GA	30296
Heritage of Sandy Plains	3039 Sandy Plains Road	Marietta, GA	30066
Horizon Bay	180 Woodrow Wilson Way	Rome, GA	30165
House of Naum Personal Care Home, The	2880 Olive Grove Church Ro	Roberta, GA	31078
Isaac Haven Assisted Living Center	1939 Isaac Watkins Road	Montrose, GA	31065
Ivy Hall North	5690 State Bridge Road	Alpharetta, GA	30022
J R & C Assisted Living Center	2195 Waynesboro Highway	Hiltonia, GA	30467
Jacksons Personal Care Home	2377 Dublin Drive	Augusta, GA	30906
Jamestown Personal Care Home	300 Green Street	Fort Valley, GA	31030
Jane Smiths Personal Care Home	1809 Mavis Street	Augusta, GA	30906
Johns Helping Hands	2903 Larkspur Drive	Augusta, GA	30906
Jones Personal Care Home	1618 Cider Lane	Augusta, GA	30906
Joseph Home of Comfort PCH	3908 Fairington Drive	Hephzibah, GA	30815
Krisscare Personal Care Home	2793 Skyland Drive	Snellville, GA	30078
Lake Pointe Assisted Living & Memory Care Community	45 Walnut Street	Hartwell, GA	30643
Lakeside Rest Home	924 Crump Street	Swainsboro, GA	30401
Lakeview Retirement Center	111 Stephens Avenue	Baxley, GA	31513
Laurel Creek Manor Assisted Living	7955 Majors Road	Cumming, GA	30041

Leisure Living of LaGrange I	137 Parker Place	LaGrange, GA	30240
Lifetime CLA	706 High Pointe Drive	Winder, GA	30680
Lighthouse Personal Care Home	1431 Brittain Road	Douglasville, GA	30134
Lighthouse Personal Care Home, The	206 Blue Mountain Parkway	Rocky Face, GA	30740
Lorraine Young Personal Care Home	2836 Tobacco Road	Hephzibah, GA	30815
Loves Community Care Center	2366 Dublin Drive	Augusta, GA	30906
Loves Personal Care Facility	2347 Amsterdam Drive	Augusta, GA	30906
Loving Grace Personal Care Home #1	1236 12th Street	Augusta, GA	30901
Lucille Kylers Quality Care Personal Care Home	3231 Ware Road	Augusta, GA	30909
Macy Retirement Center	4408 Houston Avenue	Macon, GA	31206
Magnolia Lane	6365 Newborn Drive	College Park, GA	30349
Magnolia Manor of Columbus Assisted Living	2040 Warm Springs Road	Columbus, GA	31904
Magnolia Manor Retirement Center	2001 South Lee Street	Americus, GA	31709
Majestic Manor	67 Pin Oak Drive	Rock Spring, GA	30739
Maries Adult Personal Care Home	3524 Wrightsboro Road	Augusta, GA	30909
Mattie H. Marshall Center	2001 South Lee Street	Americus, GA	31709
Memory Lane of Bremen Bldg A	524 Gordon Street	Bremen, GA	30110
Mercy Personal Care Home	3630 Brushy Wood Drive	Loganville, GA	30052
Merryvale Assisted Living	11980 Highway 142 North	Oxford, GA	30054
Miller and Son Personal Care Home	136 Salem Church-Miller Ro	Gray, GA	31032
Mitchells Personal Care Home	405 Lawton Street	Atlanta, GA	30310
Mitchells Personal Care Home	684 Cascade Avenue	Atlanta, GA	30310
Morning Pointe Assisted Living	660 Jolly Road NW	Calhoun, GA	30701
Morning Starr Personal Care Home	519 Lawrenceville Street	Norcross, GA	30071
Morningside of Conyers	1352 Wellbrook Circle	Conyers, GA	30012
Morningside of Dalton	2470 Dug Gap Road	Dalton, GA	30720
Morningside of Macon	6191 Peake Road	Macon, GA	31220
Mountain View Personal Care Home	3675 Kensington Road	Decatur, GA	30032
Mt. Carmel Personal Care Home	3084 Mt. Carmel Road	Hampton, GA	30228
Naja Personal Care Home	935 Donington	Lawrenceville, GA	30045

	Circle		
Northlake Gardens	1300 Montreal Road	Tucker, GA	30084
Northside Villa	8828 Hwy 112 North	Rochelle, GA	31079
Palmer Family Care Home	4550 Janice Drive	College Park, GA	30337
Park Regency Personal Care Home	3000 Veterans Parkway	Moultrie, GA	31768
Patricias Adults Care Home	206 St. Andrews Street	Sylvania, GA	30467
Patterson Personal Care Home - Augusta	1605 Cornell Drive	Augusta, GA	30906
Peaceful Living Personal Care Home - Augusta	2714 Coleman Avenue	Augusta, GA	30906
Peachtree Plantation	4251 Hudson Drive	Oakwood, GA	30566
Pineview Gardens of Evans	4393 Owens Road	Evans, GA	30809
Pineview Gardens Personal Care Home	4255 Highway 25 North	Hephzibah, GA	30815
Plair Personal Care Home	2016 Scott Road	Augusta, GA	30906
Plair Personal Care Home II	2014 Scott Road	Augusta, GA	30906
Plantation South of Dunwoody	4594 Barclay Drive	Dunwoody, GA	30338
Pleasant Valley Retirement Home	510 Reed Road	Dalton, GA	30720
Precious Touch PCH	6631 Chason Woods Court	Jonesboro, GA	30238
Presbyterian Village	2000 East-West Connector	Austell, GA	30106
Presbyterian Village - Hearstone	2000 East-West Connector	Austell, GA	30106
Providence of Alpharetta	12775 Providence Road	Alpharetta, GA	30009
Q & N Personal Care Home	1859 Keith Drive	Marietta, GA	30064
Rainbow Retirement Home	109 Meyer Farm Road	Arnoldsville, GA	30619
Renaissance Marquis Retirement Village	3126 Cedartown Highway	Rome, GA	30161
Renaissance On Peachtree	3755 Peachtree Road, N.E.	Atlanta, GA	30319
Rhema Personal Care Facilities	3144 Macedonia Road	Powder Springs, GA	30127
Riverwood Retirement Life Community	511 West 10th Street	Rome, GA	30165
Rock Creek Manor	50 Cagle Mill Road South	Jasper, GA	30143
Roman Court	1168 Chulio Road	Rome, GA	30161
Rosaleana's Community Assisted Living Care	350 Schoen Street, SE	Atlanta, GA	30315
Rosewood at Fort Oglethorpe	14 Fort Town Drive	Fort Oglethorpe, GA	30742
Royal Southern Plantation	580 Tommy Lee Fuller Drive	Loganville, GA	30052

Ruby Place	705 Cleland Street	Savannah, GA	31415
Sacred Hands Personal Care Homes	141 St Ann Circle	Dallas, GA	30157
Safe Haven at Lenox Park	1137 Lynmoor Drive	Atlanta, GA	30319
Safe Haven Transitional Home	305 E Mulberry Street	LaGrange, GA	30241
Savannah Court of Newnan	27 Belt Road	Newnan, GA	30263
Savannah Plantation PCH	102 Level Creek Road	Buford, GA	30518
Scepter Living Center of Snellville LLC	3000 Lenora Church Road	Snellville, GA	30078
Schnora's Happy Home	2690 Shady Hill Court	Snellville, GA	30039
Senior Citizens Care Center Annex	223 Harmon Road	Swainsboro, GA	30401
Serenity Mountain Manor	309 Price Creek Farms Lane	Jasper, GA	30143
Serenity of Jefferson	1442 Johnson Mill Road	Jefferson, GA	30549
Sha Sha's Leisure Living	1465 Teagle Road	Forsyth, GA	31029
Sha-Lyndas Personal Care Home	2313 Cadden Court	Augusta, GA	30906
Shady Lane	4901 La Roche Avenue	Savannah, GA	31404
Shady Lane II PCH	1133 Cornell Avenue	Savannah, GA	31406
Shady Lane IV	4901 LaRoche Avenue	Savannah, GA	31404
Sheppard Personal Care Home	123 Emma Lane	Waynesboro, GA	30830
Sheridan Place - Clare Bridge Place Memory Care Unit	504 Firetower Road	Dublin, GA	31021
Silverleaf of Snellville	2106 McGee Road	Snellville, GA	30078
Smith PCH	315 Advance Street	Swainsboro, GA	30401
Sonshine Manor Personal Care Home	115 Stephens View Road	Jasper, GA	30143
Southern Comfort Personal Care Home	580 Old Bremen Road	Temple, GA	30179
Southern Heritage II	814 Carl Vinson Parkway	Centerville, GA	31028
Southern Pines Senior Care Inc.	258 College Avenue	Maysville, GA	30558
Southern Pines Senior Living	423 Covington Avenue	Thomasville, GA	31792
Sparks Inn at Christian City	7290 Lester Road	Union City, GA	30291
Springfield Personal Care Home	3342 Springfield Road	Sparta, GA	31087
St Irene PCH	44 Clairmont Avenue	Elberton, GA	30635
St Marys Center for Alzheimer's and Dementia Care	1660 Jennings Mill Road	Bogart, GA	30622

Star Manor	241 Nelson Street	Cartersville, GA	30120
Stonehenge Assisted Living 3	168 Stonehenge Drive	Blairsville, GA	30512
Stonehenge Assisted Living One	168 Stonehenge Drive	Blairsville, GA	30512
Stonehenge Too	168 Stonehenge Drive	Blairsville, GA	30512
Suites at Oak View	55 Stockade Road	Summerville, GA	30747
Summer Willow Assisted Living	259 Nunez Lexsy Road	Swainsboro, GA	30401
Summer's Landing	311 Jerriel Street	Vidalia, GA	30474
Summer's Landing Tilly Mill	4821 North Peachtree Road	Dunwoody, GA	30338
Summers Landing Limestone	2030 Windward Lane	Gainesville, GA	30501
Summers Landing PCH	171 Highway 78 NW	Monroe, GA	30655
Summerset Assisted Living Community	3711 Benjamin E. Mays Drive	Atlanta, GA	30331
Sunrise at Buckhead	1000 Lenox Park Boulevard,	Atlanta, GA	30319
Sunrise at Decatur	920 Clairemont Avenue	Decatur, GA	30030
Sunrise at East Cobb	1551 Johnson Ferry Road	Marietta, GA	30062
Sunrise at Five Forks	3997 Five Forks Trickum Ro	Lilburn, GA	30047
Sunrise at Huntcliff Summit	8480 Roswell Road	Sandy Springs, GA	30350
Sunrise at Johns Creek	11405 Medlock Bridge Road	Johns Creek, GA	30093
Sunrise Harbour Personal Care Home	139 Orchard Pass	Warner Robins, GA	31088
Sweetwater Springs Assisted Living	1600 Lee Road	Lithia Springs, GA	30122
Tapleys Personal Care Home	4602 Hereford Farm Road	Evans, GA	30809
Tara Plantation Assisted Living	440 Tribble Gap Road	Cumming, GA	30040
Tebeau House Retirement Home	2019 Tebeau Street	Waycross, GA	31501
Tender Care Assisted Living at Snellville	3922 Centerville Highway #1	Snellville, GA	30039
Tender Care Personal Care Home	1560 Twin Bridge Lane	Lawrenceville, GA	30043
Tennille Assisted Living	525 North Main Street	Tennille, GA	31089
The Carlton	690 Mt. Vernon Highway	Atlanta, GA	30328
The Cohen Home	10485 Jones Bridge Road	Alpharetta, GA	30022
The Colonnade at Brandon Wilde	4275 Owens Road	Evans, GA	30809

The Cottage Senior Living	818 Round Tree Court	Lawrenceville, GA	30045
The Court at Sandy Springs - Memory Care (Emeritus)	1262 Hightower Trail	Atlanta, GA	30350
The Green House at Calvary	7490 Old Moon Road	Columbus, GA	31909
The Green House II at Calvary	7462 Old Moon Road	Columbus, GA	31909
The Home Place	801 Walnut Street	Louisville, GA	30434
The Mann House	5413 Northland Drive	Atlanta, GA	30342
The Oaks Assisted Living at The Marshes of Skidaway Island	95 Skidaway Island Park Road	Savannah, GA	31411
The Plaza Personal Care Center - Wesley Wood	2280 North Highway 29	Newnan, GA	30265
The Suites at Poplar Creek	114 Old Airport Road	LaGrange, GA	30240
The Willows	4179 Wheeler Road	Martinez, GA	30907
TLC Family Home	3605 Shallowford Road	Marietta, GA	30062
Trinity Personal Care Home of Georgia, LLC	718 Weed Street	Augusta, GA	30904
Tudor Castle Personal Care Home	2056 Tudor Castle Circle	Decatur, GA	30035
Tylers Assisted Living	208 Flowing Wells Road	Martinez, GA	30907
Victoria Personal Care Home	2666 Nancy Drive	Macon, GA	31206
Victory Village	3650 Salem Church Road	Jasper, GA	30143
Villa Rose	430 Mosley Road	Byron, GA	31008
Vision Personal Care Home #1	960 Curry Place	Macon, GA	31202
Vital Place	985 Waldwick Drive	Lawrenceville, GA	30045
Waldrop Personal Care Inc	89 Burnt Hickory Road	Cartersville, GA	30120
Walkers Lakebreeze Personal Care Home	440-A Lang Road	Covington, GA	30014
Washington Manor	184 Pine Lane	Washington, GA	30673
We Care 2 Personal Care Home	1483 Virgil Pond Lane	Loganville, GA	30052
Welcoming Arms	210 Crabapple Road	Fayetteville, GA	30215
Whispering Pines	6273 Highway 41 South	Bolingbroke, GA	31004
Willow Gardens	16 Crestwood Drive	Toccoa, GA	30577
Winthrop at Polk	131 Melissa Lane	Cedartown, GA	30125
Winthrop Court Assisted Living	10 Highway 411 East	Rome, GA	30161
Winthrop West Senior Living	279 Technology Parkway	Rome, GA	30165

Wise Choice Personal Care Home	318 Meadow Court	Martinez, GA	30907
Woodhaven Personal Care Home	6246 Highway 136	Trenton, GA	30752
Woodland Ridge	4005 South Cobb Drive	Smyrna, GA	30080
Woodstock Estates	1000 Professional Way	Woodstock, GA	30188
Yellow Brick House	6903 Main Street	Lithonia, GA	30058
Yellow Brick Road PCH	5063 Upper Elm Street	Atlanta, GA	30349

PERSONAL CARE HOMES EARLY STAGE

Name	Address	City	Zip Code
A 1 Belinda Winfrey PCH	1833 Empress Court	Augusta, GA	30906
A Better Home Care	2700 Stancil Boulevard	Jonesboro, GA	30326
A Loving Heart Personal Care Home	3437 Gebhart Court	Hephzibah, GA	30815
A Place for Comfort	1766 Big Valley Lane	Stone Mountain, GA	30083
AAA Holly House	1680 Northwoods Drive	Marietta, GA	30066
AAN Center	414 Rigby Street	Marietta, GA	30060
Agape Living	1840 Phinizy Road	Augusta, GA	30906
Alberta Gregory Personal Care Home	2102 Kennedy Drive	Augusta, GA	30904
Alero Personal Care Home Inc	230 Trelawny Circle	Covington, GA	30016
Amazing Grace Personal Care Home	206 Reynolds Street	Augusta, GA	30901
Amelia Gardens	576 Nickajack Road	Mableton, GA	30126
Amelia Gardens I	545 Toonigh Road	Woodstock, GA	30188
Amelia Gardens II	2030 Bascomb Carmel Road	Woodstock, GA	30189
Andras AA Personal Care Home	1736 Jenkins Street	Augusta, GA	30904
Angels Care Personal Care Home	2620 Richmond Hill Road	Augusta, GA	30906
Angels Royal Gardens Personal Care Home	7752 Marabou Lane	Riverdale, GA	30274

Annette Holleys Personal Care Home #2	4515 Colonial Road	Martinez, GA	30907
Anns Phenomenal Care Home	2102 Hillsinger Road	Augusta, GA	30904
Antebellum Grove Assisted Living	1010 Kathryn Ryals Road	Warner Robins, GA	31088
Anthony's Personal Care Home	2329 Cadden Road	Augusta, GA	30906
Arbor Terrace	170 Marilyn Farmer Way	Athens, GA	30606
Arbor Terrace at Cascade	1001 Research Center	Atlanta, GA	30331
Arbor Terrace at Tucker	5844 Highway 29	Tucker, GA	30084
Arbor Terrace at West Cobb	3829 Floyd Road	Austell, GA	30106
Arbor Terrace of Decatur	425 Winn Way	Decatur, GA	30030
Arbor Terrace of East Cobb	866 Johnson Ferry Road	Marietta, GA	30068
Ashley Glen	441 Prime Point	Peachtree City, GA	30269
Ashton Hall	1155 Lawrenceville Highway	Lawrenceville, GA	30046
Atlanta Residential Care	4760 Cascade Road SW	Atlanta, GA	30331
Atria Buckhead	2848 Lenox Road	Atlanta, GA	30324
Atria Johnson Ferry	9 Sherwood Lane	Marietta, GA	30067
Attentive Needs Assisted Living	7264 Amanda Court	Riverdale, GA	30274
Augusta Gardens Retirement Residence	3725 Wheeler Road	Augusta, GA	30909
Autumn Leaf Assisted Living	5815 Stagecoach Road	Rex, GA	30273
Autumn Village	753 Covington Street	Jackson, GA	30233
Autumn Village 2A	746 McDonough Road	Jackson, GA	30233
Autumn Village 2B	746 McDonough Road	Jackson, GA	30233
Autumn Village 2C	746 McDonough Road	Jackson, GA	30233
Autumn Years	60 Massell Drive SE	Cartersville, GA	30121
Avondale Assisted Living at Kensington	3508 Kensington Road	Decatur, GA	30032

Avondale Assisted Living at Northlake	3965 Gloucester Drive	Tucker, GA	30084
Avondale Homes at Tucker	2553 Sandpiper Drive	Tucker, GA	30084
Azalea House	1896 Ludovie Lane	Decatur, GA	30033
Azalea Way	125 Hambleton Street	Thomasville, GA	31792
B & E Personal Care Home	5786 Mableton Parkway	Mableton, GA	30126
Barbara Ray Halls Personal Care Home	2638 Castletown Drive	Hephzibah, GA	30815
Bargerons Personal Care Home	2903 Milledgeville Road	Augusta, GA	30904
Bebes Cottage	290 Meadow Drive	Alpharetta, GA	30009
Belair at Macon, The	4901 Harrison Road	Macon, GA	31206
Bella's Cottage	7275 Timberline Overlook	Cumming, GA	30041
Belmont Village	5455 Glenridge Drive	Atlanta, GA	30342
Benton House at Benton Village	201 Evergreen Terrace	Stockbridge, GA	30281
Benton House at Benton Village - Transitional Step Down Program	201 Evergreen Terrace	Stockbridge, GA	30281
Benton House of Dublin and Beacon Neighborhood	212 Fairview Park Drive	Dublin, GA	31021
Benton House of Newnan Lakes	25 Newnan Lakes Boulevard	Newnan, GA	30263
Bessie Maes Personal Care Home	910 Quaker Road Drive	Waynesboro, GA	30830
BestCare Assisted Living	2775 Cruse Road; #1401	Lawrenceville, GA	30044
Bethany Assisted Living, Inc.	1400 Northeast Main Street	Vidalia, GA	30474
Bethel Gardens Senior Living	3805 Jackson Way	Powder Springs, GA	30127
Bickford Senior Living	840 LeCroy Drive	Marietta, GA	30068
Blackshear Retirement Villa	1110 Blackshear Road	Cordele, GA	31015
Blair House Senior Living Community	684 Arlington Place	Macon, GA	31201
Bless To The Max	5870 GA Highway 57	Gordon, GA	31031
Blossom Personal Care Home	2494 Lillies Trace	Dacula, GA	30019
Brasstown Manor	108 Church Street	Hiawassee, GA	30546

Brickhaven Assisted Living	1807 12th Avenue	Albany, GA	31707
Brightmoor Assisted Living	3223 Newnan Road	Griffin, GA	30224
Brighton Gardens of Buckhead	3088 Lenox Road	Atlanta, GA	30324
Brighton Gardens of Dunwoody	1240 Ashford Center Parkway	Dunwoody, GA	30338
Brittany House at Benson Heights	1788 Sandy Plains Road	Marietta, GA	30066
Brittany House at Holly Springs	2852 Holly Springs Road	Marietta, GA	30062
Brittany's Place Assisted Living	141 Denis Drive	Jeffersonville, GA	31044
Brookdale Place of Augusta	326 Boy Scout Road	Augusta, GA	30909
Brooks Home Care	2408 Mims Road	Hephzibah, GA	30815
Brown Personal Care Home	554 Idlewood Road	Waynesboro, GA	30830
Bryants of Peace Personal Care Home	339 Marshall Street	Martinez, GA	30907
Buckingham South	5450 Abercorn Street	Savannah, GA	31405
Cambridge Farms Assisted Living	4040 Webb Bridge Road	Alpharetta, GA	30005
Cameron Hall	240 Marietta Highway	Canton, GA	30114
Cameron Hall of Ellijay	114 Penland Street	Ellijay, GA	30540
Camilla Retirement Home	161 East Broad Street	Camilla, GA	31730
Candler Ridge II	1205 Nunnally Drive	Monroe, GA	30655
Care Givers & More Elderly Care Services	6602 Shucraft Road	Appling, GA	30802
Caring Hands Assisted Living	1741 Highway 138	Riverdale, GA	30296
Caring Hearts PCH #2	10 Dial Road	Monroe, GA	30658
Carlyle Place - Cambridge Court	5300 Zebulon Road	Macon, GA	31210
Carols Place	2662 Barclay Street	Hephzibah, GA	30815
Carolyn's II	202 East Adair Street	Valdosta, GA	31601
Carolyn's Personal Care Home	525 Green Street	Valdosta, GA	31601
Carousel House II	173 South Lee Street	Forsyth, GA	31029
Carter Country Home	4447 U.S. 41 South	Lake Park, GA	31636

Cedar Hill Senior Living Community	402 East Ellawood Avenue	Cedartown, GA	30125
Cedar Plantation Assisted Living and Alzheimers Community	46637 Highway 46 East	Metter, GA	30439
Celestial Care Services	6571 Valley Hill Drive	Mableton, GA	30126
Champeunes Personal Care Home	3439 Rushing Road	Augusta, GA	30906
Charms Personal Care Home	900 West Residence Avenue	Albany, GA	31701
Choice Care Assisted Living Inc.	4930 Highway 20	Loganville, GA	30052
Church Street Manor	425 West Church Street	Swainsboro, GA	30401
Clarice Green Family PCH	1220 Dogwood Road North	Woodville, GA	30669
Colonial Gardens of Warner Robins #1	903 West Highway 96	Warner Robins, GA	31088
Colonial Gardens of Warner Robins #2	903 West Highway 96	Warner Robins, GA	31088
Colonial Guest House, Inc.	131 East Main Street	Franklin, GA	30217
Colquitt Alternative Living Care Inc.	258 East College Street	Colquitt, GA	39837
Colquitt Garden Manor	498 5th Street SE	Moultrie, GA	31768
Comfy Personal Care Home	2460 Skylars Mill Way	Snellville, GA	30078
Cooper House AL	2213 Augusta Highway	Lincolnton, GA	30817
Cordelia Manor Personal Care Home	1307 Blackshear Road	Cordele, GA	31015
Cottages on Wesleyan, The	1633 Wesleyan Drive	Macon, GA	31210
Country Heritage II	5761 Conner Road	Flowery Branch, GA	30542
Country Living Personal Care Home	5841 Maysville Road	Commerce, GA	30529
Country Manor Estates	1487 Allen Road	Macon, GA	31216
Countryside Personal Care Home	236 Lawson Hall Drive	Waynesboro, GA	30830
Courtyard Gardens	1000 River Center Place	Lawrenceville, GA	30043
Covenant Care Hamptom	120 West Tisbury Lane	Pooler, GA	31322
Covenant Care Lane	141 West Tisbury Lane	Pooler, GA	31322
Covenant Care Tisbury	126 West Tisbury Lane	Pooler, GA	31322

Cozy Manor Personal Care Home	706 North Main Street	LaFayette, GA	30728
Cunningham's PCH	195 Bristlecone Court	Winterville, GA	30683
Davis Elderly Care	5275 Hereford Farm Road	Evans, GA	30809
Delmar Gardens of Gwinnett	3100 Club Drive	Lawrenceville, GA	30044
Dennis and Dilsie Adult Care Home	217 St. Andrew Street	Sylvania, GA	30467
Destinys Home of Comfort Personal Care Home	2529 Crosscreek Road	Hephzibah, GA	30815
Divine Love Personal Care Home	943 Falling Creek Drive	Macon, GA	31220
Dogwood Bluff Personal Care Home	266 Pony Lake Lane	Dahlonega, GA	30533
Dogwood Forest at Eagles Landing	475 Country Club Drive	Stockbridge, GA	30281
Dogwood Forest of Fayetteville	1294 Highway 54 West	Fayetteville, GA	30214
Dogwood Forest of Gainesville	3315 Thompson Bridge Road	Gainesville, GA	30506
Dogwood Gardens Senior Living	1222 Plaza Avenue	Eastman, GA	31023
Dream Catcher Farm Personal Care Home	286 Four Points Road	Jackson, GA	30233
Dream Catcher in the Woods	286 Four Points Road	Jackson, GA	30233
Duncan McRae House	129 South Railroad Avenue	Mount Vernon, GA	30445
East Georgia Personal Care Home II	1371 West Peachtree Avenue	Union Point, GA	30669
Eastside Gardens	2078 Scenic Highway	Snellville, GA	30078
Easy Living Personal Care Home	2688 Nub Garland Road	Toccoa, GA	30577
Echols Personal Care Home	5266 Lexington Road	Rayle, GA	30660
Eden Personal Care Home	2438 Swan Lake Drive	Grayson, GA	30017
Edgewood of Monticello	1178 College Street	Monticello, GA	31064
Elaine Miller Personal Care Home	5413 Old Augusta Highway	Grovetown, GA	30813
Elaines Personal Care Home	626 East Riverbend Drive	Lilburn, GA	30047
Ellens Personal Care Home	3229 Old Louisville Road	Augusta, GA	30906
Elmcroft at Milford Chase	1345 Milford Church Road	Marietta, GA	30008

Elmcroft of Mt. Zion	7493 Mount Zion Boulevard	Jonesboro, GA	30236
Elmcroft of Roswell	400 Marietta Highway	Roswell, GA	30075
Elmcroft Senior Living	515 The Pass	Martinez, GA	30907
Emeritus at Decatur	475 Irvin Court	Decatur, GA	30030
Emeritus at Flint River Memory Care Community	250 Water Tower Court	Macon, GA	31210
Emeritus at Newnan	355 Millard Farmer Industrial	Newnan, GA	30263
Emeritus at Riverstone Senior Living	125 Riverstone Terrace	Canton, GA	30114
Emeritus at Sandy Springs	1260 Hightower Trail	Atlanta, GA	30350
Emeritus at Sandy Springs Place	1262 Hightower Trail	Atlanta, GA	30350
Emeritus at Spring Mountain	1790 Powder Springs Road	Marietta, GA	30064
Emeritus at Vinings	2401 Cumberland Parkway S	Atlanta, GA	30309
Emeritus at Woodstock Senior Living Community	756 Neese Road	Woodstock, GA	30188
Emory Senior Living	2795 Scenic Highway 124	Snellville, GA	30078
Enchanted Lives Personal Care Home	3613 Larkspur Drive	Augusta, GA	30906
Englewood Health Care I	507 North Madison	Albany, GA	31701
Englewood Health Care II	286 Stonewall Street SE	Dawson, GA	31742
Ettas House	1682 Pharr Road	Snellville, GA	30078
Evans Personal Care Home	426 Liberty Street	Gray, GA	31032
Evergreen Assisted Living	2823 Gillionville Road	Albany, GA	31721
Faith and Hope Personal Care Home	773 Chapman Street	Jonesboro, GA	30238
Faith Hope and Grace Home	279 Cab Drive	Sylvania, GA	30467
Faith Landing Personal Care Home	1215 Hale Street	Waynesboro, GA	30830
Falcon Crest Manor	111 Epps Street	Gordon, GA	31031
FAM Personal Care Home	5618 Wellborn Creek Drive	Lithonia, GA	30058
Family Pampering Center PCH #1	2180 Surrey Trail	College Park, GA	30349
Felton Manor	16 Roving Road	Cartersville, GA	30121
Fern's Tender Loving Care Home	3547 Spring Valley Road	Decatur, GA	30032

First Love Personal Care Home #1	2403 Wrightsboro Road	Augusta, GA	30904
First Love Personal Care Home #2	2734 Milledgeville Road	Augusta, GA	30904
Fite Living Centre	5 Fite Street	Cartersville, GA	30120
Five Ponds Personal Care Home	4688 Windsor Spring Road	Hephzibah, GA	30815
Florence Jeffersons T.L.C.	4357 Seago Road	Hephzibah, GA	30815
Four Seasons Personal Care Home	918 East Evans	Bainbridge, GA	39819
Foxcroft Assisted Living	3507 Dean Still Road	Blackshear, GA	31516
Frances B. Bell Personal Care Home	106 Joiner-Oglesby Road	Sardis, GA	30456
Freedom House Augusta PCH	2006 Sibley Road	Augusta, GA	30909
Freeman Personal Care Home	1945 15th Street	Augusta, GA	30901
Friendship Personal Care Home	723 West Oglethorpe Blvd.	Albany, GA	31701
Fulcher - Nations Personal Care Home	2020 Edgar Street	Augusta, GA	30904
G.S.E. Gantt Personal Care Home	3834 Fairington Drive	Hephzibah, GA	30815
Garden Of Love	2208 Woodward Avenue	Augusta, GA	30906
Gardens at Royal Oaks	1218 Broadrick Drive	Dalton, GA	30720
Gardens of Roswell	9212 Nesbit Ferry Road	Alpharetta, GA	30022
Gardners Personal Care Home	2024 Wrightsboro Road	Augusta, GA	30901
Garrison Personal Care Home	519 Perkins Road	Palmetto, GA	30268
Gaynell Hymels Personal Care Home	1029 Mosley Road	Augusta, GA	30906
Gaynell Hymels Personal Care Home II	1015 Mosley Road	Augusta, GA	30906
Generous Care Giving	2769 Kilgore Road	Buford, GA	30519
Gentilly Gardens	625 Gentilly Road	Statesboro, GA	30458
Gentle Services In Home Care	7363 Ovis Court	Riverdale, GA	30274
Georgia Living Center	182 Head Avenue	Tallapoosa, GA	30176
Gods Child Personal Care Home	3719 Colbert Street	Augusta, GA	30906
Gold City Personal Care Home	350 Moores Drive	Dahlonega, GA	30533
Golden Apple Carriage	606 5th Avenue	Moultrie, GA	31768

House	SE		
Golden Apple Personal Care Home	606 5th Avenue SE	Moultrie, GA	31788
Golden Apple Personal Care Home II	606 Fifth Avenue SE	Moultrie, GA	31788
Golden Crest	2160 Lake Harbin Road	Morrow, GA	30260
Golden Crest Assisted Living - Eagles Landing	425 Country Club Drive	Stockbridge, GA	30281
Golden Generations II Personal Care Home	386 Tower Drive	Martinez, GA	30907
Golden Personal Care Home I	257 Golden Road	Eastman, GA	31023
Golden Personal Care Home II	257 Golden Road	Eastman, GA	31023
Golden Retreat	503 South Goodman Street	Sparks, GA	31647
Golden Royal Orchards PCH	5112 Kelly Drive	Cohutta, GA	30710
Golden Rule Personal Care Home	2342 Dorn Road	Augusta, GA	30906
Golden Services Personal Care Home	930 West Magnolia Street	Valdosta, GA	31601
Golff Personal Care Home	439 Drexell Avenue	Millen, GA	30442
Gospel Water Branch Elderly Housing, Inc.	672 King Taylor Road	Evans, GA	30809
Governors Glen	5000 Governors Drive	Forest Park, GA	30297
Grace Gardens	30 South College Street	Metter, GA	30439
Gracemont Assisted Living	4940 Jot-Em-Down Road	Cumming, GA	30041
Gracemont Assisted Living	4960 Jot-Em-Down Road	Cumming, GA	30041
Graces House	2 River Street	Cave Spring, GA	30124
Great Day PCH	2604 Whittier Place	Hephzibah, GA	30815
Great Grans Personal Care Home	1002 North Wiley Avenue	Donalsonville, GA	39845
Green Park PCH	2941 Sandy Plains Road	Marietta, GA	30066
Greenwood Gardens	1160 Whitlock Avenue	Marietta, GA	30064
Griffin House South, The	107 West Liberty Street	Claxton, GA	30417
Gro Shady Oaks	310 Chestnut Street	Dalton, GA	30721
Grosvenor Personal Care Home	4556 Central Drive	Stone Mountain, GA	30083

Habersham House Senior Residence	5200 Habersham Street	Savannah, GA	31405
Halls Personal Care Home of Evans	4528 Hereford Farm Road	Evans, GA	30809
Hapeville Manor Assisted Living	601 Coleman Street	Hapeville, GA	30354
Haven of Tender Loving Care	407 W Moore Street	Dublin, GA	31021
Hearthstone of Roswell	350 Market Place	Roswell, GA	30075
Heather House	11965 Old Mountain Park Ro	Roswell, GA	30075
Heather House Crabapple	290 Ranchette Road	Alpharetta, GA	30004
Heavenly Arms	2764 1/2 Tobacco Road	Hephzibah, GA	30815
Heavenly Arms	11230 Hwy 278 East	Covington, GA	30014
Helping Hands Personal Care Home 2	6260 Mozart Drive	Riverdale, GA	30296
Heritage of Brookstone	5235 Stilesboro Road N.W.	Kennesaw, GA	30152
Heritage of Peachtree	1967 Highway 54 West	Fayetteville, GA	30214
Heritage of Sandy Plains	3039 Sandy Plains Road	Marietta, GA	30066
Higher Living Personal Care Home	650 Main Street	Warrenton, GA	30828
Hilltop House Personal Care Home	1208 West Gordon Street	Quitman, GA	31643
Home Away From Home Personal Care Homes	8412 Red Cedar Way	Riverdale, GA	30274
Home Sweet Home Personal Care Home	2459 Dublin Drive	Augusta, GA	30906
Homeplace Senior Living - Memory Care Community	345 Pearl Bates Avenue	Eastman, GA	31023
Horizon Bay	180 Woodrow Wilson Way	Rome, GA	30165
House of Angels	420 Lavender Road	Athens, GA	30606
House of Angels Personal Care Home	3554 Evangeline Drive	Augusta, GA	30906
House of Lord Home Care	3802 MacLand Road	Hiram, GA	30141
House of Naum Personal Care Home, The	2880 Olive Grove Church Ro	Roberta, GA	31078
House of Prosperity	3702 Willow Bend Run	Columbus, GA	31907
Humming Birds Personal Care Home	2124 Harding Road	Augusta, GA	30906

Isaac Haven Assisted Living Center	1939 Isaac Watkins Road	Montrose, GA	31065
Ivy Hall North	5690 State Bridge Road	Alpharetta, GA	30022
Ivydale Personal Care Home	1836 South Main Street	Moultrie, GA	31768
J and J Retirement Home	1214 Whispering Pines Road	Albany, GA	31707
J R & C Assisted Living Center	2195 Waynesboro Highway	Hiltonia, GA	30467
Jacksons Personal Care Home	2377 Dublin Drive	Augusta, GA	30906
Jamestown Personal Care Home	300 Green Street	Fort Valley, GA	31030
Jane Smiths Personal Care Home	1809 Mavis Street	Augusta, GA	30906
Jean Gibson Personal Care Home	914 Greer Road	Griffin, GA	30223
John-Wesley Villas of Savannah, Inc.	231 West Montgomery Cross	Savannah, GA	31406
Johns Helping Hands	2903 Larkspur Drive	Augusta, GA	30906
Johnsons Personal Care Home	1007 Hall Street	Bainbridge, GA	39819
Jones Personal Care Home	1618 Cider Lane	Augusta, GA	30906
Jordan Personal Care Home	1910 Sagemont Drive	Augusta, GA	30906
Joseph Home of Comfort PCH	3908 Fairington Drive	Hephzibah, GA	30815
Kentwood Personal Care Home	1227 West Wheeler Parkway	Augusta, GA	30909
Killian Hill Personal Care Home	1538 Killian Hill Road	Lilburn, GA	30047
Kimberly Assisted Living Home	700 West Memorial Drive	Dallas, GA	30132
Kings Bridge Retirement Center	3055 Briarcliff Road, N.E.	Atlanta, GA	30329
Kings Personal Kare Facility	111 Elizabeth Way	Ellenwood, GA	30294
Kingsford of Warner Robins	851 Gunn Road	Warner Robins, GA	31093
Kingsford Place	95 Progress Avenue	Hawkinsville, GA	31036
Krisscare Personal Care Home	2793 Skyland Drive	Snellville, GA	30078
L & R Personal Care	14 Sharper Circle	Valdosta, GA	31601
Lake Erma Assisted Living	103 West Main Street	Lakeland, GA	31635

Lake Pointe Assisted Living & Memory Care Community	45 Walnut Street	Hartwell, GA	30643
Lakeside Rest Home	924 Crump Street	Swainsboro, GA	30401
Lakeview Retirement Center	111 Stephens Avenue	Baxley, GA	31513
Langdale Place	2720 Windemer Drive	Valdosta, GA	31602
Lanham Personal Care Home	2950 Old Highway #1	Hephzibah, GA	30815
Lanier Village Estates - OakBridge Terrace	3950 Village View Drive	Gainesville, GA	30506
Lazy-R Personal Care Center	81 Wellborn Street	Blairsville, GA	30512
Leisure Life Care Home	301 Beacham Street	Unadilla, GA	31091
Leisure Living of LaGrange I	137 Parker Place	LaGrange, GA	30240
Lifetime CLA	706 High Pointe Drive	Winder, GA	30680
Lighthouse Personal Care Home	1431 Brittain Road	Douglasville, GA	30134
Lighthouse Personal Care Home, The	206 Blue Mountain Parkway	Rocky Face, GA	30740
Longevity Personal Care Home	1520-22 12th Street	Augusta, GA	30901
Longevity Personal Care Home #2	2884 Lumpkin Road	Augusta, GA	30906
Lorraine Young Personal Care Home	2836 Tobacco Road	Hephzibah, GA	30815
Loves Community Care Center	2366 Dublin Drive	Augusta, GA	30906
Loves Personal Care Facility	2347 Amsterdam Drive	Augusta, GA	30906
Loving Grace Personal Care Home #1	1236 12th Street	Augusta, GA	30901
Lucille Kylers Quality Care Personal Care Home	3231 Ware Road	Augusta, GA	30909
Macks Personal Care Home	3603 Richdale Drive	Augusta, GA	30906
Macy Retirement Center	4408 Houston Avenue	Macon, GA	31206
Magnolia Lane	6365 Newborn Drive	College Park, GA	30349
Magnolia Manor of Columbus Assisted Living	2040 Warm Springs Road	Columbus, GA	31904
Magnolia Manor Retirement Center	2001 South Lee Street	Americus, GA	31709
Magnolia Manor South	3011 Veterans Parkway	Moultrie, GA	31788

Magnolia Place Inc.	6430 Newton Road	Albany, GA	31721
Magnolia Place of Cairo	1710 South Broad Street	Cairo, GA	39828
Majestic Manor	67 Pin Oak Drive	Rock Spring, GA	30739
Maliha Personal Care Home	32 Marvin Avenue	Summerville, GA	30747
Maple Court Senior Residents	2408 North Tift Avenue	Tifton, GA	31794
Mapleview Personal Care Home - 3	10 Church Street	Statesboro, GA	30458
Maries Adult Personal Care Home	3524 Wrightsboro Road	Augusta, GA	30909
Marks Personal Care Home	1721 Hephzibah-McBean Ro	Hephzibah, GA	30815
Mary and Marthas Personal Care Home	616 Mohawk Street	Rossville, GA	30741
Mary's Care Home	129 East Side Road	Twin City, GA	30471
Masters Personal Care Home	362 Carver Street, S.E.	Thomson, GA	30824
Matrel's Personal Care Home	1008 East 12th Street	West Point, GA	31833
Mattie H. Marshall Center	2001 South Lee Street	Americus, GA	31709
McClendon Personal Care Home	3050 Johnny Long Road	Newton, GA	39870
Memory Lane of Bremen Bldg A	524 Gordon Street	Bremen, GA	30110
Memory Lane of Bremen Bldg B	524 Gordon Street	Bremen, GA	30110
Memory Lane of Bremen Bldg C	524 Gordon Street	Bremen, GA	30110
Mercy Personal Care Home	3630 Brushy Wood Drive	Loganville, GA	30052
Merrill Gardens at Dunwoody	1460 South Johnson Ferry R	Dunwoody, GA	30319
Merryvale Assisted Living	11980 Highway 142 North	Oxford, GA	30054
Morning Pointe Assisted Living	660 Jolly Road NW	Calhoun, GA	30701
Morning Starr Personal Care Home	519 Lawrenceville Street	Norcross, GA	30071
Morningside Assisted Living	353 North Belair Road	Evans, GA	30809
Morningside of Albany	1721 Beattie Road	Albany, GA	31721
Morningside of Athens	1291 Cedar Shoals Drive	Athens, GA	30605

Morningside of Conyers	1352 Wellbrook Circle	Conyers, GA	30012
Morningside of Dalton	2470 Dug Gap Road	Dalton, GA	30720
Morningside of Gainesville	2435 Limestone Parkway	Gainesville, GA	30501
Mother & Daughter Personal Care Home	1923 Kissingbower Road	Augusta, GA	30904
Mountain View Personal Care Home	3675 Kensington Road	Decatur, GA	30032
Mt. Carmel Personal Care Home	3084 Mt. Carmel Road	Hampton, GA	30228
Mulberry Grove	343 Price Street	Statham, GA	30666
Musgrove Manor Personal Care Home	13 Birnam Woods Road	Griffin, GA	30223
My House 2 Community Care Facility	2836 Ravenwood Drive	Snellville, GA	30078
Naja Personal Care Home	935 Donington Circle	Lawrenceville, GA	30045
Nasworthy Care Home	4896 Stanfield Road	Patterson, GA	31557
New Beginnings PCH - Ludowici	209 W Kenny Drive	Ludowici, GA	31316
New Haven	615 South Hutchinson Avenue	Adel, GA	31620
Northlake Gardens	1300 Montreal Road	Tucker, GA	30084
Northside Villa	8828 Hwy 112 North	Rochelle, GA	31079
Oak Ridge	160 Moores Road	Mineral Bluff, GA	30559
Oasis of Love PCH II	4660 Sunridge Trail	Fairburn, GA	30213
Oconee House Senior Living	126 Parks Mill Road	Buckhead, GA	30625
Odom, Pam Personal Care Home	129 Leonard Lane	Swainsboro, GA	30401
Open Arms Elderly Care	1864 Central Avenue	Augusta, GA	30904
Overall Group Home	4462 Parmalee Path	Conley, GA	30288
Ovie Brantley-Cauley House The	1628 College Street	Soperton, GA	30457
Palmer Family Care Home	4550 Janice Drive	College Park, GA	30337
Park Regency Personal Care Home	3000 Veterans Parkway	Moultrie, GA	31768
Patricias Adults Care Home	206 St. Andrews Street	Sylvania, GA	30467

Patterson Personal Care Home - Augusta	1605 Cornell Drive	Augusta, GA	30906
Payne Care Home II	2740 West Antler Drive	Augusta, GA	30906
Peaceful Living Personal Care Home - Augusta	2714 Coleman Avenue	Augusta, GA	30906
Peaceful Personal Care Home	168 Peaceful Lane	Portal, GA	30450
Peachtree Plantation	4251 Hudson Drive	Oakwood, GA	30566
Personal Home Care By Betsy	429 Faircloth Road	Whigham, GA	39897
Petal's PCH	3371 Glen Summit Lane	Snellville, GA	30039
Pineland Personal Care Home	235 Broxton Highway	Hazlehurst, GA	31539
Pines Personal Care Home Inc. B	2121-B Martin Luther King Jr	Albany, GA	31701
Pines Personal Care Home Inc. C	2121-C Martin Luther King Jr	Albany, GA	31701
Pines Personal Care Home Inc. D	2121-D Martin Luther King Jr	Albany, GA	31701
Pineview Gardens of Evans	4393 Owens Road	Evans, GA	30809
Pineview Gardens Personal Care Home	4255 Highway 25 North	Hephzibah, GA	30815
Plair Personal Care Home	2016 Scott Road	Augusta, GA	30906
Plair Personal Care Home II	2014 Scott Road	Augusta, GA	30906
Plantation Manor Personal Care Home	220 Park Avenue	Thomasville, GA	31792
Plantation South of Duluth	3450 Duluth Park Lane	Duluth, GA	30096
Plantation South of Dunwoody	4594 Barclay Drive	Dunwoody, GA	30338
Platinum Care Personal Care Home	2358 Oak Avenue	Morrow, GA	30260
Pleasant Valley Retirement Home	510 Reed Road	Dalton, GA	30720
Precious Touch PCH	6631 Chason Woods Court	Jonesboro, GA	30238
Presbyterian Home and Retirement Community	1901 West Screven Street	Quitman, GA	31643
Presbyterian Village	2000 East-West Connector	Austell, GA	30106
Presbyterian Village - Hearthstone	2000 East-West Connector	Austell, GA	30106
Providence of Alpharetta	12775 Providence Road	Alpharetta, GA	30009
Pure Heart Personal Care Home	5404 McEver Road	Oakwood, GA	30517

Q & N Personal Care Home	1859 Keith Drive	Marietta, GA	30064
Rainbow Retirement Home	109 Meyer Farm Road	Arnoldsville, GA	30619
Rayford Care Home	620 First Avenue	Columbus, GA	31901
Rejuvenate - Eden PCH	1918 Panola Road	Lithonia, GA	30058
Renaissance Marquis Retirement Village	3126 Cedartown Highway	Rome, GA	30161
Renaissance On Peachtree	3755 Peachtree Road, N.E.	Atlanta, GA	30319
Residential Living, Inc.	7861 Collinswood Court	Jonesboro, GA	30236
Rhema Personal Care Facilities	3144 Macedonia Road	Powder Springs, GA	30127
Ritchglow Personal Care Home	2717 Rainbow Forest Drive	Decatur, GA	30034
Riverwood Retirement Life Community	511 West 10th Street	Rome, GA	30165
Rock Creek Manor	50 Cagle Mill Road South	Jasper, GA	30143
Roman Court	1168 Chulio Road	Rome, GA	30161
Rosaleana's Community Assisted Living Care	350 Schoen Street, SE	Atlanta, GA	30315
Rose-Anns Personal Care Home	2016 Country Place Drive	Augusta, GA	30906
Rosewood at Fort Oglethorpe	14 Fort Town Drive	Fort Oglethorpe, GA	30742
Rosewood Manor	1107 Tanner Street	Nicholls, GA	31554
Royal Care	568 Highway 26 E	Cochran, GA	31014
Royal Oaks	211 West College Street	Adrian, GA	31002
Royal Southern Plantation	580 Tommy Lee Fuller Drive	Loganville, GA	30052
Ruby Place	705 Cleland Street	Savannah, GA	31415
Sacred Hands Personal Care Homes	141 St Ann Circle	Dallas, GA	30157
Safe Haven at Lenox Park	1137 Lynmoor Drive	Atlanta, GA	30319
Safe Haven Transitional Home	305 E Mulberry Street	LaGrange, GA	30241
Saint James Place	2027 Alta Vista Drive	Columbus, GA	31907
Sara's Personal Care Home	129 Leonard Lane	Swainsboro, GA	30401
Savannah Court of Lake Oconee	1061 Willow Run Road	Greensboro, GA	30642
Savannah Court of Milledgeville	61 Marshall Road	Milledgeville, GA	31061
Savannah Court of Newnan	27 Belt Road	Newnan, GA	30263

Savannah Grand	1835 Eagle Drive	Woodstock, GA	30189
Savannah Plantation PCH	102 Level Creek Road	Buford, GA	30518
Scepter Living Center of Snellville LLC	3000 Lenora Church Road	Snellville, GA	30078
Schnora's Happy Home	2690 Shady Hill Court	Snellville, GA	30039
Senior Care America	1165 Hillcrest Glenn Circle	Sugar Hill, GA	30518
Senior Care America II	828 Rock Springs Road	Lawrenceville, GA	30043
Senior Citizens Care Center Annex	223 Harmon Road	Swainsboro, GA	30401
Serenity Assisted Living	206 Pine Street	Sparks, GA	31647
Serenity House	8599 Sheridan Drive	Jonesboro, GA	30236
Serenity Mountain Manor	309 Price Creek Farms Lane	Jasper, GA	30143
Serenity of Jefferson	1442 Johnson Mill Road	Jefferson, GA	30549
Serenity Personal Care Home	120 E. Winthorpe Avenue	Millen, GA	30442
Seymour Southern Comforts Personal Care Home	202 East Main Street	Bronwood, GA	39826
Sha Sha's Leisure Living	1465 Teagle Road	Forsyth, GA	31029
Sha-Lyndas Personal Care Home	2313 Cadden Court	Augusta, GA	30906
Shady Lane	4901 La Roche Avenue	Savannah, GA	31404
Shady Lane II PCH	1133 Cornell Avenue	Savannah, GA	31406
Shady Lane IV	4901 LaRoche Avenue	Savannah, GA	31404
Shady Pines Estate	124 Airport Road	Abbeville, GA	31001
Sheppard Personal Care Home	123 Emma Lane	Waynesboro, GA	30830
Sheridan Place - Assistive Living Unit	504 Firetower Road	Dublin, GA	31021
Sheridan Place - Clare Bridge Place Memory Care Unit	504 Firetower Road	Dublin, GA	31021
Silverleaf of Snellville	2106 McGee Road	Snellville, GA	30078
Sirmons Personal Care Home	623 Davis Avenue	Lakeland, GA	31635
Smith PCH	315 Advance Street	Swainsboro, GA	30401
Sonshine Manor Personal Care Home	115 Stephens View Road	Jasper, GA	30143

South Haven Personal Care Home	6490 West Fayetteville Road	Riverdale, GA	30296
Southern Breeze Assisted Living	127 S. Belair Road	Martinez, GA	30907
Southern Care Retirement Home	1934 Whiddon Mill Road	Tifton, GA	31793
Southern Charm	110 South Third Avenue	McRae, GA	31055
Southern Comfort Personal Care Home	580 Old Bremen Road	Temple, GA	30179
Southern Escapes Assisted Living	3047 Johnson Road	Loganville, GA	30052
Southern Heritage II	814 Carl Vinson Parkway	Centerville, GA	31028
Southern Magnolia	405 Thompson Street	Vidalia, GA	30474
Southern Pines Senior Care Inc.	258 College Avenue	Maysville, GA	30558
Southern Pines Senior Living	423 Covington Avenue	Thomasville, GA	31792
Southern Senior Living	215 East Sellers Street	Douglas, GA	31533
Southside Garden	6693 Highway 11 South	Hillsboro, GA	31038
Sparks Inn at Christian City	7290 Lester Road	Union City, GA	30291
Sparks Retirement Home, Inc.	304 South Goodman Street	Sparks, GA	31647
Spring Garden Personal Care Home	3361 Glen Summit Lane	Snellville, GA	30039
Spring Villa Personal Care	620 Monroe Street	Macon, GA	31201
Springfield Personal Care Home	3342 Springfield Road	Sparta, GA	31087
St Irene PCH	44 Clairmont Avenue	Elberton, GA	30635
St Marys Center for Alzheimer's and Dementia Care	1660 Jennings Mill Road	Bogart, GA	30622
Star Manor	241 Nelson Street	Cartersville, GA	30120
Stockbridge Personal Care Home	170 Shields Road	Stockbridge, GA	30281
Stonehenge Assisted Living 3	168 Stonehenge Drive	Blairsville, GA	30512
Stonehenge Assisted Living One	168 Stonehenge Drive	Blairsville, GA	30512
Stonehenge Too	168 Stonehenge Drive	Blairsville, GA	30512
Suites at Oak View	55 Stockade Road	Summerville, GA	30747

Suites of Woodleaf Assisted Senior Living	2022 East Pinetree Boulevard	Thomasville, GA	31792
Sulfur Springs Retreat-Elderly	1154 Magnolia Drive	Macon, GA	31217
Summer Willow Assisted Living	259 Nunez Lexsy Road	Swainsboro, GA	30401
Summer's Landing	311 Jerriel Street	Vidalia, GA	30474
Summer's Landing Tilly Mill	4821 North Peachtree Road	Dunwoody, GA	30338
Summers Landing Limestone	2030 Windward Lane	Gainesville, GA	30501
Summers Landing Northland Assisted Living	5399 Northland Drive	Atlanta, GA	30342
Summers Landing PCH	171 Highway 78 NW	Monroe, GA	30655
Summerset Assisted Living Community	3711 Benjamin E. Mays Drive	Atlanta, GA	30331
Sumter Retirement Village	2124 Highway 280 West	Plains, GA	31780
Sunrise at Buckhead	1000 Lenox Park Boulevard,	Atlanta, GA	30319
Sunrise at Decatur	920 Clairemont Avenue	Decatur, GA	30030
Sunrise at East Cobb	1551 Johnson Ferry Road	Marietta, GA	30062
Sunrise at Five Forks	3997 Five Forks Trickum Ro	Lilburn, GA	30047
Sunrise at Huntcliff Summit	8480 Roswell Road	Sandy Springs, GA	30350
Sunrise at Johns Creek	11405 Medlock Bridge Road	Johns Creek, GA	30093
Sunrise Harbour Personal Care Home	139 Orchard Pass	Warner Robins, GA	31088
Sutton Place	306 West Mann Street	Glennville, GA	30427
Sweetwater Springs Assisted Living	1600 Lee Road	Lithia Springs, GA	30122
Tanglewood Assisted Living Facility	50 Tanglewood Drive	Dawsonville, GA	30534
Tapleys Personal Care Home	4602 Hereford Farm Road	Evans, GA	30809
Tara Plantation Assisted Living	440 Tribble Gap Road	Cumming, GA	30040
Tebeau House Retirement Home	2019 Tebeau Street	Waycross, GA	31501
Tender Care Assisted Living at Snellville	3922 Centerville Highway #1	Snellville, GA	30039
Tender Care Personal Care Home	1560 Twin Bridge Lane	Lawrenceville, GA	30043

Tennille Assisted Living	525 North Main Street	Tennille, GA	31089
Terris Personal Care Home	1680 Lawrenceville - Suwane	Lawrenceville, GA	30043
The Bridges Assisted Living of Lawrenceville	220 Collins Industrial Way	Lawrenceville, GA	30043
The Carlton	690 Mt. Vernon Highway	Atlanta, GA	30328
The Cohen Home	10485 Jones Bridge Road	Alpharetta, GA	30022
The Colonnade at Brandon Wilde	4275 Owens Road	Evans, GA	30809
The Cottage Senior Living	818 Round Tree Court	Lawrenceville, GA	30045
The Court at Sandy Springs - Memory Care (Emeritus)	1262 Hightower Trail	Atlanta, GA	30350
The Gables at Cobb Village	12 Cobb Village Drive	Royston, GA	30662
The Gardens at Calvary	7595 Moon Road	Columbus, GA	31909
The Green House at Calvary	7490 Old Moon Road	Columbus, GA	31909
The Green House II at Calvary	7462 Old Moon Road	Columbus, GA	31909
The Home Place	801 Walnut Street	Louisville, GA	30434
The Mann House	5413 Northland Drive	Atlanta, GA	30342
The Montclair at Clairmont Place	2100 Clairmont Lake	Decatur, GA	30033
The Oaks Assisted Living at The Marshes of Skidaway Island	95 Skidaway Island Park Road	Savannah, GA	31411
The Oaks at Peake Assisted Living	400 Foster Road	Macon, GA	31210
The Oaks at Scenic View Assisted Living	205 Peach Orchard Drive	Baldwin, GA	30511
The Olive Branch PCH	639 Davenport Road	Braselton, GA	30517
The Plaza Personal Care Center - Wesley Wood	2280 North Highway 29	Newnan, GA	30265
The Providers, Inc.	799 Moreland Avenue	Atlanta, GA	30316
The Rachel House, Inc.	204 West Colquitt Street	Sparks, GA	31647
The Retreat	1207 East McPherson Street	Nashville, GA	31639
The Retreat II	1207 East McPherson Street	Nashville, GA	31639
The Suites at Cypress Pond	15 Kent Road	Tifton, GA	31794

The Suites at Poplar Creek	114 Old Airport Road	LaGrange, GA	30240
The Valencia Personal Care Home Inc.	605 South Valencia Drive	Albany, GA	31707
The White House Personal Care Home	452 State Street	Waycross, GA	31501
The Willows	4179 Wheeler Road	Martinez, GA	30907
Tignall Assisted Living	185 S. Hulin Avenue	Tignall, GA	30668
TLC Family Home	3605 Shallowford Road	Marietta, GA	30062
Treutlen Living Center	5590 Third Street North	Soperton, GA	30457
Trinity Personal Care Home of Georgia, LLC	718 Weed Street	Augusta, GA	30904
Tudor Castle Personal Care Home	2056 Tudor Castle Circle	Decatur, GA	30035
Tylers Assisted Living	208 Flowing Wells Road	Martinez, GA	30907
V & T Shady Rest PC Home	1386 New Petersburg Road	Lincolnton, GA	30817
Victoria Personal Care Home	2666 Nancy Drive	Macon, GA	31206
Victory House	310 West Washington Avenue	Nashville, GA	31639
Victory Village	3650 Salem Church Road	Jasper, GA	30143
Villa Rose	430 Mosley Road	Byron, GA	31008
Village Lake Suites	715 Village Lake Drive	Waycross, GA	31503
Vina Mae Robinson Retirement Center - VMR	566 West 16th Avenue	Albany, GA	31701
Vina Mae Robinson Retirement Center 2 - Monroe House	566 West 16th Avenue	Albany, GA	31701
Virginia Gardens Assisted Living Center	404 East Church Street	Fort Valley, GA	31030
Vision Personal Care Home #1	960 Curry Place	Macon, GA	31202
Vital Place	985 Waldwick Drive	Lawrenceville, GA	30045
Waldrop Personal Care Inc	89 Burnt Hickory Road	Cartersville, GA	30120
Walkers Lakebreeze Personal Care Home	440-A Lang Road	Covington, GA	30014
Washington Manor	184 Pine Lane	Washington, GA	30673
We Care 2 Personal Care Home	1483 Virgil Pond Lane	Loganville, GA	30052

Webers Creek Missions	2118 Claxton Dairy Road	Dublin, GA	31021
Welcome Home PCH	2366 Centerville Rosebud Ro	Loganville, GA	30052
Welcoming Arms	210 Crabapple Road	Fayetteville, GA	30215
Wesbys Personal Care Home, Inc.	1429 Highway 23 South	Waynesboro, GA	30830
Whispering Pines	6273 Highway 41 South	Bolingbroke, GA	31004
White Oaks	130 Moores Road	Mineral Bluff, GA	30559
Willow Creek, Macon	2738 Walden Road	Macon, GA	31216
Willow Gardens	16 Crestwood Drive	Toccoa, GA	30577
Willow Wood Personal Care Home	19818 Hartford Street	Edison, GA	39846
Wilsons Personal Care Home	1527 Dade Street	Augusta, GA	30904
Winthrop at Polk	131 Melissa Lane	Cedartown, GA	30125
Winthrop Court Assisted Living	10 Highway 411 East	Rome, GA	30161
Winthrop West Senior Living	279 Technology Parkway	Rome, GA	30165
Wise Choice Personal Care Home	318 Meadow Court	Martinez, GA	30907
Woodhaven Personal Care Home	6246 Highway 136	Trenton, GA	30752
Woodland Ridge	4005 South Cobb Drive	Smyrna, GA	30080
Woodstock Estates	1000 Professional Way	Woodstock, GA	30188
Yellow Brick House	6903 Main Street	Lithonia, GA	30058
Yellow Brick Road PCH	5063 Upper Elm Street	Atlanta, GA	30349

Appendix IX: Benjamin Rose Institute on Aging (BRI) Care Consultation; detailed research document on BRI Care Consultation, an evidence-based telephonic intervention program aimed at assisting Alzheimer’s disease and related dementia patients and caregivers

BRI Care Consultation

AT-A-GLANCE

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Overview of the Research

BRI Care Consultation is the name of an evidence-based program that was developed through a series of local and national research projects conducted by the Margaret Blenkner Research Institute of the Benjamin Rose Institute on Aging. In collaboration with partner organizations such as the Alzheimer's Association and Department of Veteran Affairs, research on Care Consultation has involved nearly 4,000 families from 15 communities across the U.S. Caregiving families who participated in the studies were dealing with a variety of chronic health problems. Many were caring for older relatives with Alzheimer's disease or other dementias. Other families were caring for older relatives with depression or multiple physical health problems. Projects since 1997 have tested whether Care Consultation improved outcomes and is a practical intervention to implement in different types and sizes of organizations. The American Society on Aging has recognized Care Consultation with its national award for innovative practice, and Care Consultation also is recognized by the Administration on Aging and the Rosalynn Carter Institute for Caregiving as an evidenced-based program.

Benefits Found in Research Studies

- Improved Care
- Reduced Hospital Admissions
- Delayed Nursing Home Placement
- Fewer Emergency Department Visits
- Decreased Symptoms of Caregiver Depression and Strain
- Improved Quality of Life
 - Reduced Caregiver Stress and Burnout
 - Reduced Relationship Strain
 - Decreased Embarrassment and Isolation
- Improved Access to Information

Overview of the Service Model

Description

BRI Care Consultation is an information and coaching service delivered by telephone (supplemented by online communication). The service targets two main clients who are of equal importance: an adult with a chronic health condition (care receiver) and the family member or friend who helps the adult the most with daily activities, tasks, and/or health-related decisions (caregiver). Clients receive assistance with accessing health- and care-related information, organizing family and friends to help in better ways, arranging services and adjusting services over time, and coaching and support.

Key Features

- BRI Care Consultation empowers clients to manage care and decision-making more effectively.
- BRI Care Consultation finds simple and practical solutions that are not overwhelming or confusing.
- BRI Care Consultation helps clients find services and understand insurances.
- BRI Care Consultation facilitates effective communication with doctors and other health care providers.
- BRI Care Consultation sustains a long-term relationship with clients.
- BRI Care Consultation is both standardized and personalized.
- BRI Care Consultation focuses on preventing crises by helping clients prepare for change and plan for the future.

Four Types of Assistance

Care Consultation is designed to empower clients to take efficient and effective actions that match their care preferences. The Care Consultant is always a coach before he or she is a “player.” In other words, Care Consultants refrain from doing tasks that clients can do for themselves. Care Consultants reinforce the autonomy of clients and their role in self-care. Greater involvement may be appropriate when clients cannot complete tasks on their own or when they encounter obstacles in getting needed assistance.

Four types of assistance are provided by Care Consultation:

- **Health- and Care-Related Information**
 - Giving references and tips for finding needed information
 - Providing information by mail, telephone, or computer
 - Searching online library resources and websites
 - Maintaining a repository of consumer-ready information produced by other sources

- **Family and Friend Involvement in Care**
 - Building consensus among the care receiver and caregivers in the network
 - Getting family members and friends to help in different ways
 - Involving family members and friends who are not currently helping
 - On rare occasions, serving as a telephone moderator on a conference call to help resolve minor family communication difficulties related to caregiving
 - Working with family members and friends to plan for future caregiving

- **Awareness and Use of Community Services**
 - Increasing awareness of available services
 - Providing information about how services help and what to expect from services
 - Explaining how to find and contact services
 - Giving referral information
 - Contacting service providers on behalf of clients
 - Monitoring service quality, adequacy, and benefits services based on clients' perceptions

- **Coaching and Support**
 - Validating the care situation
 - Being empathetic and a good listener
 - Reducing feelings of isolation
 - Maintaining an updated Action Plan that represents available approaches for care
 - Clarifying the appropriateness of concerns and feelings
 - Encouraging use of counseling or case management services, if needed

Components

Initial Assessment

Initial Assessment is designed to assist care receivers and family caregivers in identifying and communicating concerns they would like addressed by BRI Care Consultation.

The Assessment Tool has two main parts:

Triggers

Yes/No questions that alert the Care Consultant to areas of potential need. They are quick and easy to administer, saving time and avoiding unnecessary questions. Triggers cover a variety of problem areas:

- Arranging Services
- Benefits
- Capacity to Provide Care
- Depression and Anxiety
- Driving
- Dyadic Relationship Strain
- Emotional and Physical Health Strain
- Financial Concerns
- IADLS
- Legal Decision Making
- Medications
- Memory Problems Diagnosis
- Memory Problems and Difficult Behaviors
- Mobility and Balance
- Nutrition
- Personal and Home Safety
- Personal Care
- Quality of Informal Support
- Social Isolation

Table 1 display Trigger questions, their information source, and to whom the Trigger pertains: care receiver (CR) and/or caregiver (CG).

Table 1: Triggers			
Trigger Title	Trigger Question	Info. Source	Pertains To
Arranging Services	(Do you / Does your <i>relationship</i>) need any information or help with finding or arranging for any types of services related to health, personal care, or daily activities?	CR CG	CR CG
Benefits	(Do you / Does your <i>relationship</i>) need any help understanding health care benefits, such as Medicare and Medicaid?	CR CG	CR
Capacity to Provide Care	Do you often worry that you may be unable to continue helping or providing care for your (<i>relationship</i>)?	CG	CG
Depression and Anxiety	During the past four weeks, did (you / your <i>relationship</i>) often feel sad, depressed, nervous, worried, or frightened?	CR CG	CR CG
Driving	If still driving, do you have any concerns about (your / your <i>relationship's</i>) ability to drive safely?	CR CG	CR
Dyadic Relationship Strain	During the past four weeks, did you often feel your relationship with (your <i>relationship</i>) was strained or not as good as it used to be?	CR CG	CR CG
Emotional and Physical Health Strain	During the past four weeks, did you often feel your emotional or physical health was more strained because of helping your (<i>relationship</i>)?	CG	CG
Financial Concerns	(Do you / Does your <i>relationship</i>) need any information or help with finances, such as having enough money to pay for food, bills, health care, or services?	CR CG	CR
Health Care Concerns	(Do you / Does your <i>relationship</i>) experience difficulties with getting the right medical care, including from doctors?	CR CG	CR CG
IADLs	During the past four weeks, did (you / your <i>relationship</i>) have difficulty with daily activities such as shopping, paying bills, doing the laundry or house cleaning?	CR CG	CR
Legal Decision-Making	Are documents and plans in place (i.e., living will, power of attorney, etc.) for someone to make legal, medical, or financial decisions if (you are / your <i>relationship is</i>) unable to do so independently?	CR CG	CR
Medications	During the past four weeks, did (you/your <i>relationship</i>) often have difficulty taking medications in the correct amounts or at the correct times?	CR CG	CR
Memory Problems Diagnosis	Has a doctor or other health professional spoken to (you/your <i>relationship</i>) about memory problems?	CR CG	CR
Memory Problems and Other Difficult Behaviors	During the past four weeks, did (your <i>relationship</i>) have periods of confusion, problems remembering, or act in difficult ways such as being uncooperative, hard to handle, or wandering?	CG	CR
Mobility and Balance	Are you concerned about (your / your <i>relationship's</i>) safety because of difficulty with mobility or getting around the house, including difficulties using walkers, wheelchairs, handrails, or other devices?	CR CG	CR
Nutrition	During the past four weeks, did (you / your <i>relationship</i>) experience any changes in appetite, lose or gain weight, or have loose fitting clothes or dentures?	CR CG	CR
Personal and Home Safety	Are you concerned about (your / your <i>relationship's</i>) safety because of abuse, self-neglect, or harm living in an unsafe neighborhood, clutter, or inability to make repairs or home maintenance?	CR CG	CR
Personal Care	During the past four weeks, did (you/your <i>relationship</i>) have difficulty with personal care such as bathing, dressing, or toileting?	CR CG	CR
Quality of Informal Support	During the past four weeks, did (you / your <i>relationship</i>) often feel family members or friends could be helping more or in better ways?	CR CG	CR CG
Social Isolation	During the past four weeks, did (you / your <i>relationship</i>) often feel isolated from friends, family members, or others?	CR CG	CR CG

Detail Questions

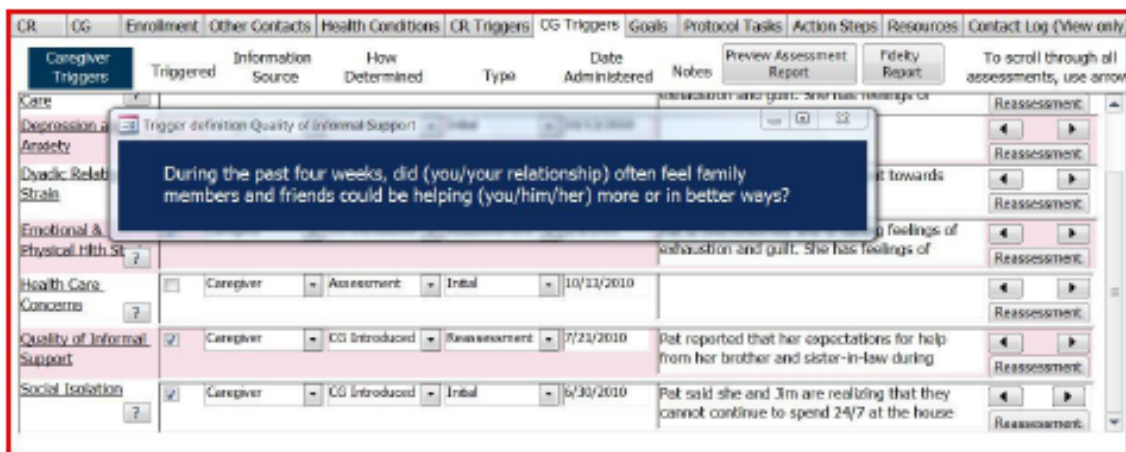
Series of questions corresponding with each Trigger, asked only if more information is needed. These optional tools provide clues for Care Consultants when deciding how to best coach clients on possible solutions.

Triggers and Detail Questions in the Care Consultation Information System (CCIS)

Because care receivers and caregivers are clients of equal importance in BRI Care Consultation, Triggers and Detail Questions are used for each client. Some of the Triggers pertaining to the care receiver are displayed in the screen shot below (Triggers for caregivers are in a separate tab of the CCIS). Care Consultants place a check in the checkbox of each Trigger that is relevant to the client. Triggers may be revisited an unlimited number of times, and each reassessment is recorded in the CCIS to capture the history of discussion about the topic.

Care Receiver Triggers	Triggered	Information Source	How Determined	Type	Date Administered	Notes	Preview Assessment Report	Fidelity Report	To scroll through all assessments, use arrows
Arranging Services	<input checked="" type="checkbox"/>	▼	▼	▼					Reassessment
Benefits	<input checked="" type="checkbox"/>	▼	▼	▼					Reassessment
Depression and Anxiety	<input checked="" type="checkbox"/>	▼	▼	▼					Reassessment
Driving	<input checked="" type="checkbox"/>	▼	▼	▼					Reassessment
Dyadic Relationship Strain	<input checked="" type="checkbox"/>	▼	▼	▼					Reassessment
Financial Concerns	<input checked="" type="checkbox"/>	▼	▼	▼					Reassessment

By clicking the title of each Trigger, such as “Quality of Informal Support,” a popup of the Trigger question appears:



By clicking the question mark button next to each Trigger, a popup of Detail Questions appears. The questions shown below are a series that corresponds with the “Arranging Services” Trigger:



Initial Assessment Fidelity Report in the CCIS

The Initial Assessment and Reassessment Fidelity Report tracks the completion of Initial Assessment (and Reassessment) for each Trigger within designated time frames. The example below shows yellow highlighted cells in areas that have not been assessed by the Care Consultant and are overdue. The first column shows that the Care Consultant still needs to address the following Triggers: Capacity to Provide Care, Depression and Anxiety for the Caregiver, Health Care Concerns, and Social Isolation of the Caregiver.

Initial Assessment and Reassessment Fidelity Report

selection criteria:
 primary care consultant: all cases
 Case Status: All Cases
 Days Enrolled: 0 or more days
 Site: All Sites

Case ID	200081	Care consultant	CONSULTANT 101, CARE
Months enrolled	1.9	relationship on to cc	Mother
Case Status	Active		

domain	Initial Assessment in first 4 months	Initial Assessment Complete	number of Reassessments Year 1	number of Reassessments Year 2
Arranging Services	Yes	Yes	2	0
Arranging services CG	Yes	Yes	1	0
benefits	Yes	Yes	0	0
Capacity to Provide Care	No	Yes	1	0
Depression and Anxiety	Yes	Yes	0	0
Depression and Anxiety CG	No	Yes	1	0
Driving	Yes	Yes	1	0
Dyadic Relationship Strain	Yes	Yes	1	0
Dyadic Relationship Strain CG	Yes	Yes	1	0
Emotional and Physical Health Strain CG	Yes	Yes	1	0
Financial Concerns	Yes	Yes	1	0
Health Care Concerns	No	Yes	1	0
Health care concerns CG	Yes	Yes	1	0
IADLs	Yes	Yes	1	0
Legal Decision-Making	Yes	Yes	0	0
Medication	Yes	Yes	1	0
Memory Problems and Difficult Behaviors	Yes	Yes	1	0
Memory Problems Diagnosis	Yes	Yes	1	0
Mobility and Balance	Yes	Yes	1	0
Nutrition	Yes	Yes	0	0
Personal and Home Safety	Yes	Yes	0	0
Personal Care	Yes	Yes	0	0
Quality of Informal Support	Yes	Yes	1	0
Quality of Informal Support CG	Yes	Yes	1	0
Social Isolation	Yes	Yes	0	0
Social Isolation CG	No	Yes	1	0

Action Plan

The Action Plan is the key component of Care Consultation. The Action Plan develops a “one step at a time” roadmap of Action Steps—small, discrete tasks that gradually address unmet needs.

Effective Action Steps are:

- Comprised of one specific task or activity
- Assigned to one designated person
- Time sensitive (specified Date To Be Accomplished)
- Simple, direct, and easy to understand
- Realistic, practical and achievable
- Used as mechanisms to provide health and care-related information; involve family and friends in care; facilitate awareness and use of community services; and offer coaching and support
- Created in collaboration with clients, who set the priorities for the Action Plan

Please refer to Table 2. to view Action Step Examples.

Table 2: Action Step Examples

Health- and Care-Related Information
Read information from website
Call service provider to set up an appointment
Write down questions to ask your doctor
Attend an education program
Write down instructions for taking medications
Family and Friend Involvement in Care
Ask friend to help you with making meals for your mother
Ask family members for a time to hold weekly phone call to discuss updates on care receiver's condition
Review copy of Living Will with other family members
Lay out clothes each evening so care receiver can dress himself/herself the next morning
Try new approach to verbal cuing to encourage cooperation of care receiver with personal care tasks
Visit nursing home that accepts Medicaid to evaluate environment and standard of care
Awareness and Use of Community Services
Order directory of senior resources and services from Area Agency on Aging
Make referral to adult day service provider
Create an instruction sheet and give to home health aide to improve knowledge of care receiver's preferences
Coaching and Support
Discuss with care receiver the types of activities he/she might enjoy doing
Change time of day that personal care is performed
Move telephone so that it can be reached without getting out of bed
Lock ammunition in a separate place from firearms
Find an object or activity that provides comfort and security during personal care
Schedule appointment to talk to employer about taking unpaid leave
Suggest modifying activity the care receiver used to enjoy
Invite members from church to come to home for weekly gathering/religious study
Request flex-time from employer so you're able to take care receiver to appointments during normal work hours
Schedule breaks from caregiving to take care of personal matters
Review topics discussed at the caregiver support group
Discuss concerns with the Rabbi
Meet friend for coffee once per week

Action Steps in the CCIS

Below is an example of an Action Step assigned to a caregiver, which was accomplished on the targeted date for completion. Sometimes, however, clients encounter barriers when trying to complete Action Steps. Care Consultants record the barriers that clients face and work with them to find successful alternative approaches.

Date Activated		Action Step Status	To Be Accomplished	
Date	Activated		Date	Barrier 1
8/18/2010	To Be Accomplished	-	9/16/2010	
10/13/2010	Accomplished	-		
4/14/2011		-		

Care Consultants can control which Action Steps appear in a report called the Action Checklist, designed to provide clients documentation of their tasks in progress and display the role that each person is playing in the process.

Fidelity Monitoring Report for Action Steps in the CCIS

The example report below shows the number and percentage of Action Steps that were accomplished for an individual case. Action Steps are divided according to the person responsible for completion, including the Care Consultant, care receiver, and primary caregiver.

Fidelity Monitoring: Action Steps

Selection Criteria:

Primary Care Consultant Schroth, Stefanie
Case Status Active
Days Enrolled 180 or more days

CRID	18	Months Enrolled	20.7	Case Status	Active
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Person Responsible for Action Step	Total Number of Action Steps	Number Accomplished	Percent Accomplished
Care Consultant	12	11	91.7%
Care Receiver	3	1	33.3%
Primary CG	11	7	63.6%
Total	26	19	73.1%

Maintenance and Support

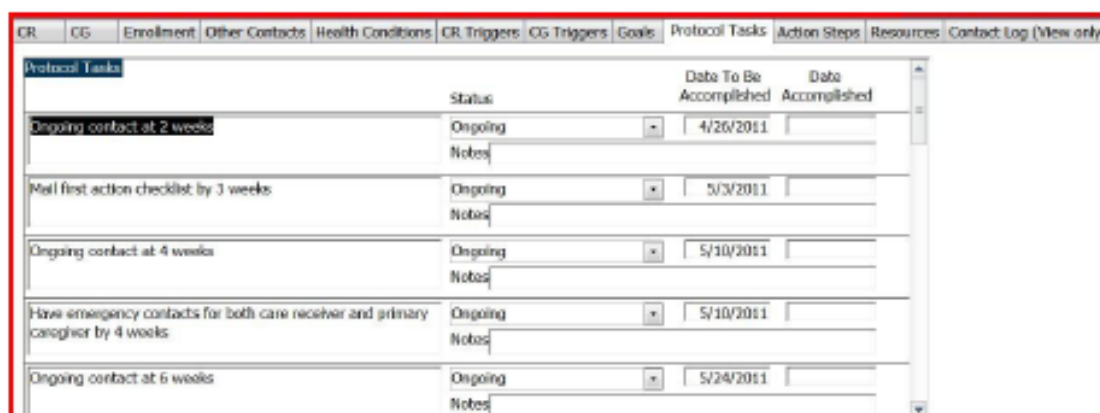
A distinctive feature of BRI Care Consultation, compared with other coaching interventions, is “Maintenance and Support” based on a long-term relationship with clients. This long-term relationship enables a focus on prevention, including reducing avoidable crises and unnecessary hospital and emergency department use, and continuing the preferred care arrangement for as long as possible. Maintenance and Support is accomplished in two ways: 1) Ongoing Contacts, and 2) Reassessment.

Ongoing Contacts

Ongoing Contacts are completed for every case at set intervals, following a standard schedule. These telephone contacts allow clients to provide less formal updates about how things are going and any changes in health or caregiving, even if considered minor. Some small changes may warrant attention in the Action Plan in order to prevent their escalating into more serious concerns. By keeping in touch with clients, even during periods of stability, Care Consultants maintain client rapport and familiarity with the current caregiving situation. The pattern for Ongoing Contacts is as follows: every 2 weeks for the first 2 months; once per month during months 3 through 6; every 3 months beginning in month 7 and through the remainder of service use.

Ongoing Contacts in the CCIS

The Care Consultation Information System keeps track of dates when Ongoing Contacts need to be completed for each case (in addition to other Protocol Tasks required for Care Consultation, such as mailing an Action Checklist within the first 3 weeks of enrollment). Reports in the CCIS notify the Care Consultant of all the Protocol Tasks that need to be completed within any specified time frame. When a Protocol Task is completed, the Care Consultant changes the Status from “Ongoing” to “Accomplished” and records the date.



Protocol Tasks	Status	Date To Be Accomplished	Date Accomplished
Ongoing contact at 2 weeks	Ongoing	4/26/2011	
	Notes		
Mail first action checklist by 3 weeks	Ongoing	5/3/2011	
	Notes		
Ongoing contact at 4 weeks	Ongoing	5/10/2011	
	Notes		
Have emergency contacts for both care receiver and primary caregiver by 4 weeks	Ongoing	5/10/2011	
	Notes		
Ongoing contact at 6 weeks	Ongoing	5/24/2011	
	Notes		

Reassessment

Reassessment is the process of revisiting Triggers for the second time. Reassessment is required sometime between month 4 (after Initial Assessment has been completed) and month 12. Revisiting Triggers is necessary because changes in the care situation may prompt new Action Steps. For example, symptoms of the care receivers' health conditions may worsen and new Action Steps may be needed to respond to these changes. Reassessment uses the same Assessment Tools as the Initial Assessment.

Appendix X: Rowland Universal Dementia Assessment Scale (RUDAS) Report and Journal Article Abstracts; detailed information and abstracts related to RUDAS, a tool used to screen for memory loss by the ROAD program at the Rosalyn Carter Institute

RUDAS Report and Journal Article Abstracts

Rowland J, Conforti D, Basic D, Vrantsidis F, Hill K, LoGiudice D, Russel M, Haralambous B, Prowse R, Harry J and Lucero K. (2007) A study to validate the Rowland Universal Dementia Assessment Scale (RUDAS) in two populations outside the Sydney South West Area Health Service.

A report from South West Sydney Area Health Service and the National Ageing Research Institute to the Australian Government Department of Health and Ageing. This publication was supported by funding from the Australian Government Department of Health and Ageing, under the National Dementia Support Program.

Background: Over recent years there has been a recognised need for new cognitive screening tools to be developed and validated that address identified limitations of existing tools. Limitations have included that tools appear to be influenced by factors such as education level, cultural background and language, and that some important aspects of cognitive function such as frontal lobe function are not assessed. The Rowland Universal Dementia Assessment Scale (RUDAS) was developed to address some of these limitations. Initial results published in 2004 reported high reliability and good prediction accuracy for the RUDAS. A subsequent study in 2006 indicated the RUDAS compared favourably with a commonly used screening tool (the Mini Mental State Examination - MMSE), and indicated that unlike the MMSE the RUDAS did not appear to be influenced by language, education or gender. This project, funded by the Australian Government Department of Health and Ageing through Alzheimer's Australia, involves a further stage of validation for the RUDAS.

Method: The National Ageing Research Institute coordinated recruitment in Melbourne, and the Royal Adelaide Hospital and Alzheimer's Australia SA coordinated recruitment in Adelaide. The primary aim of the project was to validate the RUDAS in regions external to the initial studies (southwest Sydney) and in a broader sample population that included those with mild/moderate cognitive impairment (as earlier studies had samples with a high proportion of people with more severe cognitive impairment). A secondary aim was to compare the RUDAS with two existing cognitive screening tools (the MMSE and the General Practitioners Assessment of Cognition – GPCOG) in its utility and ability to accurately predict cognitive impairment. Ethics Committee approval was obtained for the project.

One hundred and fifty one people met the study inclusion criteria and completed the assessment process. Participants completed a series of cognitive assessments and measures of function and depression, in addition to the RUDAS, MMSE and GPCOG.

Results: Participants had an average age of 77 years, 70% were female, and 42% were from culturally and linguistically diverse (CALD) backgrounds. Forty percent of participants had normal cognition and 60% had some form of cognitive impairment. Based on the Cognitive Dementia Rating scale, 90% of participants with cognitive impairment were classified as having questionable or mild cognitive impairment. Average scores for the full sample on the RUDAS was 23, the MMSE 25, and the GPCOG (two stage process) 7. All three cognitive screening tools were highly correlated.

All three screening tools demonstrated a high level of accuracy in prediction of cognitive impairment against the gold standard classification (DSMIV –TR criteria), and there was no

significant differences between the tools. In analyses exploring the influence of a number of potential factors on the association between scores on the various tools and prediction of cognitive impairment, CALD status was shown to affect the MMSE score, and the participant's depression score was shown to affect the GPCOG score.

Conclusions: Results from this study provide further evidence to support the use of the RUDAS in screening people for cognitive impairment. In terms of the primary aims of the project, the RUDAS was found to have high predictive accuracy in a broader population sample, that included other settings (Melbourne and Adelaide) and a range of cognitive function (including mild to moderate cognitive impairment). In terms of the secondary aim of the project, similar prediction accuracy between the RUDAS, MMSE and GPCOG was demonstrated. However, the RUDAS was not substantially affected (confounded) by other factors in predicting cognitive status, whereas the MMSE and GPCOG were both influenced by other factors. The RUDAS has some advantages in its broad application, in that it does not require presence of an informant (in contrast to the GPCOG), and it does not include items that have potential to cause difficulties for some people with lower education levels or CALD background (in contrast to the MMSE).

Basic D, Khoo A, Conforti DA, Rowland JT, Vrantzidis F, LoGiudice D, Hill K, Harry J, Lucero K, Prowse RJ. (2009) Rowland Universal Dementia Assessment Scale, Mini-Mental State Examination and General Practitioner Assessment of Cognition in a multicultural cohort of community-dwelling older persons with early dementia. *Australian Psychologist*, 44: 40-53.

Early dementia can be difficult to diagnose in older persons from culturally and linguistically diverse (CALD) backgrounds. The Folstein Mini-Mental State Examination (MMSE), the General Practitioner Assessment of Cognition (GPCOG) and the Rowland Universal Dementia Assessment Scale (RUDAS) were compared in 151 older, community-dwelling persons. Receiver operating characteristic (ROC) curve analysis was used to evaluate diagnostic accuracy, while logistic regression was used to evaluate the influence of age, gender, CALD status and years of education. All three instruments were equally accurate in predicting dementia (ROC area under curve 0.92-0.97, $p > 0.05$ for all comparisons). At the recommended cut-offs, the RUDAS was best for ruling in dementia (positive $LR = 8.77$), while the GPCOG was best for ruling out dementia (negative $LR = 0.03$). All three instruments were influenced by concomitant depression. Whereas the MMSE was influenced by CALD status, the RUDAS and GPCOG were not. While the GPCOG combines participant and informant data, the RUDAS is a stand-alone measure specifically designed for, and validated in, multicultural populations.

Rowland JT, Basic D, Storey JE, Conforti DA. (2006) The Rowland Universal Dementia Assessment Scale (RUDAS) and the Folstein MMSE in a multicultural cohort of elderly persons. *International Psychogeriatrics*, 18:111-120.

Objective: To compare the accuracy of the Rowland Universal Dementia Assessment Scale (RUDAS) and the Folstein Mini-mental State Examination (MMSE) for diagnosis of dementia in a multicultural cohort of elderly persons.

Methods: A total of 129 community-dwelling persons were selected at random from a database of referrals to an aged-care team. Subjects were stratified according to language background and cognitive diagnosis, and matched for age and gender. The RUDAS and the MMSE were administered to each subject in random order. Within several days, a geriatrician assessed each subject for dementia (DSM-IV criteria) and disease severity (Clinical Dementia Rating Scale). All assessments were carried out independent and blind. The geriatrician also administered the Modified Barthel Index and the Lawton Instrumental Activities of Daily Living Scale, and screened all participants for non-cognitive disorders that might affect instrument scores.

Results: The area under the receiver operating characteristic curve (AUC) for the RUDAS [0.92, 95% confidence interval (95%CI) 0.85–0.96] was similar to the AUC for the MMSE (0.91, 95%CI 0.84–0.95). At the published cut-points (RUDAS < 23/30, MMSE < 25/30), the positive and negative likelihood ratios for the RUDAS were 19.4 and 0.2, and for the MMSE 2.1 and 0.14, respectively. The MMSE, but not the RUDAS, scores were influenced by preferred language ($p = 0.015$), total years of education ($p = 0.016$) and gender ($p = 0.044$).

Conclusions: The RUDAS is at least as accurate as the MMSE, and does not appear to be influenced by language, education or gender. The high positive likelihood ratio for the RUDAS makes it particularly useful for ruling-in disease.

Storey JE, Rowland JT, Basic D, Conforti DA, Dickson HG. (2004) The Rowland Universal Dementia Assessment Scale (RUDAS): a multicultural cognitive assessment scale. *International Psychogeriatrics*, 16:13-31.

Objective: To develop and validate a simple method for detecting dementia that is valid across cultures, portable and easily administered by primary health care clinicians.

Design: Culture and Health Advisory Groups were used in Stage 1 to develop culturally fair cognitive items. In Stage 2, clinical testing of 42 items was conducted in a multicultural sample of consecutive new referrals to the geriatric medicine outpatient clinic at Liverpool Hospital, Sydney, Australia ($n=166$). In Stage 3, the predictive accuracy of items was assessed in a random sample of community-dwelling elderly persons stratified by language background and cognitive diagnosis and matched for sex and age ($n=90$).

Measurements: A research psychologist administered all cognitive items, using interpreters when needed. Each patient was comprehensively assessed by one of three geriatricians, who ordered relevant investigations, and implemented a standardized assessment of cognitive domains. The geriatricians also collected demographic information, and administered other functional and cognitive measures. DSM-IV criteria were used to assign cognitive diagnoses. Item validity and weights were assessed using frequency and logistic regression analyses. Receiver-operating characteristic (ROC) curve analysis was used to determine overall predictive accuracy of the RUDAS and the best cut-point for detecting cognitive impairment.

Results: The 6-item RUDAS assesses multiple cognitive domains including memory, praxis, language, judgement, drawing and body orientation. It appears not to be affected by gender, years of education, differential performance factors and preferred language. The area under the ROC curve for the RUDAS was 0.94 (95% CI 0.87–0.98). At a cut-point of 23 (maximum score of 30), sensitivity and specificity were 89% and 98%, respectively. Inter-rater (0.99) and test-retest (0.98) reliabilities were very high.

Conclusions: The 6-item RUDAS is portable and tests multiple cognitive domains. It is easily interpreted to other languages, and appears to be culturally fair. However, further validation is needed in other settings, and in longitudinal studies to determine its sensitivity to change in cognitive function over time.

Appendix XI: “Effects of the TCARE® Intervention on Caregiver Burden and Depressive Symptoms: Preliminary Findings from a Randomized Controlled Study”; published research article on TCARE®, an evidence-based program designed to enable care managers to more effectively support family caregivers

Montgomery, B.J.W., KWak, J., Kosloski, K., & O’Connell Valuch, K. (2011). Effects of the TCARE® intervention on caregiver burden and depressive symptoms: preliminary findings from a randomized controlled study. *The Journals of Gerontology, Series B: Psychological Sciences and Social Sciences*, 66(7), 660–667. doi:10.1093/geronb/gbr008

Effects of the TCARE® Intervention on Caregiver Burden and Depressive Symptoms: Preliminary Findings From a Randomized Controlled Study

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Objective. We examined the effects of a manualized care management protocol specifically designed for care managers working with caregivers, the Tailored Caregiver Assessment and Referral® (TCARE®) protocol, on caregiver identity discrepancy, burden, and depressive symptoms.

Methods. Preliminary data from a longitudinal, randomized, controlled intervention study with 266 family caregivers served by 52 care managers in 4 states were analyzed using repeated measures random effects regression procedures. Caregivers in the intervention and control groups were repeatedly assessed for up to 9 months on caregiver identity discrepancy, 3 areas of caregiving burden—objective, relationship, and stress burden; depression; and intention for nursing home placement.

Results. We found significant group by time interaction effects for caregiver identity discrepancy, relationship burden, stress burden, depression, and intention for nursing home placement. Caregivers in the intervention group experienced significant improvement on these measures, whereas caregivers in the control group worsened on these measures over time.

Discussion. The preliminary findings provide strong support for effectiveness of the TCARE® protocol on improving caregiver well-being and mental health outcomes.

Key Words: Caregiving—Caregiver identity theory—Care management—Intervention—TCARE®.

AN estimated 65.7 million Americans provided unpaid care to one or more disabled or ill family members or friends in 2009 (National Alliance for Caregiving & AARP, 2009). This provision of care does not come without costs. An extensive body of literature documents the link between caregiving and a variety of negative mental and physical health outcomes (Schulz & Sherwood, 2008).

Over the past two decades, considerable efforts have been made to develop and test the effectiveness of a range of support services for family caregivers (Goy, Freeman, & Kansagara, 2010). These caregiver interventions have included respite services (Zarit, Stephens, Townsend, Greene, & Leitsch, 1999), psycho-educational skills training (Bourgeois, Schulz, Burgio, & Beach, 2002; Coon, Thompson, Steffen, Sorocco, & Gallagher-Thompson, 2003), cognitive behavioral therapy or family counseling (Gonyea, O’Connor, & Boyle, 2006; Mittelman, Haley, Clay, & Roth, 2006), or a combination of services (Belle et al., 2006). Two observations can be made about findings that have emerged from these studies. First, the most

promising findings regarding the positive impact of support services on caregivers have emerged from studies that include a relatively comprehensive set of multiple support services (Belle et al., 2006). Second, it is clear that the programs are most effective for reducing caregiver burden when the services are provided in sufficient quantities and targeted to specific needs. Unfortunately, even with this information from numerous studies of caregiver interventions, few resources exist to help guide care managers or other family specialists to formulate decisions about the correct type of services and the most appropriate time for initiating service use. As a result, there is a tendency for service providers or care managers to offer caregivers the services that are available in their communities with little knowledge about which services are most needed and most likely to be used by and benefit the caregiver at that point in time. Unfortunately, this practice creates the circumstance that many caregiver services go unused, and/or they are provided at a point in time that is too late to fully benefit the caregiver or the care receiver (Montgomery, 2002).

The Tailored Caregiver Assessment and Referral® (TCARE®) protocol is an efficient evidence-informed process that was developed to assist care managers and practitioners working with family caregivers to meet the unique needs of individual caregivers (Montgomery & Kwak, 2008). The protocol reflects current knowledge about caregivers and caregiver interventions and is grounded in the *Caregiver Identity Theory* articulated by Montgomery and Kosloski (2009). The major tenet of the *Caregiver Identity Theory* is that caregiver identity discrepancy, defined as a disparity between the care responsibilities that he or she is assuming and his or her identity standard, is a major source of caregivers' stress.

This conceptualization of the distress process builds upon the work of Burke (1991, 1996) and his colleagues who consider identity maintenance to be a continuous process in which identity standards are applied to the self in a social role. Identity standards are personal norms that serve as reference points for self-appraisal in a role. These personal norms are influenced by social, cultural, and familial norms. Consistency between an individual's identity standards and appraisal of behaviors maintains identity stability. An inconsistency between identity standards and behaviors challenges identity, resulting in stress and, at times, a transition to a different social role and new identity standard (Burke, 1991, 1996). Caregiver identity theory suggests that the caregiving role emerges out of a prior familial role, most often the role of child or spouse. As a caregiver assumes greater responsibilities for care he or she experiences an identity change in relation to the care recipient and a change in identity standards. This change process is dynamic and continues as the tasks and responsibilities of the caregiver change in response to the changing needs of the care recipient and care context. For most caregivers, the change in role identity is a slow insidious process that proceeds in stops and starts, ultimately resulting in a significant shift from one's initial role relationship to the care recipient. For example, a daughter may easily assist her mother who has some difficulty paying bills or shopping without experiencing stress. As the disease progresses, the needs of her mother and the resultant demands placed on the daughter increase. As this process unfolds, the daughter's activities gradually increase in intensity and become discrepant with the norms that the daughter has internalized with respect to her role as a daughter. Simply put, her activities are now discrepant with her previous role identity, that is, identity discrepancy.

This identity discrepancy can be manifested in at least three distinct areas of burden: objective burden, relationship burden, and stress burden, as well as depression (Savundranayagam & Montgomery, 2010). Reflecting these assumptions, the TCARE® protocol was designed to help caregivers by systematically targeting identity discrepancy, the three domains of burden, and depression (Montgomery & Kwak, 2008).

Essentially, TCARE® is a triaging mechanism that empowers family caregivers to make informed decisions by

providing them with critical information about the care context, their own strengths and needs, and resources available to address their needs. The protocol outlines a six-step process for assessing the caregiving context and caregivers needs, creating a care plan and providing care managers with a set of tools to implement the process. The six steps are to (a) conduct an assessment using a 32-item standardized form; (b) transfer key information gained from the assessment process to a summary sheet that enables care managers to calculate scores for key measures and interpret them using distributions that have been established through previous studies; (c) follow a decision algorithm to identify goals, strategies, and resources that are targeted to the caregivers needs and preferences and record these on a care consultation worksheet; (d) consult with the caregiver to review and discuss the assessment results, suggested goals, strategies, and resources and mutually agree upon a care plan; (e) create a care plan that is a written record of decisions made during the care consultation and includes detailed information for implementing the plan; and (f) conduct a follow-up assessment at three-month intervals. A computer-assisted version of the protocol is available for care managers to use.

A key feature of the TCARE® protocol is the decision algorithm that enables care managers to integrate extensive information about the caregiver and care context to create a care plan tailored to the unique needs of the caregiver. The algorithm, which is grounded in the caregiver identity theory, leads to the identification of (a) an appropriate intervention goal, (b) strategies for reaching that goal, and (c) a generic list of services that is consistent with the identified strategies. The three possible goals for a caregiver are to (a) continue in his or her current identity as a caregiver by "stretching" that identity to include current caregiving activities, (b) reduce the caregiving aspects of his or her identity to bring his or her identity into line with what he or she is actually doing, or (c) further embrace an identity as a caregiver to bring his or her identity into line with what he or she is actually doing. For many caregivers, the algorithm also identifies a health goal, which is uniquely tied to the strategy of improving health and the recommendation of medical or behavioral health evaluation. The five possible strategies for achieving the selected goal include (a) changing the caregiver's personal norms or rules pertaining to care responsibilities and interactions with the care recipient, (b) reducing the workload, (c) enhancing positive self-appraisal, (d) reducing emotional stress, and (e) improve overall health.

The 44 pathways through the decision algorithm reflect various combinations of caregivers' scores on measures of three types of burden, intention to place, depression, and identity discrepancy. When appropriate, the algorithm also incorporates additional information about the care context to enable the care manager to make professional judgments regarding the capacity of the caregiver to provide necessary care in a safe manner.

Caregiver A	Caregiver B
Scores on Key Measures	
Depression = low; Objective Burden =high; Relationship Burden =low; Stress Burden =low; Identity Discrepancy =low; Intention to place care receiver given current condition =no	Depression =medium; Objective Burden =high; Relationship Burden =low; Stress Burden =high; Identity Discrepancy =high; Intention to place care receiver given current condition =no
Step 1: Identify map that includes algorithm for caregiver	
Map D is used when Objective Burden =medium or high and Relationship Burden =low; Intention to place =yes or no	
Step 2: Depression Medium or High?	
No Go to Step 3	Yes Goal: Improve Health Strategy E: Improve overall health Service: Medical/Behavioral Health Evaluation Go to Step 3
Step 3: Identity Discrepancy Medium or High?	
No Goal: Maintain Current Identity Strategy A: Change personal rules for care Service: Education to learn to respond to mood and behavior change Strategy B: Reduce or minimize work load Service: Education to learn to respond to mood and behavior change Service: In-home support service (e.g. chore services) Go to Step 5	Yes Go to Step 4
Step 4: Does caregiver accurately understand level of care receiver's need? (This is a professional judgment made by the care manager)	
	No, Care receiver has lower level of need than caregiver perceives. Goal: Reduce caregiver role Strategy A: Change personal rules for care Service: Education about disease process Service: Counseling for self care Go to Step 5
Step 5: Stress Burden Medium or High?	
No Develop care plan with local resources as outlined in Step 3	Yes Add counseling or education focused on coping skills to the care plan as outlined in Step 4
Initial Care Plan: The plan is tailored by identifying specific services for which the caregiver is eligible and provides in the caregiver's community.	
Goal: Maintain Current Identity Strategy A: Change personal rules for care Service: Education to learn to respond to mood and behavior changes Strategy B: Reduce or minimize work load Service: Education to learn to respond to mood and behavior changes Service: In-home support service (e.g. chore services)	Goal: Reduce Caregiver Role Strategy A: Change personal rules for care Service: Education about disease process Service: Counseling for self care Strategy E: Improve overall health Service: Medical/Behavioral Health Evaluation

Figure 1. Example of decision algorithms and care plans for two caregivers.

A step-by-step illustration of the application of the decision algorithm for two caregivers with different combinations of scores is provided in Figure 1. The figure depicts the pathways for the two caregivers leading to the goals,

strategies, and examples of the types of services that would be included on an initial care plan. The process starts on Map D, which includes the decision algorithms for caregivers who score medium or high on objective burden but low

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on relationship burden. The second step is to examine the depression score. If a caregiver scores medium or high on the depression measure, as did Caregiver B, the goal to improve health is established. The third step in the process is to examine the caregivers' scores on the measure of identity discrepancy. Caregiver A has a low level of identity discrepancy and therefore the goal selected for her is to help her "maintain her current identity." Strategies and services are recommended that will help lower her level of objective burden by easing her workload. In contrast, Caregiver B has a high level of identity discrepancy, which stems from the fact that she inaccurately perceives the care receiver to be more dependent than he actually is. In this case, the caregiver is engaging in a level of care that is fostering overdependency on the part of the care receiver. Strategies and services are recommended to help her let go of caregiving tasks and thereby align her activities with an identity that is more in keeping with her primary role as a wife. The last step of the process for both caregivers is to examine stress burden to determine whether services are needed to help alleviate the caregiver's anxiety, which is the case for Caregiver B but not Caregiver A.

The generic service types listed in Figure 1 are drawn from the TCARE® *Guide for Selecting Services* which is a catalogue of over 90 types of resources grouped into 15 major categories that have been identified as potentially useful for supporting caregivers. The guide provides a cross walk between five strategies for supporting caregivers and each type of resource that could be used to support the strategy. Care managers hone and tailor the initial list of suggested services to reflect the caregiver's preferences and the availability of services within the community.

We report findings from preliminary data of the randomized controlled study of family caregivers that examined the effects of the TCARE® protocol on caregiver outcomes. We hypothesized that caregivers served by care managers using the TCARE® protocol would experience lower levels of identity discrepancy, objective burden, relationship burden, stress burden, and depressive symptoms over time when compared with caregivers served by care managers following their usual practices. We also hypothesized that there would be a difference between the two groups in the caregivers' expressed intention to place a relative in a nursing home facility.

METHOD

Participants

Caregivers.—The study sample included 266 family caregivers who contacted 20 social service organizations in Georgia, Michigan, Minnesota, and Washington for support services to care for their relatives with cognitive or functional impairment and met the eligibility criteria established for the study. A short standardized screening tool was used to identify potential participants. Caregivers were deemed

eligible for the study if they (a) indicated that they "probably would" or "definitely would" place their care receivers in a different type of care setting for long-term placement given their relatives' current condition or (b) scored above the cut-off score on at least one of the following major outcome measures: caregiver identity discrepancy (Savundranayagam & Montgomery, 2010), objective burden, relationship burden, stress burden (Savundranayagam, Montgomery, & Kosloski, 2011), or depressive symptoms (Andresen, Malmgren, & Carter, 1994). Prior to this study, data from a sample of informal caregivers enrolled in a caregiver registry ($n = 431$) were analyzed to establish cut-off score for each measure, which was set to one standard deviation below the mean. Eligible caregivers were randomly assigned to the intervention or control group using a computer-generated algorithm and a standard protocol for transmitting randomization information to the participating organizations.

Care managers and organizations.—Fifty-two care managers from 20 social service organizations participated in the study. Twenty-three care managers were selected by their organizations to participate in a structured training process that included an initial two-day intensive TCARE® training session, a follow-up one-day session conducted one month later, and an in-person or web-based training session. To ensure fidelity with the protocol, all cases by intervention group care managers were submitted to the study team for review at baseline and six months. Twenty-nine care managers were assigned to the control group to serve caregivers following their normal customary practices. At least one care manager from each organization was assigned to the control group. We compared demographic and employment characteristics between the groups and found no significant differences except for mean age (53.04 [9.74] for the intervention vs. 46.55 [10.89] for control group, $p < .05$).

Procedures

This research project was approved by the University of Wisconsin-Milwaukee Institutional Review Board. Of the 626 caregivers who participated in the screening process, 481 caregivers were eligible for the study and randomly assigned to be served by a care manager in the intervention or the control group. At the initial meeting with their care managers, caregivers were informed about and invited to participate in the study. A total of 266 caregivers agreed to participate, 143 in the intervention group and 123 in the control group.

Data for caregivers in the intervention group were collected as part of the TCARE® protocol by care managers using the standardized TCARE® assessment form. Data for caregivers in the control group were collected by trained interviewers from the research team using the same

TCARE[®] standardized assessment form. Up to three follow-up interviews were conducted with caregivers at intervals of approximately three months. Participants contributed data until they dropped out from the study. Follow-up interviews were discontinued for caregivers if the care receiver died during the study period ($n = 29$). We continued our follow-up data collection, however, for caregivers who placed the care recipient in a nursing home ($n = 34$). Of the 266 caregivers with baseline interviews, 185 (70%) individuals completed first follow-up (three-month) interviews, 138 (52%) individuals completed second (six-month) follow-up interviews, and 94 (39%) completed third (nine-month) follow-up interviews. The final analysis included a total of 680 observations from these caregivers.

Outcome Measures

Identity discrepancy.—Caregiver identity discrepancy is defined as the affective psychological state that accrues when there is a disparity between the care activities in which a caregiver is engaging and those activities that would be consistent with his or her identity standard (Montgomery & Kosloski, 2009). Identity discrepancy was measured using a 6-point six-item inventory with scores ranging 6–36 ($\alpha = .80$; Savundranayagam & Montgomery, 2010). For each statement, respondents indicated the extent to which they agreed using a response set that ranged from 1 (*strongly disagree*) to 6 (*strongly agree*). Example items are “the things I am responsible for do not fit very well with what I want to do” and “it is difficult for me to accept all the responsibility for my (care recipient).”

Caregiver burden.—Caregiver burden was measured using the modified Montgomery Borgatta Caregiver Burden Scale (Savundranayagam et al., 2011). The caregiver burden inventory measures three domains of caregiver burden (objective burden, relationship burden, and stress burden). For all items in the inventory, respondents were asked to use a 5-point response set ranging from 1 (*not at all*) to 5 (*a great deal*) to indicate the extent to which their caregiving responsibilities changed each aspect of their life. Objective burden is defined as a negative psychological state that results from the perception that caregiving activities and responsibilities are infringing on other aspects of the caregiver’s life, such as time and energy to address other family obligations, leisure activities, and personal privacy. Scores for this measure, which comprised six items, ranged from 6 to 30 ($\alpha = .86$; e.g., Have your caregiving responsibilities decreased time you have to yourself?). Relationship burden, defined as demands for care and attention over and above the level that the caregiver perceives is warranted by the care receiver’s condition, was measured with five questions (e.g., Have your caregiving responsibilities, caused conflicts with your care recipient?). Scores ranged from 5 to 25

($\alpha = .84$). Stress burden is defined as a generalized form of negative affect that results from caregiving. Five items were included in this measure (e.g., Have your care responsibilities made you nervous?). Scores ranged from 5 to 25 ($\alpha = .87$).

Depressive symptoms.—Depressive symptoms were measured using a 10-item short version of the Center for Epidemiological Studies–Depression scale (Andresen et al., 1994). Scores ranged from 0 to 30 ($\alpha = .80$).

Intention to place.—Intention to place was defined as the caregiver’s intention to place the care receiver in an alternate care setting now or in the future. The measure is the sum of responses to two questions that used a 4-point response set that ranged from *definitely not* to *definitely would*. The first item asked caregivers whether they would place the care receiver in a nursing home or other long-term care facility, given their relatives’ current condition. The second item asked about the caregiver’s intention to place the care receiver in an alternate setting if the care receiver’s condition became worse. Scores ranged from 2 to 8, with a higher score indicating higher level of intention to place ($\alpha = .74$).

Statistical Analysis

We conducted repeated measures random effects regression analysis, which allowed the estimation of longitudinal trajectories for individual participants at one level with the intercepts and slopes of these person-specific longitudinal trajectories analyzed as the effects of between-subjects predictors at a higher order second level (Singer & Willett, 2003). To determine whether it was necessary to account for clustering at this higher level, we examined the size of the design effect for each outcome in the study. In accord with the recommendations of Muthen and Satorra (1995), the design effects were comfortably below 2.0 for every outcome, indicating that there would be no significant bias introduced by ignoring clustering at this higher level.

Predictor variables included in the analysis were *group* (intervention vs. control), *time* (measured in months from baseline interview), and a *group by time* interaction term indicating whether the groups differed from one another with respect to their trajectory of change. There was no evidence of skewness or kurtosis on any of the measured variables. Restricted maximum likelihood estimation as provided by the SAS Proc Mixed procedure was used to address missing data (Littell, Milliken, Stroup, & Wolfinger, 1996).

RESULTS

Demographic characteristics and measures of outcome variables at baseline are shown in Table 1. Almost half of the caregivers were adult children (49.6%) and half (42.5%)

Table 1. Caregiver Characteristics at Baseline ($n = 266$)^a

	All ($n = 266$)	TCARE® ($n = 143$)	Control ($n = 123$)
Gender		Percentage	
Female	79.70	76.92	82.93
Male	20.30	23.08	17.07
Race			
White	75.67	73.76	77.87
Black or African American	19.39	23.40	14.75
Other ^b	4.94	2.84	7.38
Relationship to the care recipient			
Spouse/partner	42.48	43.36	41.46
Parent	49.62	47.55	52.03
Other ^c	7.90	9.09	5.51
Self-reported health			
Very poor/poor/fair	42.42	41.84	43.09
Good/very good	57.58	58.16	56.91
Care receiver memory problems			
No memory problem	9.51	9.22	9.84
Cognitive or memory problems suspected	16.35	19.15	13.11
Alzheimer's or other dementia suspected	15.97	15.60	16.39
Alzheimer's or other dementia diagnosed	58.17	56.03	60.66
Care receiver needs help with two or more ADLs	78.95	81.12	76.42
Care receiver needs help with two or more IADLs	100	100	100
		<i>M (SD)</i>	
Age in years	62.43 (13.02)	62.59 (14.04)	62.25 (11.80)
Identity discrepancy	20.77 (7.02)	20.53 (7.15)	21.04 (6.89)
Objective burden	21.52 (6.35)	21.50 (6.30)	21.54 (6.43)
Relationship burden	10.59 (4.82)	10.37 (5.25)	10.86 (4.25)
Stress burden	13.99 (5.27)	14.39 (5.56)	13.52 (4.89)
Depressive symptoms	12.10 (6.33)	12.23 (6.81)	11.95 (5.73)
Intention to place	4.50 (1.71)	4.43 (1.63)	4.58 (1.80)

Notes: No statistically significant difference between the two groups was found for any of the characteristics shown in the table. ADLs = activities of daily living; IADLs = instrumental activities of daily living.

^aThirty-four caregivers whose care recipients were institutionalized at some point during the study were included in the analysis because caregivers were still involved in caregiving for their care receivers.

^bOther race refers to caregivers who did not identify as Caucasian or African American or who identified with two or more races or ethnicities.

^cOther relationships to the care receiver include friends and other relatives.

were spouses. Seventy-six percent of caregivers were White and 19% were Black or African American. Most (79%) of the care receivers needed help with at least two activities of daily living and all needed assistance with two or more instrumental activities of daily living. The majority of care receivers also had memory or cognitive problems (90.5%). Independent samples *t* tests and chi-square tests indicated that there were no differences between the intervention and control groups in demographic characteristics or outcome variables at baseline.

Results of the repeated measures random effects regression analyses are shown in Table 2. We found statistically significant group by time interactions for identity discrepancy, relationship burden, stress burden, depressive symptoms, and intention to place. Over time, caregivers in the intervention group experienced a significant decrease in scores for these outcome measures, whereas the scores for caregivers in the control group increased. Of particular note is that caregivers in the intervention group experienced substantially lower levels of depressive symptoms compared with those in the control group over the nine-month period (see Figure 2).

DISCUSSION

The study findings provide strong support for our main hypothesis that the use of the TCARE® protocol, which is designed to identify the unique needs of an individual caregiver and strategically recommend a set of services, will promote the well-being and mental health of caregivers. With the exception of objective burden, significant differences were found between the intervention and control groups for all of the key outcome measures, indicating that the protocol promoted the well-being of family caregivers. It is hypothesized that these differences can be attributed to more effective assessment of the caregivers' current circumstances and needs and the creation of a care plan that identifies goals, strategies, and resources specifically selected to alleviate or diminish identity discrepancy, depression, and any of three types of burden that a caregiver is experiencing. As described previously, an essential element of the TCARE® protocol is the selection of one of the three intervention goals aimed at minimizing identity discrepancy. Caregivers become distressed when their care activities and responsibilities are inconsistent with their own identity standards. Simply put, it is not what a caregiver is

Table 2. Random Intercept Regression Models of Caregiver Identity Discrepancy, Objective Burden, Relationship Burden, Depressive Symptoms, and Intention to Place

	Identity discrepancy		Objective burden		Relationship burden		Stress burden		Depressive symptoms		Intention to place	
	Est.	SE	Est.	SE	Est.	SE	Est.	SE	Est.	SE	Est.	SE
Intercept	21.23	0.61	21.35	0.56	10.89	0.44	13.66	0.47	12.28	0.57	4.59	0.15
Group (0 = control, 1 = TCARE®)	-0.84	0.84	0.14	0.77	-0.51	0.60	0.55	0.64	-0.19	0.77	-0.19	0.21
Time	0.11	0.11	-0.06	0.06	0.08	0.04	0.06	0.06	0.06	0.06	0.05	0.02
Group × Time	-0.21	0.21	-0.12	0.08	-0.18	0.06	-0.26	0.07	-0.24	0.09	-0.07	0.02
		p Value		p Value		p Value		p Value		p Value		p Value
		<.0001		.86		.398		<.0001		<.0001		<.0001
		.317		.04		.068		.234		.001		.357
		.068		.32		.003		.001		.001		.004
		.012		.1465		.003		<.0001		.0051		.002

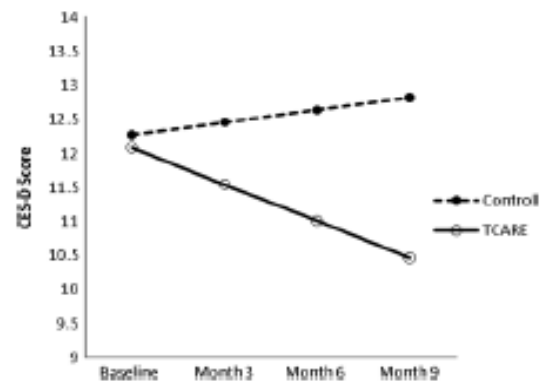


Figure 2. Changes in depressive symptoms by group.

doing that creates stress but what a caregiver is doing relative to his or her personal norms or expectations. The TCARE® protocol leads to a care plan that helps caregivers align personal norms with care activities and responsibilities and, thereby, minimize identity discrepancy as a source of stress.

We also believe that the care consultation process is an educational process that helps caregivers understand the potential benefits of the services that have been offered and thereby promotes adherence to a mutually created plan. In short, the TCARE® process facilitates effective targeting of support services and compliance by caregivers with care plans tailored to their specific needs, hence improves caregiver outcomes. This interpretation is consistent with the results from a pilot study of TCARE® conducted in the state of Georgia in which we observed improved outcomes among caregivers served with the TCARE® protocol (Kwak, Montgomery, Kosloski, & Lang, 2011). In that study, we found that compared with the usual care group, care managers in the TCARE® group recommended a greater variety of services on care plans, several of which were used by a greater proportion of caregivers in the TCARE® group.

Additional insight can be gleaned from the absence of a difference between the intervention and control groups in the trajectory of objective burden scores in the current study. The types of services that the TCARE® protocol identifies as resources best aimed to reduce objective burden are adult day care and in-home homemaker or personal care services. These are also the types of services that are frequently made available to caregivers through usual care management practice. Hence, it is likely that there were few differences between the intervention and control group in the number of caregivers for whom these services were included on care plans or in the patterns of use of direct care services. Therefore, it would be understandable that no differences were observed between the intervention and control groups in their levels of objective burden.

Three aspects of this study should be noted when interpreting the results. First, the sample includes a small percentage of caregivers from racially/ethnically diverse backgrounds. Second, the attrition rate was relatively high, although this is not uncommon for a longitudinal study of caregivers. Third, we were only able to look at the intention to place rather than the actual placement due to the short observation window and small number of actual placements.

A more complete understanding of the pathways by which the TCARE® protocol affects caregiver outcomes will emerge when the final data from the study become available. Nevertheless, the present results provide initial support for the TCARE® protocol as an effective means to reduce multiple dimensions of caregiver burden and depression, which may also reduce the desire for institutionalization of care receivers.

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**Appendix XII: CMS Partnership to Improve Dementia Care in
Nursing Homes: Surveyor Checklist for Review of Care and Services for
a Resident with Dementia; QIS Stage 1 Interview Tools: QIS Resident
Interview Guidance**

9/21/13
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DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop C2-21-16
Baltimore, Maryland 21244-1850



Center for Clinical Standards and Quality/Survey & Certification Group

Dear State Agency Survey Branch Managers:

This letter addresses two topics: the first is the National Partnership to Improve Dementia Care in Nursing Homes, and the second is the Quality Indicator Survey (QIS) Resident Interview Guidance.

Partnership to Improve Dementia Care in Nursing Homes

On March 29, 2012, the Centers for Medicare & Medicaid Services (CMS) launched the National Partnership to Improve Dementia Care and Reduce Unnecessary Antipsychotic Drug Use in Nursing Homes (this is now referred to as the Partnership to Improve Dementia Care in Nursing Homes). The goal of this Partnership is to optimize the quality of life and function of residents in America's nursing homes by improving approaches to meeting the health, psychosocial and behavioral health needs of all residents, especially those with dementia.¹

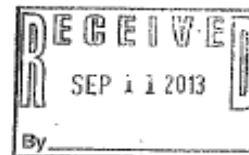
The CMS has joined with various stakeholders to improve dementia care in nursing homes. We have done several things to support this work, including the production of surveyor training videos as well as updating Appendix P and Appendix PP of the State Operations Manual (SOM). A surveyor checklist that may be used in either the traditional or QIS process (modeled after the Critical Element pathways) has also been provided. However, this checklist is not part of the SOM.¹

Our mission is to provide each surveyor with a laminated copy of this checklist. This tool was developed for the purpose of comprehensively reviewing the care and services that are being provided to residents with dementia. Specifically, to be used with the interpretative guidance found at F309. The focus of the checklist is on assessment, care planning, provision of care, and quality assurance. Although the use of this tool is not mandatory, CMS strongly encourages all surveyors to incorporate this resource within the survey process.

QIS Stage 1 Interview Tools

In recent months CMS has heard your concerns regarding the QIS stage 1 resident interview. As part of our ongoing efforts to improve the QIS, CMS is currently working with to refine all questions that make up the resident interview process. In the meantime the enclosed tools were developed by the CMS Central Office QIS team to help provide surveyors with guidance and clarification in this area.

¹ S&C Memo: 13-35-NH



In addition to the enclosed surveyor checklist you'll find two documents regarding the QIS resident interview. The first document, "Strategies for Surveyor Success with Resident Interviews", includes helpful instruction when conducting a resident interview. The second document, "QIS Resident Interview Guidance", contains guidance and clarification for each QIS stage 1 resident interview question.

The QIS resident interview documents have only been mailed to those states that are currently performing QIS surveys.

If you have any questions or concerns regarding the enclosed surveyor checklist, please contact the DNH Behavioral Health Team via email at dnh_behavioralhealth@cms.hhs.gov.

If you have any questions or concerns regarding the two enclosed resident interview tools, please contact Bonnie Reed via email at bonnie.reed@cms.hhs.gov.

Sincerely,



Thomas E. Hamilton
Director

Checklist

Review of Care and Services for a Resident with Dementia

(for use with the Interpretive Guidance at F309)

Assessment and Underlying Cause Identification

- ✓ Did staff describe behavior (onset, duration, intensity, possible precipitating events or environmental triggers, etc.) and related factors (appearance, alertness, etc.) in the medical record with enough specific detail of the actual situation to permit underlying cause identification to the extent possible?
 - ✓ If the behaviors represent a sudden change or worsening from baseline, did staff contact the attending physician/practitioner immediately for a medical evaluation, as appropriate?
 - ✓ If medical causes are ruled out, did staff attempt to establish other root causes of the behavior using individualized knowledge about the person and when possible, information from the resident, family, previous caregivers and/or direct care staff?
 - ✓ As part of the comprehensive assessment did facility staff evaluate:
 - The resident's usual and current cognitive patterns, mood and behavior, and whether these present a risk to the resident or others?
 - How the resident typically communicates a need such as pain, discomfort, hunger, thirst or frustration?
 - Prior life patterns and preferences, customary responses to triggers such as stress, anxiety or fatigue, as provided by family, caregivers, and others who are familiar with the resident before or after admission?
 - ✓ Did staff, in collaboration with the practitioner, identify risk and causal/contributing factors for behaviors, such as:
 - Presence of co-existing medical or psychiatric conditions, or decline in cognitive function?
 - Adverse consequences related to the resident's current medications?
1. *If the condition or risks were present at the time of the required comprehensive assessment, did the facility comprehensively assess the physical, mental and psychosocial needs of the resident with dementia to identify the risks and/or to determine underlying causes (to the extent possible) of the resident's behavioral and/or mental or psychosocial symptoms, needed adaptations, and the impact upon the resident's function, mood and cognition?*
If No, cite F272

Care Planning

- ✓ Was the resident and/or family/representative involved (to the extent possible) in discussions about the potential use of any interventions, and was this documented in the medical record?
- ✓ Does the care plan reflect an individualized approach with measurable goals, timetables and specific interventions for the management of behavioral and psychological symptoms?
- ✓ Does the care plan include:
 - Involvement of the resident/representative to the extent possible?
 - A description of and how to prevent targeted behaviors?
 - Why behaviors should be prevented or otherwise addressed (e.g., severely distressing to resident)?
 - Monitoring of the effectiveness of any/all interventions?
- ✓ If the resident or family/representative refused a recommended treatment or approach, was counseling on consequences and alternative approaches to address behavioral symptoms provided?

Note: If the resident lacks decisional capacity and lacks effective family/representative support, contact the facility social worker to determine what type of social services or referrals have been attempted to assist the resident.

2. *Did the facility develop a plan of care with measurable goals and interventions to address the care and treatment for a resident with dementia related to the behavioral and/or mental/psychosocial symptoms, in accordance with the assessment, resident's wishes and current standards of practice? If No, cite F279*

Implementation of the Care Plan

Did staff:

Identify, document and communicate specific targeted behaviors and expressions of distress as well as desired outcomes?

- ✓ Implement individualized, person-centered interventions by qualified persons and document the results?
- ✓ Communicate and consistently implement the care plan, over time and across various shifts?
- ✓ If there is a sudden change in the resident's condition and medical causes of behavior or other symptoms (e.g., delirium or infection) are suspected, is the physician contacted immediately and treatment initiated?
- ✓ Is there a sufficient number of staff to consistently implement the care plan? (*Surveyors should focus on observations of staff interactions with residents who have dementia to determine whether staff consistently applies basic dementia care principles in the care of those individuals.*)

3. *Did the facility provide or arrange services to be provided by qualified persons in accordance with the resident's written plan of care? If No, cite F282*

Note: If during the survey a concern is identified that an antipsychotic medication is given by staff for purposes of discipline or convenience and not required to treat the resident's medical symptoms, review F222 – §483.13(a).

Care Plan Revision/Monitoring and Follow up

- ✓ Does staff, in collaboration with the practitioner, adjust the interventions based on the impact on behavior or other symptoms as well as any adverse consequences related to treatment?
- ✓ When concerns related to the effectiveness or adverse consequences of a resident's treatment regimen are identified:
 - Does staff modify the care plan and, if appropriate, notify the physician and does the physician respond and initiate a change to the resident's care as necessary?

4. *Did the facility reassess the effectiveness of the interventions and review and revise the plan of care (with input from the resident or representative, to the extent possible), if necessary, to meet the needs of the resident with dementia? If No, cite F280*

- If the physician does not respond to the notification, does staff contact the medical director for further review? If the medical director was contacted, does he/she respond and intervene as needed?

5. *Did the facility provide the necessary care and services for a resident with dementia to support his or her highest practicable level of physical, mental and psychosocial well-being in accordance with the comprehensive assessment and plan of care? If No, cite F309*

Quality Assessment and Assurance

Note: Please refer to F520 *Quality Assessment and Assurance* for guidance regarding the information that may be obtained from the QAA committee.

- ✓ Do resident care policies and procedures clearly outline a systematic process for the care of residents with dementia?
- ✓ Does the QAA Committee monitor for consistent implementation of the policies and procedures for the care of residents with dementia?
- ✓ Has the QAA committee corrected any identified quality deficiencies related to the care of residents with dementia?
- ✓ Has the QAA committee provided monitoring and oversight for the care and services for a resident with dementia?

Strategies for Surveyor Success with Resident Interviews

Interviewing helps residents fulfill their choices over aspects of their lives and serves as a valuable tool for surveyors to identify potential areas of concern related to resident rights, quality of care and life, and more. This document contains strategies to enhance resident understanding and resident participation in the interview process and has been developed with input from surveyors around the country who report success with the QIS Resident Interviews.

Making an Initial Contact

- Introduce yourself to the resident and explain the purpose of your visit
- Screen the Census Sample resident to assess the interview status listed on the Census Sample report
- Determine if the resident requires an interpreter
- Show genuine interest in the resident's responses
- Sample language to use:
 - "During the first two days of our visit to the facility, my colleagues and I will be meeting with several residents to ask some questions to find out what it is like to live in this facility. I would like to meet with you if you would be willing to do so; would that be okay?"
- If the resident is willing to be interviewed and is available immediately proceed with the interview
- If the resident is **not** able to be interviewed immediately you should schedule a time and location to meet with the resident and complete the interview
- Use good time management when scheduling your resident interviews to allow for the opportunity to complete all of your Stage 1 activities
- Make the resident aware the interview will take about 20 minutes

Beginning the Interview

- Re-introduce yourself
- Explain the reason for your visit to the resident, if necessary
- Respect the resident's privacy by seeking a quiet / private area to talk
Make sure he/she is comfortable & that you can establish eye-contact (e.g., sit down to conduct the interview after asking permission)

Establishing Rapport and Respect

- Offer the resident the opportunity to ask questions
- Show the resident the laptop or tablet so they can see what you are doing
- Explain that you have several questions that require a yes or no response
- Ensure they understand their privacy will be protected
- Engage the resident in general conversation to help establish rapport

Nonverbal Communication

- Nonverbal communication sends a powerful message about your level of interest in what the resident has to say (e.g., don't act disinterested in what the resident is saying, don't act bothered by computer issues or distracted with computer issues)
- Take your time; do not rush
- Maintain eye contact with the resident

Maintaining the Intent of the Question

CMS recognizes that every surveyor applies his or her unique assessment skills, including those related to interviews. During the survey process it is critical that the intent of the interview questions be maintained. Some residents, especially those speaking English as a second language, with cognitive deficits or with strong regional dialects, may require the question be rephrased. Some questions have additional guidance to help clarify a question during an interview. If an interpreter is used during resident interviews, it is important that he or she understand to maintain the intent of the questions.
(e.g., if a question cannot be translated verbatim)

- Break the question apart for easier understanding if the resident requests clarification or seems hesitant to answer
- CMS recognizes it may be difficult to obtain a yes or no response from the resident.
- Vague responses such as "maybe", "sometimes" or "not all the time", "most of the time" should be recorded as a negative response along with pertinent Relevant Findings

(CMS has provided guidance regarding rephrasing questions and probing for more information in the document titled QIS Resident Interview Guidance.)

Keeping Focused

- If the resident begins to discuss information outside of the structured interview questions, be sure to:
 - acknowledge the concern
 - make notes, as appropriate, in Relevant Findings
 - try to redirect the conversation to the prior sequence of interview questions
- It is also possible that the resident's discussion regarding one question may provide an answer to a question yet to come

Consider the following example: a resident replied positively to the question "Can you have visitors anytime during the day or night?" by saying that visitors are always welcome. The resident then proceeded to describe that although her family is always welcome that there is nowhere in the facility to visit without being overheard. This second bit of information answers a question appearing much later in the interview. In such a case, it would be appropriate to move out of sequence to the question "If you would have a visitor, do you have a private place to meet?" which appears several sections later in the interview. Using echoing techniques, the negative response to the question could be confirmed and then any pertinent additional information would be documented in Relevant Findings. After addressing this issue, the interviewer would return back to where he or she left off when the resident directed the conversation to the later question. In other words, the surveyor has flexibility to address questions out of order if the resident is directing this through conversation.

- If a resident interview is interrupted and it is not possible to complete it prior to the end of Stage 1 the responses entered during the partial interview should be retained.
(see the note section at checklist Step #27)

Documenting the Results

- Document responses to all questions directly into ASE-Q without disrupting the ongoing interview with the resident
Document Relevant Findings for all negative responses to ensure accuracy by including the date, time source of information
(Record the resident's response not your interpretation of their response)
- Record the resident's response even if it is inconsistent with information gathered from another data source

Closing the Interview

- At the end of formal interview let the resident know that you and the team will be on-site for several more days and are available should they want to follow up with you
 - Share with the resident that as part of information gathering over the next several days that you may be back to talk with them further
 - Explain to the resident, that with their permission, you will be following up with the facility regarding any concerns voiced during the interview
 - Thank the resident for taking the time with you and validate the importance of the information that they have provided
-

QIS Resident Interview Guidance 2013

Stage 1 Resident Interview Questions from ASE-Q	Additional CMS Central Office Guidance for Surveyors
<p>Ask screening questions similar to the following:</p> <ol style="list-style-type: none"> 1. Are you from around here, the area, etc.? 2. Tell me a little about yourself. 3. How long have you been here? 4. What is the food like here? <p>Proceed with the interview questions below if you are comfortable that the resident is interviewable.</p> <p>A. Cognitive Status</p> <p>1) Is the resident able to be interviewed?</p> <p><input type="checkbox"/> Not interviewable</p> <p><input type="checkbox"/> Interviewable</p> <p><input type="checkbox"/> Resident refused interview</p> <p><input type="checkbox"/> Resident is unavailable for an interview</p> <p>If the resident is interviewable, proceed to the Resident Interview section on the following page. If the resident is not interviewable, refuses, or is unavailable (after repeated attempts to interview) proceed to the Resident Observation section on the following page (the resident is excluded from the resident interview).</p>	<p><i>There is no need to ask these particular questions as written. These are suggested screening questions to:</i></p> <ul style="list-style-type: none"> o <i>Determine the resident's cognitive ability to participate in the interview process, and</i> o <i>Initiate conversation and begin to build rapport with the resident.</i> <p><i>If the resident refuses to participate in the interview do not attempt to interview a second time. Surveyors should be cognizant of the fact that they are visitors in the resident's home.</i></p> <p><i>When first meeting the resident, if the surveyor is able to interview the resident at that time, he or she should proceed. If the resident is not available, the surveyor should ask the resident when a good time to conduct the interview would be. If the resident is otherwise occupied or has other obligations, a specific future appointment with the resident should be made if possible [keeping in mind the date/time that the Team Coordinator (TC) has scheduled for transition into Stage 2].</i></p>

<p>B. Choices</p>	<p>QP234</p>	<p>The second part of each of the questions in Section B: Choices is intended to probe for additional information when a resident responds negatively to the initial portion of the question. The surveyor may find there are additional probing questions that need to be asked to obtain appropriate information to start an investigation in Stage 2, should one be required</p>
<p>1) Do you choose when to get up in the morning? IF No: What time do you get up? What time would you like to get up in the morning?</p>		
<p><input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A, the resident is independent with ADLs*</p>		
<p>2) Do you choose when to go to bed at night? IF No: What time do you go to bed? What time would you like to go to bed?</p>		
<p><input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A, the resident is independent with ADLs</p>		
<p>3) Do you choose how many times a week you take a bath or shower? IF No: How many times a week do you get a bath or shower? How many times a week would you like to bathe?</p>		
<p><input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A, the resident is independent with ADLs</p>		
<p>4) Do you choose whether you take a shower, tub, or bed bath? IF No: what type of bathing are you receiving? What would you like to receive?</p>		
<p><input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A, the resident is independent with ADLs</p>		
<p>5) Can you have visitors anytime during the day or night? IF No: what are the visiting restrictions?</p>		
<p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>		

QIS Resident Interview Guidance 2013

<p>C. Dignity</p> <p>QP212</p> <p>1) Do staff treat you with respect and dignity? If No, tell me some examples about when staff did not treat you with respect and dignity. The focus of this question is how well staff interacts with the resident.</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>The second part of the question in Section C: Dignity is to probe for additional information if a resident responds negatively. The surveyor may find there are additional probing questions that are needed to obtain adequate information to start an investigation in Stage 2, should one be required.</p>
<p>D. Activities</p> <p>QP208</p> <p>1) Do you participate in the activity programs here? If No, ask why he/she doesn't participate.</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A Does not wish to participate (Skip to 4)</p> <p>2) Do the activities meet your interests?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>3) Are the activities provided as often as you would like, including on weekends and evenings?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>4) Does staff provide items so you can do activities on your own, like books or cards?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A, family provides</p>	<p>If the resident responds "No" to the first question in Section D: Activities, the surveyor then asks why the resident doesn't participate. The intent of asking this is to determine if the resident does not wish to participate (in which case "N/A" is marked and the surveyor skips to question 4) or if the resident doesn't participate for another reason (in which case the surveyor proceeds through the remaining questions). Examples of other reasons that a resident doesn't participate include (but are not limited to) the activities not meeting the resident's interest, programming is offered at days or times that don't meet the resident's needs or preferences, or staff does not provide assistance to attend activities.</p> <p>Examples of resident who may respond "No" which would result in the surveyor marking "N/A" include a short-stay resident who has no interest in the activities or a LTC resident who also doesn't have any interest in the activities. If the resident does not wish to participate in the activities program, the surveyor does NOT ask questions 2 and 3.</p> <p>Remember, when the surveyor receives a negative response the surveyor should probe for additional information that will be helpful if a Stage 2 investigation is needed. The surveyor should obtain enough pertinent information to begin an investigation in Stage 2, should one be required.</p>

QIS Resident Interview Guidance 2013

<p>E. Building and Environment</p> <p>QP201</p> <p>1) Is the building clean? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>2) Do you have any problems with the temperature, lighting, noise or anything else in the building that affects your comfort? <input type="checkbox"/> Temperature QP272 <input type="checkbox"/> Lighting QP273 <input type="checkbox"/> Noise QP274 <input type="checkbox"/> Other identified issues QP275* <input type="checkbox"/> None of the above</p>	<p>The intent of question 2 is to determine if the resident has any concerns regarding their living environment. The surveyor should probe and document the resident's specific concerns in Relevant Findings.</p> <p><i>"An example of "other identified issues" would be if the resident stated during the interview they could not get to the bathroom due to the roommate's cluttered side of the room."</i></p>
<p>F. Participation in Care Plan</p> <p>QP210</p> <p>1) Have you been involved in decisions about your daily care? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>The surveyor should provide guidance for the resident, as needed, in order to confirm that the resident is afforded the opportunity to choose between alternative treatments, both initially and with changes to the plan of care. The surveyor may find the following probing questions helpful in assisting the resident to understand the intent of the question in Section F: Participation in Care Plan.</p> <ul style="list-style-type: none"> o If the physician orders a change in your medications, are you made aware of the change? o If the physician is contacted about you, are you made aware of the results of the contact and given treatment options? o Does staff tell you the results of tests like lab work or x-rays? o If you need to have an appointment scheduled (for instance with an outside physician), are you informed of the appointment and why it is being recommended? o Have you brought questions or concerns about your care to the attention of facility's staff? If so, what happened as a result?

QIS Resident Interview Guidance | 2013

C. Abuse	QP253	
<p>1) Has staff, a resident or anyone else here abused you - this includes verbal, physical or sexual abuse?</p> <p><input type="checkbox"/> No (skip to 3)</p> <p><input type="checkbox"/> Yes</p> <p>If "Yes", ask who the abuser was, what happened, when it occurred, where it happened and how often.</p>	<p>Remember, when the surveyor receives a negative response he or she should probe for additional information that will be helpful if a Stage 2 investigation is needed. The surveyor will want to obtain enough pertinent information to begin an investigation in Stage 2, should one be required.</p>	
<p>2) Did you tell staff?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>If "Yes", ask who the resident told. If "No", report immediately to the administrator. If you have concerns with how the facility handles the investigation after you report it, consider initiating abuse.</p>		
<p>3) Have you seen any resident here being abused?</p> <p><input type="checkbox"/> No (skip to H)</p> <p><input type="checkbox"/> Yes</p> <p>If "Yes", ask who the abuser was, what happened, when it occurred, where it happened, and how often.</p>		
<p>4) Did you tell staff?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>If "Yes", ask who the resident told. If "No", report immediately to the administrator. If you have concerns with how the facility handles the investigation after you report it, consider initiating abuse.</p>		

QIS Resident Interview Guidance 2013

<p>H. Interaction with Others</p> <p>QP246</p> <p>1) Have there been any concerns or problems with a roommate or any other resident? <input type="checkbox"/> No (skip to I) <input type="checkbox"/> Yes</p> <p>2) Has the staff addressed the concern(s) to your satisfaction? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Remember, when the surveyor receives a negative response he or she should probe for additional information that will be helpful if a Stage 2 investigation is needed. The surveyor will want to obtain enough pertinent information to begin an investigation in Stage 2, should one be required.</p>
<p>I. Personal Property</p> <p>QP194</p> <p>1) Were you encouraged by staff to bring in any personal items? If No, Do you wish to have items brought in? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A, the resident is a short-stay resident</p> <p>2) Have you had any missing personal items? If Yes, what is still missing and how long has it been missing? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>3) Did you tell staff about the missing item(s)? If Yes, Who did you tell about the missing item? If <input type="checkbox"/> No (skip to J) <input type="checkbox"/> Yes</p> <p>4) Has staff told you they are looking for your missing item(s)? If No, do you know who or which department is supposed to be looking for your missing item? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>The intent of question 1 is to determine if the facility allows the resident to bring in personal items. In the event that the resident says "No," yet the surveyor observes personal items in the resident's room, the surveyor should probe to ensure the resident understands the intent of the question. Suggested probes include:</p> <ul style="list-style-type: none"> o I see you have some personal things here in your room, were there other things that you wanted to bring in that the facility staff discouraged you from bringing in? o It looks like there are personal items in your room yet you said that you weren't encouraged to bring in personal items, what I am trying to determine is if you are allowed to bring in the personal items that you wish to have here in the facility. Are you allowed to bring in the things that you wish to have here? <p>Remember, when the surveyor receives a negative response he or she should probe for additional information that will be helpful if a Stage 2 investigation is needed. The surveyor will want to obtain enough pertinent information to begin an investigation in Stage 2, should one be required.</p>

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<p>J. Pain</p> <p>QP255</p> <p>1) Do you have any discomfort now or have you been having discomfort such as pain, heaviness, burning, or hurting with no relief?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><i>The intent of this question is to determine if the resident has pain for which the facility has not attempted to relieve with interventions including medication or non-pharmacological measures. The key words are "with no relief".</i></p> <p><i>As always, it is appropriate to break up questions into segments if the resident is better able to understand the question.</i></p>
<p>K. Food Quality</p> <p>QP249</p> <p>1) Does the food taste good and look appetizing?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>2) Is the food served at the proper temperature?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><i>If the resident has concerns related to food quality probe for additional information by asking questions such as:</i></p> <ul style="list-style-type: none"> o <i>Is there a particular food item or meal that is not appetizing or doesn't taste good to you?</i> o <i>Is the food served too hot or too cold?</i> o <i>Is there a certain meal such as breakfast, lunch or supper or snack that is consistently served to you that is of poor quality or not at the proper temperature?</i> o <i>Where are your meals served? Do you eat your meals in the dining room, in your room, or in another location?</i>
<p>L. Hydration</p> <p>QP258</p> <p>1) Do you receive the fluids you want between meals?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A, does not take fluids orally</p>	<p><i>The intent of this question is not only to determine if the resident receives fresh water. The surveyor should also determine if the resident receives the fluids they want between meals which may include water, coffee, juice, soda, etc.</i></p>
<p>M. Sufficient Staff</p> <p>QP232</p> <p>1) Do you feel there is enough staff available to make sure you get the care and assistance you need without having to wait a long time?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><i>If the resident has a negative response to this question, surveyors should probe for as many specific concerns as possible to aid in the Stage 2 investigations. Should they be required. Consider asking questions such as:</i></p> <ul style="list-style-type: none"> o <i>When was the last time you had to wait for assistance?</i> o <i>Does this routinely happen at a specific time of the day?</i>

QIS Resident Interview Guidance | 2013

<p>N. Oral Health</p> <p>1) Do you have mouth/ facial pain with no relief? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>2) Do you have any chewing or eating problems (could be due to: no teeth, missing teeth, oral lesions, broken or loose teeth)? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>3) Do you have tooth problems, gum problems mouth sores, or denture problems? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>4) Does staff help you as necessary to clean your teeth? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A, do not need assistance (skip to O)</p> <p>5) How often are your teeth/dentures/mouth cleaned (routine oral hygiene)? <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Never</p>	<p>The focus of question #1 is dental pain.</p> <p>The focus of question #2 is chewing or eating problems related to dental issues. Swallowing problems should not be addressed here.</p> <p>The focus of question #3 is identifying concerns with teeth, gums, dentures or any sores which may be located in the resident's oral cavity.</p> <p>When asking question #4, if the resident does not require assistance from staff to perform any oral health activities, the surveyor should check "N/A" and skip to Section O.</p> <p>A response of "weekly" "monthly" or "never" are considered negative responses to question #5 and the surveyor should probe for any additional information to begin an investigation in Stage 2, should one be required.</p>
<p>O. Privacy</p> <p>1) Does staff provide you privacy when they work with you, changing your clothes, providing treatment? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Remember, when the surveyor receives a negative response he or she should probe for additional information that will be helpful if a Stage 2 investigation is needed. The surveyor will want to obtain enough pertinent information to begin an investigation in Stage 2, should one be required.</p>

<p>P. Exercise of Rights</p> <p>QP250</p> <p>1) Have you been moved to a different room or had a roommate change in the last nine months? <input type="checkbox"/> No (skip to Q) <input type="checkbox"/> Yes</p> <p>2) Were you given notice before a room change or a change in roommate? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><i>Remember, when the surveyor receives a negative response he or she should probe for additional information that will be helpful if a Stage 2 investigation is needed. The surveyor will want to obtain enough pertinent information to begin an investigation in Stage 2, should one be required.</i></p>
<p>Q. Personal Funds</p> <p>QP199</p> <p>1) Do you have a personal funds account with the facility? <input type="checkbox"/> No (skip 2 & 3) <input type="checkbox"/> Yes <input type="checkbox"/> Do Not Know (skip 2 & 3)</p> <p>2) Does the facility let you know how much money you have in your account? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Do Not Know</p> <p>3) Can you get your money when you need it, including on weekends? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Do Not Know</p>	<p><i>The surveyor may need to ask probing questions to help determine if the resident understands the difference between a commercial bank account and the facility's resident funds account.</i></p> <p><i>Remember, when the surveyor receives a negative response he or she should probe for additional information that will be helpful if a Stage 2 investigation is needed. The surveyor will want to obtain enough pertinent information to begin an investigation in Stage 2, should one be required.</i></p>

Appendix XIII: Fact Sheet on The Healthy Brain Initiative: The Public Health Road Map for State and National Partnerships, 2013-2018, including Road Map Action Item which are key to implementing the State Plan and establishing Georgia's readiness to accept National Plan funding and allow stronger tandem work

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factsheet

JULY 2013

alz.org

The Public Health Road Map

What is the *Public Health Road Map*?

- The Alzheimer's Association and the Centers for Disease Control and Prevention's (CDC) Healthy Aging Program have developed the second in a series of road maps – *The Healthy Brain Initiative: The Public Health Road Map for State and National Partnerships, 2013-2018* – to advance cognitive health as a vital, integral component of public health.
- The document, which was developed with input from more than 280 experts in the field, outlines how state and local public health agencies and their partners can promote cognitive functioning, address cognitive impairment, and help meet the needs of caregivers.

Why is the *Road Map* important?

- The *Road Map* provides a foundation for the public health community to address the growing Alzheimer's crisis through the traditional tools of public health.
- While the federal government plays a critical role in leading and funding efforts to address Alzheimer's disease, state and local agencies organize and provide public health services at the community level.
- By strengthening the capacity of public health agencies to address healthy aging and leveraging strong state and national partnerships, cognitive health can be incorporated into ongoing public health efforts.



What does the *Road Map* include?

- The *Road Map* contains 35 specific action items that public health agencies and their partners can do over the next five years to address cognitive health and to meet the needs of caregivers.
- These action items align with the Essential Services of Public Health: monitor and evaluate; develop policy and mobilize partnerships; assure a competent workforce; and educate and empower the nation.

This Fact Sheet is supported by Cooperative Agreement #6U50DP002945-03 from the Centers for Disease Control and Prevention (CDC). Its contents are solely the responsibility of the Alzheimer's Association and do not necessarily represent the official views of the CDC.

What are some *Monitor and Evaluate* action items that public health officials can undertake?

- Define the needs of caregivers and individuals with dementia, including Alzheimer's disease and those with younger-onset, as they relate to employment and employers.
- Support needs assessments to identify racial/ethnic; lesbian, gay, bisexual, and transgender; socioeconomic; and geographic disparities related to cognitive health and impairment.
- Implement the Behavioral Risk Factor Surveillance System's cognitive and caregiver modules.

What are some examples for *Develop Policies and Mobilize Partnerships*?

- Collaborate in the development, implementation and maintenance of state Alzheimer's plans.
- Integrate cognitive health and impairment into state and local government plans (such as aging, coordinated chronic disease, preparedness, falls and transportation plans).
- Integrate *Healthy People 2020* objectives on "Older Adults" and "Dementias, including Alzheimer's disease" into state-based plans.

What can public health agencies do to *Assure a Competent Workforce*?

- Support continuing education efforts that improve health care providers' ability to recognize early signs of dementia and to offer counseling to individuals and their care partners.
- Educate health care providers about validated cognitive assessment tools.

What are some ways to *Educate and Empower the Nation*?

- Promote advance care planning and advance financial planning to care partners, families and individuals with dementia in the early stages before function declines.
- Identify and promote culturally-appropriate strategies designed to increase public awareness about dementia, including Alzheimer's disease, to reduce conflicting messages, decrease stigma and promote early diagnosis.
- Promote appropriate partnerships and strategies to educate and increase local participation in clinical trials and studies on cognitive health and impairment.
- Develop strategies to promote the availability of services for people with younger-onset dementia, including Alzheimer's disease.

What must be done to successfully implement the *Road Map*?

- Effective implementation of the *Road Map* requires participation by, and partnerships between, private, non-profit and governmental partners at the national, state and local levels.
- State and local public health agencies must use the *Road Map* as a guide in incorporating cognitive health into their work; identify those action items that best fit their missions, needs, interests and capabilities; and leverage partnerships to implement those specific items.

For More Information

To read a copy of the complete *Road Map*, examine all 35 action items and find out how you can help implement the *Road Map*, visit alz.org/publichealth.

Appendix XIV: Senate Bill 14, establishing the Alzheimer's and Related Dementias State Plan Task Force and authorizing its creation of a Georgia Alzheimer's and Related Dementias State Plan

13 SB 14/AP

Senate Bill 14 By: Senators Unterman of the 45th, Wilkinson of the 50th, Crosby of the 13th, Hill of the 4th and Orrock of the 36th

A BILL TO BE ENTITLED AN ACT

AS PASSED

1 To amend Chapter 8 of Title 31 of the Official Code of Georgia Annotated, relating to

2 indigent and elderly patients, so as to create a Georgia Alzheimer's and Related
Dementias

3 State Plan Task Force; to provide for legislative intent; to provide for its members and

4 vacancies; to provide for duties and responsibilities; to provide for a chairperson; to
provide

5 for a quorum for the transaction of business; to provide for a final report; to provide
for

6 related matters; to provide an effective date; to provide for automatic repeal; to repeal

7 conflicting laws; and for other purposes.

8 BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

9 **SECTION 1.**

10 Chapter 8 of Title 31 of the Official Code of Georgia Annotated, relating to indigent
and

11 elderly patients, is amended by adding a new article to read as follows:

12 **"ARTICLE 9**

13 **31-8-300.**

14 **The General Assembly finds and declares that Alzheimer's disease is a looming
national**

15 **public health crisis and impacts every state. It is important for Georgia to assess its
ability**

16 to provide appropriate and necessary programs and services to Georgia's citizens living

17 with Alzheimer's disease and related dementias, and determine where Georgia is, where

18 Georgia is doing well, where gaps may exist, and where the private sector, public sector,

19 nonprofit and faith-based communities' resources may be leveraged to ensure that Georgia

20 grows to be fully dementia capable. The General Assembly further finds that access to

21 quality health care for Alzheimer's and related dementias and the rising cost of such care

22 are vitally important to the citizens of Georgia. Therefore, the General Assembly has

23 determined that it is in the best interests of the state and its citizenry to address this issue

24 31-8-301.

25 There is created the Georgia Alzheimer's and Related Dementias State Plan Task Force

26 for the purpose of studying and collecting information and data to assess the current and

27 future impact of Alzheimer's disease on Georgia's citizens; to examine the existing

28 industries, services, and resources addressing the needs of persons with Alzheimer's

29 disease, their families, and caregivers; to review the National Alzheimer's Disease Plan

30 currently under development by the federal Department of Health and Human Services;

31 and to develop a strategy to mobilize a state response to Alzheimer's and related dementias

32 as a public health crisis by creating a state plan.

33 31-8-302.

34 (a) The Georgia Alzheimer's and Related Dementias State Plan Task Force shall be
35 composed of six members and shall include the director of the Division of Aging
36 Services
37 within the Department of Human Services, the commissioner of community health
38 or his
39 or her designee, the state health officer or his or her designee, the chairperson of the
40 House
41 Committee on the Health and Human Services, the chairperson of the Senate Health
42 and
43 Human Services Committee, and the chairperson of the House Committee on
44 Human
45 Relations and Aging.
46 (b) The director of the Division of Aging Services within the Department of Human
47 Services shall serve as the chairperson of the task force. The task force may elect
48 other
49 officers as deemed necessary. The chairperson of the task force may designate and
50 appoint
51 committees from among the membership of the task force as well as appoint other
52 persons
53 to perform such functions as he or she may determine to be necessary as relevant to
54 and
55 consistent with this article. The chairperson shall only vote to break a tie.
56 (c) The task force shall invite other advisory members to assist the committee and
57 may
58 consider the following in making its selection: a person with Alzheimer's disease; a
59 person
60 with Alzheimer's related dementia; such person's caregiver; a representative of the
61 nursing
62 facility industry; a representative from the adult daycare services industry; a
63 representative
64 of the home health industry; a representative of the personal care home industry; a

52 physician; a consultant pharmacist; an Alzheimer's disease and related dementias

53 researcher; law enforcement personnel; and other stakeholders from the public
54 private and

54 nonprofit sectors, voluntary health organizations, and the faith-based community.

55 31-8-303.

56 (a) The task force shall hold meetings at the call of the chairperson.

57 (b) A quorum for transacting business shall be a majority of the members of the task
58 force.

58 (c) The members of the task force shall serve without compensation.

59 (d) The Division of Aging Services within the Department of Human Services shall

60 provide administrative support to the task force.

61 (e) Each legislative member of the task force shall receive the allowances provided
62 for in

62 Code Section 28-1-8. Citizen members shall receive a daily expense allowance in the

63 amount specified in subsection (b) of Code Section 45-7-21 as well as the mileage or

64 transportation allowance authorized for state employees. Any members of the task
65 force

65 who are state officials, other than legislative members, and state employees shall
66 receive

66 no compensation for their services on the task force, but they shall be reimbursed for

67 expenses incurred by them in the performance of their duties as members of the task
68 force

68 in the same manner as they are reimbursed for expenses in their capacities as state
69 officials

69 or employees. The funds necessary for the reimbursement of the expenses of state

70 officials, other than legislative members, and state employees shall come from funds

71 appropriated to or otherwise available to their respective departments. All other
72 funds

72 necessary to carry out the provisions of this article shall come from funds appropriated to

73 the House of Representatives and the Senate.

74 31-8-304.

75 (a) The purpose of the task force shall be to create a comprehensive state plan for Georgia

76 to address Alzheimer's and related dementias and shall include, at a minimum:

77 (1) Trends in state Alzheimer's and related dementias population and needs, including

78 the changing population with dementia, including, but not limited to:

79 (A) State role in long-term care, family caregiver support, and assistance to persons

80 with early stage and early onset Alzheimer's disease;

81 (B) State policy regarding persons with Alzheimer's disease and developmental

82 disabilities; and

83 (C) Ongoing periodic surveillance of persons with Alzheimer's disease for purposes

84 of having proper estimates of the number of persons in the state with Alzheimer's

85 disease, and for the development of a response to this chronic condition that has risen

86 to the level of a public health crisis;

87 (2) Existing services, resources, and capacity, including but not limited to the:

88 (A) Type, cost, and availability of dementia services;

89 (B) Dementia-specific training requirements for long-term care staff;

90 (C) Quality care measures for long-term care facilities;

91 (D) Capacity of public safety and law enforcement to respond to persons with

92 Alzheimer's disease;

93 (E) Availability of home- and community-based resources for persons with

94 Alzheimer's disease and respite care to assist families;

95 (F) Inventory of long-term care dementia care units;

96 (G) Adequacy and appropriateness of geriatric-psychiatric units for persons with

97 behavior disorders associated with Alzheimer's disease and related dementias;

98 (H) Assisted living residential options for persons with dementia;

99 (I) State support of Alzheimer's disease research through Georgia universities and other

100 resources;

101 (J) Medical education, content, and quality of course offerings and requirements for

102 dementia training provided to students in medical education programs at all levels

of

103 education within both state and private programs from emergency medical

technician

104 and nursing assistant programs through advanced medical specialties and medical

105 continuing education;

106 (K) Inventory of federal agencies who provide funding, services, programs, or

107 resources for individuals with Alzheimer's disease or a related dementia,

caregivers,

108 medical professionals, or professional care providers; and

109 (L) Gaps in services;

110 Needed state policies or responses, including but not limited to directions for

111 the provision of clear and coordinated services and support to persons and

families 112 living with Alzheimer's disease and related disorders and strategies to

address any

113 identified gaps in services;

114 (4) Ways in which state and local agencies, private sector, quasi-governmental,

115 voluntary health organizations, the faith community, and nonprofit organizations

can

116 collaborate and work together to form a seamless network of education, support,
and 117 other needed services to those living with Alzheimer's disease and related
dementias and 118 their families; and

119 (5) Specific areas to address,

120 including:

121 (A) Increasing awareness of Alzheimer's disease among the public;

122 (B) Encouraging increased detection and diagnosis of Alzheimer's disease;

123 (C) Improving the individual health care that those with Alzheimer's disease
receive;

124 (D) Improving the quality of the health care system in serving people with Alzheimer's
125 disease;

126 (E) Expanding the capacity of the health care system to meet the growing number
and

127 needs of those with Alzheimer's disease;

128 (F) Training and better equipping health care professionals and others to deal with

129 individuals with Alzheimer's disease;

130 (G) Workforce development by increasing the number of health care professionals
that will be necessary to treat the growing aging and Alzheimer's populations;

131 (H) Improving services provided in the home and community to delay and

132 decrease the need for institutionalized care;

133 (I) Improving access to long-term care, including assisted living, for those

134 with Alzheimer's disease;

135 (J) Assisting unpaid Alzheimer's

136 caregivers; (K) Increasing research on

137 Alzheimer's disease;

138 (L) Promoting activities that would maintain and improve brain

139 health;

140 (M) Creating a better system of data collection regarding Alzheimer's disease

141 and its public health burden;

142 Public safety and addressing the safety related needs of those with

143 Alzheimer's disease, including in-home safety for those living at home, Mattie's
144 Call

144 and safety of those who wander or are found wandering but who need supervision

145 until they can be reunited with their family or professional caregiver and driving

146 safety, including assessments and taking the license away when a person with

147 dementia is no longer capable of driving safely;

148 (O) Addressing legal protections for, and legal issues faced by, individuals with

149 Alzheimer's disease; and

150 (P) Improving how state government evaluates and adopts policies to help people

151 with Alzheimer's disease and their families; determination of which department of

152 state government is the most appropriate agency to house the ongoing work of the

153 Georgia Alzheimer's and Related Dementias State Plan Task Force as it convenes

154 annually to ensure track and report progress as Georgia becomes a more dementia-

155 capable state.

156 (b) The task force shall have the following powers:

157 (1) To hold public meetings and utilize technological means, such as webcasts, to
158 gather

158 feedback on the recommendations from persons and families affected by

159 Alzheimer's

159 disease and related dementias and from the general public;

160 (2) To request and receive data from and review the records of appropriate

agencies

161 and health care facilities to the greatest extent allowed by state and federal law;

162 (3) To accept public or private grants, devises, and bequests; and

164 (4) To enter into all contracts or agreements necessary or incidental to the performance

165 of its duties.

166(c) Prior to the final report required in subsection (d) of this Code section, the task force may advise on legislation and other recommended changes to the Governor and the General Assembly.

167 31-8-305.

168 (a) Upon the abolishment of the task force as provided by this article, there shall be created the Georgia Alzheimer's and Related Dementias Advisory Council.

170 (b) The advisory council membership shall include the same membership as the original task force as provided for in this article.

172 (c) The advisory council shall meet at least annually to review the progress of the state plan and to make any recommendations for changes, as well as recommend any legislation needed to implement the plan.

175 31-8-306.

176 The task force shall stand abolished on March 31, 2014."

177 SECTION 2.

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

180 SECTION 3.

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

Appendix XV: National Dementia Organizations

National Dementia Organizations

Alzheimer's Disease Education and Referral Center (ADEAR)

National Institute on Aging
P.O. Box 8250
Silver Spring, MD 20907-8250
adear@nia.nih.gov
<http://www.nia.nih.gov/alzheimers>
Tel: 1-800-438-4380 / Fax: 301-495-3334

Alzheimer's Foundation of America

322 Eighth Avenue
7th Floor
New York, NY 10001
info@alzfdn.org
<http://www.alzfdn.org>
Tel: 866-AFA-8484 (232-8484) /
Fax: 646-638-1546

Association for Frontotemporal Degeneration (AFTD)

Radnor Station Building #2 Suite 320
290 King of Prussia Road
Radnor, PA 19087
info@theaftd.org
<http://www.theaftd.org>
Tel: 267-514-7221 / 866-507-7222

John Douglas French Alzheimer's Foundation

11620 Wilshire Blvd.
Suite 270
Los Angeles, CA 90025
<http://www.jdfaf.org>
Tel: 310-445-4650 / Fax: 310-479-0516

National Institute of Mental Health (NIMH)

National Institutes of Health, DHHS
6001 Executive Blvd. Rm. 8184, MSC 9663
Bethesda, MD 20892-9663
nimhinfo@nih.gov
<http://www.nimh.nih.gov>
Tel: 301-443-4513/866-415-8051 301-443-8431 (TTY) / Fax: 301-443-4279

American Parkinson Disease Association

135 Parkinson Ave.
Staten Island, NY 10305
Tel: 800-223-2732 / Fax: 718-981-4399
<http://www.apdaparkinson.org/>
apda@apdaparkinson.org

Alzheimer's Association

225 North Michigan Avenue
Floor 17
Chicago, IL 60601-7633
info@alz.org
<http://www.alz.org>
Tel: 312-335-8700 1-800-272-3900 (24-hour helpline)
TDD: 312-335-5886 / Fax: 866.699.1246

Alzheimer's Drug Discovery Foundation

57 West 57th Street
Suite 904
New York, NY 10019
info@alzdiscovery.org
<http://www.alzdiscovery.org>
Tel: 212-901-8000 / Fax: 212-901-8010

BrightFocus Foundation

22512 Gateway Center Drive
Clarksburg, MD 20871
info@brightfocus.org
<http://www.brightfocus.org/alzheimers/>
Tel: 1-800-437-2423 / Fax: 301-258-9454

Lewy Body Dementia Association

912 Killian Hill Road, S.W.
Lilburn, GA 30047
lbda@lbda.org
<http://www.lbda.org>
Tel: Telephone: 404-935-6444 LBD Caregiver Link: 800-539-9767
Fax: 480-422-5434

National Organization for Rare Disorders (NORD)

55 Kenosia Avenue
Danbury, CT 06810
orphan@rarediseases.org
<http://www.rarediseases.org>
Tel: 203-744-0100 Voice Mail 800-999-NORD (6673)
Fax: 203-798-2291

Glossary

GEORGIA ALZHEIMER'S AND RELATED DEMENTIAS STATE PLAN GLOSSARY OF TERMS AS THEY RELATE TO ALZHEIMER'S AND RELATED DEMENTIAS WITHIN THIS STATE PLAN

Aging and Disability Resource Connection (ADRC) – This statewide coordinated system of partnering organizations is managed by the DHS Division of Aging Services. ADRC provides information about publically and privately financed long-term supports and services, offers a consumer-oriented approach to learning about the availability of services in the home and community, alleviates the need for multiple calls and/or visits to receive services, and supports individuals and family members who are aging or living with a disability, including those living with Alzheimer's and those who care for them.

Alzheimer's Disease Research Center (ADRC) – Funded by the National Institute on Aging (NIA), the Emory Alzheimer's Disease Research Center is a medical facility that treats those with Alzheimer's and Related Dementias and conducts research into the disease. It serves the state.

ARRD – ARRD is an acronym for Alzheimer's and Related Dementias.

Alzheimer's – Alzheimer's (AHLZ-high-merz) is a disease of the brain that causes problems with memory, thinking and behavior. It is not a normal part of aging. Alzheimer's gets worse over time. Although symptoms can vary widely, the first problem many people notice is forgetfulness severe enough to affect their ability to function at home or at work, or to enjoy lifelong hobbies. The disease may cause a person to become confused, lost in familiar places, misplace things or have trouble with language.

Alzheimer's is a type of dementia that causes problems with memory, thinking and behavior. Symptoms usually develop slowly and get worse over time, becoming severe enough to interfere with daily tasks.

Alzheimer's is the most common form of dementia, a general term for memory loss and other intellectual abilities serious enough to interfere with daily life. Alzheimer's disease accounts for 50 to 80 percent of dementia cases.

Assisted Technology – As it applies to those with Alzheimer's or a related dementia, assisted technology is person-specific to help the individual with activities of daily living, to trigger memory, or to perform routine tasks.

Centers for Disease Control and Prevention (CDC) – In the Fall of 2005, the Centers for Disease Control and Prevention and the Alzheimer's Association formed a new partnership to examine how best to bring a public health perspective to the promotion of cognitive health. The first publication,

The Healthy Brain Initiative: A National Public Health Road Map to Maintaining Cognitive Health, was published in 2007.

The Alzheimer's Association and the Centers for Disease Control and Prevention's (CDC) Healthy Aging Program have developed the second in a series of road maps to advance cognitive health as a vital, integral component of public health. ***The Healthy Brain Initiative: The Public Health Road Map for State and National Partnerships, 2013 – 2018***, outlines how state and local public health agencies and their partners can promote cognitive functioning to address cognitive impairment for individuals living in the community and help meet the needs of care partners. Specific actions are addressed in four traditional domains of public health: monitor and evaluate, educate and empower the nation, develop policy and mobilize partnerships, and assure a competent workforce. Public health agencies and private, non-profit, and governmental partners at the national, state, and local levels are encouraged to work together on those actions that best fit their missions, needs, interests, and capabilities.

Some of the specific recommendations contained in the State Plan come as a result of ***The Healthy Brain Initiative: The Public Health Road Map for State and National Partnerships, 2013 – 2018***.

Division of Aging Services (DAS) – This division of the Georgia Department of Human Services is the State Unit on Aging for Georgia which carries out service planning functions as detailed in the Older Americans Act of 1965 as amended. DAS performs this function in collaboration with other members of Georgia's aging network – namely 12 Area Agencies on Aging and numerous service providers throughout the state. As it relates to Alzheimer's and Related Dementias, the Georgia Alzheimer's and Related Dementias State Plan will be managed by the Division of Aging Services.

Georgia Department of Community Health (DCH) — As it relates to Alzheimer's and Related Dementias, this agency of state government provides rules, regulations, and guidelines for facilities and programs serving a wide array of individuals, including those with dementia. Such facilities and programs include adult day programs, assisted living communities, nursing homes, and home health agencies.

Dementia — Dementia is a general term for a decline in mental ability severe enough to interfere with daily life. Memory loss is an example. Alzheimer's is the most common type of dementia. **Dementia is not a specific disease. It's an overall term that describes a wide range of symptoms** associated with a decline in memory or other thinking skills severe enough to reduce a person's ability to perform everyday activities.

All types of dementia involve mental decline that:

- occurred from a higher level (for example, the person didn't always have a poor memory)
- is severe enough to interfere with usual activities and daily life
- affects more than one of the following four core mental abilities
 - recent memory (the ability to learn and recall new information)

- language (the ability to write or speak, or to understand written or spoken words)
- visuospatial function (the ability to understand and use symbols, maps, etc., and the brain's ability to translate visual signals into a correct impression of where objects are in space)
- executive function (the ability to plan, reason, solve problems and focus on a task)

Dementia-Capable — Dementia-capable means that the program, service, system is designed such that it provides quality care, supports, information, and education, to ensure that current systems as well as the development of future systems at the government, private, non-profit, healthcare community, long-term care community, home health community, voluntary health organization, and faith-based sectors will be fully able to seamlessly serve those living with dementia, providing a level of service that appropriately meets the needs of the individual and the population.

Georgia Department of Public Health (DPH) — Alzheimer's is the most under-recognized public health crisis of the 21st century. It affects Americans across all walks of life and all regions of the country. As it relates to Alzheimer's and Related Dementias, the Georgia Department of Public Health is the lead agency in Health Promotion and Disease Prevention, Epidemiology, and Chronic Disease Management. Alzheimer's is a chronic disease. The Department of Public Health can help raise awareness and provide education regarding Alzheimer's and Related Dementias. The Public Health Districts can use assessment tools such as an algorithm to help assess individuals who visit local health departments for care. The Epidemiology Section conducts the Behavioral Risk Factor Surveillance System—including the Cognitive Impairment and Caregiver Modules, providing Georgia agencies and other stakeholders with key information to help shape policy and service to those living with Alzheimer's and related dementias.

Down Syndrome — Down syndrome is a condition in which a person is born with extra genetic material from chromosome 21, one of the 23 human chromosomes. Most people with Down syndrome have a full extra copy of chromosome 21, so they have three copies instead of the usual two. In ways that scientists don't yet understand, the extra copies of genes present in Down syndrome cause developmental problems and health issues. Scientists think that the increased risk of dementia in individuals with Down syndrome may also result from the extra gene.

As with all adults, advancing age also increases the chances a person with Down syndrome will develop Alzheimer's disease. Because people with Down syndrome live, on average, 55 to 60 years, they are more likely to develop younger onset Alzheimer's (Alzheimer's occurring before age 65) than older-onset Alzheimer's (Alzheimer's occurring at age 65 or older).

Early Stage Alzheimer's —“Generally, people with early stage Alzheimer's disease are those of any age who have only mild impairment.” (from *Counseling People with Early-Stage Alzheimer's Disease: A Powerful Process of Transformation*, by Robyn Yale). It is also referred to as Mild/Moderate cognitive decline.

At this point, a careful medical interview should be able to detect clear-cut symptoms in several areas:

- Forgetfulness of recent events
- Impaired ability to perform challenging mental arithmetic — for example, counting backward from 100 by 7s
- Greater difficulty performing complex tasks, such as planning dinner for guests, paying bills or managing finances
- Forgetfulness about one's own personal history
- Becoming moody or withdrawn, especially in socially or mentally challenging situations.

Mild cognitive decline (Early-stage Alzheimer's can be diagnosed in some, but not all, individuals with these symptoms.)

Friends, family or co-workers begin to notice difficulties. During a detailed medical interview, doctors may be able to detect problems in memory or concentration. Common stage 3 difficulties include:

- Noticeable problems coming up with the right word or name
- Trouble remembering names when introduced to new people
- Having noticeably greater difficulty performing tasks in social or work settings
- Forgetting material that one has just read
- Losing or misplacing a valuable object
- Increasing trouble with planning or organizing.

Early/Younger Onset — Younger-onset (also known as early-onset) Alzheimer's affects people younger than age 65. Nearly 4 percent of the more than 5 million Americans with Alzheimer's have younger-onset.

Many people with early onset are in their 40s and 50s. They have families, careers or are even caregivers themselves when Alzheimer's disease strikes. In the United States, it is estimated that more than 200,000 people have early onset.

GARD — This acronym for the Georgia Alzheimer's and Related Dementias State Plan Task Force and the State Plan itself was coined by staff in the Division of Aging Services.

Home and Community-Based Services (HCBS) — These services enable older adults and people with disabilities, including individuals with Alzheimer's and related dementias, to continue to live at home, rather than be institutionalized at a greater cost to taxpayers.

Healthy Brain Initiative -- See the entry for CDC (Centers for Disease Control).

Long-Term Services and Supports (LTSS) -- Long-term services and supports (LTSS) help older adults and people with disabilities accomplish everyday tasks that many of us take for granted. Tasks include those such as bathing, getting dressed, fixing meals, and managing a home. As our population ages, the number of individuals needing this kind of help is projected to double. Long-term services and supports allow millions of individuals to lead healthy, secure, and independent lives.

Mattie's Call — Mattie's Call is a safety alert program, first established by the City of Atlanta, then subsequently adopted across the country as the Silver Alert. It is named after Mattie Moore, an Atlanta resident living with dementia who wandered from her home who, after exhaustive searches and a major media blitz, was found only 500 feet from her home, deceased. Mattie's Call is an emergency alert system in Georgia, initiated by a local public safety agency through the GBI (Georgia Bureau of Investigation)/GSP (Georgia State Patrol) that sends out media alerts and alerts through "A Child Is Missing" to seek community assistance in finding a disabled missing adult who has wandered from a caregiver or eloped from a care facility. Its goal is to return the individual safely to his or her family or caregiver. It was signed into law by the Governor in 2006.

Older Americans Act (OAA) — The Older Americans Act (OAA) of 1965 as amended calls for a range of programs that offer services and opportunities for older Americans, especially those at risk of losing their independence. The Older Americans Act focuses on improving the lives of older people in areas of income, housing, health, employment, retirement and community services. Individuals with Alzheimer's and Related Dementias benefit from many of these services targeted at keeping individuals in their communities longer.

Person-Centered — This concept puts the person receiving services at the center of planning and service delivery. Plans and services are developed with attention to each person's unique preferences, skills and abilities, and needs.

Related/Other Dementias—

Creutzfeldt-Jakob disease (CJD) — Creutzfeldt-Jakob disease (pronounced CROYZ-felt YAH-cob) is a rare, rapidly fatal disorder affecting about 1 in a million people per year worldwide. It usually affects individuals older than 60. CJD is one of the prion (PREE-awn) diseases. These disorders occur when prion protein, a protein normally present in the brain, begins to fold into an abnormal three-dimensional shape. This shape gradually triggers the protein throughout the brain to fold into the same abnormal shape, leading to increasing damage and destruction of brain cells.

Recently, "variant Creutzfeldt-Jakob disease" (vCJD) was identified as the human disorder believed to be caused by eating meat from cattle affected by "mad cow disease." It tends to occur in much younger individuals, in some cases as early as their teens.

The first symptoms of CJD may involve impairment in memory, thinking and reasoning or changes in personality and behavior. Depression or agitation also tends to occur early. Problems with movement may be present from the beginning or appear shortly after the other symptoms. CJD progresses rapidly and is usually fatal within a year.

Dementia with Lewy bodies (DLB) — In Dementia with Lewy bodies, abnormal deposits of protein called alpha-synuclein form inside the brain's nerve cells. These deposits are called "Lewy bodies" after the scientist who first described them. Lewy bodies have been found in several brain disorders, including dementia with Lewy bodies, Parkinson's disease and some causes of Alzheimer's.

Frontotemporal dementia (FTD) — FTD is a rare disorder chiefly affecting the front and sides of the brain. Because these regions often, but not always, shrink, brain imaging can help in diagnosis. There is no specific abnormality found in the brain in FTD. In one type called Pick's disease, there are sometimes (but not always) abnormal microscopic deposits called Pick bodies.

FTD progresses more quickly than Alzheimer's disease and tends to occur at a younger age. The first symptoms often involve changes in personality, judgment, planning and social skills. Individuals may make rude or off-color remarks to family or strangers, or make unwise decisions about finances or personal matters. They may show feelings disconnected from the situation, such as indifference or excessive excitement. They may have an unusually strong urge to eat and gain weight as a result.

Huntington's disease (HD) -- HD is a fatal brain disorder caused by inherited changes in a single gene. These changes lead to destruction of nerve cells in certain brain regions. Anyone with a parent with Huntington's has a 50 percent chance of inheriting the gene, and everyone who inherits it will eventually develop the disorder. In about 1 to 3 percent of cases, no history of the disease can be found in other family members. The age when symptoms develop and the rate of progression vary.

Symptoms of Huntington's disease include twitches, spasms, and other involuntary movements; problems with balance and coordination; personality changes; and trouble with memory, concentration or making decisions.

Mild Cognitive Impairment (MCI) — In mild cognitive impairment, a person has problems with memory or one of the other core functions affected by dementia. These problems are severe enough to be noticeable to other people and to show up on tests of mental function, but not serious enough to interfere with daily life. When symptoms do not disrupt daily activities, a person does not meet criteria for being diagnosed with dementia.

Individuals with MCI have an increased risk of developing Alzheimer's disease over the next few years, especially when their main problem involves memory. However, not everyone with MCI progresses to Alzheimer's or another kind of dementia.

Mixed dementia — In mixed dementia, Alzheimer's disease and vascular dementia occur at the same time. Many experts believe mixed dementia develops more often than was previously realized and that it may become increasingly

common as people age. This belief is based upon autopsies showing that the brains of up to 45 percent of people with dementia have signs of both Alzheimer's and vascular dementia.

Normal pressure hydrocephalus (NPH) — Normal pressure hydrocephalus (high-droh-CEFF-a-luss) is another rare disorder in which fluid surrounding the brain and spinal cord is unable to drain normally. The fluid builds up, enlarging the ventricles (fluid-filled chambers) inside the brain. As the chambers expand, they can compress and damage nearby tissue. "Normal pressure" refers to the fact that the spinal fluid pressure often, although not always, falls within the normal range on a spinal tap.

The three chief symptoms of NPH are (1) difficulty walking, (2) loss of bladder control and (3) mental decline, usually involving an overall slowing in understanding and reacting to information. A person's responses are delayed, but they tend to be accurate and appropriate to the situation when they finally come.

Parkinson's disease (PD) -- Parkinson's is another disease involving Lewy bodies. The cells that are damaged and destroyed are chiefly in a brain area important in controlling movement. Symptoms include tremors and shakiness; stiffness; difficulty with walking, muscle control, and balance; lack of facial expression; and impaired speech. Many individuals with Parkinson's develop dementia in later stages of the disease.

Vascular Dementia (VaD) — Previously known as multi-infarct or post-stroke dementia, vascular dementia is the second most common cause of dementia after Alzheimer's disease.

Wernicke-Korsakoff syndrome -- Wernicke-Korsakoff syndrome is a two-stage disorder caused by a deficiency of thiamine (vitamin B-1). Thiamine helps brain cells produce energy from sugar. When levels of the vitamin fall too low, cells are unable to generate enough energy to function properly. Wernicke encephalopathy is the first, acute phase, and Korsakoff psychosis is the long-lasting, chronic stage.

The most common cause is alcoholism. Symptoms of Wernicke-Korsakoff syndrome include:

- confusion, permanent gaps in memory and problems with learning new information
- a tendency to "confabulate," or make up information individuals can't remember
- unsteadiness, weakness and lack of coordination.

If the condition is caught early and drinking stops, treatment with high-dose thiamine may reverse some, but usually not all, of the damage. In later stages, damage is more severe and does not respond to treatment.