

Walton County

Personal Care Home/Community Living Requirements

Article 2 Definitions:

PERSONAL CARE HOME: A dwelling, whether operated for profit or not, which undertakes through its ownership or management to provide or arrange for the provision of housing, food service, and one or more personal services, which include but are not limited to individual assistance with or supervision of self-administered medication, assistance with ambulation and transfer, and essential activities of daily living such as eating, bathing, grooming, dressing, and toileting, for one (1) or more adults who are not related to the owner or administrator by blood or marriage.

COMMUNITY LIVING ARRANGEMENT: See Personal Care Home

- 1) **PERSONAL CARE HOME, COMMUNITY:** A personal care home that provides services for seven (7) or more adult.
- 2) **PERSONAL CARE HOME, FAMILY:** A personal care home that provides services for three (3) or fewer adults.
- 3) **PERSONAL CARE HOME, GROUP:** A personal care home that provides services for four (4) to six (6) adults.

Article 5 Permitted Uses:

| NAICS Code | Principal Uses | Suppl. Reg? | A | A-1 | A-2 | R-1 | R-2 | R-3 | MHP | OI | B-1 | B-2 | B-3 |
|-------------------|----------------------------------|--------------------|----------|------------|------------|------------|------------|------------|------------|-----------|------------|------------|------------|
| | Personal Care Home, Community 7+ | Yes | | | | | | P | | P | P | P | P |
| | Personal Care Home, Family 1-3 | Yes | P | P | P | P | P | P | P | P | P | P | P |
| | Personal Care Home, Group 4-6 | Yes | | | | | P | P | | P | P | P | P |

** P-Permitted C-Conditional Use Required

- The home shall be operated in a manner compatible with the neighborhood and shall not be detrimental to adjacent properties as a result of traffic, noise, light, refuse, parking or other activities.
- The home shall maintain a residential appearance compatible with the neighborhood.
- The home shall meet all state requirements and all applicable rules and regulations as specified by the Department of Human Resources of the State of Georgia in "Rules and Regulations for Personal Care Homes," Chapter 290-5-35.
- Walton County Occupational Tax Certificate (Business License) shall be required.

Safety Code Requirements for PCH/CLA

The following items are required for Personal Care Homes Community, Family, and Group and Community Living Arrangements. Personal Care Homes of 7 or more require Approval from the State Fire Marshal's Office.

1. Bedrooms Require Min. 80 Sq.Ft. With An Emergency Escape & Rescue Window With A Minimum Clear Opening of 5.7 Sq. Ft. (820 Sq. In.) Or A Door That Opens Directly To The Outside.
2. A Fire Alarm System Installed Per NFPA 72 Chapter 29.
3. Smoke Detectors per NFPA 72 Chapter 29.
4. A Carbon Monoxide Detector If Gas Appliances or Solid Fuel Sources Are Used.
5. Residential Cooking Appliances Such As Stoves & Griddles Shall Be Protected by A listed Self-Contained Residential Fire Suppression System Located In Residential Hoods Over Each Cooking Surface, With The Exhaust Hood Vented Directly To The Outside. Automatic Disconnects Of the Fuel Source or Power Source shall be provided.
6. Portable Fire Extinguishers With Service Tag Installed From Licensed Co.
7. Two Story Homes Must Have Fire Sprinkler System Installed Per NFPA 13D.
8. Stairs Must Have Hand Rails.
9. Guard Rails on Decks & Porches as Required.
10. Bathroom Requirements:
 - a. At Least One Functional Toilet & Lavatory Must Be Provided For Each Residents & At Least One Tub or Shower for Each Eight Residents Living In a Home.
 - b. At Least One Toilet & Lavatory Must Be Provided On Each Floor Having Residents' Bedrooms.
 - c. Grab Bars & Nonskid Surfacing Or Strips Must Be Installed In All Showers & Bath Areas.
 - d. Bathrooms & Toilet Facilities Without Windows Must Have Forced Ventilation To The Outside. Bathroom Windows Used For Ventilation Must Open Easily.
 - e. Toilets, Bathtubs & Showers Must Provide For Individual Privacy.
 - f. All Plumbing & Bathroom Fixtures Must Be Maintained in Good Working Order at All Times & Must Present a Clean & sanitary Appearance.
 - g. A Home Serving A Person Dependent Upon A Wheelchair Or Scooter For Mobility Must Have At Least One Bathroom That Permits The Resident To Use All Bathroom Fixtures Easily & Independently Where Able.
11. Must Have a Certification Letter from a Licensed Electrical Contractor Stating No Violations or Hazards exist.
12. Must Have Certification Letter from a Licensed H.V.A.C. Contractor Stating No Violations Or Hazards Exist.
13. Must have affidavit for Fire Alarm System per NFPA 72 chapter 29.
14. Must have affidavit for Fire Suppression System.
15. Health Dept. Approval Required For Septic System.

THIS LIST IS NOT CONCLUSIVE. IT'S THE OWNERS RESPONSIBILITY TO MEET ALL LOCAL AND STATE CODE REQUIREMENTS.

Personal Care Home Application checklist:

Name of Personal Care Home: _____

Address: _____

Manager of Facility: _____

24 hr. contact Name and Phone #: _____

(Information must be kept current)

Number of Residents: _____

- _____ 1. Provide copy of Proof of Ownership for the property or a copy of the Lease Agreement (notarized)
- _____ 2. Floor sketch (including labeling of the rooms, room measurements, location of all doors, windows and bed placement for residents, family and staff)
- _____ 3. Written approval for water source and sewage disposal system
- _____ 4. Electrical Service Inspection Report with no violations or hazards identified from a Georgia licensed electrician.
- _____ 5. HVAC Inspection Report with no violations or hazards identified from a Georgia licensed HVAC Contractor.
- _____ 6. Fire Alarm Installation Affidavit of Installation.
- _____ 7. Fire Suppression System Affidavit of Installation.

All items listed above must be submitted to the department in order to obtain an Evaluation Permit. The cost of the permit is \$50.00. Applicant calls 770-267-1485 prior to 3:00pm to request a Fire Safety Inspection the next business day Monday - Thursday. Prior to the issuance of an Occupational Tax Certificate (business license) the Fire Safety Inspection must be approved and a copy of the state license must be submitted.

Water and Septic Tank Report Form

Water and sewage systems must meet applicable federal, state and local standards or regulations. This report should be completed by the County Environmentalist from the County Public Health Department in which the residence is located. The form should be included in your application package submitted to HFR.

To be completed by applicant:

Home Name: _____

Address: _____ City: _____

County; _____ Telephone: _____

To be completed by the County Environmentalist:

WATER (Check only one):

_____ The home's water supply is from an approved source.

_____ The home's well has been tested and the report is attached.

SEWAGE (Check only one):

_____ The home is connected to a public or county sewage disposal system.

_____ The home is served by an on-site sewage system adequate for proposed use
for _____ residents.
(Maximum number of residents)

County Environmentalist: _____

Print Name Signature: _____ Date: _____

Electrical Inspection Compliance Form

To be completed by applicant:

Home Name: _____

Address: _____ City: _____

County: _____ Telephone: _____

Owner: _____

Owner's Current Address: _____

Owner's Phone #: _____

To be completed by the Electrician

I, _____ have inspected the electrical system at the above listed
home
and have determined that that the electrical system is maintained in a safe condition and is free of
hazards.

Signature: _____

Printed Name: _____

Date of Inspection: _____

Georgia State License #: _____

| Phone #: _____

H.V.A.C. Inspection Compliance Form

To be completed by applicant:

Home Name: _____

Address: _____ City: _____

County; _____ Telephone: _____

Owner: _____

Owner's Current Address: _____

Owner's Phone #: _____

To be completed by the H.V.A.C. Contractor

I, _____ have inspected the H.V.A.C. system at the above listed
home
and have determined that the H.V.A.C. System is maintained in a safe condition and is free of
hazards.

Signature: _____

Printed Name: _____

Date of Inspection: _____

Georgia State License #: _____

Phone Number : _____

Smoke Alarm Inspection Compliance Form

To be completed by applicant:

Home Name: _____

Address: _____ City: _____

County; _____ Telephone: _____

Owner: _____

Owner's Current Address: _____

Owner's Phone #: _____

To be completed by the Alarm Company

I, _____ have inspected the smoke alarm system at the above listed home and have determined that the Smoke Alarm System is maintained in a safe condition and is free of hazards.

Signature: _____

Printed Name: _____

Date of Inspection: _____

Georgia State License #: _____

Phone Number: _____

Fire Suppression System Inspection Compliance Form

To be completed by applicant:

Home Name: _____

Address: _____ City: _____

County: _____ Telephone: _____

Owner: _____

Owner's Current Address: _____

Owner's Phone #: _____

To be completed by the Extinguisher Company

I, _____ have inspected the Fire Suppression system at the above listed home and have determined that the Fire Suppression System is maintained in a safe condition and is free of hazards.

Signature: _____

Printed Name: _____

Date of Inspection: _____

Georgia State License #: _____

Phone Number: _____

Dealers that the department is aware of that provide these services:

Peach State Fire Protection 770-536-3948

Pro-Tec Fire & Safety 770-385-7311

Metro Fire 770-267-9127