

# Personal Care Home Requirements

(June 2015)

## **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.

- 1) 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	TC	MUBP	M-1	M-2
	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	P	P				

\*\* P-Permitted C-Conditional Use Required

## **Personal Care Home Guidelines**

- 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.

### **Residence must provide the following:**

- One Bathroom for every 4 residents
- One tub/shower for every 8 residents
- No more than 4 residents per bedroom, based on size of bedroom (at least 80 square feet of usable floor space per resident is required, closet and bathroom space shall not be included in minimum floor space)
- Handrail on all stairs
- Grab bars in restrooms
- Non-skid surfaces in bathing area
- Water temperature cannot exceed 120°F
- Smoke detection system
- Hood suppression system

Health Department approval required for septic system

Facilities with 7 or more persons in care will require approval from the State Fire Marshall's Office and must comply with all State Building and Life Safety Codes.

## 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. Fire Safety Inspection Report with no violations or hazards identified from the appropriate fire safety authority showing capacity load.
- \_\_\_\_\_ 3. Electrical Service Inspection Report with no violations or hazards identified from a Georgia licensed electrician.
- \_\_\_\_\_ 4. Floor sketch (including labeling of the rooms, room measurements, location of all doors, windows and bed placement for residents, family and staff)
- \_\_\_\_\_ 5. Written approval for water source and sewage disposal system

## 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 #: \_\_\_\_\_

## Info on Hood Suppression

Provide a domestic hood over the stove and vent hood directly to the outside either sidewall or to the roof.

Provide a residential self-contained dry chemical fire extinguishing system that discharges automatically upon activation by a triggering device such as a fusible link. A nozzle extended under the hood directed on the stove surface to extinguish the fire.

Provide an automatic shutoff that will shut off power or gas to the stove upon activation of the system

Dealers that the department is aware of that provide services:

Peach State Fire Protection 770-536-3948

Pro-Tec Fire & Safety 770-385-7311

| Metro Fire 770-267-9127