

Unlicensed Facility/Exploitation Checklist Tool

Location History:

- How many “911” calls to location (EMS/law enforcement)?
- If so, caller? (Residents? Owner/Operator? Neighbors?) Reasons?
- If “911” for EMS – related to conditions, injuries, behavior, assaults, meds, etc. (not taking/getting)?

Owner/Operator:

- Who is owner? ___ Any other properties being operated/rented/leased by owner?
- **Does owner/operator have joint banking accounts with residents?**
- Is owner/operator recruiting and/or conducting direct marketing to local hospitals, psychiatric facilities, adult day centers, etc.?
- If so, to whom and as what is he/she marketing the home and services?
- Does owner/operator have website or listing on website advertising “assisted living”, “personal care homes”, etc.?

Location:

- How many residents?
- **Whose name is on accounts for electricity, water, gas, etc? If resident’s (current or former), is resident aware?**
- Is there food in the refrigerator? Cabinets? Water running?
- What is the overall condition of the residence (interior/exterior)?
- What type of food is in the residence (appropriate for dietary needs and eating abilities)?
- Source of food (food bank, outdated from local grocery, etc.)?
- Is entity registered with Secretary of State?
- Is entity licensed through the Department of Community Health, Healthcare Facility Regulation Division (HFR)?
- Should entity be licensed through HFR? Licensed through DBHDD (transitional home or CLA)?
- Does entity have business license? Certificate of occupancy?
- Code Violations?

Residents/General:

Related to the owner/operator by blood or marriage: Yes ___ No ___

Specific Services Received:

 Self-Administered Medication (Assistance or supervision)

 Eating **Bathing** **Grooming** **Dressing** **Toileting** **Other (** **)**

- Is anyone providing oversight for residents? If so, who and what are qualifications? (Other residents? – may be requiring residents to work)
- Meds? If so, where stored and how distributed - by residents or with assistance?
- If residents are receiving meds - prescribed by whom?
 - Filled where?
 - Kept where?
 - Dispensed to residents by whom?
- Where were residents prior to living at this location?
- How did residents learn of this "boarding home", “foundation”, “mission”, “charity”, “jail”, “hospital”, etc.
- How long at this location?
- Are there any forms/documents suggesting residents are receiving any services at the location (home health, day services, etc.?)
- How do residents get food and get to appointments - transportation?
- Do residents work outside the home?
- Are there other providers (home health, physical therapy, mental health providers, etc.) at the location during the day?

Unlicensed Facility/Exploitation Checklist Tool

Residents/Assets:

- Are there rental agreements stating what residents receive in exchange for monthly rent?
- If rental agreement is available, does the resident recognize the agreement?
- What is the source of income for residents' rent payments?**
- Do residents receive food stamps?
 - If so, who has possession of EBT?
- Do residents receive Social Security?
 - If receiving social security benefits, what is the monthly amount?
 - Is owner/operator the representative payee?
 - How much \$ do the residents get to keep?
- Do residents receive Medicaid?
 - If so, how much?
- How is money from monthly benefits spent to benefit residents?**
- Who has control of resident's important documents (EBT, social security card, documentation, etc)?**
- If suspect location determined to be an unlicensed personal care home, has Healthcare Facility Regulation (HFR) been contacted for a determination?

If location is suspected to be an unlicensed personal care home, it is strongly suggested that law enforcement, Healthcare Facility Regulation & any other pertinent agencies respond as a multidisciplinary team or residents may be relocated before HFR can make a determination regarding the location.

Notes: _____

**For information about any property/address/location that may be an unlicensed Personal Care Home (PCH),
Contact Healthcare Facility Regulation: 404-657-5856**

O.C.G.A. § 31-7-12 - All Personal Care Homes shall be licensed. There are exceptions.

O.C.G.A. § 31-7-12.1(f) - Owning or operating an unlicensed PCH constitutes a nuisance dangerous to the public health, safety and welfare.

O.C.G.A. § 31-7-12.1(h) - Any person who owns or operates a PCH in violation of O.C.G.A. § 31-7-12(b) shall be guilty of a misdemeanor for the first offense unless the violation is in conjunction with abuse, neglect or exploitation as defined in 16-5-100.

O.C.G.A. § 30-5-3 – definitions

(1) "**Abuse**" means the willful infliction of physical pain, physical injury, sexual abuse, mental anguish, unreasonable confinement, or the willful deprivation of essential services to a disabled adult or elder person.

(8) "**Exploitation**" means the illegal or improper use of a disabled adult or elder person or that person's resources through undue influence, coercion, harassment, duress, deception, false representation, false pretense, or other similar means for one's own or another's profit or advantage.

(9) "**Neglect**" means the absence or omission of essential services to the degree that it harms or threatens with harm the physical or emotional health of a disabled adult or elder person.

In addition to other criminal statutes, see **O.C.G.A. § 16-5-100**, et seq. for statutes specific to abuse, neglect & exploitation of older adults and adults with disabilities.

- O.C.G.A. § 16-5-101**- Neglect by guardian or person supervising the welfare
- O.C.G.A. § 16-5-102** -Exploitation and intimidation of disabled adult, elder person and resident
- O.C.G.A. § 16-5-102.1** – Trafficking of a disabled adult, elder person or resident

**If abuse, neglect and / or exploitation is suspected,
the priority is the safety of residents regardless of the status of a facility's license.**