SAMPLE POLICY

Sample policy from the CareRulebook Georgia personal care home manual. Fictional home. Rule-verified on November 17, 2026.

This is Policy 5.4 of the 34 in the manual, exactly as it prints in a buyer's copy, but filled in with example answers for a fictional home, Sample Personal Care Home, LLC. Rule-verified means each quote under Rule basis was checked word for word against the official text we saved on that date. It is not legal advice.

Your copy is filled in with your own home's details and choices: https://www.carerulebook.com/us/georgia/personal-care-home/manual

POLICY 5.4

Disaster preparedness plan (111-8-16)

Rule 111-8-62-.07(3)(k) · Rule 111-8-62-.08(4), (6) · Rule 111-8-16-.01(h), (k) · Rule 111-8-16-.02 (our reading) · Rule 111-8-16-.03(1)-(4) · Rule 111-8-16-.04(1)-(6) · Rule 111-8-16-.04(7) and 111-8-16-.05 (25 or more beds) · Rule 111-8-16-.06 · Rule 111-8-16-.08 · Rule 111-8-62-.21(7) · Rule 111-8-62-.22(2)-(3) · Rule 111-8-62-.23(4)(f), (8) · Rule 111-8-62-.30(2)(d) (pointer to Policy 2.9)

Purpose

This is Sample Personal Care Home, LLC's Disaster Preparedness Plan. Rule 111-8-62-.08(4) makes every personal care home comply with Chapter 111-8-16, Rules and Regulations for Disaster Preparedness Plans, and this document is the written plan that chapter asks for. Together with Policy 2.11 (fire drills and evacuation), it answers the policy topic "Emergency preparedness, drills and evacuation requirements" (.07(3)(k)).

Chapter 111-8-16 describes a plan as a written document that names the hazards that could cause an emergency at the home and, for each one, sets out a course of action to keep residents as safe as possible (16-.01(h)). That is how this plan is built:

- it names our residents' needs in an emergency (Part C);
- it names the emergencies we plan for (Part D);
- for each one, it gives an emergency guide that answers who, what, when, where and how (the emergency guides below);
- it records the written agreements, supplies and contacts we rely on; and
- it says how we rehearse, review and improve the plan.

The plan has one aim: whatever happens, every resident is safe, accounted for and cared for, and families know where they are.

Scope

This plan covers every resident, every staff member on every shift, and anyone else in the home at 100 Magnolia Lane, Macon, GA 31201 when an emergency happens. It covers the time before an emergency (getting ready), during it (the first minutes, sheltering in place or relocating) and after it (returning home, telling DCH, and learning from what happened).

Every home keeps the full plan. Rule 111-8-16-.02 exempts homes that DCH classifies and licenses as "Family Personal Care Homes". Rule 111-8-62 issues one personal care home permit and does not use that class, and Rule 111-8-62-.08(4) says the home must comply with Chapter 111-8-16. Our cautious reading is that every personal care home, whatever its size, keeps the full plan, holds two rehearsals each calendar year and takes part in its regional healthcare coalition. Sample Personal Care Home, LLC does all three.

The pandemic plan. Chapter 111-8-16 calls a personal care home with 25 or more beds a "long-term care facility" and asks those homes for a pandemic plan and next-day infection notices (16-.01(k), 16-.04(7), 16-.05). Sample Personal Care Home, LLC is licensed for 6 beds, so those parts do not apply. Infection control, outbreaks and public health notices are in Policy 2.8 (Part O).

Policy

A. Who owns the plan (16-.03(2))

1. The governing body, Sample Senior Living, LLC, is responsible for developing this plan. It is adopted for the governing body by Jordan Lee, Managing Member, on the plan coordinator designation below.
2. The governing body designates the plan coordinator, Riley Chen, On-site Manager, who has primary responsibility for rehearsing and carrying out the plan. The coordinator keeps the plan current, schedules and leads the rehearsals, keeps the agreements and supplies ready, and takes part in the healthcare coalition (Part L).
3. **Who is in charge in an emergency.** The administrator, Jordan Lee, leads the response. When the administrator cannot be reached, the on-site manager, Riley Chen, takes the lead. When neither can be reached in time, the Responsible staff person on duty, who acts for them in their absence (.08(2)(b)), acts at once and keeps trying to reach them. The order is on the emergency contacts form.

B. How the plan is set out (16-.04(3))

4. The plan uses one standard format throughout. Each emergency has its own emergency guide, and each guide answers the same five questions: when does this guide apply, who acts, what do they do, where do residents go, and how do we keep everyone accounted for and cared for. Staff can turn to the right guide and act without having to work anything out first.
5. The plan is this document with its forms, completed for Sample Personal Care Home, LLC. Its cover and contents list is the first form below. One complete copy is kept where

staff on duty work, and one with the emergency supplies (kept here: The storage closet by the kitchen). Every staff member knows where both copies are.

C. Our residents' needs in an emergency (16-.04(1))

6. The residents' emergency needs list identifies and assesses each resident's needs in an emergency: whether the resident walks alone, needs help or uses a wheelchair or walker; whether the resident may not hear, see or understand an alarm or an instruction; medical needs that cannot wait (for example oxygen, powered equipment, medications that must not be missed, a special diet); and who to call for the resident. The list is filled in when a resident moves in, updated whenever a resident's needs change, and checked against residents' current assessments (Policy 3.2) at each rehearsal and each yearly review.
7. Residents who need help with walking are given bedrooms with a ground-level exit to the outside, or rooms above ground level with exits that have easily negotiable ramps or easily accessible elevators (.13(16)(a); Policy 2.11). Staff help these residents first in every guide that moves residents.
8. Sample Personal Care Home, LLC admits and keeps only residents who can walk and can get themselves to safety with minimal help (.15(1)(b); Policy 2.2). A resident whose needs change so that this is no longer true is reassessed at once, and the administrator decides on the next steps under Policy 2.2.

   Residents at risk of wandering away (Policy 4.1) may leave unnoticed in the confusion of an emergency. In every guide, a staff member keeps them in sight and counts them separately. If the home's exit doors have electronic locks, the locks release when the fire alarm sounds or the power fails (.18(1)(b)), so a staff member watches the exits until the locks work again.

D. The emergencies this plan covers (16-.04(2))

9. The plan addresses, as a minimum, the emergencies Chapter 111-8-16 names:
   1. fire;
   2. explosion;
   3. an unexpected interruption of each utility the home uses: electricity, gas or other fuel, water, and telephone and internet;
   4. loss of air conditioning or heat; and
   5. damage to the building from severe weather, such as tornadoes and ice or snow storms.
10. It also addresses other hazards in our part of Georgia: hurricanes and tropical storms, and flooding. The "Other emergencies" table points to the policies for a missing resident, an outbreak of illness, a medical emergency and a threat to the home. The coordinator adds any other hazard the home faces (for example a nearby rail line, a chemical plant or a river) at the yearly review.

E. What every emergency guide covers (16-.04(4))

L1. Each emergency guide, read with this policy, covers the seven matters Chapter 111-8-16 lists:

1. **assignment of responsibility to staff:** the "Who" row of each guide, and the order of who is in charge (item 3);
2. **care of the residents:** the "What" and "How" rows, and Procedure C (sheltering in place) and D (relocating);
3. **notification of attending physicians and other persons responsible for the resident:** item 25 and the notification log;
4. **arrangements for transportation and hospitalization:** item 13 and Procedure D;
5. **availability of appropriate records:** item 14;
6. **alternate living arrangements:** item 12; and
7. **emergency energy sources:** item 16.

F. Agreements with outside resources (16-.04(6))

L2. **Alternate living arrangements.** When residents cannot stay in the home, they go to Sample Personal Care Home North, 900 Pine Street, Macon, GA 31201, (478) 555-0160, which has agreed to take them in an emergency. Because this part of the plan depends on another party, Sample Personal Care Home, LLC has a written agreement with it, acknowledging its part in the plan, and the agreement is made part of this plan (16-.04(6)). The agreement is dated October 1, 2026.

L3. **Transportation and hospitalization.** Sample Transit Services, (478) 555-0170 has agreed to transport residents in an evacuation, under a written agreement dated October 1, 2026 that is also made part of this plan. A resident who needs an ambulance goes by 911. A resident who needs hospital care goes to the nearest hospital, or the one the resident's physician or emergency services choose, and the hospital is recorded on the resident relocation log. Staff cars are used only if the driver agrees and the resident can travel safely that way.

L4. **Records go with residents.** In every relocation, these go with residents: the residents' emergency needs list; each resident's emergency information sheet (Policy 3.3); each resident's medications and Medication Assistance Record (Policy 2.7); and this plan. Staff keep residents' records confidential while they are away from the home (Policy 3.4).

L5. Any other outside party the plan relies on (for example a generator rental company, a fuel supplier or a second relocation site) also signs a written agreement, which is filed with the written agreements record.

G. Utilities, heat and cooling, and emergency energy (.22(2)-(3))

L6. **Emergency energy sources.** The written agreements record names our emergency energy sources (for example flashlights and battery lanterns; a generator with its fuel supply, if the home has one; or the relocation site when power cannot be restored). A

generator is run only outdoors, away from doors and windows, and connected as the manufacturer and a licensed electrician direct.

17. **Temperatures.** Temperatures in the home must not fall below 68 degrees during waking hours and 62 degrees F during sleeping hours. Cooling devices are made available in the areas residents use when inside temperatures exceed 80 degrees F, and no resident is in any area that exceeds 85 degrees F (.22(2)).
18. When a power outage or mechanical failure affects the home's ability to keep those temperatures, staff take immediate action to protect residents: they arrange a service call at once, provide extra blankets or fans, and use any emergency power the plan names (.22(3)). The guides for loss of electricity and loss of air conditioning or heat give the steps. If the limits cannot be kept, the administrator decides whether residents can stay safely, and relocates them if not.
19. Staff check on residents more often than usual whenever the power is out or severe weather affects the home, so that no resident goes unchecked while the home is dark or noisy.

H. Food, water and supplies (.21(7))

20. Sample Personal Care Home, LLC keeps a three day supply of non-perishable food and water for emergencies, based on the usual number of residents. The food is kept in sealed containers that are labeled and dated, and rotated by shelf life so it stays safe and pleasant to eat. Enough water for drinking and food preparation is also stored (.21(7)). The supply is kept with the other emergency supplies (kept here: The storage closet by the kitchen), and checked as the emergency supplies check sets out. Meals and the menu record are in Policy 5.1.

I. Telling residents, families and DCH where residents are (.08(6))

21. Whenever the home must relocate residents because an emergency disrupts room and board at 100 Magnolia Lane, Macon, GA 31201, Sample Personal Care Home, LLC gives timely notice of the relocation address to the residents, their family contacts and representatives, if any, and DCH (.08(6)). The administrator, or a staff member the administrator names, makes the calls as soon as residents are safe and records each one on the notification log. DCH is told through the contact on the emergency contacts form.

J. Reports to DCH after an emergency (16-.08; .30(2)(d))

22. When an emergency makes us carry out this plan and someone is injured or dies, the administrator notifies DCH within 24 hours. The notice may be verbal (16-.08). The administrator records when and how DCH was told on the emergency incident report and critique.
23. An external disaster or other emergency situation that affects the continued safe operation of the home is a serious incident. The administrator reports it to DCH through DCH's complaint intake system within 24 hours, with the details Policy 2.9 lists (.30(2)(d)). Our reading is that one report through the complaint intake system within 24 hours, saying that someone was injured or died, meets both rules. If DCH asks for a separate

notice, the administrator gives it, and keeps a copy of each report with the emergency incident report and critique.

24. For any other emergency that makes us carry out the plan, staff make a record: a written incident report and a written critique of how the plan worked. Both are filed with this plan and are available to DCH at inspections (16-.08). The emergency incident report and critique below is that record.
25. **Physicians and representatives.** As soon as residents are safe, the administrator or a staff member the administrator names tells each resident's representative or family contact, and each resident's physician or the physician's office when the emergency affects the resident's care or the resident has moved, and records each call on the notification log (16-.04(4)).

K. Rehearsals (16-.03(1), 16-.04(5))

26. Sample Personal Care Home, LLC rehearses this plan regularly, with at least two rehearsals in each calendar year (16-.03(1)). Our choice: one rehearsal in the first half of the year and one in the second half, on different shifts, each practicing a different guide.
27. Each rehearsal is as realistic as possible. It checks two things: whether staff know their responsibilities under the plan, and whether the people and outside services named in the plan as resources (the relocation site, the transportation source, utility companies and others) can be reached and are still ready to help (16-.04(5)).
28. A rehearsal never requires actually moving a resident who cannot walk, or a resident whose physical or mental condition would be made worse by a move (16-.04(5)). For those residents, staff walk through their steps and say what they would do.
29. The plan coordinator records each rehearsal and its critique on the rehearsal record. Our choice: rehearsals of this plan are held and recorded separately from the fire drills in Policy 2.11, so each record clearly meets its own rule.

L. Our regional healthcare coalition (16-.03(3))

30. Sample Personal Care Home, LLC designates the plan coordinator, Riley Chen, On-site Manager, to take part in our healthcare coalition, Region F Healthcare Coalition, the region the Department of Public Health (DPH) designates for our area. Taking part means:
    1. opening and keeping an account with the web-based emergency operations center that DPH, or its contractor, agent or designee, manages;
    2. taking part, at least once a year, in communication drills with the coalition, or attending coalition meetings, and keeping evidence of it; and
    3. contacting our local emergency management agency coordinator, at County Emergency Management Agency, (478) 555-0130, at least once a year, and keeping evidence of the contact.
31. The coordinator records each of these on the healthcare coalition participation record, with the evidence (for example a drill confirmation, a meeting sign-in or an email).

M. Keeping the plan current (16-.03(4))

32. The plan coordinator reviews the whole plan at least once a year, by November 1, 2027 and every year after, and makes any updates it needs (16-.03(4)).
33. The plan is also revised, without waiting for the yearly review, when any of these happens, because DCH requires a revised plan in each case (16-.03(4)):
    1. the number of residents goes up by 10% or more;
    2. the home changes its evacuation strategy in a way that needs different contract arrangements (for example a new relocation site or transportation source);
    3. the building has additions or major renovations; or
    4. new technology gives the home new warning or communication systems or sources.
34. The plan is also updated after every real emergency and after any rehearsal that shows something to change. Each review and revision is recorded on the yearly review and revision record.

N. Staff know the plan

35. Every staff member is trained in emergency evacuation procedures within their first 60 days (.09(2)(c); Policy 2.4). Our choice: before working a shift without another trained staff member, each new staff member is shown where both copies of the plan are, the emergency guides, their part in them and the assembly point, and signs the staff plan briefing record.

O. Infection and pandemic planning

36. Chapter 111-8-16's pandemic plan and next-day notices are for "long-term care facilities", which for a personal care home means 25 or more beds (16-.01(k)); Sample Personal Care Home, LLC has fewer. Our infection control program, our response to outbreaks, and the notices about outbreaks that public health recommends we give residents, staff and visitors are in Policy 2.8 (.23(4)). When an outbreak threatens to overwhelm the home, the administrator uses this plan's contacts, supplies and relief staff list as well.

Procedure

A. Before an emergency: getting and staying ready

1. **When this manual is adopted,** the plan coordinator completes every form in this plan, files the signed agreements with the relocation site and the transportation source, stocks and checks the emergency supplies, makes the two copies of the plan, and records the healthcare coalition account and the first contact with County Emergency Management Agency, (478) 555-0130.
2. **When a resident moves in,** a staff member adds the resident to the residents' emergency needs list before the resident's first night, from the resident's assessment (Policy 3.2), and makes sure the resident's emergency information sheet is ready (Policy 3.3).

3. **When a staff member starts,** they are briefed on the plan and sign the staff plan briefing record (Policy item 35).
4. **Every month,** our choice, the coordinator or a staff member the coordinator names checks the emergency supplies and the food and water supply for anything missing, used or out of date, and records the check.
5. **Before expected severe weather** (a heat wave, an ice or snow storm, a hurricane or tropical storm, a flood warning), the administrator checks the supplies, charges phones and power banks, refills prescriptions that will run short, confirms staffing for the coming days and who can stay over, and calls the relocation site and the transportation source to confirm they are still ready. Ice and snow are cleared from the home's entrances, exits and walkways (.13(13)).
6. **Twice each calendar year,** the coordinator holds a rehearsal and records it with its critique (Policy items 26 to 29).
7. **Every year,** the coordinator completes the yearly review (Policy item 32), confirms the agreements are still in force, takes part in a coalition drill or meeting, contacts the local emergency management agency coordinator, and updates the contacts and the residents' emergency needs list.

B. During an emergency: the first minutes

1. **Protect life first.** If anyone is in danger, call 911. In a fire, follow the fire guide and Policy 2.11 at once.
2. **Turn to the guide.** The staff member in charge opens the plan at the guide for this emergency and follows it.
3. **Count everyone.** Account for every resident, staff member and visitor, using the day's census and staff schedule. If anyone is missing, tell 911 and the person in charge at once.
4. **Call for help.** The staff member in charge calls the administrator, or the after-hours number ((478) 555-0199), and works down the order in Policy item 3.
5. **Decide.** The person in charge decides whether residents shelter in place or relocate, following the guide, any instruction from the fire department, police or emergency management, and the residents' emergency needs list. In most emergencies other than fire, explosion, a gas leak or a building that is no longer safe, staying put is safer for residents than moving.

C. Shelter in place

1. Keep residents in the safest part of the home for this hazard, as the guide says. Check every room, including bathrooms.
2. Bring the plan, the emergency supplies, phones, flashlights and residents' medications to where residents are.
3. Keep caring for residents: meals and fluids from the menu or the three-day supply, help with medications as Policy 2.7 sets out, personal care and toileting, and regular checks on residents who need extra help.

4. Keep watching the temperature (Policy item 17). Tell the person in charge at once if any resident seems unwell, or if a resident's powered equipment or oxygen supply is running low.
5. Stay in place until the fire department, emergency management or the person in charge says it is safe, or until the person in charge decides to relocate.

D. Relocate to Sample Personal Care Home North, 900 Pine Street, Macon, GA 31201, (478) 555-0160

1. The person in charge calls the relocation site and the transportation source, Sample Transit Services, (478) 555-0170, and calls 911 for any resident who needs an ambulance.
2. Staff gather residents at the assembly point (The front lawn by the mailbox), or another safe place if that is not safe, and count them again.
3. Each resident leaves with their emergency information sheet, medications and Medication Assistance Record, glasses, hearing aids, dentures, walking aids and any equipment they use. Staff take this plan and the residents' emergency needs list.
4. Before each resident leaves, a staff member records them on the resident relocation log: when they left, where they went and how, and who went with them.
5. At least one staff member goes with residents and stays with them at the relocation site, and staff keep caring for them there.
6. If the building can be left safely, staff turn off utilities only as the fire department or the utility company directs, and lock the building.

E. Telling people

1. As soon as residents are safe, the administrator or a staff member the administrator names tells each resident's representative or family contact what has happened, where the resident is and how to reach us, and tells physicians as Policy item 25 says. Each call is recorded on the notification log.
2. When residents have been relocated, DCH is told the relocation address (Policy item 21).
3. Staff not on duty are told what is happening and who is needed, from the relief and on-call list (Policy 2.16).
4. The administrator makes the reports in Policy items 22 to 24.

F. After an emergency

1. Residents return only when the administrator, and where needed the fire department, the utility company or local officials, says the home is safe, with power, water, heat or cooling, and temperatures within the limits in Policy item 17.
2. A staff member checks on each returning resident. Any change in a resident's condition is handled under Policy 3.3, and families are told residents are home.
3. A resident who cannot return follows the transfer and discharge steps in Policy 2.2.

4. The administrator restocks the supplies, completes the emergency incident report and critique, and makes any change to this plan that the critique shows is needed (Policy item 34).

Sample Personal Care Home, LLC: Disaster Preparedness Plan: cover and contents

Home: Sample Personal Care Home, LLC, 100 Magnolia Lane, Macon, GA 31201. Phone: (478) 555-0100. After hours: (478) 555-0199.

Governing body: Sample Senior Living, LLC. Plan coordinator: Riley Chen, On-site Manager.

Copies of this plan are kept: (1) where staff on duty work: _____; (2) with the emergency supplies: The storage closet by the kitchen.

Plan adopted: November 1, 2026. Last reviewed: _____. Next review by: November 1, 2027.

Part	What it holds	Rule 111-8-16
This policy	Who owns the plan; residents' needs; emergencies; agreements; rehearsals; coalition; review	.03, .04
Plan coordinator designation	Who rehearses and carries out the plan	.03(2)
Emergency contacts	Who to call, and who is in charge	.04(4)
Residents' emergency needs list	Each resident's needs in an emergency	.04(1)
Emergency guides	Who, what, when, where and how, for each emergency	.04(2)-(4)
Written agreements record	Relocation site, transportation and energy sources	.04(4), (6)
Emergency supplies and food and water check	Supplies and the three-day food and water supply	.04(4)
Notification log	Calls to families, representatives, physicians and DCH	.04(4)
Resident relocation log	Where each resident went	.04(4)
Rehearsal record	Two rehearsals each calendar year, with critiques	.03(1), .04(5), .06
Emergency incident report and critique	Each time the plan is carried out	.06, .08
Healthcare coalition participation record	Account, drills or meetings, local emergency management	.03(3)
Yearly review and revision record	Reviews and revisions	.03(4)
Staff plan briefing record	Staff know the plan	.04(5)

Sample Personal Care Home, LLC: Plan coordinator designation

The governing body of Sample Personal Care Home, LLC, Sample Senior Living, LLC, is responsible for developing this Disaster Preparedness Plan and designates the person below to have primary responsibility for rehearsing and carrying out the plan (Rule 111-8-16-.03(2)).

Item	Entry
Plan coordinator	Riley Chen, On-site Manager
Takes part in the healthcare coalition for	Region F Healthcare Coalition
Leads the response in an emergency	Jordan Lee, administrator
When the administrator cannot be reached	Riley Chen, on-site manager
When neither can be reached in time	The Responsible staff person on duty
Plan adopted for the governing body by	Jordan Lee, Managing Member
Signature and date	

Sample Personal Care Home, LLC: Emergency contacts

Post a copy by the home's telephone, and keep one in each copy of the plan.

Who	Name and phone
Fire, police or ambulance in an emergency	911
Poison Help line	1-800-222-1222
Administrator	Jordan Lee
On-site manager	Riley Chen
After-hours number for the administrator or on-call staff	(478) 555-0199
Plan coordinator	Riley Chen, On-site Manager
DCH, Healthcare Facility Regulation Division (reports go through DCH's complaint intake system, Policy 2.9)	Healthcare Facility Regulation Division, 2 Martin Luther King Jr. Drive SE, East Tower, Atlanta, GA 30334, and the complaint phone number on DCH's File a Complaint page
Fire department (non-emergency)	County Fire Department, (478) 555-0121
Police (non-emergency)	(478) 555-0120
Local health department	County Health Department, (478) 555-0140
Local emergency management agency	County Emergency Management Agency, (478) 555-0130
Healthcare coalition	Region F Healthcare Coalition

Who	Name and phone
Pharmacy	Sample Pharmacy, (478) 555-0150
Relocation site	Sample Personal Care Home North, 900 Pine Street, Macon, GA 31201, (478) 555-0160
Transportation	Sample Transit Services, (478) 555-0170
Nearest hospital	
Electric company	
Gas or fuel supplier	
Water and sewer	
Telephone and internet provider	
Heating and cooling repair	
Plumber	
Generator or emergency power supplier	
Other:	

Utility shutoffs (where they are): electricity _____; gas _____; water _____.

Sample Personal Care Home, LLC: Residents' emergency needs list

Keep current. Update when a resident moves in, moves out or their needs change (Rule 111-8-16-.04(1)).

Resident and room	Moving (walks alone, needs help, wheelchair)	Hearing, sight or understanding	Needs that cannot wait	Representative and physician (phones)

Resident and room	Moving (walks alone, needs help, wheelchair)	Hearing, sight or understanding	Needs that cannot wait	Representative and physician (phones)

Checked against residents' assessments on (date and initials): _____

Sample Personal Care Home, LLC: Emergency guides

Each guide answers the same five questions (Rule 111-8-16-.04(3)). The staff member in charge follows the guide and the decisions of the person in charge (Policy item 3).

Guide 1. **Fire** (16-.04(2)(a))

Question	Our procedure
When	Smoke, flames or a burning smell, or a smoke detector sounding.
Who	The first staff member to notice acts at once. The staff member in charge takes charge until the administrator or the fire department arrives.
What	Move anyone in immediate danger away from the fire. Raise the alarm. Call 911. Close doors to hold back smoke. Use a fire extinguisher only on a small fire, and only with a clear way out behind you. Evacuate as Policy 2.11 sets out, starting with residents nearest the fire and residents who need help to move.
Where	Out by the nearest safe exit on the posted evacuation plan, to the assembly point (The front lawn by the mailbox). If the home cannot be used again that day, to Sample Personal Care Home North, 900 Pine Street, Macon, GA 31201, (478) 555-0160.
How	Count residents against the census as they reach the assembly point. Tell firefighters at once about anyone not accounted for. No one goes back inside until the fire department says it is safe.

Guide 2. **Explosion** (16-.04(2)(b))

Question	Our procedure
When	An explosion in or near the home.
Who	The staff member in charge, then the administrator.
What	Move residents away from any damaged area. Call 911. Check residents for injuries and give first aid. If there is fire, a smell of gas or damage to the building, evacuate. If the explosion is outside and officials say to stay in, shelter in place with windows and doors closed.
Where	The assembly point (The front lawn by the mailbox), keeping away from the damaged area; Sample Personal Care Home North, 900 Pine Street, Macon, GA 31201, (478) 555-0160 if the home cannot be used.
How	Count everyone. No one goes back inside until the fire department says the building is safe.

Guide 3. **Loss of electricity** (16-.04(2)(c))

Question	Our procedure
When	The power goes off and does not come back within a few minutes.
Who	The staff member in charge, who calls the administrator.
What	Use flashlights and battery lanterns, never candles. Check first on residents who use oxygen or powered equipment. Call the electric company. Keep refrigerators and freezers closed; keep any medications that need cold storage cool and call the pharmacy for advice. Switch to the emergency energy sources on the written agreements record. Check the temperature (Policy item 17) and follow Guide 7 if heating or cooling is affected.
Exits	If the home's exit doors have electronic locks, they release when the power fails (.18(1)(b); Policy 4.1). A staff member watches the exits, and residents at risk of wandering away are kept in sight, until the power and the locks work again.
Where	Residents stay in the home, in well-lit common areas if that is more comfortable and safer.
How	Check on every resident more often than usual (Policy item 19). Record when the power went off and came back, and each temperature check, on the room temperature log (Policy 5.3). If the power will be off long enough that temperatures or residents' care cannot be kept up, the administrator decides on relocating.

Guide 4. **Loss of gas or other fuel** (16-.04(2)(c))

Question	Our procedure
When	The gas or fuel supply stops, or anyone smells gas.
Who	The staff member in charge, then the administrator.
What	If anyone smells gas: do not switch lights or appliances on or off, do not use a phone near the smell, move everyone outside, and call 911 and the gas company from outside. If the supply has simply stopped: call the gas or fuel supplier, serve meals that need no cooking from the three-day supply or other safe means, and follow Guide 7 if the heat is affected.
Where	Outside at the assembly point (The front lawn by the mailbox) for a gas smell; otherwise residents stay in.
How	Count everyone after any evacuation. No one goes back in after a gas smell until the gas company or fire department says it is safe.

Guide 5. **Loss of water** (16-.04(2)(c))

Question	Our procedure
When	The water stops, or the water provider or health department says not to drink it (for example a boil-water notice).
Who	The staff member in charge, then the administrator.

Question	Our procedure
What	Use the stored water for drinking, medications and food preparation (.21(7)). Use hand sanitizer for hand hygiene. Call the water provider and follow any health department instructions. Bring in more drinking water if the loss will last.
Where	Residents stay in the home.
How	Make sure every resident gets enough to drink. If toilets and bathing cannot be kept working, the administrator decides on relocating.

Guide 6. **Loss of telephone or internet** (16-.04(2)(c))

Question	Our procedure
When	The home's telephone or internet stops working.
Who	The staff member in charge.
What	Use a charged mobile phone. Make sure residents can still make and receive calls on a working phone (.08(5); Policy 5.2). Call the provider. Tell the administrator, so families can be given another number if the loss lasts.
Where	Residents stay in the home.
How	Keep a charged mobile phone with the staff member in charge until the service is back.

Guide 7. **Loss of air conditioning or heat** (16-.04(2)(d))

Question	Our procedure
When	The heating or cooling stops, or the temperature goes outside the limits in Policy item 17.
Who	The staff member in charge, then the administrator.
What	Call for a service call at once (.22(3)). In cold weather: move residents to the warmest common room, give extra blankets and warm drinks. In hot weather: make cooling devices available, close blinds, give fans and cool drinks, and watch residents for signs of heat illness. Never use space heaters except as Rule 111-8-62-.13(2)(c) allows (Policy 2.11).
Where	The most comfortable rooms in the home; no resident stays in any area above 85 degrees F (.22(2)).
How	Check temperatures and residents often and record them (Policy 5.3). If the limits cannot be kept, the administrator decides on relocating.

Guide 8. **Severe weather damage: tornadoes, and ice or snow storms** (16-.04(2)(e))

Question	Our procedure
When	A tornado warning for our area; an ice or snow storm forecast; or damage to the building from severe weather.
Who	The staff member in charge; the administrator for staffing and supplies.

Question	Our procedure
What	Tornado warning: move everyone to our tornado shelter area, away from windows, and stay there until the warning ends. Ice or snow storm: follow Procedure A, item 5 (supplies, staff who can stay over, prescriptions, clearing entrances and exits). After damage: check residents for injuries and call 911 if needed; keep everyone away from damaged areas; check utilities and follow Guides 3 to 7.
Where	Our tornado shelter area: _____. If the building is not safe after damage, Sample Personal Care Home North, 900 Pine Street, Macon, GA 31201, (478) 555-0160.
How	Count everyone after the warning or the damage. The administrator decides with the fire department or emergency management whether the building can be used.

Guide 9. **Hurricanes, tropical storms and flooding** (other hazards, 16-.04(2))

Question	Our procedure
When	A hurricane or tropical storm watch or warning, a flood warning, or water rising near the home.
Who	The administrator decides; the staff member in charge acts.
What	Follow Procedure A, item 5. Follow instructions from County Emergency Management Agency, (478) 555-0130. If officials order or advise evacuation, relocate early, in daylight, before roads close. If water enters the home, move residents to the highest safe area, and turn off power only if it is safe to do so.
Where	Sample Personal Care Home North, 900 Pine Street, Macon, GA 31201, (478) 555-0160, by Sample Transit Services, (478) 555-0170.
How	Record each resident on the resident relocation log. Tell DCH, residents' representatives and families where residents are (Policy item 21).

Other emergencies. These have their own policies, which the staff member in charge follows:

Emergency	First action	Policy
A resident is missing	Search the home and grounds at once; call 911 straight away, and always within 30 minutes of knowing the resident is missing	4.1 and 2.9
Outbreak of illness	Follow the infection control program; call County Health Department, (478) 555-0140	2.8
Medical emergency	Call 911; first aid and CPR as Policy 3.3 sets out	3.3
Threat to residents or the home, or violence	Call 911; keep residents away from the threat	2.15
Other hazard in our area:		

Sample Personal Care Home, LLC: Written agreements record

Each agreement with an outside party the plan depends on is in writing and is part of this plan (Rule 111-8-16-.04(6)). File the signed agreements behind this record.

Agreement	Name and phone	Date signed	Confirmed again (date)
Relocation site (alternate living arrangements)	Sample Personal Care Home North, 900 Pine Street, Macon, GA 31201, (478) 555-0160	October 1, 2026	
Transportation in an evacuation	Sample Transit Services, (478) 555-0170	October 1, 2026	
Second relocation site, if any			
Emergency energy source (generator, fuel)			
Other:			

Relocation site: how many of our residents it can take, and for how long: _____

Transportation: vehicles, how many residents at a time, wheelchair-accessible vehicles, and how long it takes to arrive: _____

Our emergency energy sources: _____

Sample Personal Care Home, LLC: Emergency supplies and food and water check

Where the supplies are kept: The storage closet by the kitchen. Food and water for at least three days, based on our usual number of residents (Rule 111-8-62-.21(7)). The coordinator sets each amount.

Item	Amount we keep	Checked and in date (date and initials)
Drinking water, and water for food preparation		
Non-perishable food in sealed, labeled and dated containers, rotated by shelf life		
Special diet foods (Policy 5.1), a manual can opener, disposable plates, cups and utensils		
First aid supplies and gloves (Policy 2.8)		
Hand sanitizer, hygiene and incontinence supplies		
Flashlights, battery lanterns and spare batteries		
Battery or hand-crank radio		

Item	Amount we keep	Checked and in date (date and initials)
Phone chargers and charged power banks		
Blankets, and fans for hot weather		
Coolers and ice packs (food, and medications that need cold storage)		
Copies of this plan and the residents' emergency needs list		
Other:		

Sample Personal Care Home, LLC: Notification log

Event: _____ Date: _____

Time	Who was told (representative, family, physician, DCH, staff)	About which resident	What they were told	By

Sample Personal Care Home, LLC: Resident relocation log

Event: _____ Person in charge: _____

Resident	Left (date and time)	Went to, and how	Staff with them	Back home or moved again (date)

Resident	Left (date and time)	Went to, and how	Staff with them	Back home or moved again (date)

Sample Personal Care Home, LLC: Rehearsal record

At least two rehearsals in each calendar year (Rule 111-8-16-.03(1)). One record for each rehearsal. A rehearsal never requires moving a resident who cannot walk or whose condition would be made worse by a move (16-.04(5)).

Item	Entry
Date, time and shift	
Guide rehearsed (the emergency we practiced)	
How we made it realistic	
Staff who took part (names)	
Did each staff member know their part? What did they miss?	
Outside resources we contacted, and whether they answered and are still ready (relocation site, transportation, utility companies, others)	
What went well	
What to improve, and the change made to the plan or to training	
Led by (plan coordinator)	
Administrator review (signature and date)	

Year: _____ First rehearsal (date): _____ Second rehearsal (date): _____

Sample Personal Care Home, LLC: Emergency incident report and critique

For each emergency that made us carry out this plan (Rule 111-8-16-.08). File with the plan.

Item	Entry
Date, time and kind of emergency	
Guide used, and whether residents sheltered in place or were relocated	
What happened, in order	
Anyone injured or killed (if so, DCH notified within 24 hours: date, time, how and by whom)	
Serious incident report to DCH through the complaint intake system (date and time; Policy 2.9)	

Item	Entry
Relocation address given to residents, families, representatives and DCH (date and time)	
Critique: how well the plan worked	
Critique: what did not work, and why	
Changes made to the plan (date)	
Completed by (signature and date)	

Sample Personal Care Home, LLC: Healthcare coalition participation record

Coalition: Region F Healthcare Coalition. Designated staff: Riley Chen, On-site Manager. Local emergency management agency: County Emergency Management Agency, (478) 555-0130. Rule 111-8-16-.03(3).

Year	Emergency operations center account (opened or kept, account holder)	Communication drill or coalition meeting (date and evidence)	Contact with the local emergency management agency coordinator (date and evidence)	Initials

Sample Personal Care Home, LLC: Yearly review and revision record

Reviewed at least once a year, and revised when the number of residents goes up by 10% or more, the evacuation strategy needs different contract arrangements, the building has additions or major renovations, or new warning or communication technology is available (Rule 111-8-16-.03(4)).

Date	Why (yearly review, a change listed above, an emergency, a rehearsal)	What changed	Coordinator signature

Sample Personal Care Home, LLC: Staff plan briefing record

Staff member	Date	Shown where both copies of the plan are, the emergency guides, their part and the assembly point (initials)	Briefed by

Responsibilities

- **Governing body (Sample Senior Living, LLC):** develops the plan, designates the plan coordinator, and gives the home the money, agreements, supplies and staff the plan needs (16-.03(2)).
- **Administrator (Jordan Lee):** leads the response; decides on sheltering in place or relocating; makes the notices and reports to DCH; completes the emergency incident report and critique.
- **On-site manager (Riley Chen):** leads the response when the administrator cannot be reached.
- **Plan coordinator (Riley Chen, On-site Manager):** keeps the plan, agreements, supplies and contacts current; holds and records two rehearsals each calendar year; takes part in the healthcare coalition; leads the yearly review and every revision.
- **Responsible staff person on duty:** acts at once when no one above can be reached in time, keeps the count and the relocation log, and gives out tasks.
- **All staff:** know where the plan is and what their part is, keep the residents' emergency needs list current, and take part in briefings, training and rehearsals.

Records

Chapter 111-8-16 asks the home to keep these records and make them available to DCH on request (16-.06):

- a copy of this plan and every later change to it (the yearly review and revision record shows each change);
- records of rehearsals of the plan (the rehearsal records); and
- records of each event that made us carry out the plan (the emergency incident reports and critiques, with the notification and relocation logs from that event).

The home also keeps the signed written agreements, the healthcare coalition participation record with its evidence, the emergency supplies checks and the staff plan briefing records with the plan.

Chapter 111-8-16 sets no period for keeping these records. Sample Personal Care Home, LLC keeps them for at least three years, its own choice, and always keeps the current plan and the records since its last inspection.

Recommended practice

Guidance for Sample Personal Care Home, LLC, beyond what the rules require. Adopt it only if the home will follow it, because DCH holds a home to its own policies.

- Give each new resident and family a one-page summary of what happens in an emergency: where residents would go, how they would travel, and how the home will keep in touch.
- Name a second relocation site in case the first cannot take residents, and visit each site once so staff know the way.
- Keep more than three days of water and food in hurricane and winter storm seasons, and ask the pharmacy how to keep a few extra days of each resident's medications on hand.
- Keep a copy of the emergency contacts and the residents' emergency needs list securely on a phone, in case the paper copies cannot be reached.
- Sign up for your county's emergency alerts and the National Weather Service alerts for your area.
- Write a short pandemic plan on the lines of Rule 111-8-16-.04(7), even though it is not required for a home under 25 beds: it makes an outbreak easier to manage.

Rule basis

> Emergency preparedness, drills and evacuation requirements.
> `Rule 111-8-62-.07(3)(k)`

> The facility must comply with the requirements of Chapter 111-8-16, Rules and Regulations for Disaster Preparedness Plans.
> `Rule 111-8-62-.08(4)`

> The home must provide timely notification of the relocation address to the residents, their family contacts and representatives, if any, and the Department whenever the home must relocate the residents as a result of an emergency situation which disrupts the provision of room and board for the residents at the licensed location.
> `Rule 111-8-62-.08(6)`

> "Disaster Preparedness Plan" or "Plan" means a written document which identifies, (1) potential hazards or events, that should they occur, would cause an emergency situation at the facility; and (2) proposes, for each identified emergency situation, a course of action so as to minimize the threat to health and safety of the patients or residents;
> `Rule 111-8-16-.01(h)`

> "Long-term care facility" means a personal care home with 25 or more beds, an assisted living community, or a nursing home licensed by the Department.
> `Rule 111-8-16-.01(k)`

> The following facilities are exempt from these rules and regulations: (a) Facilities classified and licensed by the Department as: "Family Personal Care Homes",
> `Rule 111-8-16-.02(a)`

> every facility shall have a Disaster Preparedness Plan ... Disaster Preparedness Plan rehearsals shall be regularly conducted with a minimum of two rehearsals in each calendar year.
> `Rule 111-8-16-.03(1)`

> The governing body shall be responsible for the development of the plan. The governing body shall designate those individual(s) within the facility who have primary responsibility for rehearsal and implementation of the plan.
> `Rule 111-8-16-.03(2)`

> The facility shall designate staff to participate in the healthcare coalition for their region, as designated by the Department of Public Health (DPH). Participation in the coalition shall include: (a) Initiation and maintenance of an account with the web-based emergency operations center managed by DPH or its contractor, agent or designee; (b) Evidence of participation, at least annually, in communication drills with the coalition and/or attendance at coalition meetings; and (c) Evidence of contact, at least annually, with the local emergency management agency coordinator for the area in which the facility is located.
> `Rule 111-8-16-.03(3)`

> The facility shall review the plan at least annually and make appropriate updates. The Department shall require a revised plan under the following circumstances: (a) A 10% or greater increase in the number of patients or residents at the facility; (b) A change in evacuation strategy that requires different contractual arrangements for the facility; (c) Additions or major renovations to the physical plant of the building; or (d) Technological advancements which provide new warning and communications systems or sources.
> `Rule 111-8-16-.03(4)`

> The plan shall contain a section in which the unique needs of the facility's residents are identified and assessed.
> `Rule 111-8-16-.04(1)`

> The plan shall contain a section which identifies the emergency situations to be addressed by the plan. As a minimum the following emergency situations shall be addressed: (a) fire; (b) explosion; (c) unanticipated interruption of each utility used by the facility; i.e., electricity, gas, other fuel, water, etc.; (d) loss of air conditioning or heat; and (e) damage to physical plant resulting from severe weather, i.e., tornadoes, ice or snowstorms, etc. Other emergencies or hazards may be included in the plan.
> `Rule 111-8-16-.04(2)`

> For each of the emergencies identified in subsection (2) above, the plan shall include a set of emergency guidelines or procedures. A standardized format should be used throughout the plan that clearly describes how the emergency procedures should be carried out. The emergency procedures should answer the questions of "who, what, when, where, and how", and allow the facility to be ready to act effectively and efficiently in an emergency situation.
> `Rule 111-8-16-.04(3)`

> The written procedures referred to in subsection (3) above should address as a minimum: assignment of responsibility to staff members; care of the residents; notification of attending physicians and other persons responsible for the resident; arrangements for transportation and hospitalization; availability of appropriate records; alternate living arrangements; and emergency energy sources.
> `Rule 111-8-16-.04(4)`

> The plan must contain a section that outlines the frequency of rehearsal and the procedures to be followed during rehearsal. The rehearsal should be as realistic as possible and designed to check the following: (a) knowledge of facility staff regarding their responsibility under the plan; (b) the reliability of individuals or community agencies or services that are listed in the plan as resources to be called upon in the event of an emergency. However, the quest for realism in the rehearsal of the plan should not require the actual movement of non-ambulatory patients/residents nor those whose physical or mental condition would be aggravated by a move.
> `Rule 111-8-16-.04(5)`

When portions of the facility's plan are contingent on services or resources of another agency, facility, or institution, the facility shall execute a written agreement with the other party or parties acknowledging their participation in the plan. Such agreement(s) shall be made a part of the plan.

`Rule 111-8-16-.04(6)`

Long-term care facilities shall include in the plan a pandemic plan for influenza and other infectious diseases which conforms to CDC standards and contains the following minimum elements: (a) Protocols for surveillance and detection of epidemic and pandemic diseases in residents and staff; (b) A communication plan for sharing information with public health authorities, residents, residents' representatives or their legal surrogates, and staff; (c) An education and training plan for residents and staff regarding infection control protocols; (d) An infection control plan that addresses visitation, cohorting measures, sick leave and return-to-work policies, and testing and immunization policies; and (e) A surge capacity plan that addresses protocols for contingency staffing and supply shortages.

`Rule 111-8-16-.04(7)`

Inform its residents and their representatives or legal surrogates by 5:00 P.M. the next calendar day following the occurrence of either a single confirmed infection of COVID-19 or another airborne infectious disease identified by the department or the CDC as a threat to public health, or three or more residents or staff with new-onset of respiratory symptoms occurring within hours of each other. Such information shall: (a) Not include personally identifiable information; (b) Include information on mitigating actions implemented to prevent or reduce the risk of transmission, including if normal operations of the facility will be altered; and (c) Include any cumulative updates for residents and their representatives or legal surrogates at least weekly or by 5:00 P.M. the next calendar day following the occurrence of any subsequent confirmed infection of COVID-19, or whenever three or more residents or staff with new onset of respiratory symptoms occurs within 72 hours of each other;

`Rule 111-8-16-.05(1)`

Maintain a minimum of a seven-day supply of protective masks, surgical gowns, eye protection, and gloves sufficient to protect all residents and staff based on CDC guidance and with consideration given to any widespread supply shortages documented by the facility or known to the department; ... Maintain and publish for its residents and their representatives or legal surrogates policies and procedures pertaining to infection control and mitigation within their facilities and update such policies and procedures annually;

`Rule 111-8-16-.05(2)-(3)`

The facility shall maintain the following records and make them available to authorized Department employees upon request: (a) a copy of the plan and any subsequent changes thereto; (b) records of rehearsals of the plan; (c) records of incidences which required implementation of the plan.

`Rule 111-8-16-.06`

When an emergency situation occurs which dictates implementation of the plan and results in injury or loss of life, the Department shall be notified within 24 hours. Such notification may be verbal. In other emergency situations which dictate implementation of the plan a record shall be made including a written incident report and a written critique of the performance under the plan. These records shall be filed with the plan and made available to the Department during inspections of the facility.

`Rule 111-8-16-.08`

A home must maintain a three day supply of non-perishable food and water for emergency needs. The quantity of food required to be stored must be based on the usual resident census. The food must be kept in sealed containers which are labeled and dated. The food must be rotated in accordance with shelf life to ensure safety and palatability. Water sufficient for drinking and food preparation must also be stored.

`Rule 111-8-62-.21(7)`

Temperatures in the home must not fall below 68 degrees during waking hours and 62 degrees F during sleeping hours. Mechanical cooling devices must be made available for use in those areas of the building used by residents when inside temperatures exceed 80 degrees F. No resident must be in any residence area that exceeds 85 degrees F.

`Rule 111-8-62-.22(2)`

Where a power outage or mechanical failure impacting the ability of the home to maintain appropriate temperature ranges occurs, the home must take immediate action to provide for the health and safety of the residents, including but not limited to, arranging immediately for a service call, providing additional blankets or fans or utilizing an emergency power generator in accordance with the home's emergency preparedness plan.

`Rule 111-8-62-.22(3)`

Homes licensed for twenty-five (25) or more beds must meet the notification requirements of the Rules and Regulations for Disaster Preparedness Plans, Chapter 111-8-16.

`Rule 111-8-62-.23(4)(f)`

> Homes licensed for twenty-five (25) or more beds must follow the additional infection control requirements set forth in the Rules and Regulations for Disaster Preparedness Plans, Chapter 111-8-16, regarding pandemic plans, supplies and policies and procedures.
>
> `Rule 111-8-62-.23(8)`

> The serious incidents that must be reported to the Department include the following: ... An external disaster or other emergency situation that affects the continued safe operation of the residence.
>
> `Rule 111-8-62-.30(2)(d)`

Adopted November 1, 2026 · Next review November 1, 2027