

GEORGIA DEPARTMENT OF CORRECTIONS



**Standard Operating Procedures**

**Policy Name:** Assisted Living Medical Bed Space

**Policy Number:** 507.04.59

**Effective Date:** 02/15/2022

**Page Number:** 1 of 5

**Authority:**  
Commissioner

**Originating Division:**  
Health Services Division  
(Physical Health)

**Access Listing:**  
Level I: All Access

**I. Introduction and Summary:**

All offenders with medical impairments that interfere with their ability to perform Activities of Daily Living (ADLs) will be appropriately classified and housed in facilities that are able to address their medical, nursing, and mental health needs. This procedure is applicable to all facilities that house GDC offenders to include private and county prisons.

**II. Authority:**

A. O.C.G.A. §31-7-12;

B. Ga. Comp. R. and Regs. 125-4-4.03, 125-4-4.04, and 125-4-4.09;

C. GDC Standard Operating Procedures (SOPs): 103.63, Americans with Disabilities Act (ADA) Title II Provisions; 507.04.14, ASMP Medical Bed Space; 507.04.16, Utilization Management; 507.04.23, Medical Classification and Profiling; 507.04.52, Patient Transport; and 507.04.63, Medical Prostheses;

D. NCCHC Adult Standards: P-G-02 and P-G-11;

E. ACA Standards: 2-CO-4E-01, 5-ACI-6A-07, and 5-ACI-2C-13.

**III. Definitions:**

A. **Chronic Illnesses** - Illnesses requiring care and treatment over a long period of time.

B. **Developmentally Disabled** - Offenders who may need rehabilitation planning, assistance in accepting the limitations of their conditions and special attention to their physical safety in the correctional environment.

C. **Frail/Elderly** - Those offenders who suffer from conditions that impair their ability to perform Activities of Daily Living (ADLs). These individuals may require environments that provide assisted living services or skilled nursing care.

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D. **Physical Impairments** - Mobility/sensory impairments (amputations, paraplegia, quadriplegia) requiring assistance devices such as canes, crutches, wheelchairs, or other mobility devices. This also includes visual, hearing, or speech impairments.

E. **Activities of Daily Living (ADLs)** - Tasks that enable offenders to meet basic needs, e.g., eating, toileting, dressing, bathing etc.

**IV. Statement of Policy and Applicable Procedures:**

A. Identification and Profiling of offenders with Special Medical Needs:

1. Upon admission to GDC and as part of the diagnostic and profiling process, offenders will be screened for special medical needs as described in SOP 507.04.23. Medical Classification and Profiling.
2. If the offender has any impairments with ADLs, the clinician will complete a Functional Status Screening Form (P-26-0001-02) or other approved form.
3. The Functional Status Screening Form or other approved form will assess the ability of offenders to conduct ADLs that translates into levels of assisted living and an impairment grade to be entered into SCRIBE. The Impairment Grade is discussed in detail in SOP 507.04.23, Medical Classification and Profiling. These levels are briefly described as follows:
  - a. Impairment Grade 1: (I1)- No impairments with ADLs.
  - b. Impairment Grade 2: (I2)- The I-2 grade should be assigned to offenders with NO ESTABLISHED DAILY NURSING CARE NEEDS. Offenders in this category are wheelchair-bound but otherwise able to perform all ADLs and participate in work and programs available to the general population.
  - c. Impairment Grade 3:(I3)- Offenders in need of protective housing or environmental support. May include wheelchair-bound or those who use a walker or cane and require minimal assistance with ADLs (eating, toileting, bathing, etc.). May include the Frail/Elderly or infirm but should

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predominantly be those capable of participating in self-care activities. May be on Self-Administered Medications (SAM) or receive non-SAM medications at pill call.

- d. Impairment Grade 4: (I4)- Offenders who need an environment medically more sophisticated than the general population but not requiring direct 24-hour skilled nursing care. The offender might be restricted in certain activities, but in the free world would care for himself or herself or be cared for in their home. Examples: persons who may have difficulty washing, dressing, eating, or ambulating (some Frail/Elderly, some amputee, and paraplegics) and some may be convalescing from a non-serious condition. May need therapy assistance or assistance with medication administration or may have severe Chronic Illnesses who experience frequent exacerbation.
  - e. Impairment Grade 5: (I5)- Offenders who determined by medical staff to require routine to complex care needs. I5 offenders require housing in a SKILLED NURSING UNIT (SNU) where there is 24-HOUR A DAY NURSING CARE SERVICES available.
4. The clinician should also note mental health status and security classification on the Functional Status Screening Form.
  5. Upon completion of the diagnostic process, the clinician will complete the Health Activity Profile (P-26-0001.01) or other approved form for each offender in accordance with SOP 507.04.23, Medical Classification and Profiling.
  6. The narrative section of the Health Activity Profile should describe limitations and capabilities of the offender, such as the inability to climb stairs, work limitations, etc.

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**B. Classification and Assignment of Offenders Requiring Assisted Living Bed Space:**

1. At the conclusion of the diagnostic and profiling process, data from the Health Activity Profile and Functional Status Screening Form or equivalent form will be entered by clerks into SCRIBE.
2. Classification will make the assignment and enter the information into SCRIBE. Education, equipment, and facilities will be provided to support offenders with disabilities to perform self-care and personal hygiene in a reasonably private environment. A reasonably private environment will vary, depending on individual and institutional circumstances, but is one which will maintain the dignity of the disabled individual in light of that person's disability.
3. In addition, should an offender's status change (improve or decline) with regard to the ability to perform ADLs, the clinician should update the Health Activity Profile and Functional Status Screening Form or other approved form and enter the change into SCRIBE, then notify Offender Administration.
4. Should the Classification Section become aware of an offender requiring ADLs prior to medical profiling, they should contact Offender Administration to make a determination about institutional assignment.

**C. Criteria for Assignment to Assisted Living Medical Bed Space:**

1. Factors to be taken into consideration when assigning offenders to medical bed space include the following:
  - a. Medical Conditions and Nursing Needs;
  - b. Durable Medical Equipment;
  - c. Mental Health Level; and
  - d. Security Classification.

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2. There are several facilities designated to have assisted living bed space.
- D. The health care team will document any special medical needs in the Progress Note section of the medical record:
1. The documentation will include instructions about diet, exercise, medication, diagnostic testing, and follow-up medical care.
  2. Offenders with Chronic Illnesses will be managed according to the Chronic Illness Clinic Procedures and Protocols.
  3. Offenders with Physical Impairments or who are having difficulty with mobility or ADLs will be managed at a single level facility with adequate numbers of health care personnel to provide the level of assistance needed.
  4. Offenders who are mentally disordered or Developmentally Disabled will be managed at a facility with mental health resources and if necessary, in a supportive living unit.

**NOTE:** All forms associated with this SOP may be found on the GDC Intranet at Captiva/Human Resources Division/Health Services/02 Physical Health/Health Record Manual.

V. **Attachments:** None.

VI. **Record Retention of Forms Relevant to this Policy:** None.