*** This file includes all Regulations adopted and published through the ***
*** New Jersey Register, Vol. 45, No. 2, January 22, 2013 ***

TITLE 5. COMMUNITY AFFAIRS
CHAPTER 27A. STANDARDS FOR LICENSURE OF RESIDENTIAL HEALTH CARE FACILITIES NOT LOCATED WITH, AND OPERATED BY, LICENSED HEALTH CARE FACILITIES

N.J.A.C. 5:27A (2012)

§ 5:27A-1.1 Scope

The rules in this chapter pertain to all facilities not located with, and operated by, licensed health care facilities that provide residential health care services. These rules constitute the basis for the licensure of such residential health care facilities by the New Jersey State Department of Community Affairs.

§ 5:27A-1.2 Purpose

Residential health care facilities provide sheltered care and services, in a homelike setting, to residents who do not require skilled nursing care, in order to assist residents to maintain personal interests and dignity as well as to protect their health and safety. The aim of this chapter is to establish minimum rules with which a residential health care facility not located with, and operated by, licensed health care facility must comply in order to be licensed to operate in New Jersey.

§ 5:27A-1.3 Definitions

The following words and terms, when used in this chapter, shall have the following meanings, unless the context clearly indicates otherwise:

"Advanced practice nurse" means an individual who is so certified by the New Jersey State Board of Nursing in accordance with *N.J.S.A. 45:11-23* et seq.

"Assistive device" means a leg brace, splint, cane, crutch, special shoe, back brace, walker, wheelchair, or prosthesis.

"Available" means ready for immediate use (pertaining to equipment) or capable of being reached (pertaining to personnel), unless otherwise defined.

"Basic physical plant services" means heat, power, lighting, water, food and staff.

"Cleaning" means the removal by scrubbing and washing, as with hot water, soap or detergent, or vacuuming, of infectious agents and of organic matter from surfaces on which and in which infectious agents may find conditions for surviving or multiplying.

"Commissioner" means the New Jersey State Commissioner of Community Affairs.

"Communicable disease" means an illness due to a specific infectious agent or its toxic products which occurs through transmission of that agent or its products from a reservoir to a susceptible host.

"Conspicuously posted" means placed at a location within the facility accessible to and seen by residents and the public.

*** This file includes all Regulations adopted and published through the ***
*** New Jersey Register, Vol. 45, No. 2, January 22, 2013 ***

"Contamination" means the presence of an infectious or toxic agent in the air, on a body surface, or on or in clothes, bedding, instruments, dressings, or other inanimate articles or substances, including water, milk, and food.

"Controlled Dangerous Substances Acts" means the Controlled Substances Act of 1970 (Title II, Public Law 91-513) and the New Jersey Controlled Dangerous Substances Act of 1970, *N.J.S.A. 24:21-1* et seq.

"Current" means up-to-date.

"Department" or "DCA" means the New Jersey State Department of Community Affairs.

"Designated community agency" means any agency in which the resident is a participating program member or under treatment, or an agency designated by the Social Security Administration as the resident's representative payee.

"Director of health maintenance and monitoring services" means a registered professional nurse who is responsible for the direction, provision and quality of health maintenance and monitoring services for the residents of the facility.

"Dietitian" means an individual who is registered or eligible for registration by the Commission on Dietetic Registration (Office on Dietetic Credentialing, 216 W. Jackson Boulevard-7th Floor, Chicago, Illinois 60606-6995).

"Disinfection" means the killing of infectious agents outside the body, or organisms transmitting such agents, by chemical and physical means, directly applied.

1. "High-level disinfection" means that disinfection which kills vegetative bacteria, tubercle bacillus, some spores, fungi, lipid and non-lipid viruses.

2. "Intermediate-level disinfection" means that disinfection which kills vegetative bacteria, tubercle bacillus, fungi, lipid and non-lipid viruses and does not kill resistant bacterial spores.

3. "Low-level disinfection" means that disinfection which kills most vegetative bacteria, fungi, and lipid viruses and does not kill spores and non-lipid viruses. Low-level disinfection is sometimes less active against some of the gram-negative rods (Pseudomonas) and Mycobacterium (TB).

"Documented" means written, signed, and dated.

"Drug" means a substance as defined in the New Jersey State Board of Pharmacy Rules, *N.J.A.C. 13:39-1.2*. The term "medication" is used interchangeably with the term "drug" in this chapter.

"Employee" means a member of the administrator's family or any other person who is gainfully employed in the residential health care facility on a full or part-time basis and for whom a record of hours worked and wages paid (salaries, room and board, or any combination thereof) are maintained and who meets the health, age and other requirements of this chapter.

*** This file includes all Regulations adopted and published through the ***
*** New Jersey Register, Vol. 45, No. 2, January 22, 2013 ***

"Epidemic" means the occurrence in a facility of one or more cases of an illness in excess of normal expectancy for that illness, derived from a common or propagated source.

"Full-time" means relating to a time period established by the facility as a full working week, as defined and specified in the facility's policies and procedures.

"Governing authority" means the organization, person, or persons designated to assume legal responsibility for the management, operation, and financial viability of the facility.

"Guardian" means a person appointed by a court of competent jurisdiction to handle the affairs and protect the rights of any resident of the facility.

"Health care facility" means a facility so defined in *N.J.S.A. 26:2H-1* et seq., and amendments thereto.

"Job description" means written specifications developed for each position in the facility, containing the qualifications, duties and responsibilities, and accountability required of employees in that position.

"Licensed practical nurse" means an individual who is so licensed by the New Jersey State Board of Nursing pursuant to *N.J.S.A. 45:11-27*.

"Licensed nursing personnel" (licensed nurse) means registered professional nurses or practical nurses licensed by the New Jersey State Board of Nursing.

"Medication," for the purposes of this chapter, is used interchangeably with the term "drug." Please see the definition of "drug" in this chapter.

"Medication regimen review" means an individual resident record review conducted by the consultant pharmacist, including, but not limited to, laboratory tests, dietary requirements, physician's and nurse's clinical notes, physician's orders and progress notes, in order to monitor for potentially significant adverse drug reactions, drug-to-drug and drug-food interactions, allergies, contraindications, rationality of therapy, drug use evaluation, and laboratory tests results.

"Monitor" means to observe, watch, or check.

"Pharmacist" means an individual who is so registered by the New Jersey State Board of Pharmacy, pursuant to N.J.A.C. 13:39-3.

"Physician" means an individual who is licensed or authorized by the New Jersey State Board of Medical Examiners to practice medicine in the State of New Jersey, pursuant to *N.J.S.A. 45:9-1* et seq.

"Physician assistant" means an individual who is so licensed by the New Jersey State Board of Medical Examiners, pursuant to *N.J.S.A. 45:9-27.10* et seq.

"Residential health care facility" means a facility not located with, and operated by, a licensed health care facility that provides food, shelter, supervised health care and related services, in a

*** This file includes all Regulations adopted and published through the ***
*** New Jersey Register, Vol. 45, No. 2, January 22, 2013 ***

homelike setting, to four or more persons 18 years of age or older who are unrelated to the owner or administrator.

"Resident" means a person who is 18 years of age or over, mobile under his or her own power with or without assistive devices and able to effectuate his or her own evacuation from the building.

"Resident supervision" means the provision of direct services required by this chapter to residents.

"Responsible person" means a person who has been designated by the resident and who has agreed to assist the resident, as needed, in arranging for health, social and financial services or making decisions regarding such services.

"Self administration" means a procedure in which any medication is taken orally, injected, inserted, or topically or otherwise administered by a resident to himself or herself. The complete procedure of self-administration includes removing an individual dose from a previously dispensed (in accordance with the New Jersey State Board of Pharmacy rules, *N.J.A.C. 13:39*), labeled container (including a unit dose container), verifying it with the directions on the label, and taking orally, injecting, inserting, or topically or otherwise administering the medication.

"Shift" means a time period defined as a full working day by the facility in its policy manual.

"Signature" means at least the first initial and full surname and title (for example, R.N., L.P.N., D.D.S., M.D., D.O.) of a person, legibly written with his or her own hand. A controlled electronic signature system may be used.

"Staff education plan" means a written plan which describes a coordinated program for staff education for each service, including inservice programs and on-the-job training.

"Staff orientation plan" means a written plan for the orientation of each new employee to the duties and responsibilities of the service to which he or she has been assigned, as well as to the personnel policies of the facility.

"Supervision" means authoritative procedural guidance by a qualified individual for the accomplishment of a function or activity within his or her sphere of competence, with initial direction and periodic on-site inspection of the actual act of accomplishing the function or activity.

1. "Direct supervision" means supervision on the premises.

§ 5:27A-1.4 Qualifications of the administrator of a residential health care facility

(a) The administrator of a residential health care facility shall be in good physical and mental health, of good moral character, and shall exhibit concern for the safety and well-being of residents; and shall:

*** This file includes all Regulations adopted and published through the ***
*** New Jersey Register, Vol. 45, No. 2, January 22, 2013 ***

1. Complete a training course approved by the Department of Human Services, or other equivalent training as approved by the Department of Community Affairs, within one year of his or her employment as administrator;

2. Hold a current New Jersey license as a nursing home administrator, or be eligible to take the New Jersey Nursing Home Administrator's Licensing Examination, according to Department of Health and Senior Services requirements found in *N.J.A.C. 8:34*; or

3. Complete an assisted living administrator training course approved by the Department of Health and Senior Services as specified at N.J.A.C. 8:36-1.5(a)3.

(b) The owner of a residential health care facility who meets the qualifications listed in (a) above may also serve as the administrator.

§ 5:27A-1.5 Qualifications of direct care staff

(a) The facility shall exercise good faith and due diligence to ensure that staff providing direct care and resident supervision to residents in the facility:

1. Are in good physical and mental health, emotionally stable, of good moral character, and are concerned for the safety and well-being of residents;

2. Have not been convicted of a crime relating adversely to the person's ability to provide resident care, such as homicide, assault, kidnapping, sexual offenses, robbery, and crimes against the family, children or incompetents, except where the applicant or employee with a criminal history has demonstrated his rehabilitation in order to qualify for employment at the facility; and

3. Are at least 18 years of age, have obtained working papers, or are supervised at all times by an employee who is at least 18 years of age. At a minimum, one employee who is 18 years of age must be present in the facility at all times.

§ 5:27A-2.1 Application for licensure

(a) Any person, organization, or corporation desiring to operate a residential health care facility shall make application to the Commissioner for a license on forms prescribed by the Department. Such forms may be obtained from:

Licensing Supervisor
Residential Health Care Licensure Program
New Jersey Department of Community Affairs
PO Box 804
Trenton, New Jersey 08625-0804

*** This file includes all Regulations adopted and published through the ***
*** New Jersey Register, Vol. 45, No. 2, January 22, 2013 ***

609-984-1706

(b) The Department shall charge a nonrefundable fee of $ 225.00 plus $ 15.00 per bed for the filing of an application for licensure and for each annual renewal thereof. These fees shall not exceed the maximum caps as set forth at *N.J.S.A. 26:2H-12*, as may be amended from time to time.

(c) Each applicant for a license to operate a facility shall make an appointment for a preliminary conference at the Department with the DCA Residential Health Care Licensure Program.

(d) The Department shall charge a nonrefundable fee of $ 750.00 for the filing of an application to add bed or non-bed related services to an existing residential health care facility.

(e) The Department shall charge a nonrefundable fee of $ 150.00 for the filing of an application to reduce bed or non-bed related services at an existing residential health care facility.

(f) The Department shall charge a nonrefundable fee of $ 375.00 for the filing of an application for the relocation of a residential health care facility.

(g) The Department shall charge a nonrefundable fee of $ 750.00 for the filing of an application for the transfer of ownership of a residential health care facility. All provisions of this section shall apply to applications for transfer of ownership.

(h) Approval of an application shall be contingent upon a review of the applicant's track record, in accordance with N.J.A.C. 8:43E-5, among other factors. All applicants shall demonstrate that they have the capacity to operate a residential health care facility in accordance with the rules of this chapter. An application for a license or change in service shall be denied if the applicant cannot demonstrate that the premises, equipment, personnel, including principals and management, finances, rules and bylaws, and standards of health care are fit and adequate and that there is reasonable assurance that the health care facility will be operated in accordance with the standards required by these rules. The Department shall consider an applicant's prior history in operating a health care facility either in New Jersey or in other states in making this determination. Any evidence of licensure violations representing serious risk of harm to residents may be considered by the Department, as well as any record of criminal convictions representing a risk of harm to the safety or welfare of residents.

(i) Each residential health care facility shall be assessed a biennial inspection fee of $ 450.00. This fee shall be assessed in the year the facility will be inspected, along with the annual licensure fee for that year. The fee shall be added to the initial licensure fee for new facilities. Failure to pay the inspection fee shall result in non-renewal of the license for existing facilities and the refusal to issue an initial license for new facilities. This fee shall be imposed only every other year even if inspections occur more frequently and only for the inspection required to either issue an initial license or to renew an existing license. This fee shall not be imposed for any other type of inspection.

*** This file includes all Regulations adopted and published through the ***
*** New Jersey Register, Vol. 45, No. 2, January 22, 2013 ***

§ 5:27A-2.2 Newly constructed, renovated, or expanded facilities

(a) Any residential health care facility with a renovation, expansion, or construction program shall submit plans to the Health Care Plan Review Unit, Division of Codes and Standards, New Jersey Department of Community Affairs, PO Box 815, Trenton, New Jersey 08625-0815, for review and approval prior to the initiation of renovation, expansion, or construction.

(b) The licensure application for a newly constructed, renovated, or expanded facility shall include written approval of final construction of the physical plant by the Health Care Plan Review Unit, Division of Codes and Standards, New Jersey Department of Community Affairs, in accordance with this chapter.

(c) A copy of the certificate of occupancy issued by the local municipality shall be submitted to the Health Care Plan Review Unit and to the DCA Residential Health Care Licensure Program prior to licensure or approval of newly constructed, renovated, or expanded facilities.

§ 5:27A-2.3 Preliminary conference

When a newly constructed facility is approximately 80 percent complete or when an applicant's estimated date of opening is within 30 days, the applicant shall schedule a preliminary conference with the DCA Residential Health Care Licensure Program for review of the conditions for licensure and operation.

§ 5:27A-2.4 Surveys and license

(a) When the written application for licensure is approved, the fee for filing the application has been received, the preliminary conference has been completed, and the building is ready for occupancy, a survey of the facility by representatives of the Residential Health Care Evaluation Program of the Department shall be conducted, in order to determine if the facility adheres to the rules in this chapter.

1. The facility shall be notified in writing of the findings of the survey, including any deficiencies found.

2. The facility shall notify the Residential Health Care Evaluation Program of the Department when the deficiencies, if any, have been corrected, and the Residential Health Care Evaluation Program shall schedule one or more resurveys of the facility prior to occupancy.

(b) An initial license shall be issued to a facility when the following conditions are met:

1. A preliminary conference for review of the conditions for licensure and operation has taken place between the DCA Residential Health Care Licensure Program and representatives of the facility;

*** This file includes all Regulations adopted and published through the ***
*** New Jersey Register, Vol. 45, No. 2, January 22, 2013 ***

2. The completed licensure application is on file with the Department;

3. The fee for filing of the application has been received by the Department;

4. Written approvals are on file with the Department from the local zoning, fire, health, and building authorities;

5. Written approval of the construction or renovation, from the Health Care Plan Review Unit of the New Jersey Department of Community Affairs, has been submitted by the applicant;

6. Written approvals of the water supply and sewage disposal system from local officials are on file with the Department for any water supply or sewage disposal system not connected to an approved municipal system;

7. Survey(s) by representatives of the Department indicate the facility adheres to the provisions of this chapter; and

8. Personnel are employed in accordance with the staffing requirements in this chapter.

(c) No facility shall admit residents to the facility until the facility has the approval and/or license issued by the DCA Residential Health Care Licensure Program of the Department.

(d) Unannounced survey visits may be made to a facility at any time by authorized staff of the Department. Such visits may include, but not be limited to, the review of all facility documents and resident records and conferences with residents.

(e) A license shall be granted for a period of one year.

(f) The license shall be conspicuously posted in the facility.

(g) The license is not assignable or transferable, and it shall be immediately void if the facility ceases to operate or if its ownership changes.

(h) The license, unless suspended or revoked, shall be renewed annually on the original licensure date, or within 30 days thereafter but dated as of the original licensure date. The facility shall receive a request for renewal fee 30 days prior to the expiration of the license. A renewal license shall not be issued unless the licensure fee is received by the Department.

(i) The license shall not be renewed if local rules, regulations and/or requirements are not met.

*** This file includes all Regulations adopted and published through the ***
*** New Jersey Register, Vol. 45, No. 2, January 22, 2013 ***

§ 5:27A-2.5 Surrender of license

The facility shall notify each resident, the resident's physician, and any guarantors of payment, the county welfare agency, the Office of the Ombudsman, and the Supplemental Security Income (SSI) program, Region II Office, if residents are SSI recipients, at least 30 days prior to the voluntary surrender of a license, or as directed under an order of revocation, suspension, or refusal to renew a license. In such cases, the license shall be returned to the DCA Residential Health Care Licensure Program of the Department within seven working days after the voluntary surrender, revocation, suspension, or non-renewal of the license.

§ 5:27A-2.6 Waiver

(a) The Commissioner or his or her designee may, in accordance with the general purposes and intent of *N.J.S.A. 26:2H-1* et seq., and amendments thereto, and this chapter, waive sections or parts of sections of these rules if, in his or her opinion, such waiver would not endanger the life, safety, or health of residents or the public.

(b) A facility seeking a waiver of these rules shall apply in writing to the Supervisor of Enforcement for the Residential Health Care Evaluation Program of the Department.

(c) A written request for waiver shall include the following:

1. The specific rule(s) or part(s) of the rule(s) for which a waiver is requested;

2. The reasons for requesting a waiver, including a statement of the type and degree of hardship that would result to the facility upon adherence;

3. An alternative proposal which would ensure resident safety; and

4. Documentation to support the request for waiver.

(d) The Department reserves the right to request additional information before processing a request for waiver.

§ 5:27A-2.7 Action against a license

The Commissioner or his or her designee may impose all enforcement remedies set forth at N.J.A.C. 5:27A-18, for violations of licensure regulations or other statutory requirements.

*** This file includes all Regulations adopted and published through the ***
*** New Jersey Register, Vol. 45, No. 2, January 22, 2013 ***

§ 5:27A-2.8 Hearings

(a) If the Department proposes to impose enforcement remedies or to revoke, suspend, deny or refuse to renew a license, the licensee or applicant may request a hearing which shall be conducted pursuant to the Administrative Procedure Act, *N.J.S.A. 52:14B-1* et seq. and *52:14F-1* et seq. and the Uniform Administrative Procedure Rules, *N.J.A.C. 1:1*.

(b) Prior to transmittal of any hearing request to the Office of Administrative Law, the Department may schedule a conference to attempt to settle the matter.

§ 5:27A-2.9 Special residential health care services

(a) Any existing or new residential health care facility proposing to establish a specialized program where the residents in such a program shall constitute a substantial proportion of its census shall submit a plan for provision of services appropriate to the needs of these residents. Such a plan shall be reviewed by the Department and approval shall be received prior to the initiation of such admissions and services. This requirement shall not apply to a facility which is serving residents with special needs (for example, mental illness or diabetes) as part of its normal admission and retention policies.

(b) The Department may impose operational standards derived from the plan submitted by the facility and from other licensure rules appropriate to this population as a condition on the issuance of a license. Such conditions shall be subject to the enforcement actions and procedures specified at N.J.A.C. 5:27A-18.

§ 5:27A-3.1 Scope

(a) The rules set forth in this subchapter shall apply to new construction, and to renovations and additions that are subject to the rules of new construction pursuant to (c) below.

(b) New construction, additions, alterations, or renovations of residential health care facilities shall comply with the New Jersey Uniform Construction Code *N.J.A.C. 5:23* (N.J.U.C.C.).

1. New construction shall comply with N.J.A.C. 5:23-3.

2. Repairs, renovations, alterations, and reconstruction of existing residential health care facilities shall comply with N.J.A.C. 5:23-6, Rehabilitation Subcode.

(c) Requests for variations and waivers of physical plant standards may be submitted as follows:

1. A request for a variation of the requirements of the N.J.U.C.C. shall be submitted to the New Jersey Department of Community Affairs, Health Care Plan Review Unit, for review and approval.

*** This file includes all Regulations adopted and published through the ***
*** New Jersey Register, Vol. 45, No. 2, January 22, 2013 ***

2. A request for a waiver of any physical environment standard contained in this chapter, if compliance with same would create a financial hardship, shall be submitted to the Supervisor of Enforcement for the Residential Health Care Evaluation Program of the Department and shall be reviewed in accordance with *N.J.A.C. 5:27A-2.6*.

§ 5:27A-3.2 Fire suppression systems

In new construction, fire suppression systems shall be installed in accordance with all applicable sections of *N.J.A.C. 5:23* and 5:70.

§ 5:27A-3.3 Room sizes and features

(a) Resident bedroom size requirements shall be as follows:

1. Bedrooms for one resident shall have a minimum of 90 square feet of clear and usable floor area. "Clear and usable floor area" means space exclusive of toilet rooms, fixed closets, fixed wardrobes, alcoves, or vestibules.

2. Bedrooms occupied by more than one resident shall have a minimum of 70 square feet of clear and usable floor area per resident. There shall be three feet of clear space between beds and at the foot of each bed to ensure comfort and safety to residents. Space for storage of personal possessions and a non-folding arm chair shall be provided for each bed.

3. Each resident's personal living unit shall have direct access to corridors and toilet facilities without passing through the rooms of other residents, kitchen or dining areas, or other occupied rooms.

4. No more than four residents shall be housed in one bedroom.

(b) Living, dining, and recreation room size requirements shall be as follows:

1. A living room or rooms shall be provided to ensure adequate seating for the licensed capacity of the facility. There shall be a minimum of 15 square feet per resident. The living room(s) shall have ample space for socialization as well as other resident activities such as letter writing, card playing, radio, television, and reading.

2. Facilities with a licensed capacity of 30 or more residents shall provide two or more separate living or recreation rooms. A quiet sitting room with a minimum of 120 square feet shall be provided on each floor.

(c) A dining room shall provide a minimum of 25 square feet per resident.

(d) Each facility shall provide a minimum of 30 square feet of lighted storage space per resident, in accordance with the following allotments:

*** This file includes all Regulations adopted and published through the ***
*** New Jersey Register, Vol. 45, No. 2, January 22, 2013 ***

1. At least 10 square feet of locked personal storage, which may be in a room or common area other then the resident's bedroom; and

2. At least 20 square feet for linens, foods, cleaning and other supplies.

§ 5:27A-3.4 Toilets, bathing facilities, and handwashing sinks

(a) Toilets, bathing facilities, and handwashing sinks shall be available in the following minimum ratios (excluding bedrooms which have private facilities as part of the bed count and excluding facilities of family members and resident employees):

1. Toilets shall be provided so that each resident bedroom shall be adjacent to a toilet room, with no more than four residents served by this toilet.

2. Handwashing sinks shall be provided in every resident bedroom and in every toilet room except in private bedroom(s) where the handwashing sink in the bathroom is sufficient.

3. Tubs or showers shall be provided in a ratio of one per eight residents, with a minimum of one tub per 15 residents, or at least one tub per resident sleeping floor.

4. On floors other than sleeping floors utilized by residents there shall be at least a toilet and a lavatory available and accessible from a common corridor.

§ 5:27A-3.5 Laundry equipment

(a) Each facility shall provide at least one non-commercial washer and dryer for residents' personal items.

(b) All dryers shall be vented to the outside of the building.

§ 5:27A-3.6 Sounding devices

(a) An intercom system with alarm shall be provided on every resident floor and shall ring at an area staffed 24 hours a day and also in the staff sleeping quarters.

(b) Self-locking doors at the main entrance and other entrances opening onto a roof or balcony shall be equipped with a sounding device such as bell, buzzer or chimes, which is in operating condition. The sounding device shall be affixed to the outside of the door or to the adjacent exterior wall, for use in the event that a person is unable to re-enter the building, and shall ring at an area staffed 24 hours a day and at staff sleeping quarters.

*** This file includes all Regulations adopted and published through the ***
*** New Jersey Register, Vol. 45, No. 2, January 22, 2013 ***

§ 5:27A-3.7 Building occupancy

(a) A facility licensed as a residential health care facility shall not be used for any other purpose, with the following exception: the facility may be used for housing quarters of the owner, the administrator, or other staff members and their families, if prior approval by the Department is obtained, in accordance with *N.J.A.C. 5:27A-2.6(c)*.

(b) Resident occupancy shall be limited to floors at or above the grade level, with the following exceptions:

1. Basement occupancy may be permitted if no more than one-half the height of the room or rooms to be occupied is below grade level and if there are no other conditions which might jeopardize the health, safety or welfare of the resident;

2. Any resident who requires assistance from staff to ambulate stairs shall be housed on a floor with grade level access; and

3. If the building is of non-combustible construction, any resident with a walker, crutch(es) or leg brace(s) shall be assessed by a registered professional nurse before being placed on a floor other than a grade level floor in order to ensure that the resident is able to evacuate the building safely, and shall be reassessed at least on an annual basis to determine his or her ability to self-evacuate.

§ 5:27A-3A.1 Scope

The rules set forth in this subchapter shall apply to all existing residential health care facilities. Physical environment standards for existing licensed facilities shall be maintained, and existing facilities shall be inspected according to licensing standards contained in this subchapter, and in addition shall comply with the N.J. Uniform Fire Code, *N.J.A.C. 5:70*.

§ 5:27A-3A.2 Resident bedrooms

(a) Sleeping rooms for one resident shall have a minimum of 70 square feet of clear and usable floor area. "Clear and usable floor area" means space exclusive of toilet rooms, fixed closets, fixed wardrobes, alcoves, or vestibules.

(b) Sleeping rooms occupied by more than one resident shall have a minimum of 50 square feet of clear floor area per resident. There shall be three feet of clear space between beds and at the foot of each bed to insure comfort and safety to residents. Space for storage of personal possessions and a non-folding arm chair shall be provided for each bed.

*** This file includes all Regulations adopted and published through the ***
*** New Jersey Register, Vol. 45, No. 2, January 22, 2013 ***

(c) Notwithstanding the requirements set forth in (a) and (b) above, no existing residential health care facility shall be required to remove beds that were licensed on or before September 20, 1999 to achieve compliance.

(d) No more than four residents shall be housed in any one room, regardless of room size.

(e) Resident bedroom doors may be lockable by the occupant only from the corridor side (outside) by the use of a key. Egress from the room shall be possible at all times by turning the doorknob or pressing a lever. Duplicate keys to resident rooms which are locked shall be carried by designated staff at all times.

§ 5:27A-3A.3 Toilets, bathing facilities, and handwashing sinks

(a) On each floor utilized by residents for sleeping purposes there shall be toilet and bath facilities accessible from a common corridor. On other floors utilized by residents, there shall be at least a toilet and lavatory available and accessible from a common corridor.

(b) Toilets, bathing facilities, and handwashing sinks shall be available in the following minimum ratios (excluding bedrooms which have private facilities as part of the bed count and excluding facilities of family members and resident employees):

1. Toilets: One to eight residents;

2. Wash basins: One to eight residents;

3. Tub or showers: One to 15 residents.

§ 5:27A-3A.4 Living and recreation rooms

(a) A living room or rooms shall be provided to ensure adequate seating for two-thirds of the licensed capacity of the facility. The living room(s) shall have ample space for socialization as well as other resident activities such as letter writing, card playing, radio, television, and reading.

(b) Facilities with a licensed capacity of 30 or more residents shall provide two or more separate living or recreation rooms.

*** This file includes all Regulations adopted and published through the ***
*** New Jersey Register, Vol. 45, No. 2, January 22, 2013 ***

§ 5:27A-3A.5 Dining room

(a) A dining room or rooms shall be provided which is of sufficient size and properly equipped to seat comfortably all residents at one sitting.

(b) The congregate or common dining room shall be a separate area and shall not be a part of any other room. This area may be used for the recreation activities of residents, exclusive of the time required for dining service.

§ 5:27A-3A.6 Storage space

Sufficient and adequately lighted storage space shall be provided in the facility for the proper storage of resident's clothing, linens, medications, food, cleaning and other supplies.

§ 5:27A-3A.7 Lighting and electricity

(a) A bedside light shall be available for each bed, in addition to one permanently installed outlet for each bed and ceiling lights or other fixtures suitable for lighting the entire room.

(b) The individual rooms used for sleeping purposes by residents shall have sufficient natural and artificial light. The total glass area of such rooms shall not be less than eight percent of the floor area.

(c) All rooms used by residents, except sleeping rooms, shall be lighted by natural or artificial light at all times.

(d) Emergency lights shall be available at all times for hallways, corridors and stairways. An automatic standby generator or self-charging battery emergency lights shall be employed.

§ 5:27A-3A.8 Kitchens

Kitchen exhaust fans and metal ducts shall be kept free of grease and dirt; metal ducts from such fans shall comply with all applicable provisions of *N.J.A.C. 5:23* and 5:70.

§ 5:27A-3A.9 Fire extinguisher specifications

*** This file includes all Regulations adopted and published through the ***
*** New Jersey Register, Vol. 45, No. 2, January 22, 2013 ***

(a) There shall be a minimum of two fire extinguishers in the basement, at least one on each floor of the building, and as required in kitchen areas. All fire extinguishers shall bear the seal of the Underwriters Laboratories.

(b) The following types of fire extinguishers shall be provided:

1. In kitchen areas, because of danger of grease fires, extinguishers shall be of the Class B dry chemical type 2-B and a minimum of five pounds. The maximum travel distance to an extinguisher shall be 50 feet.

2. In the basement area, extinguisher shall be Class B dry chemical type 2-B and a minimum of five pounds, if oil or gas is used as fuel. The maximum travel distance to an extinguisher shall be 50 feet.

3. In all other areas a Class A air-pressurized 2 1/2 gallon water type 2-A extinguisher shall be provided. The maximum travel distance to an extinguisher shall be 75 feet.

§ 5:27A-3A.10 Employees' sleeping rooms

In any facilities where 24-hour awake coverage is not required, the employees' sleeping rooms shall be equipped with a four-inch alarm bell or alternate sounding device connected to the fire alarm system.

§ 5:27A-3A.11 Ventilation

(a) All rooms used by residents, including bathrooms, toilets, kitchen and storage areas, shall be adequately ventilated by either natural or mechanical means.

(b) The total ventilation area of a room used by residents shall be not less than four percent of the floor area.

*** This file includes all Regulations adopted and published through the ***
*** New Jersey Register, Vol. 45, No. 2, January 22, 2013 ***

§ 5:27A-4.1 Minimum services and staffing

(a) Each residential health care facility shall provide at a minimum personal care, health maintenance and monitoring, pharmacy, dietary, and recreational services in a homelike environment.

(b) The facility shall provide at all times at least one employee who is at least 18 years of age in each building or structure occupied by residents, in order to provide necessary resident supervision, as follows:

1. In residential health care facilities with 24 or more residents, the facility shall provide sufficient staff for resident supervision 24 hours per day by an employee who is awake on the premises.

2. In residential health care facilities with fewer than 24 licensed beds, the facility shall provide sufficient staff for resident supervision. During the normal sleeping hours of residents (generally 10:00 P.M. to 6:00 A.M.), inactive resident supervision shall be provided by an employee who is on duty and available on the premises to provide care and services, but not necessarily awake.

3. Direct care staff who are less than 18 years of age shall be supervised at all times.

(c) In all residential health care facilities with more than 24 beds, the facility shall have the capacity to provide a sufficient number of on-duty employees (other than residents) to assure a minimum of one hour of resident supervision for each resident during a 24-hour period.

(d) In addition to meeting the requirements of (b) above, all residential health care facilities which have more than one floor shall have a system in place to assure resident safety by providing for immediate notification of staff through an emergency communication system and periodic monitoring of all areas occupied by residents.

(e) The facility shall adhere to applicable Federal, State, and local laws, rules, regulations, and requirements.

§ 5:27A-4.2 Ownership

(a) The ownership of the facility and the property on which it is located shall be disclosed to the Department.

(b) No facility shall be owned or operated by any person convicted of a crime relating adversely to that person's capability of owning or operating the facility.

(c) The owner or governing authority of the facility shall assume legal responsibility for the management, operation, and financial viability of the facility.

*** This file includes all Regulations adopted and published through the ***
*** New Jersey Register, Vol. 45, No. 2, January 22, 2013 ***

§ 5:27A-4.3 Transfer of ownership

(a) Prior to transferring ownership of a facility, the prospective new owner shall submit an application to the DCA Residential Health Care Licensure Program. The application shall include the following items:

1. The transfer of ownership fee of $ 750.00, in accordance with *N.J.A.C. 5:27A-2.1(g)*;

2. A cover letter stating the applicant's intent to purchase the facility, and identification of the facility by name, address, county, and number and type of licensed beds;

3. A description of the proposed transaction, including identification of the current owners of the facility; identification of 100 percent of the proposed new owners, including the names and addresses of all principals (that is, individuals and/or entities with a 10 percent or more interest); and, if applicable, a copy of an organizational chart, including parent corporations and wholly owned subsidiaries;

4. A copy of the agreement of sale and, if applicable, a copy of any lease and/or management agreements; and

5. Disclosure of any licensed health care facilities owned, operated, or managed in New Jersey or any other states. If facilities are owned in other states, letters from the regulatory agencies in each respective state, verifying that the facilities have operated in substantial compliance during the last 12-month period and have had no enforcement actions imposed during that period of time, must be included in the application.

(b) Approval of a transfer of ownership is contingent upon a review of the applicant's track record, in accordance with the rules specified at *N.J.A.C. 8:33-4.10* and *8:43E-5.1*.

(c) Approval of a transfer of ownership is contingent upon payment of all outstanding State penalties issued by the Department against the current owner, or written verification by the applicant that the applicant will assume responsibility for payment of such State penalties.

(d) When a transfer of ownership application has been reviewed and deemed acceptable, an approval letter from the DCA Residential Health Care Licensure Program shall be sent to the applicant along with licensure application forms.

(e) Within five days after the transaction has been completed, the applicant shall submit the following documents to the DCA Residential Health Care Licensure Program:

1. Completed licensure application forms;

2. A notarized letter stating the date on which the transaction occurred; and

3. A copy of a certificate of continuing occupancy from the local township, or a letter from the township verifying a policy of not issuing any such document for changes of ownership.

*** This file includes all Regulations adopted and published through the ***
*** New Jersey Register, Vol. 45, No. 2, January 22, 2013 ***

§ 5:27A-4.4 Submission and availability of documents

The facility shall, upon request, submit in writing any documents which are required by this chapter or requested by the Department.

§ 5:27A-4.5 Personnel

(a) The facility shall develop written job descriptions and shall ensure that personnel are assigned duties based upon their education, training, and competencies and in accordance with their job descriptions.

(b) All personnel who require licensure, certification, or authorization to provide resident care shall be licensed, certified, or authorized under the appropriate laws and/or rules of the State of New Jersey.

(c) The facility shall maintain and implement written staffing schedules. Actual hours worked by each employee shall be documented.

(d) The facility shall develop and implement a staff orientation and a staff education plan, including plans for each service and designation of person(s) responsible for training. All personnel shall receive orientation at the time of employment and at least annual in-service education regarding, at a minimum, emergency plans and procedures and the infection prevention and control program.

(e) The staffing ratios of this chapter are the minimum only and the residential health care facility shall employ staff in sufficient number and with sufficient ability and training to provide the basic care and resident supervision required in this chapter.

(f) The facility shall have a policy regarding personnel with a reportable communicable disease, infection or exposure to infection, specifying that such an employee shall be excluded from the residential health care facility until that employee has received a physical examination and certification that the condition will not endanger the health of residents or other employees.

§ 5:27A-4.6 Policy and procedure manual

(a) A policy and procedure manual(s) for the organization and operation of the facility shall be developed, implemented, and reviewed at intervals specified in the manual(s). Each review of the manual(s) shall be documented, and the manual(s) shall be available in the facility to representatives of the Department at all times. The manual(s) shall include at least the following:

*** This file includes all Regulations adopted and published through the ***
*** New Jersey Register, Vol. 45, No. 2, January 22, 2013 ***

1. An organizational chart delineating the lines of authority, responsibility, and accountability for the administration and resident care services of the facility;

2. A description of the services provided;

3. Specification of business hours and visiting hours;

4. Policies and procedures for reporting all diagnosed and/or suspected cases of resident abuse or exploitation, as follows:

i. All county welfare agencies shall be notified, in accordance with *N.J.S.A. 55:13B-1* et seq., The Rooming and Boarding Act of 1979, as amended; and

ii. In accordance with *N.J.S.A. 52:27G-7.1* et seq., if the resident is 60 years of age or older, the State of New Jersey Office of the Ombudsman for the Institutionalized Elderly shall also be notified, at 1-877-582-6995;

5. Policies and procedures for maintaining confidentiality of resident records, including policies and procedures for examination of resident records by the resident and other authorized persons and for release of the resident's records to any individual outside the facility, as consented to by the resident or as required by law or third party payor;

6. Policies and procedures for the maintenance and confidentiality of personnel records for each employee, including at least the employee's name, previous employment, educational background, credentials, license number with effective date and date of expiration (if applicable), certification (if applicable), verification of credentials, prior criminal records, records of physical examinations, job description, and evaluations of job performance; and

7. Policies and procedures, including content and frequency, for physical examinations upon employment and subsequently for employees and persons providing direct resident care services in the facility through contractual arrangements or written agreement.

(b) The facility shall make all policy and procedure manuals available to residents, guardians, designated responsible persons, prospective applicants, and referring agencies during normal business hours or by prior arrangement.

§ 5:27A-4.7 Resident transportation

(a) The facility shall ensure that resident transportation shall be provided, either directly or by arrangement, which may include an arrangement with a family member or other responsible person, to and from health care services provided outside the facility. The facility shall have policies and procedures governing the facility's responsibility for the resident and his or her personal possessions, as well as the transfer of resident information to and from the provider of the service.

*** This file includes all Regulations adopted and published through the ***
*** New Jersey Register, Vol. 45, No. 2, January 22, 2013 ***

(b) The facility shall assist the resident in arranging for transportation to activities of social, religious, and community groups in which the resident chooses to participate.

§ 5:27A-4.8 Written agreements

The facility shall have a written agreement or its equivalent, or a linkage, for services not provided directly by the facility. If the facility provides care to residents with psychiatric disorders, the facility shall also have a written agreement with one or more community mental health centers specifying which services will be provided by the mental health center. The written agreements shall require that services be provided in accordance with this chapter.

§ 5:27A-4.9 Reportable events

(a) The facility shall notify the Department immediately by telephone at (609) 633-6251 followed within 72 hours by written confirmation of the following:

1. Termination of employment of the administrator, and the name and qualifications of his or her replacement;

2. All residents who are missing for 24 hours; and

3. All suspected cases of resident abuse or exploitation that have been reported to the State of New Jersey Office of the Ombudsman for the Institutionalized Elderly and/or to the county welfare agencies.

§ 5:27A-4.10 Notices

(a) The facility shall conspicuously post a notice that the following information is available in the facility during normal business hours, to residents and the public:

1. All waivers granted by the Department;

2. A list of deficiencies from the last annual licensure inspection survey report and the list of deficiencies from any valid complaint investigation during the past 12 months;

3. Policies and procedures regarding resident rights;

4. Visiting hours (including at least the time between the hours of 8:00 A.M. and 8:00 P.M. daily) and business hours of the facility, including the policies of the facility regarding limitations and activities during these times;

*** This file includes all Regulations adopted and published through the ***
*** New Jersey Register, Vol. 45, No. 2, January 22, 2013 ***

5. The toll-free hot line number of the Department, telephone numbers of county agencies and of the State of New Jersey Office of the Ombudsman; and

6. The names of, and a means to formally contact, the owner and/or members of the governing authority.

§ 5:27A-4.11 Maintenance of records

(a) The facility shall maintain an annual chronological listing of residents admitted and discharged, including the destination of residents who are discharged.

(b) Statistical data, such as resident census and facility characteristics, shall be forwarded on request, in a format provided by the Department.

§ 5:27A-4.12 Admission and retention of residents

(a) The administrator or the administrator's designee shall conduct an interview with the resident and, if available, the resident's family, guardian, or interested agency, prior to or at the time of the resident's admission. The interview shall include at least orientation to the facility's policies, business hours, fee schedule, services provided, resident rights, and criteria for admission and discharge. Documentation of the resident interview shall be included in the resident's record.

(b) At the initial interview prior to or at the time of admission of each resident, the administrator or the administrator's designee shall be provided with the name, address, and telephone number of a family member, guardian, responsible person or designated community agency who can be notified in the event of the resident's illness, incident, or other emergency.

(c) A physician, advanced practice nurse, or physician assistant shall certify for each resident that he or she has seen the resident within 30 days prior to admission and that the resident does not have needs which exceed the level of care provided by the facility, is free from communicable disease, is not in need of skilled nursing care, is mobile under his or her own power with or without assistive devices, and, if incontinence is suspected, has received a medical and nursing evaluation to determine whether the facility can provide an appropriate level of services to the resident.

(d) For emergency admissions, the certification by the physician, advanced practice nurse, or physician assistant shall be received within 72 hours of admission.

(e) If a facility has reason to believe, based on a resident's behavior, that the resident poses a danger to himself or herself or others, and that the facility is not capable of providing proper care to the resident, then the attending physician, advanced practice nurse, or physician assistant, or the physician, advanced practice nurse or physician assistant on call shall evaluate the resident to de-

*** This file includes all Regulations adopted and published through the ***
*** New Jersey Register, Vol. 45, No. 2, January 22, 2013 ***

termine whether the resident is appropriately placed in that facility and to locate a new placement if necessary. The mental health screening process, as defined in *N.J.S.A. 30:4-27.1* et seq., and *N.J.A.C. 10:31*, may be initiated by the health maintenance and monitoring director, or by the administrator. An evaluation shall be performed in accordance with Guidelines for Inappropriate Behavior and Resident to Resident Abuse, chapter Appendix A, incorporated herein by reference.

(f) If the facility is not of non-combustible construction, residents who are blind or who can walk independently assisted by crutches or other assistive devices shall be housed on a floor with direct grade level access.

(g) The facility may admit residents who require wheelchairs if the following conditions are met:

1. The resident is able to propel the wheelchair independently;

2. The resident's living unit shall be located on a floor at grade level, or if not at grade level, on a floor with handicap access to grade level;

3. The corridor on which the resident's living unit is located shall be at least 44 inches wide;

4. Each door through which the resident must travel to exit shall be at least 32 inches wide; and

5. The facility shall be in full compliance with uniform fire safety codes.

(h) If any condition listed in (g) above is not met, the facility may request approval from the Department to admit the resident. These conditions shall not apply to a resident who uses a wheelchair for convenience, but who is capable of ambulating independently without a wheelchair. The Department's determination shall be made on a case-by-case basis.

(i) If an applicant, after applying in writing, is denied admission to the facility, the applicant and/or his or her family, guardian, or designated community agency shall, upon written request, be given the reason for such denial in writing, signed by the administrator, within 15 days of the receipt of the written request.

(j) Each resident shall be admitted or retained only upon his or her own volition.

§ 5:27A-4.13 Involuntary discharge

(a) Written notification by the administrator or the administrator's designee shall be provided to a resident and/or his or her family, guardian, designated responsible person, and county welfare agencies of a decision to involuntarily discharge the resident from the facility. Such involuntary discharge shall only be upon grounds contained in the facility's policies and procedures and shall occur only if the resident has been notified and informed of such policies in advance of admission. The notice of discharge shall be given at least 30 days in advance of the involuntary discharge and shall include the reason for discharge. A copy of the notice shall be entered in the resident's rec-

*** This file includes all Regulations adopted and published through the ***
*** New Jersey Register, Vol. 45, No. 2, January 22, 2013 ***

ord. If a change in the facility's policies and procedures has occurred subsequent to admission, the facility shall have documented evidence that the resident(s) has been informed of such change.

(b) The resident shall have the right to appeal to the administrator any involuntary discharge from the facility. The appeal shall be in writing and a copy shall be included in the resident's record with the disposition or resolution of the appeal. The resident shall have the right to retain legal counsel to appeal.

(c) In an emergency situation, as stated in *N.J.A.C. 5:27A-4.12(e)*, for the protection of the life and safety of the resident or others, the facility may discharge the resident without 30 days notice. The Department and county welfare agencies shall be notified in the event of such discharge.

§ 5:27A-4.14 Notification requirements

(a) The resident's family, guardian, and/or responsible person or community agency, the county welfare agency and any other agency in which the client is a participating program member or under treatment, shall be notified, promptly after the occurrence, in the event of the following:

1. Any significant change in the resident's physical or mental status;

2. Any serious accident, criminal act or incident occurs which involves the resident and results in serious harm or injury or results in the resident's arrest or detention;

3. The transfer of the resident from the facility; or

4. The death of the resident

(b) The Department shall also be notified of the events in (a)2 above.

(c) The notification required in (a) above shall be given at the time of occurrence, and then documented in the resident's record.

§ 5:27A-4.15 Policies and procedures for dispute resolution; forum for discussion of advance directives

(a) The facility shall establish procedures for considering disputes among the resident, health care representative and the attending physician concerning the resident's decision-making capacity or the appropriate interpretation and application of the terms of an advance directive to the resident's course of treatment. The procedures may include consultation with an institutional ethics committee, a regional ethics committee or another type of affiliated ethics committee, or with any individual or individuals who are qualified by their background and/or experience to make clinical and ethical judgments.

*** This file includes all Regulations adopted and published through the ***
*** New Jersey Register, Vol. 45, No. 2, January 22, 2013 ***

(b) The facility's policies shall establish a process for residents, families, and staff to discuss and address questions and concerns relating to advance directives and decisions to accept or refuse medical treatment.

§ 5:27A-4.16 Policies and procedures for advance directives

(a) For purposes of this chapter, "advance directive" means a written statement of a resident's instructions and directions for health care in the event of future decision making incapacity, in accordance with the New Jersey Advance Directives for Health Care Act, *N.J.S.A. 26:2H-53* et seq. An advance directive may include a proxy directive, and instruction directive, or both.

(b) The facility shall develop and implement procedures to ensure that there is a routine inquiry made of each adult resident, upon admission to the facility and at other appropriate times, concerning the existence and location of an advance directive. If the resident is incapable of responding to this inquiry, the facility shall have procedures to request the information from the resident's family or, in the absence of a family member, another individual with personal knowledge of the resident. The procedures shall assure that the resident or family's response to this inquiry shall be documented in the resident's record. Such procedures shall also define the role of facility admissions, nursing, social service and other staff, as well as the responsibilities of the attending physician.

(c) The facility shall develop and implement procedures to promptly request and take reasonable steps to obtain a copy of currently executed advance directives from all residents. These shall be entered into the resident's record when received.

(d) The facility shall have procedures to provide each adult resident upon admission and, where the resident is unable to respond, the family or other representative of the resident, with a written statement of his or her rights under New Jersey law to make decisions concerning the right to refuse medical care and the right to formulate an advance directive. Appropriate information and materials on advance directives and the institution's written policies and procedures concerning implementation of such rights shall also be provided. Such written information shall also be made available in any language which is spoken, as a primary language, by more than 10 percent of the population served by the facility.

(e) The facility shall develop and implement procedures for referral of residents requesting assistance in executing an advance directive or additional information to either staff or community resource persons that can promptly advise and/or assist the resident.

(f) The facility shall develop and implement policies to address application of the facility's procedures for advance directives to residents who are experiencing an urgent life-threatening situation.

(g) A resident shall be transferred to another health care facility only for a valid medical reason, in order to comply with other applicable laws or Department rules, to comply with clearly expressed

*** This file includes all Regulations adopted and published through the ***
*** New Jersey Register, Vol. 45, No. 2, January 22, 2013 ***

and documented resident choice, or in conformance with the New Jersey Advance Directives for Health Care Act in the instance of private, religiously affiliated health care institutions who establish policies defining circumstances in which they will decline to participate in the implementation of advance directives. Such institutions shall provide notice of their policies to residents or their families or health care representatives prior to or upon admission. A timely and respectful transfer of the individual to another institution which shall implement the resident's advance directive shall be effected. The facility's inability to care for the resident shall be considered a valid medical reason. The sending facility shall receive approval from a physician and the receiving health care facility before transferring the resident.

(h) At least one education training program each year shall be held for all administrative staff and employees providing resident supervision and/or personal care on the rights and responsibilities of staff under the New Jersey Advance Directives for Health Care Act, *N.J.S.A. 26:2H-53* et seq., and internal facility policies and procedures which implement this law.

§ 5:27A-4.17 Interpretation services

The facility shall demonstrate the ability to provide a means to communicate with any resident admitted who is non-English-speaking and/or has a communication disability, using available community services.

§ 5:27A-5.1 Appointment of administrator

An administrator shall be appointed and an alternate shall be designated in writing to act in the absence of the administrator. The administrator or a designated alternate shall be available on the premises of the facility at all times and shall have access to all survey related records and policies.

§ 5:27A-5.2 Administrator's responsibilities

(a) The administrator shall be responsible for, but not limited to, the following:

1. Ensuring the development, implementation, and enforcement of all policies and procedures, including resident rights;

2. Planning for, and administration of, the managerial, operational, fiscal, and reporting components of the facility;

3. Ensuring that all personnel are assigned duties based upon their ability and competency to perform the job and in accordance with job descriptions;

*** This file includes all Regulations adopted and published through the ***
*** New Jersey Register, Vol. 45, No. 2, January 22, 2013 ***

4. Ensuring the provision of staff orientation and staff education; and

5. Establishing and maintaining liaison relationships and communication with facility staff and services and with residents and their families.

§ 5:27A-6.1 Resident care policies and procedures

(a) Written resident care policies and procedures shall be established, implemented, and reviewed at intervals specified in the policies and procedures. Each review of the policies and procedures shall be documented. Policies and procedures shall include, but not be limited to, policies and procedures regarding the following:

1. Resident rights;

2. The determination of staffing levels to ensure a minimum of one hour of resident supervision for each resident of the facility during each 24-hour period. Supervision may be provided by on-duty employees who are engaged in the direct supervision and care of residents, and also by those providing basic services such as food service, housekeeping, laundry and general maintenance, who, by reason of their availability on the premises, provide care and supervision as needed;

3. The referral of residents to health care providers in order to provide a continuum of resident care;

4. Emergency medical and dental care of residents, including notification of the resident's family, guardian, or designated community agency, and care of residents during periods of acute illness;

5. Obtaining written informed consent for any medical procedures performed at the facility which require informed consent by law, and the circumstances under which written informed consent shall be obtained;

6. The control of smoking in the facility in accordance with *N.J.S.A. 26:3D-1* et seq. and *26:3D-7* et seq. as follows:

i. Residents shall not be permitted to smoke in their rooms and in other secluded areas;

ii. Restricted smoking areas shall be designated and rules governing such smoking specified and rigidly enforced. Nonflammable ashtrays in sufficient numbers shall be provided in permitted smoking areas. In any area where smoking is permitted, there shall be adequate outside ventilation, as described in (a)6iv below;

iii. A facility may continue to enforce a smoke-free policy in effect prior to September 20, 1999 and shall set forth this policy in its admission agreement;

*** This file includes all Regulations adopted and published through the ***
*** New Jersey Register, Vol. 45, No. 2, January 22, 2013 ***

iv. At the facility's option, it may institute a smoke-free policy. Any prospective smoke-free policy shall be set forth in the facility's admission agreement and shall only apply to residents entering the facility on or after the policy's effective date. The facility shall protect the rights of resident smokers by providing a designated area with adequate outside ventilation for controlled smoking. If inside, the designated smoking room shall be ventilated to prevent recirculation of smoke to other areas of the facility. If outside, the designated area shall provide reasonable protection from inclement weather;

7. Discharge, termination by the facility, transfer, and readmission of residents, including criteria for each;

8. The care and control of pets, if the facility permits pets in the facility or on its premises. (See recommendations set forth in chapter Appendix C.)

9. A system to monitor residents leaving the facility or its premises, which shall include a policy to determine those circumstances where the resident's absence shall be investigated; and

10. Care of deceased residents, including, but not limited to, policies and procedures regarding the following:

i. The resident's family, guardian, or designated community agency shall be notified at the time of death. The deceased shall not be removed from the facility until pronounced dead and the death is documented in the resident's medical record; and

ii. Transportation of the deceased in the facility, and removal from the facility, in a dignified manner.

§ 5:27A-6.2 Financial arrangements

(a) The facility shall:

1. Inform residents of any and all fees for services provided and charges for supplies routinely utilized. The resident shall also be informed of costs of supplies which are specially ordered;

2. Maintain a written record of all financial arrangements with the resident and/or his or her family, guardian, or designated community agency, with copies furnished to the resident and, upon request, to the person or agency with whom the arrangements were made;

3. Assess no additional charges, expenses, or other financial liabilities in excess of the daily, weekly, or monthly rate included in the admission agreement, except:

i. Upon written approval and authority of the resident and/or his or her family, guardian, or designated community agency, who shall be given a copy of the written approval;

*** This file includes all Regulations adopted and published through the ***
*** New Jersey Register, Vol. 45, No. 2, January 22, 2013 ***

ii. Upon written orders of the resident's physician, stipulating specific services not included in the admission agreement; or

iii. Upon 30 days' prior written notice to the resident and/or his or her family of charges, expenses, or other financial liabilities that are in addition to the agreed daily, weekly, or monthly rate. The resident's prior written approval for additional charges shall not be required in the event of a health emergency that requires the resident to receive immediate special services or supplies; and

4. Provide the resident with information regarding financial assistance available from third-party payors and/or other payors and referral systems for residents' financial assistance.

(b) All residents who have advanced a security deposit to a facility shall have the funds deposited in an interest bearing escrow account, in accordance with *N.J.S.A. 26:2H-14.5* et seq.

§ 5:27A-6.3 Personal needs allowance

(a) The administrator or his or her representative shall reserve for each resident who receives Supplemental Security Income (SSI) or General Public Assistance a monthly personal needs allowance of at least the amount specified by the Division of Youth and Family Services of the New Jersey State Department of Human Services pursuant to *N.J.S.A. 44:7-87(h)* and N.J.A.C. 10:123-3 and under the following conditions:

1. The resident shall not be required to provide the owner, administrator, employee or their representative(s) with any portion of the personal needs allowance;

2. No owner, administrator, employee or their representative(s) shall coerce, intimidate, or exploit residents into providing them with any portion of the personal needs allowance; and

3. Each resident shall receive his or her personal needs allowance within three working days of the receipt of the check by the administrator.

(b) Every administrator to whom a resident's personal funds are entrusted shall maintain written records, such as a ledger, including the date each payment was received, the amount of payment, the date of each disbursement, the amount of each disbursement, the reason for each disbursement and to whom each disbursement was made.

(c) The resident shall sign to acknowledge receipt of funds, goods or services purchased with such funds at the time of disbursement.

(d) Resident's funds received in trust or on deposit with the facility shall be kept in a separate bank account(s) and not commingled with the facility's general funds. If resident's funds are kept in an interest bearing account, all interest earned shall be credited to the resident after bank charges, if any, are deducted.

*** This file includes all Regulations adopted and published through the ***
*** New Jersey Register, Vol. 45, No. 2, January 22, 2013 ***

§ 5:27A-7.1 Provision of personal care services

Each resident shall be provided with personal care services (bathing, oral hygiene, hair care, manicuring and pedicuring, and shaving) as needed to maintain acceptable personal hygiene.

§ 5:27A-7.2 Resident clothing

(a) The administrator or the administrator's designee shall assist residents in obtaining clothing which is suitable for the climate and weather conditions, of proper size, and in sufficient amounts for necessary changes.

(b) Clothing shall be laundered as frequently as necessary to maintain cleanliness, in accordance with *N.J.A.C. 5:27A-15.8*.

§ 5:27A-7.3 Facilities and furnishings

(a) The administrator shall ensure that each resident has, within his or her sleeping area, the following items, which shall at all times be clean and comfortable and in good repair:

1. Beds, as follows:

i. A standard bed not less than 36 inches in width;

ii. A bedspring which is in good condition;

iii. A mattress not less than four inches in thickness that fits the bed;

iv. Beds shall not be located under windows, against radiators or air conditioners, or in alcoves unless a resident has chosen to place his or her bed in such a location and the administrator has determined that such placement poses no safety risk to the resident;

v. Roll-away beds, day beds, cots and latex foam mattresses shall be prohibited. (Day beds may be permitted, if the resident so requests.);

2. Pillows, as follows:

i. At least one standard size pillow;

ii. Extra pillows shall be available to meet the needs of the resident; and

iii. Latex foam pillows shall be prohibited;

3. At least one chair;

*** This file includes all Regulations adopted and published through the ***
*** New Jersey Register, Vol. 45, No. 2, January 22, 2013 ***

4. A reading light and/or a bed light;

5. Storage, as follows:

i. A closet in the resident's room;

ii. A dresser or chest for personal possessions; and

iii. A night table.

6. Bed linen, as follows:

i. A moisture-proof mattress or a moisture-proof mattress cover or pad which can be removed for cleaning or laundering;

ii. A pillowcase for each pillow;

iii. At least two sheets or two sheet blankets or a combination thereof; sheets and pillowcases shall be changed at least weekly and more often if necessary;

iv. A washable blanket and such additional blankets as are necessary for the resident's comfort; and

v. A bedspread;

7. Personal linen, consisting of a washcloth and a bath towel which shall be changed when soiled; and

8. Windows with shades, curtains, drapes, or blinds for all windows, to ensure privacy.

§ 5:27A-8.1 Provision of meals

The residential health care facility shall provide dietary services to meet the daily nutritional needs of residents.

§ 5:27A-8.2 Requirements for dietary services

(a) The facility shall establish and implement written policies and procedures for the provision of dietary services.

(b) If the facility fails to substantially comply with the requirements of this subchapter, or if residents of the facility have significant nutritional deficiencies, the Department may require a consultant dietitian to be retained by the facility to assist in correcting the deficiencies in dietary services

*** This file includes all Regulations adopted and published through the ***
*** New Jersey Register, Vol. 45, No. 2, January 22, 2013 ***

cited by the Department, in addition to other enforcement actions. The facility shall retain the consultant dietitian until all deficiencies have been corrected.

(c) The facility shall provide:

1. Policies and procedures for planning, preparing, and serving meals, purchasing food, supervising residents at mealtime, and providing therapeutic diets in accordance with admission policy of the facility and as prescribed by the resident's physician. "Therapeutic diet" means a diet prescribed by a physician, and may include modifications in nutrient content, caloric value, consistency, methods of food preparation, content of specific foods, or a combination of these modifications;

2. Nutrients and calories for each resident, in accordance with current recommended dietary allowance of the Food and Nutrition Board of the National Academy of Sciences, National Research Council, adjusted for age, sex, weight, and physical activity, therapeutic needs of the resident if therapeutic diets are provided, and chapter Appendix B, A Daily Food Guide, incorporated herewith by reference;

3. A current diet manual;

4. Diets served to residents that are consistent with the diet manual;

5. Written menu plans for all meals and snacks;

6. For each resident at each meal, a place setting consisting of at least a dish(es), a glass and/or cup, fork, spoon, and napkin, and a knife or additional utensils as required or requested by the resident. The facility shall routinely provide nondisposable dishes and utensils at all meals except for special meal activities or individual resident needs; and

7. For each resident's use, in the dining room at each meal, salt, pepper, sugar or sugar substitute, dairy or non-dairy additives for beverages, and condiments, unless contraindicated by the resident's physician.

(d) All meals shall be served in the dining room. Exceptions may be made if the resident is ill, or requests that his or her meal be served in another location.

(e) All meals shall be attractive when served to residents.

(f) The facility and personnel shall comply with the provisions of Chapter XII of the New Jersey Sanitary Code, *N.J.A.C. 8:24*. The facility shall obtain a copy of *N.J.A.C. 8:24* by contacting the Residential Health Care Survey Program of the Department of Health and Senior Services at (609) 633-8993.

§ 5:27A-8.3 Administrator's responsibilities

(a) The administrator or the administrator's designee shall ensure that the dietary service:

*** This file includes all Regulations adopted and published through the ***
*** New Jersey Register, Vol. 45, No. 2, January 22, 2013 ***

1. Selects foods and beverages, which include fresh and seasonal foods, and prepares menus with regard for the nutritional and therapeutic needs, cultural backgrounds, food habits, and personal food preferences of residents;

2. Has written and dated menus for all meals and snacks, planned at least seven days in advance for all diets. The same menu shall not be used more than once in any continuous seven-day period. The facility shall offer substitute food and drink of equivalent nutritional value, if requested by a resident at least 24 hours in advance;

3. Posts current menus, with portion sizes, in the food preparation area and in a conspicuous place in resident's area, or provides a copy of the menu to each resident. Any changes or substitutes in menus shall be posted or provided in writing to each resident. Menus, with changes or substitutes, shall be kept on file in the facility for at least 30 days;

4. Prepares and serves daily to residents at least three meals;

5. Complies with written policies regarding meal hours. No more than 15 hours shall elapse between an evening meal and breakfast the next morning, and the first meal shall not be served before 7:00 A.M.;

6. Provides evening snacks and beverages;

7. Prepares food by cutting, chopping, grinding, or blending to meet the needs of each resident;

8. Provides self-help feeding devices as required by residents;

9. Maintains a file of recipes for menu items that require a recipe, adjusted to yield, which shall be used in preparing foods listed on the posted menus;

10. Maintains thermometers in refrigerators and freezers;

11. Complies with written policies and procedures for the selection, storage, use, and disposition of nondisposable and disposable items. Disposable items shall not be reused;

12. Prepares work schedules for the dietary service so as to allow residents to eat at their own pace;

13. Maintains at least a three-day supply of non-perishable food on the premises; and

14. Develops a written schedule of cleaning operations for the kitchen, including daily, weekly, monthly, or annual tasks.

§ 5:27A-8.4 Commercial food management services

*** This file includes all Regulations adopted and published through the ***
*** New Jersey Register, Vol. 45, No. 2, January 22, 2013 ***

If a commercial food management firm provides dietary services, the firm shall be required to conform to the standards of this subchapter.

§ 5:27A-9.1 Health maintenance and monitoring services

(a) The residential health care facility shall provide health maintenance and monitoring services under the direction of a registered professional nurse.

(b) The facility shall have at least one registered professional nurse available at all times. Available, in this instance, shall mean on call and capable of being reached by telephone.

(c) A registered professional nurse shall be designated in writing as the director of health maintenance and monitoring services and shall be responsible for the direction, provision and quality of health maintenance and monitoring services. The director shall be responsible, in coordination with the administrator, for developing and implementing written objectives, standards of practice, policies and procedures and an organization plan for the health maintenance and monitoring service. The director may be employed directly by the facility or on a contractual basis.

(d) Written policies and procedures shall include, but not be limited to, the following:

1. Assessing the health service needs of all residents in the facility;

2. Monitoring the conditions of the residents on a continuing basis;

3. Notification of the administrator if there are significant changes in a resident's condition;

4. Assessing the resident's needs for referral to a physician, advanced practice nurse, or physician assistant, or to community agencies as appropriate;

5. Maintaining records as required by the facility;

6. Serving as a resource person and health educator to the residents and to the administrator of the facility; and

7. Monitoring resident's medication.

(e) The facility shall provide a minimum of 0.20 hours of nursing care from a registered professional nurse per resident per week. So long as the total minimum hourly requirement is met, the registered professional nurse shall determine whether visits to an individual resident shall be weekly, biweekly, or according to a schedule based on the individual resident's needs, as determined by the nurse's assessment.

§ 5:27A-9.2 Provision of health services

*** This file includes all Regulations adopted and published through the ***
*** New Jersey Register, Vol. 45, No. 2, January 22, 2013 ***

(a) The facility shall arrange for health services to be provided to residents as needed.

(b) At the time of admission, arrangements shall be made between the administrator and the resident, guardian, or designated community agency regarding the physician, advanced practice nurse, or physician assistant, and dentist to be called in case of illness, or the person to be called for a resident who because of religious affiliation is opposed to medical treatment.

(c) The registered professional nurse shall notify the resident's physician, advanced practice nurse, or physician assistant of any significant change in the resident's physical or psychological condition.

(d) Each resident shall receive an initial nursing assessment from the registered professional nurse. Thereafter, each resident shall be reassessed annually or whenever there is a significant change in the resident's condition. The nursing assessment shall include, at a minimum, evaluation of the following:

1. Cognitive patterns;

2. Communication/hearing patterns;

3. Vision patterns;

4. Physical functioning and structural problems;

5. Continence;

6. Psychosocial well-being;

7. Mood and behavior patterns;

8. Activity pursuit patterns;

9. Disease diagnoses;

10. Health conditions;

11. Oral/nutritional status;

12. Oral/dental status;

13. Skin condition;

14. Medication use; and

15. Special treatment and procedures.

(e) The nursing assessment required by (d) above shall be documented on the Minimum Data Set for resident assessment and care screening (MDS 2.0), or on an equivalent assessment instrument which has been developed by the facility and approved by the Department prior to its use. Copies of the MDS 2.0 may be obtained by contacting the Residential Health Care Survey Program of the Department of Health and Senior Services at (609) 633-8993.

*** This file includes all Regulations adopted and published through the ***
*** New Jersey Register, Vol. 45, No. 2, January 22, 2013 ***

(f) Nurses' monitoring notes shall be written on an ongoing basis and shall reflect the current health status of the resident. Events and/or situations to be addressed in the nurse's monitoring notes shall be as follows, where appropriate:

1. Admission/discharge from the hospital;

2. Injuries/illness in the facility that did not require hospitalization;

3. Inappropriate/unusual behaviors with notification of physician, advanced practice nurse, or physician assistant;

4. Response to new medications;

5. Follow-up to physicians', advanced practice nurses', or physician assistants' referrals;

6. Follow-up to visits from the visiting nurse;

7. Follow-up on abnormal labs or other diagnostic studies;

8. Compliance/noncompliance with diet order;

9. Pattern of weight loss/gain over a continuous period;

10. Change in status of incontinency problem;

11. Change in status of ostomy care;

12. Status of wound care;

13. Attendance at or need for referral to a partial care program;

14. Change in personal hygiene;

15. Progression of level of confusion;

16. Change in interactions with other residents;

17. Leaving the facility for extended periods without the knowledge of staff;

18. Status of an identified medical problem (skin rash, hypertension, UTI, URI, elevated blood sugar);

19. Change in family involvement and concerns;

20. Status of the condition of a resident awaiting transfer to a higher level of care; and

21. Nursing interventions and resident response to interventions.

(g) The registered professional nurse or a physician, advanced practice nurse, or physician assistant shall be called at the onset of illness of any resident to arrange for an evaluation of the resident's nursing care needs or medical needs and for needed nursing care intervention or medical care.

*** This file includes all Regulations adopted and published through the ***
*** New Jersey Register, Vol. 45, No. 2, January 22, 2013 ***

(h) A resident with a temporary illness may be cared for in a residential health care facility for a period not to exceed 14 days. If a resident needs bed care for a more extended period, arrangements shall be made for his or her prompt transfer to an appropriate health care facility.

(i) Each resident shall have an annual physical examination by a physician, advanced practice nurse, or physician assistant, which shall be documented in the resident's record. The physician, advanced practice nurse, or physician assistant shall certify annually that the resident does not have needs which exceed the care provided by the residential health care facility.

(j) Residents shall be permitted free choice of a physician, advanced practice nurse, or physician assistant.

(k) The administrator shall arrange for a physician, advanced practice nurse, or physician assistant to be available for emergencies, including injuries or accidents to residents, or when required by a resident's condition.

(*l*) If the physician, advanced practice nurse, or physician assistant determines the need for a transfer to another health care facility because the residential health care facility cannot meet the resident's needs, such transfers shall be initiated promptly. The registered professional nurse shall be notified to ensure that the resident is receiving appropriate care during the transfer period.

(m) Upon completion of the annual physical required in (i) above, or more often, as determined by the physician, advanced practice nurse, or physician assistant, a licensed physician, advanced practice nurse or physician assistant shall certify that the resident does not have medical or personal care needs which exceed the level of services provided in a residential health care facility, is free from communicable diseases (that is, does not have a reportable, communicable disease which is not controlled through prophylaxis or medication), and does not require skilled nursing care.

§ 5:27A-10.1 Self-administration of medications

(a) A designated employee shall provide resident supervision and/or assistance during self-administration of medications in accordance with the prescriber's orders. Any employee who has been designated to provide resident supervision or assistance during self-administration of medications shall have received training from the health maintenance and monitoring director, the provider pharmacist, or the consultant pharmacist.

1. The facility shall document the provision of training to each employee who has been designated to provide resident supervision and/or assistance with self-administration of medications.

2. The facility shall document any observed instance where medications are not taken in accordance with the prescriber's orders.

*** This file includes all Regulations adopted and published through the ***
*** New Jersey Register, Vol. 45, No. 2, January 22, 2013 ***

3. If the facility fails to substantially comply with the requirements of this subchapter, or if the facility has significant deficiencies relating to self-administration of medications, the Department may require additional documentation, including, but not limited to, documentation of every observed instance when medications are taken.

(b) In facilities where there is a licensed staff nurse on site who is provided by the facility to administer medications, each resident has the option to choose either to have the nurse administer medications, in accordance with professional nursing standards of practice, or to self-administer the medications.

§ 5:27A-10.2 Designation of a consultant pharmacist

(a) The facility shall designate a consultant pharmacist who shall be responsible for the direction, provision, and quality of pharmaceutical services. The consultant pharmacist may be the director of pharmaceutical services or pharmacist provider. The consultant pharmacist shall be responsible for, but not limited to, the following:

1. Training of employees;

2. Educating staff and residents regarding medications;

3. Establishing policies and procedures which ensure safe and appropriate self-administration of medications;

4. Medication regimen review signed by the consultant pharmacist at least quarterly; and

5. Inspecting all areas in the facility where medications are stored and maintaining records of such inspections.

(b) The consultant pharmacist shall be present in the facility at least quarterly and shall provide written reports to the administrator and to the health maintenance and monitoring nurse.

§ 5:27A-10.3 Storage of medications

(a) The facility shall provide a medication storage area of sufficient size for the storage of all medications of residents, and shall assure that:

1. The storage area shall be conveniently located and adequately lighted;

2. The storage area shall be kept locked when not in use;

3. The storage area shall be used only for storage of medications and medical supplies;

*** This file includes all Regulations adopted and published through the ***
*** New Jersey Register, Vol. 45, No. 2, January 22, 2013 ***

4. The key to the storage area shall be kept on the person on duty responsible for resident supervision; and

5. Each resident's medications shall be kept separated in the storage area, with the exception of large volume medications which may be labeled and stored together in the storage area.

(b) If a resident is authorized through a written physician, advanced practice nurse, or physician assistant order, to store medications in such resident's room, the facility shall provide a secure locked area for storage of such medications which complies with the requirements for medication storage areas stated in (a)1 and 2 above. Exceptions for emergency medications to remain unlocked in the resident's room may be made with the approval of the consultant pharmacist.

(c) Medications shall be stored in accordance with manufacturer's instructions.

(d) Medications which require refrigeration shall be properly maintained. The refrigerator shall have a thermometer to indicate temperature in conformance with U.S.P. (United States Pharmacopoeia) requirements contained in the National Formulary USP26, NF21, January 1, 2003, published by the U.S. Pharmacopoeia Convention, 12601 Twinbrook Parkway, Rockville, MD 20852, incorporated herein by reference. If medications are stored in a refrigerator in common with food, medications shall be stored in a locked container.

(e) All medications shall be kept in their original containers and shall be properly labeled and identified.

1. The label of each resident's prescription medication container shall be permanently affixed and contain the resident's full name, the prescriber's name, prescription number, name and strength of medication, directions for use, date of issue, manufacturer's name if generic, and cautionary and/or accessory labels. If a generic substitute is used, the medication shall be labeled according to *N.J.A.C. 8:70* and *N.J.S.A. 24:6E-1* et seq. Required information appearing on individually packaged drugs or within an alternate medication delivery system need not be repeated on the label.

2. All over-the-counter (OTC) medications repackaged by the pharmacy shall be labeled with name and strength of the medication, date of issue, manufacturer's name if generic, and cautionary and/or accessory labels. Original manufacturer's containers shall be labeled with at least the resident's name, and the name label shall not obstruct any of the aforementioned information.

3. If a unit dose medication distribution system is used, each dose of medication shall be individually packaged in a hermetically sealed, tamper-proof container, and shall carry full manufacturer's disclosure information on each discrete dose. Disclosure information shall include, but not be limited to, the following: product name and strength, directions for use, and manufacturer's or distributor's name. ("Bingo" or punch card systems are not required to have each discrete dose labeled.)

(f) Single use and disposable items shall not be reused.

*** This file includes all Regulations adopted and published through the ***
*** New Jersey Register, Vol. 45, No. 2, January 22, 2013 ***

(g) Discontinued or expired medications shall be destroyed within 30 days or, where possible, returned to the pharmacy. All medication destruction in the facility shall be witnessed by two persons, each of whom shall be either the administrator, the licensed nurse or the consultant pharmacist.

§ 5:27A-11.1 Provision of recreational services

(a) A planned, diversified program of recreational activities shall be offered at least six days a week, including individual and/or group activities, on-site or off-site, to meet the needs of residents. The administrator or the administrator's designee shall be responsible for the direction, provision and quality of the recreational services, shall post a current recreational activities schedule where it can be read by residents and staff, and shall ensure that activities are carried out in accordance with the schedule.

(b) Indoor and outdoor recreational activities shall be provided.

(c) Residents shall have the opportunity to organize and participate in a resident council that presents the resident's concerns to the administrator of the facility.

§ 5:27A-12.1 Emergency medical services

(a) The facility shall have a procedure to access all available emergency medical services.

(b) The facility shall have a written plan for arranging for emergency transportation of residents to another health care facility for care and returning them to the residential health care facility.

(c) The facility shall maintain first aid supplies to meet the emergency needs of the residents. The supplies shall be approved by the physician, advanced practice nurse, or physician assistant who is available for resident emergencies and reviewed by the provider pharmacist.

§ 5:27A-12.2 Emergency plans and procedures

(a) The facility shall develop written emergency plans, policies, and procedures which shall include plans and procedures to be followed in case of medical emergencies, power failures, fire, or natural disasters. The emergency plans shall be filed with the Department and the Department shall be notified when the plans are changed. Copies of emergency plans shall also be forwarded to both municipal and county emergency management officials for their review.

*** This file includes all Regulations adopted and published through the ***
*** New Jersey Register, Vol. 45, No. 2, January 22, 2013 ***

(b) The emergency plans, including a written evacuation diagram specific to the unit that includes evacuation procedure, location of fire exits, alarm boxes, and fire extinguishers, and all emergency procedures shall be conspicuously posted throughout the facility. All employees shall be trained in procedures to be followed in the event of a fire and instructed in the use of fire-fighting equipment and resident evacuation as part of their initial orientation and at least annually thereafter.

(c) Procedures for emergencies shall specify persons to be notified, process of notification and verification of notification, locations of emergency equipment and alarm signals, evacuation routes, procedures for evacuating residents, procedures for reentry and recovery, frequency of fire drills, tasks and responsibilities assigned to all personnel, and shall specify medications and records to be taken from the facility upon evacuation and to be returned following the emergency.

§ 5:27A-12.3 Drills and tests

(a) The facility shall conduct at least one fire drill every month, of which at least one annually shall take place during every working shift. The facility shall maintain documentation of all drills, including the date, hour, description of the drill, participating staff, and signature of the person in charge. All on-duty staff and all residents shall participate in drills.

(b) The facility shall request of the local fire department that at least one joint fire drill be conducted annually. Upon scheduling a joint fire drill, the facility shall notify first aid and civil defense agencies of this drill and shall participate in community-wide disaster drills.

(c) The facility shall maintain documentation that the fire detection/alarm system has been tested at least once per year.

(d) Fire extinguishers shall be conspicuously hung, kept easily accessible, shall be visually examined monthly and the examination shall be recorded on a tag which is attached to the fire extinguisher. Fire extinguishers shall also be inspected and maintained in accordance with manufacturers' requirements and *N.J.A.C. 5:70*. Each fire extinguisher shall be labeled to show the date of such inspection and maintenance.

§ 5:27A-13.1 Maintenance of resident records

(a) A current, complete record shall be maintained for each resident.

(b) Records and information regarding the individual resident shall be considered confidential and the resident shall have the opportunity to examine such records, in accordance with facility policies. The written consent of the resident shall be obtained for release of his or her records to

*** This file includes all Regulations adopted and published through the ***
*** New Jersey Register, Vol. 45, No. 2, January 22, 2013 ***

any individual not associated with the facility, except in the case of the resident's transfer to another health care facility, or as required by law, third-party payor, or authorized government agencies.

(c) All resident's medical records shall be maintained for a period of 10 years after the discharge of a resident from the home, in accordance with *N.J.S.A. 26:8-5*.

(d) The following records shall be maintained and shall be kept available on the premises for review at any time by representatives of the Department:

1. A register which contains a current census of all residents, along with other pertinent information, shall be maintained by each residential health care facility. The following standards for maintaining the register shall apply:

i. The administrator or the administrator's designee shall make all entries in the register and shall be responsible for its maintenance and safe-keeping;

ii. The register shall be kept up-to-date at all times. Admissions, discharges and discharge destination, and other changes shall be recorded within 48 hours;

iii. The register, which is a permanent record, shall be kept in a safe place, in a fire-resistant container; and

iv. All entries into the register shall be clear, legible, and written in ink or typed.

2. Each resident's record shall include at least the following:

i. The resident's completed admission application and all records forwarded to the facility;

ii. The resident's name, last address, date of birth, name and address of sponsor or interested agency, date of admission, date of discharge (and discharge destination) or death, the name, address and telephone number of physician, advanced practice nurse, or physician assistant to be called, and the name and address of nearest relative, guardian, responsible person, or interested agency, documentation of the existence or nonexistence of an advance directive and the facility's inquiry of the resident concerning this, together with any other information the resident wishes to have recorded;

iii. A statement by a physician, advanced practice nurse, or physician assistant of the individual's suitability for admission to the facility, as specified in *N.J.A.C. 5:27A-4.12(c)*. The administrator or the administrator's designee shall be responsible for having the certification properly completed and signed by a physician, advanced practice nurse, or physician assistant. When first contact is made regarding the placement of an individual in the facility, the administrator or the administrator's designee shall inform the individual making the inquiry that the medical certification must be completed before admission;

iv. Whenever a resident dies in the residential heath care facility, the administrator or the administrator's designee shall include written documentation from the physician, advanced practice nurse, or physician assistant of the date and time of death, the name of the person who pronounced the death, disposition of the body, and a record of notification of the family:

*** This file includes all Regulations adopted and published through the ***
*** New Jersey Register, Vol. 45, No. 2, January 22, 2013 ***

v. A complete record of visits by physicians, advanced practice nurses, or physician assistants, as known by the facility, including dates and the physicians', advanced practice nurses' or physician assistants' comments if applicable; and

vi. Annual nursing assessments and nurse's health monitoring and maintenance notes, entered in accordance with *N.J.A.C. 5:27A-9.2* or more frequently based on individual resident's needs.

3. The admission agreement shall be maintained in the facility, in accordance with facility policies.

§ 5:27A-14.1 Policies and procedures regarding resident rights

(a) The facility shall establish and implement written policies regarding the rights and responsibilities of residents, and shall be responsible for developing and adhering to procedures implementing such policies. These policies and procedures and a copy of *N.J.S.A. 55:13B-17* et seq. shall be given to residents and their next of kin and/or sponsors and/or guardians, and to each member of the facility's staff. These policies and procedures and *N.J.S.A. 55:13B-17* et seq. shall also be conspicuously posted in the facility.

(b) Each employee of the facility, upon employment, shall receive inservice education concerning the implementation of policies and procedures regarding resident rights.

(c) The facility shall comply with all applicable State and Federal statutes, rules, and regulations concerning resident rights, including *N.J.S.A. 52:27G-7.1* et seq. and *55:13B-17* et seq.

(d) Any suspected case of resident abuse or exploitation shall be reported to the county welfare agency, in accordance with *N.J.S.A. 55:13B-1* et seq., The Rooming and Boarding House Act of 1979. If the resident is 60 years of age or older, the State of New Jersey Office of the Ombudsman for the Institutionalized Elderly shall also be notified at 1-877-582-6995, pursuant to *N.J.S.A. 52:27G-7.1* et seq. If the resident is less than 60 years of age, the Residential Health Care Evaluation Program of the Department shall also be notified at (609) 633-6251.

§ 5:27A-14.2 Rights of each resident

(a) Resident rights, policies, and procedures shall ensure that, as a minimum, each resident admitted to the facility:

1. Is informed of these rights, as evidenced by his or her written acknowledgment, and is given a statement of these rights and the facility's rules and regulations, and an explanation of the resident's responsibility to adhere to all regulations of the facility and to respect the personal rights and private property of other residents;

*** This file includes all Regulations adopted and published through the ***
*** New Jersey Register, Vol. 45, No. 2, January 22, 2013 ***

2. Is informed, and is given a written statement prior to or at the time of admission and during stay, as documented in the resident's record, of services available in the facility and of all charges including room, board, laundry, and personal services, and is given written notification of at least 30 days prior to any change in charges. This statement shall include the payment, fee, deposit, and refund policy of the facility;

3. Is allowed to retain the services of his or her personal physician, advanced practice nurse, or physician assistant at his or her own expense or under a third-party payment system; is assured of assistance in obtaining medical care; may refuse medication and treatment, after being informed of the effects of such actions; and may refuse to participate in research projects (but if the resident chooses to participate, his or her informed written consent shall be obtained);

4. Is, except in the case of an emergency, transferred or discharged only for medical reasons or for his or her welfare or that of other residents upon the written order of the resident's physician, advanced practice nurse, or physician assistant, who shall document the reason for the transfer or discharge in the resident's record, or for nonpayment for the resident's stay, or for repeated violations of the facility's written rules and regulations after being advised of them in writing, if required by the Department, or to comply with clearly expressed and documented resident choice, or in conformance with the New Jersey Advance Directives for Health Care Act, *N.J.S.A. 26:2H-53* et seq., as specified in *N.J.A.C. 5:27A-4.16*;

i. If a transfer or discharge on a non-emergency basis is requested by the facility, the resident or, in the case of an adjudicated mentally incompetent resident, the next of kin and/or sponsor and/or guardian, shall be given at least 30 days advance notice in writing of such transfer or discharge;

5. Is encouraged and assisted, throughout the period of stay, to exercise rights as a resident and as a citizen, and to this end may voice grievance on behalf of himself or herself or others, initiate action for damages or other relief for deprivations or infringements of the right to treatment and care established by any applicable statute, rule, regulation, or contract, and recommend changes in policies and services to facility personnel and/or to outside representatives of the resident's choice, free from restraint, interference, coercion, discrimination, or reprisal.

i. The administrator shall provide all residents and/or next of kin and/or sponsors and/or guardians with the following names, addresses, and telephone numbers where complaints may be lodged:

Supervisor of Enforcement
Residential Health Care Evaluation Program
New Jersey Department of Community Affairs
P.O. Box 804
Trenton, N.J. 08625-0804
Telephone: (609) 984-4258; and

*** This file includes all Regulations adopted and published through the ***
*** New Jersey Register, Vol. 45, No. 2, January 22, 2013 ***

State of New Jersey
Office of the Ombudsman for the Institutionalized Elderly
PO Box 808
Trenton, N.J. 08625-0808
Telephone: (800) 792-8820

ii. These telephone numbers shall be conspicuously posted in the facility at every public telephone and on all bulletin boards used for posting public notices. The facility shall also conspicuously post the name, address, and telephone number of the county welfare agency and the county office on aging;

6. Is free from mental and physical abuse, free from exploitation, in accordance with *N.J.S.A. 52:27G-7.1*, and free from chemical and physical restraints. Medication shall not be used for punishment, for convenience of facility personnel, or in quantities that interfere with a resident's living activities;

7. Is allowed to keep and use his or her personal property, including at least clothing and personal possessions used on a daily basis, unless this would be unsafe, impractical, or an infringement on the rights of other residents. The residential health care facility must provide reasonable protection of the resident's personal possessions from theft, loss, and misplacement;

8. Is assured confidential treatment of his or her personal and health and social records and has the opportunity to examine such records. The written consent of the resident shall be obtained for release of his or her records to any individual outside the facility, except in the case of the resident's transfer to another health care facility, or as required by law or third-party payor;

9. Is treated with consideration, respect, and full recognition of his or her dignity, individuality, and right to privacy, including, but not limited to, privacy concerning his or her treatment and condition and the care of his or her personal needs. Privacy of the resident's body shall be maintained during, but not be limited to, toileting, bathing, and other activities of personal hygiene, except as needed for resident safety or assistance;

10. Is not required to perform services for the facility. If the resident volunteers to perform services for the facility, the resident shall receive supervision;

11. May associate and communicate privately with persons of his or her choice, may have reasonable opportunities for private and intimate physical and social interaction with other people, may join with other residents or individuals within or outside the facility to work for improvements in resident care, may send and receive personal mail unopened, and upon his or her request, shall be given assistance in the reading and writing of correspondence.

i. The facility shall, with the consent of the resident being visited, permit visitors, legal services representatives, employees of the Department of the Public Advocate, employees and volunteers of the Office of the Ombudsman for the Institutionalized Elderly, representatives of governmental welfare and social agencies, and all governmental representatives full and free access at a rea-

*** This file includes all Regulations adopted and published through the ***
*** New Jersey Register, Vol. 45, No. 2, January 22, 2013 ***

sonable hour to the facility in order to visit with, and make personal, social and legal services available to all residents;

12. May participate in facility activities, and meet with, and participate in activities of, social, religious, and community groups at his or her discretion; and has the opportunity for physical exercise and the opportunity to be outdoors;

13. Is allowed to leave the facility. If the resident's absence is medically contraindicated, the physician, advanced practice nurse, or physician assistant, or other appropriate person(s) shall be notified in the event that the resident leaves the facility;

14. May retain and use personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except where the facility can demonstrate that such would be unsafe, impractical to do so, infringes upon the rights of others and that mere convenience is not the facility's motive to restrict this right. If the resident has property on deposit with the facility, he or she shall have daily access to such property during specific periods established by the facility, and at a reasonable hour;

15. Has the right to unrestricted communication, including personal visitation with any person of his or her choice during visiting hours, which must be set at reasonable times and for no less than 12 hours per day. The facility shall develop policies specifying times when visits are allowed and shall conspicuously post its visiting hours;

16. The facility shall develop policies and procedures so that the resident is allowed visits from his or her next of kin and/or sponsor and/or guardian at any time, if ill. Members of the clergy shall be notified by the facility at the resident's request, and shall be admitted at the request of the resident and/or next of kin and/or sponsor and/or guardian at any time. Privacy shall be ensured for visits with his or her family, friends, clergy, social workers, attorney, counselor, advocates, or for professional or business purposes;

17. Is allowed unaccompanied access to telephones, in the facility, at a reasonable hour, both to make and to receive confidential calls, and has the right to a private telephone at his or her expense. If the facility provides telephones which are coin-operated, the resident shall be charged no more than the actual cost of the call, except that an access fee no greater than the charge for a local call on a coin-operated telephone may be charged;

18. Is not required to go to bed and has the right to be outside his or her bedroom;

19. Is allowed, or his or her next of kin and/or sponsor and/or guardian and/or conservator, as defined in *N.J.S.A. 3B:13A-1* through *3B:13A-36*, is allowed to manage the resident's personal financial affairs, or is given at least a quarterly written statement of financial transactions made on his or her behalf, should the facility accept his or her written delegation of this responsibility.

i. The written delegation of responsibility shall be witnessed by a person who is unconnected with the facility, its operations, and its personnel, and shall be included in the resident's record;

ii. The financial statement shall account for all the resident's property on deposit at the beginning of the quarter, all deposits and withdrawals transacted during the quarter (substantiated by receipts given to the resident or his or her next of kin and/or sponsor and/or guardian), and the property on deposit at the end of the quarter;

iii. The facility shall maintain a monthly written record for each resident who receives Social Security Administration (SSA) and/or Supplemental Security Income (SSI) checks. The written record shall include the resident's name, the date and amount of each check, the date and amount of each disbursement, the reasons for each disbursement, and to whom each disbursement was made;

iv. Each resident residing in a residential health care facility who receives benefits generated from the Home Energy Assistance Program in accordance with *N.J.A.C. 5:49* may, but shall not be required to, provide the owner, operator, employee, or their representative with any portion of monies provided through the Home Energy Assistance Program. No owner, operator, employee, or representative of the facility shall coerce, intimidate, or exploit residents into providing them with any portion of their home energy assistance checks;

20. Is assured of exercising civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, or any attendance at religious services, shall be imposed upon any resident or facility. Knowledge of available choices shall not be infringed upon and the facility shall encourage and assist in the exercise of these rights. Arrangements shall be made, at the resident's expense, for attendance at religious services of his or her choice when requested;

21. Is not the object of discrimination with respect to participation in recreational activities, meals, social or other functions. The resident's participation may be restricted or prohibited if recommended by the resident's physician, advanced practice nurse, or physician assistant in the resident's record, and consented to by the resident;

22. Is not deprived of any constitutional, civil, and/or legal rights solely by reason of admission to the facility. Such rights shall include, but not be limited to, the right to gainful employment, to move to a different living arrangement, to wear his or her own clothing, and to determine his or her own dress, hair style, and other personal choices according to individual preference; and

23. Is allowed to discharge himself or herself from the facility upon presentation of a written notice to the administration and, in the case of an adjudicated mentally incompetent resident, upon the written consent of his or her next of kin and/or sponsor and/or guardian.

§ 5:27A-15.1 Provision of housekeeping, sanitation, safety and maintenance services

*** This file includes all Regulations adopted and published through the ***
*** New Jersey Register, Vol. 45, No. 2, January 22, 2013 ***

(a) The facility shall provide and maintain a sanitary, safe and homelike environment for residents.

(b) The facility shall provide housekeeping, laundry, pest control, and maintenance services.

(c) Written objectives, policies, a procedure manual, and an organizational plan for housekeeping, sanitation, safety, laundry and maintenance services shall be developed and implemented.

§ 5:27A-15.2 Housekeeping

(a) A written work plan for housekeeping operations shall be established and implemented, with categorization of cleaning assignments as daily, weekly, monthly, or annually within each area of the facility.

(b) Procedures shall be developed for selection and use of housekeeping and cleaning products and equipment.

(c) Housekeeping personnel shall be trained in cleaning procedures within the scope of their responsibility, including the use, cleaning, and care of equipment.

§ 5:27A-15.3 Resident environment

(a) The following housekeeping and sanitation conditions shall be met:

1. The facility and its contents, including all environmental surfaces, shall be clean to sight and touch and free of dirt and debris;

2. All rooms shall be ventilated to help prevent condensation, mold growth, and noxious odors;

3. All resident areas shall be free of noxious odors;

4. All facility furnishings shall be clean and in good repair, and facility mechanical equipment shall be in working order. Broken or worn items shall be repaired, replaced, or removed promptly;

5. All equipment and materials necessary for cleaning, disinfecting, sanitizing, and sterilizing (if applicable) shall be provided;

6. Thermometers which are accurate to within three degrees Fahrenheit shall be maintained in refrigerators, freezers, and storerooms used for perishable and other items subject to deterioration, in accordance with Chapter XII of the New Jersey Sanitary Code, *N.J.A.C. 8:24*, copies of which are available by contacting the Residential Health Care Evaluation Program of the Department at (609) 633-6251;

*** This file includes all Regulations adopted and published through the ***
*** New Jersey Register, Vol. 45, No. 2, January 22, 2013 ***

7. Sufficient and adequately lighted storage space shall be provided in the facility for the proper storage of residents' clothing, linens, drugs, food, cleaning and other supplies;

8. Articles in storage shall be elevated from the floor and away from walls (if moisture is present), ceilings, and air vents;

9. Unobstructed aisles shall be provided in storage areas;

10. Effective and safe controls shall be used to minimize and eliminate the presence of rodents, flies, roaches and other vermin in the facility. The premises shall be kept in such condition as to prevent the breeding, harborage, or feeding of vermin. All openings to the outer air shall be effectively protected against the entrance of insects;

11. Items that come in contact with open skin or mucous membranes shall be sterilized or, at a minimum, receive high level disinfection;

12. Items that come in contact with intact skin, such as bedpans, toilets and sinks, shall be disinfected, using a process for disinfection established by the facility as specified above, at *N.J.A.C. 5:27A-15.2*; and

13. Toilet tissue, soap, paper towels or air dryers, and waste receptacles shall be provided in each bathroom at all times. Resident's personal cloth towels may be used instead of paper towels in private or semi-private bathrooms. A self-draining dish or device shall be provided for storage of bar soap, if bar soap is used.

(b) The following safety conditions shall be met:

1. Scatter rugs shall not be permitted, except that residents may have the option to use scatter rugs which have non-skid backing in individual resident bedrooms. The facility shall ensure that scatter rugs are only used in a manner that does not jeopardize resident safety. Floors shall be coated with slip-resistant floor finish. Carpeting shall be kept clean and odor free and shall not be frayed, worn, torn, or buckled;

2. Pesticides shall be applied in accordance with *N.J.A.C. 7:30*;

3. All household, cleaning and personal care products in the facility shall be identified and labeled. All poisonous and toxic materials shall be identified, labeled, and stored in a locked cabinet or room. The facility shall ensure that all household and cleaning products in a resident's possession are stored in the resident's locked room or other secure location. The telephone number of the poison control center shall be conspicuously posted in the facility;

4. Combustible materials shall not be stored in heater rooms or within 18 feet of any heater;

5. Paints, varnishes, lacquers, thinners, and all other flammable materials shall be stored in closed metal cabinets or containers and away from open flames and other sources of heat;

6. Wastebaskets and ashtrays shall be made of noncombustible materials;

*** This file includes all Regulations adopted and published through the ***
*** New Jersey Register, Vol. 45, No. 2, January 22, 2013 ***

7. If pets are allowed in the facility, the facility shall provide safeguards to prevent interference in the lives of residents. (See recommendations concerning pet facilitated therapy, chapter Appendix C).

8. The use of open fireplaces shall be restricted to the living and recreation rooms of the building;

i. When a fireplace is in use it shall be protected by a metal screen or glass enclosure;

ii. When a fireplace is in use it shall be under the supervision of a responsible employee;

iii. All ashes shall be kept in metal containers;

9. An electrician licensed in accordance with *N.J.A.C. 13:31* shall annually inspect and provide a written statement that the electrical circuits and wiring in the facility are satisfactory and in safe condition;

i. The written statement shall include the date of inspection, and shall indicate that circuits are not overloaded, that all wiring and permanent fixtures are in safe condition, and that all portable electrical appliances, including lamps, are Underwriters Laboratories (U.L.) approved;

ii. The written statement shall be forwarded annually to the Residential Health Care Evaluation Program, New Jersey Department of Community Affairs, Bureau of Rooming and Boarding Home Standards, PO Box 804, Trenton, New Jersey 08625-0804; and

10. All partitions in the basement shall be constructed of noncombustible material.

§ 5:27A-15.4 Waste removal

(a) All solid or liquid waste which is not regulated medical waste, garbage, and trash shall be collected, stored, and disposed of in accordance with the rules of the New Jersey State Department of Environmental Protection and the New Jersey State Department of Health and Senior Services (*N.J.A.C. 8:24*). Solid waste shall be stored in insectproof, rodentproof, fireproof, nonabsorbent, watertight containers with tightfitting covers and collected from storage areas regularly so as to prevent nuisances such as odors. Procedures and schedules shall be established and implemented for the cleaning of storage areas and containers for solid or liquid waste, garbage, and trash, in accordance with *N.J.A.C. 8:24*.

(b) Garbage compactors shall be located on an impervious pad that is graded to a drain. The drain shall be unobstructed and connected to the sanitary sewage disposal system.

(c) Plastic bags shall be used for solid waste removal. Plastic bags used for solid waste removal shall be of sufficient strength to safely contain waste from point of origin to point of disposal and shall be effectively closed prior to disposal.

*** This file includes all Regulations adopted and published through the ***
*** New Jersey Register, Vol. 45, No. 2, January 22, 2013 ***

§ 5:27A-15.5 Heating and air conditioning

(a) The heating and, if applicable, air conditioning system shall be adequate to maintain the required temperature in all areas used by residents. When the heating system is used, the temperature in the facility shall be kept at a minimum of 72 degrees Fahrenheit (22 degrees Celsius) during the day ("day" means the time between sunrise and sunset) and 68 degrees Fahrenheit (20 degrees Celsius) at night, when residents are in the facility.

1. Filters for heaters and air conditioners shall be provided and maintained in accordance with manufacturer's specifications.

2. Tanks for all new installations of oil furnaces or other equipment shall be located outside the building. Previously installed oil storage tanks shall have the vent pipe and fill pipe located outside the building.

3. An identifiable electrical emergency shut-off switch shall be provided, on the first floor, for any oil burner.

4. Portable heaters shall not be permitted.

(b) During warm weather conditions, the temperature of the facility shall not exceed 82 degrees Fahrenheit.

1. The facility shall establish a written heat emergency action plan which specifies procedures to be followed in the event that the indoor air temperature is 83 degrees Fahrenheit or higher for a continuous period of four hours or longer. The facility shall provide for and operate adequate ventilation in all areas used by residents.

§ 5:27A-15.6 Water supply

(a) The water supply used for drinking or culinary purposes shall be adequate in quantity, of a safe and sanitary quality, and from a water system which shall be constructed, protected, operated, and maintained in conformance with the New Jersey Safe Drinking Water Act, *N.J.S.A. 58:12A-1* et seq., *N.J.A.C. 7:10*, and local laws, ordinances, and regulations. Copies of the Safe Drinking Water Act can be obtained from the Department of Environmental Protection, Bureau of Safe Drinking Water, PO Box 426, Trenton, New Jersey 08625-0426.

(b) There shall be no back-siphonage conditions present.

(c) There shall be no cross connections between city and well water supplies. When the facility uses well water for potable water every day, a double check valve shall be permitted if the facility has approval for such use from the water company and the New Jersey State Department of Environmental Protection.

*** This file includes all Regulations adopted and published through the ***
*** New Jersey Register, Vol. 45, No. 2, January 22, 2013 ***

(d) The temperature of the hot water used for bathing and handwashing shall be maintained between 95 degrees and 120 degrees Fahrenheit (35 to 49 degrees Celsius).

(e) Equipment requiring drainage, such as ice machines, shall be drained to a sanitary connection.

(f) The sewage disposal system shall be maintained in good repair and operated in compliance with State and local laws, ordinances, and regulations.

§ 5:27A-15.7 Building and grounds maintenance

(a) The building and grounds shall be well maintained at all times. The interior and exterior of the building shall be kept in good condition to ensure an attractive appearance, provide a pleasant atmosphere, and safeguard against deterioration. The building and grounds shall be kept free from fire hazards and other hazards to resident's health and safety.

(b) A written work schedule for building and grounds maintenance operations shall be established and implemented, with categorization of maintenance assignments as daily, weekly, monthly, or annually within each area of the facility and the grounds.

§ 5:27A-15.8 Laundry services

(a) Written policies and procedures shall be established and implemented for the facility's laundry services, including, but not limited to, policies and procedures regarding the following:

1. The storage and transportation of laundry;

2. Collection and storage of soiled laundry in a ventilated area;

3. Protection of clean laundry from contamination during processing, transporting, and storage; and

4. Handling and laundering of resident's clothing and personal items separately from other laundry.

(b) Soiled laundry shall be stored in a ventilated, vermin-proof area, separate from laundry supplies, and shall be stored, sorted, rinsed, and laundered only in areas specifically designated for those purposes.

(c) All soiled laundry from resident rooms and other service areas shall be stored, transported, collected, and delivered in a covered laundry bag or cart. Laundry carts shall be in good repair, kept clean, and identified for use with either clean or soiled laundry.

*** This file includes all Regulations adopted and published through the ***
*** New Jersey Register, Vol. 45, No. 2, January 22, 2013 ***

(d) Clean laundry shall be protected from contamination during processing, storage, and transportation within the facility.

(e) Soiled and clean laundry shall be kept separate. An established procedure shall be followed to reduce the number of bacteria in the fabrics. Equipment or surfaces such as tables that come into contact with soiled laundry shall be sanitized after use.

(f) Residents who choose to launder their personal items shall be provided with in-house assistance and resident supervision, as required, in accordance with a schedule developed by the facility which will allow such residents access at a reasonable hour.

(g) If the facility provides an on-premises laundry in lieu of using a commercial laundry service, it shall provide a receiving, holding, and sorting area with hand-washing facilities in close proximity. The walls, floors, and ceilings of the area shall be clean and in good repair. Ventilation shall be adequate to prevent heat and odor build-up. If a structural change is required by this section, the facility shall demonstrate an alternate system to meet the requirements of all subsections of this section.

§ 5:27A-16.1 Infection control program

(a) The facility shall develop and implement an infection prevention and control program.

(b) The health maintenance and monitoring nurse, in coordination with the administrator, shall be responsible for the direction, provision, and quality of infection prevention and control services. The health maintenance and monitoring nurse, in coordination with the administrator, shall be responsible for, but not limited to, developing and maintaining written objectives, a policy and procedure manual, and an organizational plan for the infection prevention and control service.

§ 5:27A-16.2 Development of infection control policies and procedures

(a) The facility shall develop, implement, and review, at least annually, written policies and procedures regarding infection prevention and control. Written policies and procedures shall be consistent with the following Centers for Disease Control publications, incorporated herein by reference, as amended and supplemented:

1. Guidelines for Hand Hygiene in Health Care Settings, PB85-923404, MMWR October 25, 2002/51 (RR-16) as amended and supplemented;

2. Guidelines for Isolation Precautions in Hospitals, PB96-138102, February 18, 1997, as amended and supplemented;

*** This file includes all Regulations adopted and published through the ***
*** New Jersey Register, Vol. 45, No. 2, January 22, 2013 ***

3. Prevention and Control of Tuberculosis in Facilities Providing Long-Term Care to the Elderly, MMWR/39 (RR-10), July 13, 1990, as amended and supplemented; and

4. Guidelines for Preventing Health Care-Associated Pneumonia, MMWR/53 (RR-03), March 26, 2004, as amended and supplemented.

(b) Centers for Disease Control publications can be obtained from:

National Technical Information Service
U.S. Department of Commerce
5285 Port Royal Road
Springfield, VA 22161
(703) 605-6000 or
(800) 553-6847

or

Superintendent of Documents
U.S. Government Printing Office
Washington, D.C. 20402

(c) The facility shall document evidence of annual vaccination against influenza for each resident, in accordance with the recommendations of the Advisory Committee on Immunization Practices of the Centers for Disease Control most recent to the time of vaccination, incorporated herein by reference, unless such vaccination is medically contraindicated or the resident has refused the vaccine, in accordance with *N.J.A.C. 5:27A-14.2(a)*3. Influenza vaccination for all residents accepting the vaccine shall be completed by November 30 of each year. Residents admitted after this date, during the flu season and up to February 1, shall, as medically appropriate, receive influenza vaccination prior to or on admission unless refused by the resident.

(d) The facility shall document evidence of vaccination against pneumococcal disease for all residents who are 65 years of age or older, in accordance with the recommendations of the Advisory Committee on Immunization Practices of the Centers for Disease Control most recent to the time of vaccination, incorporated herein by reference, unless such vaccination is medically contraindicated or the resident has refused the offer of the vaccine in accordance with *N.J.A.C. 5:27A-14.2(a)*3. The facility shall provide or arrange for pneumococcal vaccination of residents who have not received this immunization, prior to or on admission unless the resident refuses offer of the vaccine.

§ 5:27A-16.3 General infection control policies and procedures

*** This file includes all Regulations adopted and published through the ***
*** New Jersey Register, Vol. 45, No. 2, January 22, 2013 ***

(a) Written policies and procedures shall be established and implemented regarding infection prevention and control, including, but not limited to, policies and procedures for the following:

1. In accordance with Chapter II, New Jersey State Sanitary Code, Communicable Diseases, *N.J.A.C. 8:57*, a system for investigating, reporting, and evaluating the occurrence of all infections or diseases which are reportable or conditions which may be related to activities and procedures of the facility, and maintaining records for all residents or personnel having these infections, diseases, or conditions;

2. Infection control and isolation, in accordance with applicable Occupational Safety and Health Administration (OSHA) requirements (see OSHA Standards--29 CFR--Bloodborne pathogens--1910.1030 incorporated herein by reference, as amended and supplemented);

3. Exclusion from work, and authorization to return to work, for personnel with communicable diseases;

4. Surveillance techniques to minimize sources and transmission of infection;

5. Techniques to be used during each resident contact, including handwashing before and after caring for a resident;

6. Protocols for identification of residents with communicable diseases and education of residents regarding prevention and spread of communicable diseases; and

7. Where applicable, cleaning, sterilization and disinfection practices and techniques used in the facility, including, but not limited to, the following:

i. Care of utensils, instruments, solutions, dressings, articles, and surfaces;

ii. Selection, storage, use, and disposition of disposable and nondisposable resident care items. Disposable items shall not be reused;

iii. Methods to ensure that sterilized materials are packaged, labeled, processed, transported, and stored to maintain sterility and to permit identification of expiration dates; and

iv. Care of urinary catheters, intravenous catheters, respiratory therapy equipment, and other devices and equipment that provide a portal of entry for pathogenic microorganisms.

(b) High-level disinfection techniques shall be used for all reusable respiratory therapy equipment and instruments that touch mucous membranes.

(c) Disinfection procedures for items that come in contact with bed pans, sinks, and toilets shall conform with protocols for cleaning and disinfection which have been established by the facility in accordance with this chapter.

(d) Personnel who have had contact with resident excretions, secretions, or blood, whether directly or indirectly, in activities such as performing a physical examination, providing catheter care, and emptying bedpans, shall wash their hands with soap and warm water for between 10 and 30 seconds or use other effective hand sanitation techniques immediately after such contact.

*** This file includes all Regulations adopted and published through the ***
*** New Jersey Register, Vol. 45, No. 2, January 22, 2013 ***

(e) Equipment and supplies used for sterilization, disinfection, and decontamination purposes shall be maintained according to manufacturers' specifications.

(f) Needles and syringes used by residents as part of home self-care shall be disposed of in accordance with *N.J.S.A. 2C:36-6.1*.

§ 5:27A-16.4 Employee health and resident policies and procedures for infection prevention and control

(a) Each new employee, including members of the medical staff employed by the facility, upon employment and each resident upon admission shall receive a two-step Mantoux tuberculin skin test with five tuberculin units of purified protein derivative. The only exceptions shall be employees or residents with documented negative two-step Mantoux skin test results (zero to nine millimeters of induration) within the last year, employees or residents with a documented positive Mantoux skin test result (10 or more millimeters of induration), employees or residents who have received appropriate medical treatment for tuberculosis, or when medically contraindicated. Results of the Mantoux tuberculin skin tests administered to new employees or residents shall be acted upon as follows:

1. If the first step of the Mantoux tuberculin skin test result is less than 10 millimeters of induration, the second step of the two-step Mantoux test shall be administered one to three weeks later.

2. If the Mantoux test is significant (10 millimeters or more of induration), a chest x-ray shall be performed and, if necessary, followed by chemoprophylaxis or therapy.

3. Any employee with positive results shall be referred to the employee's personal physician and if active tuberculosis is suspected or diagnosed shall be excluded from work until the physician provides written approval to return.

4. Any resident with positive results shall receive care in accordance with *N.J.A.C. 5:27A-16.2(a)*3.

(b) The facility shall have written policies and procedures requiring annual Mantoux tuberculin skin tests for all employees and residents except those exempted under (a) above.

(c) The facility shall report annually the results of all tuberculin testing of personnel and residents, on forms provided by the Department of Health and Senior Services, Division of Epidemiology, Tuberculosis Program, (609) 588-7522.

(d) Employees who have signs or symptoms of a communicable disease shall not be permitted to perform functions that expose residents to risk of transmission of the disease.

*** This file includes all Regulations adopted and published through the ***
*** New Jersey Register, Vol. 45, No. 2, January 22, 2013 ***

(e) If a communicable disease prevents the employee from working for a period of more than three days, a statement from a physician, advanced practice nurse, or physician assistant, approving the employee's return shall be required prior to the employee's return to work.

(f) The facility shall develop and implement procedures for the care of employees who become ill while at work or who have a work-related accident.

(g) The facility shall maintain records documenting contagious diseases contracted by employees during employment.

(h) The facility shall maintain listings of all residents and personnel who have infections, diseases, or conditions which are reportable to the Department of Health and Senior Services pursuant to Chapter II, New Jersey State Sanitary Code, Communicable Diseases, *N.J.A.C. 8:57*, unless prohibited by Federal or State law.

(i) All residents shall be provided with an opportunity to wash their hands before each meal and shall be encouraged to do so. Staff shall wash their hands before each meal and before assisting residents in eating.

§ 5:27A-16.5 Staff education and training for infection prevention and control

All employees shall be informed about the facility's infection control procedures, including personal hygiene requirements.

§ 5:27A-16.6 Regulated medical waste

(a) Regulated medical waste shall be collected, stored, handled, and disposed of in accordance with applicable Federal and State laws and regulations.

(b) The facility shall comply with the provisions of *N.J.S.A. 13:1E-48.1* et seq., the Comprehensive Regulated Medical Waste Management Act, and all rules promulgated pursuant to the aforementioned Act, including, but not limited to, N.J.A.C. 7:26-3A.

§ 5:27A-17.1 Scope and types of surveys

(a) The Department, or another State agency to which the Department has delegated the authority for conduct of surveys either partially or fully, may conduct periodic or special inspections of licensed residential health care facilities to evaluate the fitness and adequacy of the premises,

*** This file includes all Regulations adopted and published through the ***
*** New Jersey Register, Vol. 45, No. 2, January 22, 2013 ***

equipment, personnel, policies and procedures, and finances, and to ascertain whether the facility complies with all applicable State and Federal licensure regulations and statutes.

(b) The Department or its designee may also conduct periodic surveys of facilities on behalf of the U.S. Department of Health and Human Services or other Federal agency for purposes of evaluating compliance with all applicable Federal regulations or Medicare and Medicaid certification regulations.

(c) The Department may evaluate all aspects of patient care, and operations of a residential health care facility, including the inspection of medical records; observation of patient care where consented to by the patient; inspection of all areas of the physical plant under the control or ownership of the licensee; and interview of the patient or resident, his or her family or other individuals with knowledge of the patient or care rendered to him or her.

(d) All information pertaining to an individual patient shall be maintained as confidential by the Department and shall not be available to the public in a manner that identifies an individual patient, unless so consented to by the patient or pursuant to an order by a court of law.

(e) The Department may conduct a survey of a facility upon the receipt of complaint or allegation by any person or agency, including a patient, his or her family, or any person with knowledge of the services rendered to patients or operations of a facility.

(f) The Department may evaluate the quality of patient care rendered by a facility through analysis of statistical data reported by facilities to the Department or other agency, or by review of reportable event information or other notices filed with the Department pursuant to regulation. Upon receipt of information indicating a potential risk to patient safety or violations of licensing regulations, the Department may conduct a survey to investigate the causes of this finding, or request a written response from the facility to ascertain the validity of the data and to describe the facility's plan or current actions to address the identified findings.

(g) Following a reasonable opportunity for facilities to review and comment on the validity of the Department's statistical data related to the quality of patient care by facilities, the Department may make such information, as appropriately amended available to the public.

§ 5:27A-17.2 Deficiency findings

(a) A deficiency may be cited by the Department upon any single or multiple determination that the residential health care facility does not comply with a licensure regulation. Such findings may be made as the result of either an on-site survey or inspection or as the result of the evaluation of written reports or documentation submitted to the Department, or the omission or failure to act in a manner required by regulation.

*** This file includes all Regulations adopted and published through the ***
*** New Jersey Register, Vol. 45, No. 2, January 22, 2013 ***

(b) At the conclusion of a survey or within 10 business days thereafter, the Department shall provide a facility with a written summary of any factual findings used as a basis to determine that a licensure violation has occurred, and a statement of each licensure regulation to which the finding of a deficiency relates.

§ 5:27A-17.3 Informal dispute resolution

(a) A residential health care facility may request an opportunity to discuss the accuracy of survey findings with representatives of the Department in the following circumstances during a survey:

1. During the course of a survey to the extent such discussion does not interfere with the surveyor's ability to obtain full and objective information and to complete required survey tasks; or

2. During the exit interview or other summation of survey findings prior to the conclusion of the survey.

(b) Following completion of the survey, a facility may contact the DCA Residential Health Care Licensure Program to request an informal review of deficiencies cited. The request must be made in writing within 10 business days of the receipt of the written survey findings. The written request must include:

1. A specific listing of the deficiencies for which informal review is requested; and

2. Documentation supporting any contention that a survey finding was in error.

(c) The review will be conducted within 10 business days of the request by supervisory staff of the DCA Residential Health Care Licensure Program who did not directly participate in the survey. The review can be conducted in person at the offices of the Department or, by mutual agreement, solely by review of the documentation as submitted.

(d) A decision will be issued by the Department within seven business days of the conference or the review, and if the determination is to agree with the residential health care facility's contentions, the deficiencies will be removed from the record. If the decision is to disagree with the request to remove deficiencies, a plan of correction is required within five business days of receipt of the decision. The facility retains all other rights to appeal deficiencies and enforcement actions taken pursuant to these rules.

§ 5:27A-17.4 Plan of correction

(a) The Department may require that the residential health care facility submit a written plan of correction specifying how each deficiency that has been cited will be corrected along with the time

*** This file includes all Regulations adopted and published through the ***
*** New Jersey Register, Vol. 45, No. 2, January 22, 2013 ***

frames for completion of each corrective action. A single plan of correction may address all events associated with a given deficiency.

(b) The plan of correction shall be submitted within 10 business days of the residential health care facility's receipt of the notice of violations, unless the Department specifically authorizes an extension for cause. Where deficiencies are the subject of informal dispute resolution pursuant to *N.J.A.C. 5:27A-17.3*, the extension shall pertain only to the plans of correction for the deficiencies under review.

(c) The Department may require that the residential health care facility's representatives appear at an office conference to review findings of serious or repeated licensure deficiencies and to review the causes for such violations and the facility's plan of correction.

(d) The plan of correction shall be reviewed by the Department and will be approved where the plan demonstrates that compliance will be achieved in a manner and time that assures the health and safety of patients or residents. If the plan is not approved, the Department may request that an amended plan of correction be submitted within five business days. In relation to violations of resident or patient rights, the Department may direct specific corrective measures that must be implemented by residential health care facilities.

§ 5:27A-18.1 Enforcement remedies available

(a) Pursuant to *N.J.S.A. 26:2H-13*, 14, 15, 16 and 38, the Commissioner or his or her designee may impose the following enforcement remedies against a residential health care facility for violations of licensure regulations or other statutory requirements:

1. Civil monetary penalty;

2. Curtailment of admissions;

3. Appointment of a receiver or temporary manager;

4. Provisional license;

5. Suspension of a license;

6. Revocation of a license;

7. Order to Cease and Desist operation of an unlicensed residential health care facility; and

8. Other remedies for violations of statutes as provided by State or Federal law, or as authorized by Federal survey, certification, and enforcement regulations and agreements.

*** This file includes all Regulations adopted and published through the ***
*** New Jersey Register, Vol. 45, No. 2, January 22, 2013 ***

§ 5:27A-18.2 Notice of violations and enforcement actions

The Commissioner shall serve notice to a residential health care facility of the proposed assessment of civil monetary penalties, suspension or revocation of a license, or placement on a provisional license, setting forth the specific violations, charges or reasons for the action. Such notice shall be served on a licensee or its registered agent in person or by certified mail.

§ 5:27A-18.3 Effective date of enforcement actions

The assessment of civil monetary penalties, or revocation of a license, or the placement of a license on provisional status shall become effective 30 days after the date of mailing or the date personally served on a licensee, unless the licensee shall file with the Department a written answer to the charges and give written notice to the Department of its desire for a hearing in which case the assessment, suspension, revocation or placement on provisional license status shall be held in abeyance until the administrative hearing has been concluded and a final decision is rendered by the Commissioner. Hearings shall be conducted in accordance with *N.J.A.C. 8:43E-4.1*.

§ 5:27A-18.4 Civil monetary penalties

(a) Pursuant to *N.J.S.A. 26:2H-13* and 14, the Commissioner may assess a penalty for violation of licensure rules in accordance with the following standards:

1. For operation of a residential health care facility without a license, or continued operation of a residential health care facility after suspension or revocation of a license, $ 1,000 per day from the date of initiation of services;

2. For violation of an order for curtailment of admissions, $ 250.00 per patient, per day from the date of such admission to the date of discharge or lifting of the curtailment order;

3. For failure to obtain prior approval from the DCA Residential Health Care Licensure Program for occupancy of an area or initiation of a service following construction or application for licensure, $ 250.00 a day;

4. For construction or renovation of a residential health care facility without the Department's approval of construction plans, $ 1,000 per room or area renovated and immediate suspension of use in the room or area from the date of initial use until determined by the Department to be in compliance with licensure standards. This determination shall take into account any waivers granted by the Department;

*** This file includes all Regulations adopted and published through the ***
*** New Jersey Register, Vol. 45, No. 2, January 22, 2013 ***

5. For the transfer of ownership of a residential health care facility without prior approval of the Department, $ 500.00 per day from the date of the transfer of interest to the date of discovery by the Department. Such fine may be assessed against each of the parties at interest;

6. For maintaining or admitting more patients or residents to a residential health care facility than the maximum capacity permitted under the license, except in an emergency as documented by the residential health care facility in a contemporaneous notice to the Department, $ 25.00 per patient per day plus an amount equal to the average daily charge collected from such patient or patients;

7. For violations of licensure regulations related to patient care or physical plant standards that represent a risk to the health, safety, or welfare of patients or residents of a residential health care facility or the general public, $ 500.00 per violation where such deficiencies are isolated or occasional and do not represent a pattern or widespread practice throughout the residential health care facility;

8. Where there are multiple deficiencies related to patient care or physical plant standards throughout a residential health care facility, and/or such violations represent a direct risk that a patient's physical or mental health will be compromised, or where an actual violation of a resident's or patient's rights is found, a penalty of $ 1,000 per violation may be assessed for each day noncompliance is found;

9. For repeated violations of any licensing regulation within a 12-month period or on successive annual inspections, or failure to implement an approved plan of correction, where such violation was not the subject of a previous penalty assessment, $ 500.00 per violation, which may be assessed for each day noncompliance is found. If the initial violation resulted in the assessment of a penalty, within a 12-month period or on successive annual inspections, the second violation shall result in a doubling of the original fine, and the third and successive violations shall result in a tripling of the original fine;

10. For violations resulting in either actual harm to a patient or resident, or in an immediate and serious risk of harm, $ 2,500 per violation, which may be assessed for each day noncompliance is found;

11. For failure to report information to the Department as required by statute or licensing regulation, after reasonable notice and an opportunity to cure the violation, $ 250.00 per day; and

12. For violations of rules governing the prohibition of mandatory overtime contained in N.J.A.C. 8:43E-8, $ 1,000 per violation, which may be assessed for each day noncompliance is found.

(b) Except for violations deemed to be immediate and serious threats, the Department may decrease the penalty assessed in accordance with (a) above, based on the compliance history of the facility; the number, frequency and/or severity of violations by the facility; the measures taken by the facility to mitigate the effects of the current violation, or to prevent future violations; the deterrent effect of the penalty; and/or other specific circumstances of the facility or the violation.

*** This file includes all Regulations adopted and published through the ***
*** New Jersey Register, Vol. 45, No. 2, January 22, 2013 ***

(c) The Department may increase the penalties in (a) above up to the statutory maximum per violation per day in consideration of the economic benefit realized by the facility for noncompliance.

§ 5:27A-18.5 Failure to pay a penalty; remedies

(a) Within 30 days after the mailing date of a Notice of Proposed Assessment of a Penalty, a residential health care facility which intends to challenge the enforcement action shall notify the Department of its intent to request a hearing pursuant to the Administrative Procedure Act.

(b) The penalty becomes due and owing upon the 30th day from mailing of the Notice of Proposed Assessment of Penalties, if a notice requesting a hearing has not been received by the Department. If a hearing has been requested, the penalty is due 45 days after the issuance of a Final Agency Decision by the Commissioner, if the Department's assessment has not been withdrawn, rescinded, or reversed, and an appeal has not been timely filed with the New Jersey Superior Court, Appellate Division pursuant to *New Jersey Court Rule 2:2-3*.

(c) Failure to pay a penalty within 30 days of the date it is due and owing pursuant to (b) above may result in one or more of the following actions:

1. Institution of a summary civil proceeding by the State pursuant to the Penalty Enforcement Law (*N.J.S.A. 2A:58-1* et seq.); or

2. Placing the facility on a provisional license status.

§ 5:27A-18.6 Curtailment of admissions

(a) The Department may issue an order curtailing all new admissions and readmissions to a residential health care facility in the following circumstances:

1. Where violations of licensing regulations are found that have been determined to pose an immediate and serious threat of harm to patients or residents of a residential health care facility;

2. Where the Department has issued a Notice of Proposed Revocation or Suspension of a residential health care facility license, for the purpose of limiting the census of a facility if patients or residents must be relocated upon closure;

3. Where the admission or readmission of new patients or residents to a residential health care facility would impair the facility's ability to correct serious or widespread violations of licensing regulations related to direct patient care and cause a diminution in the quality of care; or

4. For exceeding the licensed or authorized bed or service capacity of a residential health care facility, except in those instances where exceeding the licensed or authorized capacity was neces-

*** This file includes all Regulations adopted and published through the ***
*** New Jersey Register, Vol. 45, No. 2, January 22, 2013 ***

sitated by emergency conditions and where immediate and satisfactory notice was provided to the Department.

(b) The order for curtailment may be withdrawn upon a survey finding that the residential health care facility has achieved substantial compliance with the applicable licensing regulations or Federal certification requirements and that there is no immediate and serious threat to patient safety, or in the case of providers exceeding licensed capacity, has achieved a census equivalent to licensed and approved levels. Such order to lift a curtailment may reasonably limit the number and priority of patients to be admitted by the facility in order to protect patient safety.

§ 5:27A-18.7 Appointment of a receiver

(a) Pursuant to *N.J.S.A. 26:2H-42* et seq., the Department may seek an order or judgment in a court of competent jurisdiction, directing the appointment of a receiver for the purpose of remedying a condition or conditions in a residential health care facility that represent a substantial or habitual violation of the standards of health, safety, or resident care adopted by the Department or pursuant to Federal law or regulation.

(b) The Department shall review and approve the receiver's qualifications prior to submission for court approval. The receiver shall have experience and training in residential health care. The Department shall maintain a list of interested and approved receivers.

(c) No receiver may be a current owner, licensee, or administrator of the subject residential health care facility or a spouse or immediate family member thereof.

§ 5:27A-18.8 Suspension of a license

(a) Pursuant to *N.J.S.A. 26:2H-14*, the Commissioner may order the summary suspension of a license of a residential health care facility or a component or distinct part of a facility upon a finding that violations pertaining to the care of patients or to the hazardous or unsafe conditions of the physical structure pose an immediate threat to the health, safety, and welfare of the public or the residents of the facility.

(b) Upon a finding described in (a) above, the Commissioner or the Commissioner's authorized representative shall serve notice in person or by certified mail to the residential health care facility or its registered agent of the nature of the findings and violations and the proposed order of suspension. Except in the case of a life-threatening emergency, the notice shall provide the facility with a 72-hour period from receipt to correct the violations and provide proof to the Department of such correction.

*** This file includes all Regulations adopted and published through the ***
*** New Jersey Register, Vol. 45, No. 2, January 22, 2013 ***

(c) If the Department determines the violations have not been corrected, and the residential health care facility has not filed notice requesting a hearing to contest the notice of suspension within 48 hours of receipt of the Commissioner's notice pursuant to (e) below, then the license shall be deemed suspended. Upon the effective date of the suspension, the facility shall cease and desist the provision of health care services and effect an orderly transfer of patients.

(d) The Department shall approve and coordinate the process to be followed during an evacuation of the residential health care facility or cessation of services pursuant to an order for suspension or revocation.

(e) If the residential health care facility requests a hearing within 48 hours of receipt of the Notice of Proposed Suspension of License in accordance with *N.J.S.A. 26:2H-14*, the Department shall arrange for an immediate hearing to be conducted by the Commissioner and a final agency decision shall be issued within 48 hours by the Commissioner. If the Commissioner shall affirm the proposed suspension of the license, the order shall become final. The licensee may apply for injunctive relief against the Commissioner's order in the New Jersey Superior Court, in accordance with the provisions set forth in *N.J.S.A. 26:2H-14*.

(f) Notwithstanding the issuance of an order for proposed suspension of a license, the Department may concurrently or subsequently impose other enforcement actions pursuant to these rules.

(g) The Department may rescind the order for suspension upon a finding that the residential health care facility has corrected the conditions which were the basis for the action.

§ 5:27A-18.9 Revocation of a license

(a) A Notice of the Proposed Revocation of a residential health care facility license may be issued in the following circumstances:

1. The facility has failed to comply with licensing requirements, posing an immediate and serious risk of harm or actual harm to the health, safety, and welfare of patients or residents, and the facility has not corrected such violations in accordance with an approved plan of correction or subsequent to imposition of other enforcement remedies issued pursuant to these rules;

2. The facility has exhibited a pattern and practice of violating licensing requirements, posing a serious risk of harm to the health, safety and welfare of residents or patients. A pattern and practice may be demonstrated by the repeated violation of identical or substantially-related licensing regulations during three consecutive surveys, or the issuance of civil monetary penalties pursuant to *N.J.A.C. 5:27A-18.4* or other enforcement actions for unrelated violations on three or more consecutive surveys;

3. Failure of a licensee to correct identified violations which had led to the issuance of an order for suspension of a license, pursuant to *N.J.A.C. 5:27A-3.6* or 3.8; or

*** This file includes all Regulations adopted and published through the ***
*** New Jersey Register, Vol. 45, No. 2, January 22, 2013 ***

4. Continuance of a facility on provisional licensure status for a period of 12 months or more.

(b) The notice shall be served in accordance with *N.J.A.C. 5:27A-18.2*, and the facility has a right to request a hearing pursuant to *N.J.A.C. 8:43E-4.1*.

§ 5:27A-18.10 Provisional license

(a) The Department may place a residential health care facility on provisional license status in the following circumstances:

1. Upon issuance of a Notice for Revocation or Suspension of a License, pursuant to *N.J.A.C. 5:27A-18.8* or *18.9*, for a period extending through final adjudication of the action;

2. Upon issuance of an order for curtailment of admissions pursuant to *N.J.A.C. 5:27A-18.6*, for a minimum period of three months and for a maximum period extending through 90 days following the date the Department finds the facility has achieved substantial compliance with all applicable licensing regulations;

3. For failure to satisfy a civil penalty due and owing pursuant to *N.J.A.C. 5:27A-18.4*; or

4. Upon a recommendation to the Federal government or the New Jersey Division of Medical Assistance and Health Services for termination of a provider agreement for failure to meet the Federal certification regulations.

(b) A residential health care facility placed on provisional license status shall be placed on notice of same, in accordance with the notice requirements set forth in *N.J.A.C. 5:27A-18.2*. Provisional license status is effective upon receipt of the notice, although the facility may request a hearing to contest provisional license status in accordance with the requirements set forth in *N.J.A.C. 8:43E-4.1*. Where a facility chooses to contest provisional license status by requesting a hearing in accordance with the provisions set forth herein and in *N.J.A.C. 8:43E-4.1*, provisional license status remains effective at least until the final decision or adjudication (as applicable) of the matter, or beyond in instances where the Department's action is upheld, in accordance with these rules. In addition, provisional license status remains effective in cases where the underlying violations which caused the issuance of provisional licensure status are the subject of appeal and/or litigation, as applicable, in accordance with these rules.

(c) While a residential health care facility is on provisional license status, the following shall occur:

1. Withholding of authorization or review of any application filed with the Department for approval of additional beds or services; and

*** This file includes all Regulations adopted and published through the ***
*** New Jersey Register, Vol. 45, No. 2, January 22, 2013 ***

2. Notification of facility placement on provisional license status to any public agency that provides funding or third party reimbursement to the facility or that has statutory responsibility for monitoring the quality of care rendered to patients or residents.

(d) A residential health care facility placed on provisional license status shall post the provisional license in a location within the facility which is conspicuous.

§ 5:27A-18.11 Cease and desist order

(a) Pursuant to *N.J.S.A. 26:2H-14* and 15, the Commissioner or his or her designee may issue an order requiring the operation of an unlicensed or unauthorized residential health care facility or service to cease and desist.

(b) The Commissioner may also impose other enforcement actions pursuant to these rules for operation of an unlicensed health care facility.

(c) The Department may maintain an action in the New Jersey Superior Court to enjoin any entity from operation of a health care facility without a license or after the suspension or revocation of a license pursuant to these rules.

*** This file includes all Regulations adopted and published through the ***
*** New Jersey Register, Vol. 45, No. 2, January 22, 2013 ***

APPENDIX A

RESIDENTIAL HEALTH CARE FACILITIES GUIDELINES FOR INAPPROPRIATE BEHAVIOR AND RESIDENT TO RESIDENT ABUSE

I. Upon admission, the initial resident assessment, MDS 2.0 or approved equivalent, should include a psycho-social behavior component. If interventions to address identified behavior issues are appropriate, these should be incorporated into the care plan. A reassessment should be completed at least annually, or at any time when a resident's pattern of behavior changes. The resident's response to interventions should be recorded in documentation established by the health maintenance and monitoring service.

II. Inappropriate behavior and/or actions should trigger an immediate reassessment with adjusted interventions. The facility should notify the physician, advanced practice nurse or physician assistant and the designated resident representative of the incidents or behaviors. The resident's response should be documented. The facility's actions and/or interventions in response to behavior changes should also be part of the plan of care and should be documented to ensure implementation. Prompt reassessment of behavioral changes will in most cases avert the continued progression of inappropriate behavior.

III. Inappropriate behavior and/or actions involving other residents must be identified in the records of all involved residents, including their assessments, any interventions, and the resident's responses. If the physician, advanced practice nurse or physician assistant and designated resident representatives were notified, this must be documented in the records of all involved residents.

IV. Incidents of inappropriate behavior or actions of abuse between residents should result in the following actions, as applicable:

A. Notification of the health maintenance and monitoring nurse or the physician, advanced practice nurse or physician assistant who will determine if the resident should be transferred or whether an immediate assessment will be done.

B. Documentation of interventions and responses of residents.

C. Notification of residents' designated representatives.

D. Protection of involved residents' civil and constitutional rights.

E. Determination by the administrator of the facility's ability to assure safety while working toward resolution.

F. Implementation of emergency or short-term precautions to assure safety while working toward resolution.

G. Notification of police, if necessary.

*** This file includes all Regulations adopted and published through the ***
*** New Jersey Register, Vol. 45, No. 2, January 22, 2013 ***

V. Transfer from the facility should be based on the appropriate evaluation and transfer order of the attending physician, advanced practice nurse or physician assistant, facility medical director and/or consultant psychiatrist.

VI. In the event of an emergency situation only:

A. Have the resident removed to the emergency room of the local hospital for medical and/or psychiatric evaluation and consultation by a physician. Return of the resident should be based on the physician, advanced practice nurse or physician assistant's written notation of the appropriateness of returning the resident to a residential health care setting. The administrator is responsible for the decision to accept or deny the return of the resident.

B. File a police complaint against the abuser and have the individual removed. The complaint can be filed by the facility or the abused party.

C. Notify all agencies (i.e., Medicaid if applicable; Ombudsman for the Institutionalized Elderly, if the resident is over 60 years of age; and the Department of Community Affairs). In the event that all guidelines have been followed and resolution has not taken place, request assistance from the Department of Community Affairs, Residential Health Care Evaluation Program (609-633-6251).

VII. Facility policies and procedures to address inappropriate resident behavior, including resident to resident abuse, should include all of the above outlined actions.

*** This file includes all Regulations adopted and published through the ***
*** New Jersey Register, Vol. 45, No. 2, January 22, 2013 ***

APPENDIX B

A DAILY FOOD GUIDE

MEAT GROUP

Foods Included: Beef; veal; lamb; pork; variety meats, such as liver, heart, kidney. Poultry and eggs. Fish and shellfish. As alternates-dry beans, dry peas, lentils, nuts, peanuts, peanut butter.

Amounts Recommended: Choose 2 or more servings every day. Count as a serving: 2 to 3 ounces of lean cooked meat, poultry or fish-all without bone; 1 egg, 1/2 cup cooked dry beans, dry peas, or lentils; 2 tablespoons peanut butter may replace one-half serving of meat.

VEGETABLE-FRUIT GROUP

Foods Included: All vegetables and fruits. This guide emphasizes those that are valuable as sources of vitamin C and vitamin A.

Sources of Vitamin C: Good sources-Grapefruit or grapefruit juice; orange or orange juice; cantaloupe; guava; mango; papaya; raw strawberries; broccoli; brussels sprouts; green pepper; sweet red pepper. Fair sources-Honeydew melon; lemon; tangerine or tangerine juice; watermelon; asparagus tips; raw cabbage; collards; garden cress; kale; kohlrabi; mustard greens; potatoes and sweet potatoes cooked in the jacket; spinach; tomatoes or tomato juice; turnip greens.

Sources of Vitamin A: Dark-green and deep-yellow vegetables and a few fruits, namely: Apricots, broccoli, cantaloupe, carrots, chard, collards, cress, kale, mango, persimmon, pumpkin, spinach, sweet potatoes, turnip greens and other dark-green leaves, winter squash.

Amounts Recommended: Choose 4 or more servings each day, including: 1 serving of a good source of vitamin C or 2 servings of a fair source. 1 serving, at least every other day, of a good source of vitamin A. If the food chosen for vitamin C is also a good source of vitamin A, the additional serving of a vitamin A food may be omitted.

The remaining 1 to 3 or more servings may be of any vegetable or fruit, including those that are valuable for vitamin C and for vitamin A.

Count as 1 serving: 1/2 cup of vegetable or fruit; or a portion as ordinarily served, such as 1 medium apple, banana, orange, or potato, half a medium grapefruit or cantaloupe, or the juice of 1 lemon.

MILK GROUP

Foods Included: Milk-fluid whole, evaporated, skim, dry, buttermilk. Cheese-cottage; cream; Cheddar-type, natural or process. Ice cream.

Amounts Recommended: Some milk every day for everyone.

Recommended amounts are given below in terms of 8-ounce cups of whole fluid milk:

Children under 9.....2 or 3

*** This file includes all Regulations adopted and published through the ***
*** New Jersey Register, Vol. 45, No. 2, January 22, 2013 ***

Children 9 to 12.....3 or more
Teenagers.....4 or more
Adults.....2 or more
Pregnant women.....3 or more
Nursing mothers.....4 or more

Part of all of the milk may be fluid skim milk, buttermilk, evaporated milk, or dry milk.

Cheese and ice cream may replace part of the milk. The amount of either it will take to replace a given amount of milk is figured on the basis of calcium content. Common portions of cheese and ice cream and their milk equivalents in calcium are:

1-inch cube Cheddar-type cheese	1/2 cup milk
1/2 cup cottage cheese	1/3 cup milk
2 tablespoons cream cheese	1 tablespoon milk
1/2 cup ice cream	1/4 cup milk

BREAD-CEREAL GROUP

Foods Included: All breads and cereals that are whole grain, enriched, or restored; check labels to be sure. Specifically, this group includes: Breads; cooked cereals; ready-to-eat cereals; cornmeal; crackers; flour; grits; macaroni and spaghetti; noodles; rice; rolled oats; and quick breads and other baked goods if made with whole-grain or enriched flour. Bulgur and par-boiled rice and wheat also may be included in this group.

Amounts Recommended: Choose 4 servings or more daily. Or, if no cereals are chosen, have an extra serving of breads or baked goods, which will make at least 5 servings from this group daily.

Count as 1 serving: 1 slice of bread; 1 ounce ready-to-eat cereal; 1/2 to 3/4 cup cooked cereal, cornmeal, grits, macaroni, noodles, rice or spaghetti.

OTHER FOODS

To round out meals and meet energy needs, almost everyone will use some foods not specified in the four food groups. Such foods include: unenriched, refined breads, cereals, flours; sugars; butter, margarine, other fats. These often are ingredients in a recipe or added to other foods during preparation or at the table.

Try to include some vegetable oil among the fats used.

INTRODUCTION

Food alone cannot make anyone healthy. Good health also depends on heredity, environment, and health care, that is, exercise, habits, smoking, etc., affect health status. Lifestyle is also important to health. But a diet based on these guidelines can help promote good health.

When planning your facility's menu incorporate the following Dietary Guidelines for Americans.

1. Serve a variety of foods

2. Prepare a diet moderate low in fat, saturated fat and cholesterol.
3. Offer a diet with plenty of vegetables, fruits and whole grain products.
4. Use salt and sodium in moderation when preparing foods.
5. Offer foods high in sugars in moderation.

#1 EAT A VARIETY OF FOODS

These guidelines call for moderation avoiding extremes in diet. More than 40 different nutrients are essential for good health. Essential nutrients include vitamins, minerals, amino acids from protein, certain fatty acids from fat, and sources of calories (protein, carbohydrates, and fat). These nutrients should come from a variety of foods, not from a few highly fortified foods or supplements. Any food that supplies calories and nutrients can be part of a nutritious diet. The content of the total diet over a day or more is what counts.

Many foods are good sources of several nutrients. For example, vegetables and fruits are important for Vitamins A and C, folic acids, minerals, and fiber. Breads and cereals supply B vitamins, iron, and protein; whole-grain types are also good sources of fiber. Milk provides protein, B vitamins, vitamins, vitamins A and D, calcium, and phosphorus. Meat, poultry, and fish provide protein, B vitamins, iron and zinc.

No single food can supply all nutrients in the amounts needed. For example, milk supplies calcium but little iron; meat supplies iron but little calcium. Diets should be adjusted to meet individual factors and needs such as healthy weight, cholesterol and blood pressure levels, etc. For a nutritious diet, consume a variety of foods.

#2 CHOOSE A DIET LOW IN FAT, SATURATED FAT AND CHOLESTEROL

Most health authorities recommend an American diet with less fat, saturated fat, and cholesterol. Populations like ours with diets high in fat have more obesity and certain types of cancer. The higher levels of saturated fat and cholesterol in our diets are linked to our increased risk of heart disease.

A diet low in fat makes it easier to include the variety of foods you need for nutrients without exceeding calorie needs because fat contains over twice the calories of an equal amount of carbohydrates or protein. A diet low in saturated fat and cholesterol can help maintain a desirable level of blood cholesterol. For adults this level is below 200 mg/dl. As blood cholesterol increases above this level, greater risk for heart disease occurs. Risk can also be increased by high blood pressure, cigarette smoking, diabetes, a family history of premature heart disease, obesity, and being a male.

The way diet affects blood cholesterol varies among individuals. However, blood cholesterol does increase in most people when they eat a diet high in saturated fat and cholesterol and excessive in calories. Of these, dietary saturated fat has the greatest effect; dietary cholesterol has less.

*** This file includes all Regulations adopted and published through the ***
*** New Jersey Register, Vol. 45, No. 2, January 22, 2013 ***

Total fat. An amount that provides 30 percent or less of calories is suggested. Thus, the upper limit on the grams of fat in the diet depends on the calories needed. For example, at 2,000 calories per day, your suggested upper limit is 600 calories from fat (2,000 x .30). This is equal to 67 grams of fat (600/9), the number of calories each gram of fat provides).

Saturated fat. An amount that provides less than 10 percent of calories (less than 22 grams at 2,000 calories per day) is suggested. All fats contain both saturated and unsaturated fat (fatty acids). The fats in animal products are the main sources of saturated fat in most diets, with tropical oils (coconut, palm kernel, and palm oils) and hydrogenated fats providing smaller amounts.

Cholesterol. Animal products are the source of all dietary cholesterol. Eating less fat from animal sources will help lower cholesterol as well as total fat and saturated fat in your diet.

FOR A DIET LOW IN FAT, SATURATED FAT, AND CHOLESTEROL

Use fats and oils sparingly in cooking.

. Use small amounts of salad dressings and spreads, such as butter, margarine, and mayonnaise. One tablespoon of most of these spreads provides 10 to 11 grams of fat.
. Choose liquid vegetable oils most often because they are lower in saturated fat.
. Check labels on foods to see how much fat and saturated fat are in a serving.
. Choose lean meat, poultry, fish, dry beans, and eggs as protein sources.

CHOOSE A DIET WITH PLENTY OF VEGETABLES, FRUITS & GRAIN PRODUCTS

This guideline recommends that adults eat at least three servings of vegetables and two servings of fruits daily. It recommends at least six servings of grain products, such as breads, cereals, pasta, and rice, with an emphasis on whole grains.

Vegetables, fruits and grain products are emphasized in this guideline especially for their complex carbohydrates, dietary fiber, and other food components linked to good health.

These foods are generally low in fats. By choosing the suggested amounts of them, you are likely to increase carbohydrates and dietary fiber and decrease fat in the diet, as health authorities suggest.

Complex carbohydrates, such as starches, are in breads, cereals, pasta, rice, dry beans and peas, and other vegetables, such as potatoes and corn. Dietary fiber-a part of plant foods-is in whole-grain breads and cereals, dry beans and peas, vegetables, and fruits. It is best to eat a variety of these fiber-rich foods because they differ in the kinds of fiber they contain.

Eating foods with fiber is important for proper bowel function and can reduce symptoms of chronic constipation, diverticular disease, and hemorrhoids. Populations like ours with diets low in

*** This file includes all Regulations adopted and published through the ***
*** New Jersey Register, Vol. 45, No. 2, January 22, 2013 ***

dietary fiber and complex carbohydrates and high in fat, especially saturated fat, tend to have more heart disease, obesity, and some cancers. Just how dietary fiber is involved is not yet clear.

Some of the benefit from a higher fiber diet may be from the food that provides the fiber, not from fiber alone. For this reason, it's best to get fiber from foods rather than from supplements. In addition, excessive use of fiber supplements is associated with greater risk for intestinal problems and lower absorption of some minerals.

Advice for today: Eat more vegetables, including dry beans and peas; fruits; and breads, cereals, pasta, and rice. Increase your fiber intake by eating more of a variety of foods that contain fiber naturally.

USE SALT AND SODIUM ONLY IN MODERATION

Table salt contains sodium and chloride-both are essential in the diet. However, most Americans eat more salt and sodium than they need. Food and beverages containing salt provide most of the sodium in our diets, much of it added during processing and manufacturing.

In populations with diets low in salt, high blood pressure is less common than in populations with diets high in salt. Other factors that affect blood pressure are heredity, obesity, and excessive drinking of alcoholic beverages.

In the United States, about one in three adults has high blood pressure. If these people restrict their salt and sodium, usually their blood pressure will fall.

. Use salt sparingly, if at all, in cooking and at the table.
. When planning meals, consider that:
--fresh and plain frozen vegetables prepared without salt are lower in sodium than canned ones.
--cereals, pasta, and rice cooked without salt are lower in sodium than ready-to-eat cereals.
--milk and yogurt are lower in sodium than most cheeses.
--fresh meat, poultry, and fish are lower in sodium than most canned and processed ones.
--most frozen dinners and combination dishes, packaged mixes, canned soups, and salad dressings contain a considerable amount of sodium.
--so do condiments, such as soy and other sauces, pickles, olives, catsup, and mustard.
. Use salted snacks, such as chips, crackers, pretzels, and nuts sparingly.
. Check labels for the amount of sodium in foods. Choose those lower in sodium most of the time.

*** This file includes all Regulations adopted and published through the ***
*** New Jersey Register, Vol. 45, No. 2, January 22, 2013 ***

USE SUGARS ONLY IN MODERATION

Americans eat sugars in many forms. Sugars provide calories and most people like their taste. Some serve as natural preservatives, thickeners, and baking aids in foods. The guideline cautions about eating sugars in large amounts and about frequent snacks of foods containing sugars and starches.

Sugars and many foods that contain them in large amounts supply calories but are limited in nutrients. Thus, they should be used in moderation by most healthy people and sparingly by people with low calorie needs. Both sugars and starches-which break down into sugars-can contribute to tooth decay. Sugars and starches are in many foods that also supply nutrients-milk; fruits; some vegetables; and breads, cereals, and other foods with sugars and starches as ingredients.

Adapted from Nutrition and Your Health: Dietary Guidelines for Americans; Third Edition, 1990; U.S. Department of Agriculture, U.S. Department of Health and Human Services.

ACKNOWLEDGMENTS:

The U.S. Department of Agriculture and the U.S. Department of Health and Human Services acknowledge the recommendations of the Dietary Guidelines Advisory Committee-the basis for this edition. The Committee consisted of Malden C. Nesheim, Ph.D. (chairman); Lewis A. Barness, M.D.; Peggy R. Borum, Ph.D.; C. Wayne Callaway, M.D.; John C. LaRosa, M.D.; Charles S. Lieber, M.D.; John A. Milner, Ph.D.; Rebecca M. Mullis, Ph.D., and Barbara O. Schneeman, Ph.D.

*** This file includes all Regulations adopted and published through the ***
*** New Jersey Register, Vol. 45, No. 2, January 22, 2013 ***

APPENDIX C

RECOMMENDATIONS FOR PET FACILITATED THERAPY IN NEW JERSEY INSTITUTIONS

I. All Pets

A. Companion pets should not pose a threat or nuisance to the patients, staff, or visitors because of size, odor, sound, disposition, or behavioral characteristics. Aggressive or unprovoked threatening behavior should mandate the pet's immediate removal.

B. Animals which may be approved include: dogs, cats, birds (except carnivorous), fish, hamsters, gerbils, guinea pigs, and domestic rabbits. Wild animals such as turtles and other reptiles, ferrets, and carnivorous birds should not be permitted in the program.

C. In order to participate, dogs or cats should be either altered or determined not to be in estrus ("heat").

D. Sanitary constraints:

1. Pets should be prohibited from the following areas:

a. Food preparation, storage, and serving areas, with the exception of participating resident's bedroom;

b. Areas used for the cleaning or storage of human food utensils and dishes;

c. Vehicles used for the transportation of prepared food;

d. Nursing stations, drug preparation areas, sterile and clean supply rooms;

e. Linen storage areas; and

f. Areas where soiled or contaminated materials are stored.

2. Food handlers should not be involved in the cleanup of animal waste.

3. The administrator should be responsible for acceptable pet husbandry practices and may delegate specific duties to any other staff members except food handlers. The areas of responsibility include: feeding and watering, food cleanup/cage cleaning, exercising, and grooming.

4. Spilling or scattering of food and water should not lessen the standard of housekeeping or contribute to an increase in vermin or objectionable odor.

5. Dogs and cats should be effectively housebroken and provisions should be made for suitably disposing of their body wastes.

6. Animal waste should be disposed of in a manner which prevents the material from becoming a community health or nuisance problem and in accordance with applicable sanitation rules and ordinances. Accepted methods include disposal in sealed plastic bags (utilizing municipally approved trash removal systems) or via the sewage system for feces.

*** This file includes all Regulations adopted and published through the ***
*** New Jersey Register, Vol. 45, No. 2, January 22, 2013 ***

7. Proper and frequent handwashing should be a consideration of all persons handling animals.

E. Animals found to be infested with external parasites (ticks, fleas, or lice) or which show signs of illness (for example, vomiting or diarrhea) should be immediately removed from the premises and taken to the facility's veterinarian.

F. The parent or guardian of a child bitten by a dog, cat, or other animal, when no physician attends such child, should within 12 hours after first having knowledge that the child was so bitten, report to the person designated by law or by the local board, under authority of law, to receive reports of reportable communicable diseases in the municipality in which the child so bitten may be the name, age, sex, color, and precise location of the child (*N.J.S.A. 26:4-80*).

If an adult is bitten by a dog, cat, or other animal and no physician attends him, the adult, or, if he is incapacitated, the person caring for him, should report to the person designated by law or by the local board of health to receive reports of communicable diseases in the municipality in which the adult so bitten may be the name, age, sex, color, and the precise location of the adult. The report should be made within 12 hours after the adult was so bitten, or if he is incapacitated, the report shall be made within 12 hours after the person caring for him shall first have knowledge that the adult was so bitten (*N.J.S.A. 26:4-81*).

G. The local health department should be promptly notified by telephone of any pet which dies on the premises.

1. If the deceased is a bird, the body should be immediately taken to the facility's veterinarian. If the veterinarian is not available, the deceased bird should be securely wrapped in impermeable wrapping material and frozen until veterinary consultation is available. Payment for a laboratory examination should be the responsibility of the institution, or the pet's owner.

2. If the deceased is another type of animal, the body should not be disposed of until it is determined by the local department of health that rabies testing is not necessary.

H. The rights of residents who do not wish to participate in the pet program should be considered first. Patients not wishing to be exposed to animals should have available a pet free area within the participating facility.

II. Visiting Pets

A. Visiting pets are defined as any animal brought into the facility on a periodic basis for pet therapy purposes. The owner should accompany the animal and be responsible for its behavior and activities while it is visiting at the facility.

B. Visiting dogs should:

1. Be restricted to the areas designated by the facility administrator;

2. Maintain current vaccination against canine diseases of distemper, hepatitis, leptospirosis, parainfluenza, parvovirus, coronavirus, bordetella (kennel cough), and rabies. Proof of vaccination

*** This file includes all Regulations adopted and published through the ***
*** New Jersey Register, Vol. 45, No. 2, January 22, 2013 ***

should be included on a health certificate which is signed by a licensed veterinarian and kept on file at the facility;

3. Be determined not to be in estrus ("heat") at the time of the visit;

4. Be licensed and wear an identification tag on the collar, choker chain, or harness, stating the dog's name, the owner's name, address, and telephone number; and

5. Be housebroken if more than four months of age. Younger dogs may be admitted, subject to the approval of the administrator.

C. Visiting cats should:

1. Maintain current vaccination against feline pneumonitis, panleukopenia, rhinothracheitis, calcivirus, chlamydia, and rabies. Proof of vaccination should be included on a health certificate which is signed by a licensed veterinarian and kept on file at the facility.

2. Determined not to be in estrus ("heat") at the time of the visit.

D. Visiting hamsters, gerbils, guinea pigs, domestic rabbits, laboratory mice, or rats:

1. The owner should be liable and responsible for the animal's activities and behavior.

E. No visiting birds should be allowed to participate in the program.

III. Residential Pets

A. Residential pets are defined as any animal which resides at a facility in excess of four hours during any calendar day and is owned by a staff member, patient, the facility, or a facility approved party. The financial responsibility for the residential animal's maintenance should be the animal owner's responsibility.

B. All documentation of compliance should be maintained by the facility administrator in a file for review and inspection. The official health records should include the rabies vaccination certificate and a current health certificate.

C. Residential animals should have a confinement area separate from the patients where they can be restricted when indicated. An area should be available for each participating unit and should be approved by the administrator.

D. A licensed veterinarian should be designated as the facility's veterinarian and should be responsible for establishing and maintaining a disease control program for residential pets.

E. Specific Species:

1. Residential dogs should:

a. Maintain current vaccination against canine diseases of distemper, hepatitis, leptospirosis, parainfluenza, parvovirus and rabies. In addition, the animal's file should include a currently valid Rabies Vaccination Certificate, NASPHV #51. A three-year type rabies vaccine should be utilized.

*** This file includes all Regulations adopted and published through the ***
*** New Jersey Register, Vol. 45, No. 2, January 22, 2013 ***

b. Have an annual heartworm test commencing at one year of age and should be maintained on heartworm prevention medication.

c. Have a fecal examination for internal parasites twice yearly. Test results should be negative before the dog's initial visit to the facility.

d. Follow the recommended procedures of the facility's veterinarian for controlling external parasites.

e. Be neutered.

f. Be licensed with the municipality and wear an identification tag on the collar, choker chain, or harness, stating the dog's name, the owner's name, address, and telephone number.

g. Have a health certificate completed by a licensed veterinarian within one week before the animal's initial visit to the facility. The certificate should be updated annually thereafter.

h. Be immediately removed from the premises and taken to the facility's veterinarian if infested with internal or external parasites, vomit, or have diarrhea, or show signs of a behavioral change or infectious disease. Medical records of the veterinarian's diagnosis and treatment should be maintained in the animal's file. The animal should not have patient contact until authorized by the facility's veterinarian.

i. Be housebroken if more than four months of age. Younger dogs may be admitted subject to the requirements of the administrator.

j. Be fed in accordance with the interval and quantity recommended by the facility's veterinarian. Feeding and watering bowls should be washed daily and stored separately from dishes and utensils used for human consumption.

k. Be provided fresh water daily and have 24-hour access to the water dish.

l. Be provided a suitable bedding area. Bedding should be cleaned or changed as needed. Dirty bedding should be processed or disposed of as necessary.

m. Be permitted outside the facility only if under the supervision of a staff member, a responsible person or within a fenced area.

n. Be regularly groomed and receive a bath whenever indicated.

2. Residential birds:

a. Should be treated by a licensed veterinarian with an approved chlortetracycline treatment regimen prior to being housed at the institution to ensure the absence of psittacosis. The period of treatment varies between 30 to 45 days and is species-dependent. A signed statement from the veterinarian indicating such treatment should be kept in the bird's file.

b. That die, or are suspected of having psittacosis, should be immediately taken to the facility's veterinarian. In the event the bird dies and the veterinarian is not available, the bird's body should

*** This file includes all Regulations adopted and published through the ***
*** New Jersey Register, Vol. 45, No. 2, January 22, 2013 ***

be securely wrapped in impermeable wrapping material and frozen until veterinary consultation is available.

3. Residential hamsters, gerbils, guinea pigs, domestic rabbits, laboratory mice or rats should be examined yearly by a licensed veterinarian for health status. A health certificate should be completed for each animal or group of animals. Any animal which becomes sick or dies should be promptly taken to the facility's veterinarian.