

**New Jersey Department of Health
Division of Health Facility Survey and Field Operations
DECLARATION OF COMPLIANCE WITH ADVISORY STANDARDS
(Please print information.)**

Facility Name (as it appears on the license): _____

Street Address: _____

City: _____, NJ Zip Code: _____

County: _____ Facility ID # (use MDS#): _____

This facility is (check one) For Profit Not for Profit Number of Licensed Long-Term Care Beds: _____

I, (*print name*) _____, Administrator of the aforementioned facility, hereby certify the facility's compliance with the advisory standards checked below. (All identifiers refer to the number of the advisory standard contained in Chapter 8:39 of the New Jersey Administrative Code.) The Department will issue a "Statement of Compliance with Advisory Standards" report to a facility where at least 90% of the reviewed advisory standards are confirmed as met. The report will recognize compliance with advisory subchapters where at least 65% of all advisory standards are met in the subchapter. **Facilities receiving a deficiency of level "E" and above are ineligible for an Advisory Survey.**

PLEASE CHECK OFF ONLY THE ADVISORY STANDARDS, WHICH YOU BELIEVE ARE MET BY THE FACILITY. Use the blank space below the checked standards to describe proof of compliance (for example, "in activities portion of all medical records," or "sign in lobby"). Where supporting documentation is required or useful, attach the documentation to this form, labeled clearly with the number(s) of the standard(s) which it supports.

THIS COMPLETED FORM AND ALL SUPPORTING DOCUMENTATION SHOULD BE GIVEN TO THE SURVEY TEAM ON THE FIRST DAY OF THE ANNUAL SURVEY.

(Signature of Administrator)

(Title)

(Date)

The surveyor will randomly select a total of 30 advisory standards for review by randomly selecting a standard as a starting point and selecting every fifth standard until thirty have been selected. If less than 30 standards have been checked by the facility, all of the checked standards will be evaluated by the surveyors. In the surveyor column next to each selected standard the surveyor will write "Yes" if their evaluation shows that the standard has been met and "No" if their evaluation shows that the standard has not been met.

When evaluating advisory subchapter 46 (Alzheimer/Dementia), all 19 standards are to be checked for compliance.

Team Leader: _____ Team #: _____ Survey Date(s): _____
(Print Name)

Supervisor: _____
(Print Name)

| | |
|--|--|
| <input type="checkbox"/> Ineligible – Scope and Severity level "E" and above | <input type="checkbox"/> New |
| Number of standards checked by team: _____ | <input type="checkbox"/> Continuation |
| Number of checked standards not met: _____ | <input type="checkbox"/> No longer participating |

**DECLARATION OF COMPLIANCE WITH ADVISORY STANDARDS
(Continued)**

SUBCHAPTER 3. COMPLIANCE WITH MANDATORY RULES AND ADVISORY STANDARDS

8:39-3.1 Mandatory Rules

- (a) Mandatory rules contain minimum and essential requirements of care provided by a facility.
- (b) Failure to comply with any mandatory rules contained in this chapter shall constitute a deficiency for which the Department may take any or all of the enforcement actions set forth in N.J.A.C. 8:43E.

8:39-3.2 Advisory Standards

- (a) Advisory standards contain benchmarks of excellence or superior attainment in providing care of high quality.
- (b) Facilities are strongly encouraged to use advisory standards in striving to provide the highest quality of care possible.
- (c) Failure to comply with any or all advisory standards shall not constitute a deficiency or result directly or indirectly in any enforcement action by the Department.
- (d) Compliance with advisory standards shall not be used as an indication of whether the facility is in compliance with mandatory rules or whether a facility should be made subject to a penalty or other action to protect residents.

8:39-3.3 Reporting Compliance with Advisory Standards

- (a) Compliance with advisory standards shall be calculated in accordance with the following:
 - 1. The Department shall verify that at least 90 percent of no more than 30 advisory standards randomly selected from the total number of advisory standards which the facility claims to have met are in fact met; and
 - 2. If the compliance rate determined at (a)1 above is 90 percent or greater, then, for any advisory subchapter in which the facility has claimed to meet 65 percent or more of the standards in the subchapter, recognition for meeting the entire subchapter shall be given.
- (b) If a facility applies for a certificate of need, compliance with six or more of the following advisory subchapters at the time of the most recent survey of the facility shall be taken into consideration: access to care (N.J.A.C. 8:39-6), resident assessment and care plans (N.J.A.C. 8:39-12), pharmacy (N.J.A.C. 8:39-30), infection control and sanitation (N.J.A.C. 8:39-20), resident activities (N.J.A.C. 8:39-8), dietary services (N.J.A.C. 8:39-18), medical services (N.J.A.C. 8:39-24), nurse staffing (N.J.A.C. 8:39-26), physical environment (N.J.A.C. 8:39-32), and quality assessment and/or quality improvement (N.J.A.C. 8:39-34).
- (c) If a facility can demonstrate that it has a system in place to meet the requirement, even though it is not applicable at the time of the survey, the surveyors may deem that, in their judgment, the standard is met.

**DECLARATION OF COMPLIANCE WITH ADVISORY STANDARDS
(Continued)**

| NJDOH USE | | 4 (3) |
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| | SUBCHAPTER 6. ADVISORY ACCESS TO CARE | |
| | 8:39-6.1 Advisory admission policies and procedures | |
| _____ | _____ (a) The waiting list of the facility incorporates a system to contact applicants or families at least quarterly, or according to an alternate schedule approved by the Department, to advise them concerning the status of the application and to inquire of the applicant's interest in remaining on the waiting list. | |
| _____ | _____ (b) Before admission, the resident's physician, the facility's social worker, the facility's admissions officer (if different from the social worker), and a registered professional nurse discuss the appropriateness of the placement. | |
| _____ | _____ (c) The facility makes available to indigent individuals at least 10 percent of its beds or, if the facility is licensed for 100 or more beds, at least 15 percent of its beds. For purposes of this subsection, an individual is "indigent" if he or she is an applicant for admission or a current resident of the facility, and if he or she would otherwise meet the eligibility requirements of Medicaid reimbursement or county or municipal financial assistance for nursing home care. | |
| _____ | _____ (d) The facility provides a copy of admissions policies and criteria to all applicants for admission. | |
| | SUBCHAPTER 8. ADVISORY RESIDENT ACTIVITIES | 9 (6) |
| | 8:39-8.1 Advisory policies and procedures for resident activities | |
| _____ | _____ There is a formal, continuous mechanism for activity planning, implementation and evaluation. | |
| | 8:39-8.2 Advisory staff qualifications for resident activities | |
| _____ | _____ The director of resident activities possesses a baccalaureate degree from an accredited college or university with a major area of concentration in therapeutic recreation or creative arts therapy or holds current certification from the National Certification Council for Activity Professionals (National Certification Council for Activity Professionals, P. O. Box 62589, Virginia Beach, Virginia 23466-2589) or National Council for Therapeutic Recreation Certification (National Council for Therapeutic Recreation, Inc., P. O. Box 479, Thiells, NY 10984-0479). | |
| | 8:39-8.3 Advisory staffing amounts and availability for resident activities | |
| _____ | _____ (a) At least 55 minutes of resident activities staff time per resident per week is devoted to resident activities. (This is an average. It is equal to one full-time equivalent staff member for every 44 residents.) | |
| _____ | _____ (b) The facility maintains an active volunteer program that includes scheduled visits to the facility on at least a weekly basis. | |
| | 8:39-8.4 Advisory resident services for resident activities | |
| _____ | _____ (a) Resident activity programs are conducted during at least four evenings per week. | |
| _____ | _____ (b) Field trips are accessible for all residents who choose to participate, unless their participation would not be clinically feasible. | |
| _____ | _____ (c) Regularly scheduled outdoor recreation is provided. | |
| _____ | _____ (d) There is a pet therapy program for interested residents, with safeguards to prevent interference in the lives of other residents, and the program complies with policies and procedures developed by the facility. (See Appendix A for example.) | |
| _____ | _____ (e) The facility has an organized program for visits to residents by school and pre-school children throughout the year. | |

**DECLARATION OF COMPLIANCE WITH ADVISORY STANDARDS
(Continued)**

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| | <p><u>SUBCHAPTER 10. ADVISORY ADMINISTRATION</u> 7 (5)</p> <p>8:39-10.1 Advisory policies and procedures for administration</p> <p>_____ _____ (a) The administrator monitors trends in staff turnover.</p> <p>_____ _____ (b) Each of at least five service directors participates in facility planning through preparation of annual budgets and annual reports, and participates in annual budget conferences among all service directors and the administrators.</p> <p>8:39-10.2 Advisory staff qualifications</p> <p>_____ _____ The administrator holds current professional certification from the American College of Health Care Administrators, or possesses a master's degree in health care administration or a related field.</p> <p>8:39-10.3 Advisory staff education and training</p> <p>_____ _____ (a) Personnel who provide direct resident care are offered an opportunity to attend at least one education program each year and receive fee reimbursement or compensatory time off. Records of continuing education programs attended are maintained.</p> <p>_____ _____ (b) The facility conducts a tuition aid program directed toward the career development and upward mobility of staff, including both professional and ancillary personnel.</p> <p>_____ _____ (c) The facility is a teaching nursing home, that is, the site of an internship, externship, or residency training program for health professionals, as part of the curriculum of an accredited or State-approved school or training program. The facility has sought input from the residents and/or the resident council concerning teaching programs.</p> <p>_____ _____ (d) The facility maintains a library of textbooks and/or recent periodicals on long-term care, geriatric care, nursing, and other disciplines that is accessible to staff.</p> |
| | <p><u>SUBCHAPTER 12. ADVISORY RESIDENT ASSESSMENT AND CARE PLANS</u> 3 (2)</p> <p>8:39-12.1 Advisory policies and procedures for resident assessment and care plan</p> <p>_____ _____ (a) The resident care plan is developed at a meeting held by an interdisciplinary team that includes professional and/or ancillary staff from each service providing care to the resident.</p> <p>_____ _____ (b) The facility makes care planning meetings available at mutually agreeable times, including evenings and weekends, for the convenience of families and significant others.</p> <p>8:39-12.2 Advisory resident services for off-site services</p> <p>_____ _____ The facility provides and/or arranges for someone to accompany each resident to scheduled visits to off-site health care services.</p> |
| | <p><u>SUBCHAPTER 14. ADVISORY COMMUNICATION</u> 9 (6)</p> <p>8:39-14.1 Advisory resident services</p> <p>_____ _____ (a) The facility has one or more wellness programs open to the public, such as programs to reduce or prevent smoking, alcohol and drug abuse, elder abuse, obesity, or hypertension.</p> <p>_____ _____ (b) Periodic meetings are open to all staff, residents, and families to discuss any problems, encourage the resident to reach his or her potential, examine the goals and expectations of different individuals, describe how questions and complaints can be presented, and review the concept of interdisciplinary care.</p> |

**DECLARATION OF COMPLIANCE WITH ADVISORY STANDARDS
(Continued)**

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| _____ | _____ (c) Provision is made for residents to retain membership, join, and/or participate in community activities. These should include organizations, community projects, holiday observances, or charitable events. |
| _____ | _____ (d) A facility newsletter is provided to residents and families at least quarterly. |
| _____ | _____ (e) Each staff member wears an easily readable name tag. |
| | 8:39-14.2 Advisory staff education and training for communication |
| _____ | _____ (a) Periodic meetings are held with each service to discuss ways to improve care to all residents. |
| _____ | _____ (b) Education and training of staff includes an accredited program in cardiopulmonary resuscitation (CPR) which offers staff an opportunity to be recertified on an annual basis. |
| _____ | _____ (c) Each service establishes and implements education or training programs for members of other services on diverse topics. |
| _____ | _____ (d) Education or training sessions are offered which address new concepts and directions in cultural and interpersonal concepts. |
| | <u>SUBCHAPTER 16. ADVISORY DENTAL SERVICES</u> 2 (1) |
| | 8:39-16.1 Advisory resident dental services |
| _____ | _____ (a) The facility provides in-house dental services, including treatment and prophylactic care. |
| _____ | _____ (b) The facility follows established protocols for providing all residents with regularly scheduled routine prophylactic dental services and treatments when indicated, delivered by a dentist or a dental hygienist, except for residents whose medical records contain an explanation of why such services would not benefit the resident. |
| | <u>SUBCHAPTER 18. ADVISORY DIETARY SERVICES</u> 11 (7) |
| | 8:39-18.1 Advisory structural organization for dietary services |
| _____ | _____ A registered dietitian performs the resident dietary assessment and participates in the interdisciplinary plan of care. |
| | 8:39-18.2 Advisory staff qualifications for dietary services |
| _____ | _____ The director of dietary services or the dietitian is registered by the Commission on Dietetic Registration of the American Dietetic Association (R.D.) |
| | 8:39-18.3 Advisory staffing amounts and availability for dietary services |
| _____ | _____ The dietitian spends an average of 20 minutes per resident each month providing dietary services in the facility. (This is an average. It is equal to one full-time equivalent dietitian for every 520 residents.) |
| | 8:39-18.4 Advisory resident dietary services |
| _____ | _____ (a) There are dietary observances for national and/or religious holidays. |
| _____ | _____ (b) Fresh fruits and vegetables are served in season on a daily basis. |
| _____ | _____ (c) The facility utilizes a dining room/area, other than day rooms, for residents with special needs. |
| _____ | _____ (d) Residents have access to a refrigerator or snack bar. |
| _____ | _____ (e) Residents are offered a selective menu consisting of at least three main entrees at each meal. |

**DECLARATION OF COMPLIANCE WITH ADVISORY STANDARDS
(Continued)**

| NJDOH USE | |
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| _____ | _____ (f) A menu committee composed of residents participates in meal planning. |
| _____ | _____ (g) The facility sponsors a guest meal program. |
| | 8:39-18.5 Supplies and equipment |
| _____ | _____ The facility provides cloth table covers and cloth napkins at least once a day. |
| | SUBCHAPTER 20. ADVISORY INFECTION CONTROL AND SANITATION 7 (5) |
| | 8:39-20.1 Advisory policies and procedures for infection control |
| _____ | _____ (a) The facility routinely offers Hepatitis B vaccine to all employees, regardless of risk status or duties, without charge. |
| _____ | _____ (b) Employees undergo periodic or annual health screening. |
| _____ | _____ (c) The facility maintains records documenting contagious diseases contracted by employees during employment. |
| | 8:39-20.2 Advisory staff qualifications |
| _____ | _____ (a) The infection control coordinator is certified in Infection Control (CIC) by the National Board of Infection Control, P. O. Box 14661, Lenexa, KS 66286-4661. |
| _____ | _____ (b) The infection control coordinator is an active member of the National Association for Professionals in Infection Control and Epidemiology, Inc. (APIC), 1275 K Street, NW, Suite 1000, Washington, DC 20005-4006. |
| _____ | _____ (c) The infection control coordinator has completed an APIC Basic Training Course or has received at least 25 hours of training in infection control, and receives an additional six hours of training annually. |
| | 8:39-20.3 Advisory staff education and training for infection control |
| _____ | _____ At least four education or training programs on infection control are held every year so that all staff members are fully informed about infection control requirements that apply to them. |
| | SUBCHAPTER 24. ADVISORY MEDICAL SERVICES 3 (2) |
| | 8:39-24.1 Advisory medical staff qualifications |
| _____ | _____ The medical director is board-certified in a primary care specialty, such as family medicine, gerontology, or general internal medicine. |
| | 8:39-24.2 Advisory resident medical services |
| _____ | _____ (a) The facility arranges for physician *or advanced practice nurse* visits in the facility on a scheduled appointment basis in an office provided for that purpose. |
| _____ | _____ (b) The facility has a staff or consultant psychiatrist with admitting privileges to the inpatient psychiatric unit at a hospital. |
| | SUBCHAPTER 26. ADVISORY NURSE STAFFING 12 (8) |
| | 8:39-26.1 Advisory structural organization for nurse staffing |
| _____ | _____ Facilities with more than 200 licensed beds employ at least one full-time equivalent staff educator; facilities with between 100 and 200 licensed beds employ at least a half-time staff educator; or facilities with fewer than 100 licensed beds employ a staff educator at least one-fifth time. |

**DECLARATION OF COMPLIANCE WITH ADVISORY STANDARDS
(Continued)**

| NJDOH USE | |
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| | 8:39-26.2 Advisory policies and procedures for nurse staffing |
| _____ | _____ (a) The facility establishes and implements a system for assigning nursing personnel on the basis of a classification system involving resident acuity. |
| _____ | _____ (b) The facility uses a primary system in which nurse aides are assigned on a regular basis to specific residents to provide continuity of care. |
| | 8:39-26.3 Advisory nurse staffing amounts and availability |
| _____ | _____ (a) A registered professional nurse is on duty at all times in facilities with fewer than 100 licensed beds; two registered professional nurses are on duty at all times in facilities with 100 to 200 licensed beds; and three registered nurses are on duty at all times in facilities with more than 300 beds. |
| _____ | _____ (b) The facility provides direct nursing services pursuant to N.J.A.C. 8:39-25.2(b) of this chapter which are increased by at least ten percent. |
| _____ | _____ (c) At least 50 minutes per resident per day of resident care is provided by licensed nurses, that is, registered professional nurses and licensed practical nurses. (This is an average. It is equal to one full-time equivalent nurse for every ten residents.) |
| _____ | _____ (d) All nurse aides working in the facility have completed a training and orientation program to all services of at least two weeks full-time duration within the facility prior to their permanent assignment in the facility. |
| _____ | _____ (e) Each resident care unit in the facility meets the nurse staffing requirements mandated in N.J.A.C. 8:39-25.2(b). |
| | 8:39-26.4 Advisory qualifications for nurse staffing |
| _____ | _____ (a) The director of nursing has a baccalaureate or master's degree in nursing or a health-related field. |
| _____ | _____ (b) An advanced practice nurse who is board-certified in family, adult, or geriatric practice is available on staff or under contract with the facility to perform assessments and to provide consultation to other staff members. |
| _____ | _____ (c) The facility employs an advanced practice nurse certified in gerontology or psychiatric nursing on at least a half time basis. |
| _____ | _____ (d) A nurse who holds certification in gerontological nursing, rehabilitation nursing, or a related field of nursing from the American Nurses Credentialing Center of the American Nurses Association, is available on staff or under contract with the facility. |
| | SUBCHAPTER 28. ADVISORY QUALITY OF CARE |
| | 7 (5) |
| | 8:39-28.1 Advisory policies and procedures for resident care |
| _____ | _____ (a) The facility conducts scheduled interdisciplinary staff discussions, and discussions with residents and families, about the right of residents to die with dignity. |
| _____ | _____ (b) The facility develops and provides individualized non-restrictive equipment meeting individual needs which fosters and supports a restraint-free environment for all residents. |
| _____ | _____ (c) The facility maintains an on-going and on-site program of preventative treatment and referral to mental health services which includes prevention, treatment, and referral directed by a qualified mental health professional. |

**DECLARATION OF COMPLIANCE WITH ADVISORY STANDARDS
(Continued)**

| NJDOH USE | |
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| <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> | <p>8:39-28.2 Advisory resident care services</p> <p>(a) There are education programs provided on at least a quarterly basis, open and accessible to residents, families, and significant others addressing the following issues:</p> <ol style="list-style-type: none"> 1. The enhancement and maintenance of physical and mental well-being; 2. The prevention of deterioration; 3. The teaching of self-care; and 4. Death, dying and bereavement. <p>(b) There are education and training programs provided on at least a quarterly basis, open and accessible to families and significant others, which teach skills and help in the provision of support services that enable residents to leave the facility for visits and vacations.</p> <p>(c) Donated clothing is made available so that residents can select desired items.</p> <p>(d) The facility provides a non-commercial washer and dryer for residents who wish to launder their own personal items.</p> |
| | <p>SUBCHAPTER 30. ADVISORY PHARMACY 4 (3)</p> |
| <p>_____</p> | <p>8:39-30.1 Advisory pharmacy staffing amounts and availability</p> <p>The consultant pharmacist or a licensed pharmacist representing the provider pharmacy provides or arranges for quarterly meetings open to residents, families, and interested others to discuss medication issues.</p> |
| <p>_____</p> | <p>8:39-30.2 Advisory pharmacy resident services</p> <p>The consultant pharmacist reviews drug records within 48 hours of admission via a facsimile service. All dated and signed comments and recommendations made by the consultant pharmacist shall be added to the resident's medical record and shall be distributed to the attending physician or advanced practice nurse and director of nurses for review and action.</p> |
| <p>_____</p> | <p>8:39-30.3 Advisory provider formulary criteria</p> <p>The provider pharmacy through the Pharmacy and Therapeutics Committee, may establish a formulary which is not in contradiction to the Drug Utilization Review Council Formulary, N.J.S.A. 24:6E-1 et seq., and N.J.A.C. 8:71. The formulary policies must be approved by the Pharmacy and Therapeutics Committee and every prescriber with prescriptive authority in the facility. The Pharmacy and Therapeutics Committee establishes policies for the prescribing of non-formulary agents. The formulary is developed to avoid negative outcomes.</p> |
| <p>_____</p> | <p>8:39-30.4 Advisory consultant pharmacist certification</p> <p>The consultant pharmacist holds current certification by the Joint Board of Certification of Consultant Pharmacists.</p> |
| | <p>SUBCHAPTER 32. ADVISORY PHYSICAL ENVIRONMENT 7 (5)</p> |
| <p>_____</p> <p>_____</p> | <p>8:39-32.1 Advisory general maintenance</p> <p>(a) Inspections or rounds are conducted at least monthly by a designated person or committee on all units and areas for maintenance problems. Results of these rounds are reported to the administrator.</p> <p>(b) Maintenance services are under the supervision of an employee with at least one of the following:</p> <ol style="list-style-type: none"> 1. Five years of experience in maintaining a physical plant. 2. A baccalaureate degree in engineering from an accredited college or university and two years of experience in maintaining a physical plant; or 3. Professional licensure in New Jersey as an engineer with one year of experience in maintaining a physical plant. |

**DECLARATION OF COMPLIANCE WITH ADVISORY STANDARDS
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| NJDOH USE | |
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| | 8:39-32.2 Advisory fire and emergency preparedness |
| _____ | _____ (a) The facility conducts at least two evacuation drills each year, either simulated or using selected residents, at least one of which is conducted on a weekend or during an evening or night work shift. Results of the drills are to be summarized in a written report, which is shared with the county and municipal emergency management coordinators. |
| _____ | _____ (b) A municipal, county, or State emergency management official conducts an education or training program in the facility on disaster planning and emergency preparedness at least once a year. |
| _____ | _____ (c) Fire drills are conducted annually on a weekend shift. |
| | 8:39-32.3 Advisory safety |
| _____ | _____ (a) There is a committee responsible for physical plant and resident safety and maintenance, which includes, at a minimum, representatives from administration, nursing, and maintenance services and meets at least quarterly. |
| _____ | _____ (b) Regularly scheduled training meetings are held for residents and families, addressing safety issues in the facility. |
| | <u>SUBCHAPTER 34. ADVISORY QUALITY ASSESSMENT AND/OR QUALITY IMPROVEMENT</u> 4 (3) |
| | 8:39-34.1 Advisory quality assessment and/or quality improvement policies and procedures |
| _____ | _____ (a) The facility develops and maintains an active, continuous quality improvement process that involves staff, residents, families and/or the community in improving the quality of services provided by the facility. |
| _____ | _____ (b) The quality assessment and/or quality improvement program uses a resident classification system, such as acuities or specified diagnostic classifications, as an indicator in measuring resident outcomes. |
| _____ | _____ (c) The quality assessment and/or quality improvement program includes periodic surveys of families to ascertain their satisfaction, suggestions, knowledge of resident's health conditions and treatments, and/or knowledge of facility policies and staff members' roles. |
| _____ | _____ (d) There is a system to receive input on resident safety issues. |
| | <u>SUBCHAPTER 36. ADVISORY MEDICAL RECORDS</u> 6 (4) |
| | 8:39-36.1 Advisory policies and procedures for medical records |
| _____ | _____ (a) The name by which the resident wishes to be called is entered on the cover or first page of the medical record. |
| _____ | _____ (b) There is a comprehensive discharge summary with statistical and narrative information from each service completed for each resident. |
| _____ | _____ (c) The full medical records for all discharged or deceased residents are completed within 15 days. |
| _____ | _____ (d) Telephone orders are countersigned by a physician or advanced practice nurse within 48 hours except for orders for non-prescription drugs or treatments, which are countersigned within seven days. |
| | 8:39-36.2 Advisory staff education and training for medical records |
| _____ | _____ The facility requires that staff use only standard professional abbreviations in medical records and maintains a current list of such abbreviations. |

**DECLARATION OF COMPLIANCE WITH ADVISORY STANDARDS
(Continued)**

| NJDOH USE | |
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| _____ | <p>8:39-36.3 Advisory staff qualifications for medical records</p> <p>_____ (a) The facility utilizes the services of a medical record practitioner or consultant who is:</p> <ol style="list-style-type: none"> 1. Certified or eligible for certification as a registered record administrator (RRA) or an accredited record technician (ART) by the American Medical Record Association (American Medical Record Association, 875 North Michigan Avenue, Suite 1850, John Hancock Center, Chicago, Illinois 60611); or 2. A graduate of a program in medical record science accredited by the Committee on Allied Health Education and Accreditation of the American Medical Association in collaboration with the Council on Education of the American Medical Record Association (American Medical Record Association, 875 North Michigan Avenue, Suite 1850, John Hancock Center, Chicago, Illinois 60611). |
| | <p>SUBCHAPTER 38. ADVISORY REHABILITATION 4 (3)</p> |
| _____ | <p>8:39-38.1 Advisory rehabilitation staff qualifications</p> <p>_____ Speech therapy and audiology services are provided by individuals who hold a Certificate of Clinical Competence issued by the American Speech-Language-Hearing Association.</p> |
| _____ | <p>8:39-38.2 Advisory rehabilitation space and environment</p> <p>_____ The facility has an examination and treatment room for rehabilitation therapy.</p> |
| _____ | <p>8:39-38.3 Advisory rehabilitation supplies and equipment</p> <p>_____ (a) In addition to parallel bars and stairs, physical therapy equipment available to residents includes a whirlpool for hydrotherapy and ultrasound.</p> <p>_____ (b) The occupational therapy program provides individually designed adaptive equipment as needed to enhance residents' independence.</p> |
| | <p>SUBCHAPTER 40. ADVISORY SOCIAL WORK 11 (7)</p> |
| _____ | <p>8:39-40.1 Advisory staff qualifications for social work</p> <p>_____ A social worker has a master's degree in social work from an accredited university or education program. He or she should provide consultant services at least eight hours per month, or be on the facility's staff.</p> |
| _____ | <p>8:39-40.2 Advisory staff amounts and availability for social work</p> <p>_____ (a) A social worker is available to the facility on evenings and weekends at scheduled times or by previously arranged appointments for interaction with residents and families, and is available seven days a week in cases of emergency or serious need.</p> <p>_____ (b) A social worker assists staff with problems and issues related to aging and illness.</p> <p>_____ (c) A social worker orients nurse aides to the social needs of new residents before the resident's arrival in the facility.</p> |
| _____ | <p>8:39-40.3 Advisory resident social work services</p> <p>_____ (a) A social worker meets with the resident on the day of admission.</p> <p>_____ (b) A social worker conducts support groups for families.</p> <p>_____ (c) A social worker conducts group counseling sessions for residents and families.</p> <p>_____ (d) A social worker participates in pre-admission planning with residents and families prior to their admission to the nursing home.</p> |

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| NJDOH USE | |
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| _____ | _____ (e) The social worker encourages and monitors a regular visiting pattern by families and provides outreach services to families where the visiting pattern has changed. |
| | 8:39-40.4 Advisory space and environment for social work |
| _____ | _____ Social workers are to be provided with a private office equipped with a telephone or, in facilities with 60 or fewer licensed beds, with access to a private office equipped with a telephone. |
| | 8:39-40.5 Advisory social work staff education and training |
| _____ | _____ The facility encourages the social worker to participate in community agency associations and other professional organizations. |
| | <u>SUBCHAPTER 44A. ADVISORY STANDARD FOR RESPITE CARE SERVICES</u> 1 (1) |
| | 8:39-44A.1 Advisory staffing |
| _____ | _____ A long-term care facility assigns specific staff members to an individual respite care resident to provide continuity of care during the resident's stay in the facility. |
| | <u>SUBCHAPTER 46. ALZHEIMER'S/DEMENTIA PROGRAMS - ADVISORY STANDARDS</u> 19 (17) |
| | 8:39-46.1 Advisory Alzheimer's/dementia program policies and procedures |
| _____ | _____ (a) The long-term care facility has written policies and procedures for the Alzheimer's/dementia program that are retained by the administrative staff and available to all staff and to members of the public, including those participating in the program. |
| _____ | _____ (b) The facility has established criteria for admission to the program and criteria for discharge from the program when the resident's needs can no longer be met, based upon an interdisciplinary assessment of the resident's cognitive and functional status. |
| | 8:39-46.2 Advisory staffing |
| _____ | _____ (a) Staffing levels are sufficient to provide care and programming, based upon resident census in the program and an interdisciplinary assessment of the cognitive and functional status of residents in the program. |
| _____ | _____ (b) The facility has established criteria for the determination of each staff member's abilities and qualifications to provide care to residents in the program. |
| _____ | _____ (c) The facility provides an initial and ongoing educational, training and support program for each staff member which includes at least the causes and progression of dementias, the care and management of residents with dementias, and communication with dementia residents. |
| _____ | _____ (d) Each Alzheimer's/dementia program has a full-time employee, with specialized training and/or experience in the care of residents with dementia, who has been designated as coordinator/director and whose duties include responsibility for the operation of the program. |
| _____ | _____ (e) A consultant gerontologist is available to residents and to the program, as needed, to address the medical needs of the resident. "Consultant gerontologist" means a physician, psychiatrist, or geriatric advanced practice nurse who has specialized training and/or experience in the care of residents with dementia. |
| | 8:39-46.3 Advisory environmental modification |
| _____ | _____ (a) The program includes appropriate facility modifications to ensure a safe environment which allows each Alzheimer's/dementia resident to function with maximum independence and success. |

**DECLARATION OF COMPLIANCE WITH ADVISORY STANDARDS
(Continued)**

| NJDOH USE | |
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| _____ | _____ (b) The facility has developed safety policies and procedures and a security monitoring system which are specific to the program, based upon the physical location of the program as well as the individual needs of the Alzheimer's/dementia residents. |
| _____ | _____ (c) The facility provides indoor and outdoor arrangements that allow residents freedom to ambulate in a controlled setting. |
| _____ | _____ (d) Doors are marked with items familiar to the individual resident, which enhance the resident's ability to recognize his or her room, and bathrooms are specially marked and easily accessible. |
| | 8:39-46.4 Advisory activity programming |
| _____ | _____ The Alzheimer's/dementia program provides a daily schedule of special activities, seven days a week and at least two evenings per week, designed to maintain residents' dignity and personal identity, enhance socialization and success, and to accommodate the various cognitive and functional abilities of each resident. |
| | 8:39-46.5 Advisory nutrition |
| _____ | _____ (a) The Alzheimer's/dementia program provides nutritional intervention as needed, based upon assessment of the eating behaviors and abilities of each resident. Interventions may include, but are not limited to, the following: 1. Verbal and non-verbal eating cues; 2. Modified cups, spoons, or other assistive devices; and 3. Simplified choices of foods or utensils. |
| _____ | _____ (b) The Alzheimer's/dementia program provides a small dining room, separate room, or designated dining area furnished to meet the needs of the residents, with staff members or trained volunteers to assist. |
| | 8:39-46.6 Advisory social services |
| _____ | _____ (a) The facility provides individual and group counseling to residents if appropriate, utilizing techniques designed to reach the dementia resident and to maintain the resident's maximum level of functioning. |
| _____ | _____ (b) Families are encouraged and provided with opportunities to participate in planning and providing resident care. |
| _____ | _____ (c) The facility provides individual and group counseling, support and education groups for families, and information and referral on bioethical and legal issues related to dementia, including competence, guardianship, conservatorship and advance directives. |
| _____ | _____ (d) Family members are referred to community Alzheimer's Disease support groups or other family counseling agencies, as required. |
| _____ | _____ (e) Discharge care plans, including preparation for discharge from the unit, are discussed with the legal next of kin, and, if possible, with the resident at the time of admission to the program. |