

HEALTH

HEALTH SYSTEMS BRANCH

DIVISION OF CERTIFICATE OF NEED AND LICENSING

OFFICE OF CERTIFICATE OF NEED AND HEALTHCARE FACILITY LICENSURE

Standards for Licensure of Pediatric Community Transitional Homes

Proposed Readoption with Amendments: N.J.A.C. 8:43D

Proposed Repeals and New Rules: N.J.A.C. 8:43D-12.3 and 8:43D Appendices A and B

Proposed Repeals: N.J.A.C. 8:43D-5.4 through 5.10

Proposed Recodifications with Amendments: N.J.A.C. 8:43D-5.11, 5.12, 5.13 as 5.4, 5.5, 5.6, respectively

Authorized By: Cathleen D. Bennett, Acting Commissioner, Department of Health (with the approval of the Health Care Administration Board).

Authority: N.J.S.A. 26:2H-1 et seq., particularly 26:2H-5.

Calendar Reference: See Summary below for explanation of exception to calendar requirement.

Proposal Number: PRN 2016-077.

Submit written comments by August 5, 2016, electronically to

www.nj.gov/health/legal/ecomments.shtml or by regular mail to:

Joy L. Lindo, Director

Office of Legal and Regulatory Compliance

Office of the Commissioner

New Jersey Department of Health

PO Box 360

Trenton, NJ 08625-0360

The agency proposal follows:

Summary

The Health Care Facilities Planning Act (Act), N.J.S.A. 26:2H-1 et seq., authorizes the New Jersey Department of Health (Department) to develop standards and procedures for licensing health care facilities and instituting additional health care services to ensure efficient and effective health care delivery in the State. N.J.A.C. 8:43D, Standards for Licensure of Pediatric Community Transitional Homes, establishes uniform licensing requirements for pediatric community transitional homes, which provide a coordinated array of supportive health care, personal, and social services for medically fragile children in New Jersey. A summary of the regulatory history of the chapter follows.

Chapter 8:43D, Standards for Licensure of Pediatric Community Transitional Homes, became effective December 1, 2003, upon its adoption as new rules promulgated by the Department, with the approval of the Health Care Administration Board (HCAB). 35 N.J.R. 1016(a); 5400(a). In 2009, the Department, with the approval of the HCAB, readopted N.J.A.C. 8:43D with amendments and new rules that added the Department's application forms for licensure of, and waiver of licensure standards for, acute care facilities at N.J.A.C. 8:43D Appendices A and B, respectively. 41 N.J.R. 47(a); 2104(a). This chapter is scheduled to expire on April 16, 2016, pursuant to N.J.S.A. 52:14B-5.1. In accordance with N.J.S.A. 52:14B-5.1.c(2), the filing of this

notice of proposal with the New Jersey Office of Administrative Law prior to April 16, 2016, extends the expiration date of N.J.A.C. 8:43D by 180 days to October 13, 2016.

The Department reviewed N.J.A.C. 8:43D and determined the rules proposed for readoption with amendments, new rules, and repeals continue to be necessary, adequate, reasonable, efficient, understandable, and responsive to the purposes for which they were originally promulgated. The Department is proposing to readopt the rules with amendments, new rules, and repeals as described below. Following is a summary of the rules proposed for readoption with amendments, new rules, and repeals.

The Department proposes technical amendments throughout the chapter, including at N.J.A.C. 8:43D Appendices A and B, to reflect the change in name of the Department pursuant to N.J.S.A. 26:1A-2.1 (effective June 29, 2012). The Department proposes additional changes throughout the chapter to reflect changes in the names of programs and divisions within the Health Systems Branch of the Department, and to reflect that the “Division of Youth and Family Services” was changed to the “Division of Child Protection and Permanency” of the New Jersey Department of Children and Families pursuant to N.J.S.A. 9:3A-10 (effective June 29, 2012). The Department also proposes to update contact information and replace public law citations with their corresponding codified citations, to improve grammar and readability of the rules, to update the titles, editions, and citations to, publications to which the chapter refers, and to simplify complex provisions through reorganization and recodification throughout the chapter where necessary.

Subchapter 1 would continue to state the purpose and scope of the rules for licensed pediatric community transitional homes to facilitate delivery of supportive health care, personal, and social services to medically fragile children. N.J.A.C. 8:43D-1.3 would continue to define the words and terms used throughout the chapter by adding, amending, and deleting certain terms.

The Department proposes to amend N.J.A.C. 8:43D-1.3 to establish new definitions, such as the “Academy of Nutrition and Dietetics” (AND), which is the name of the professional dietetic organization formerly known as the “American Dietetic Association,” and which will replace that term throughout this chapter. The Department also proposes to add new definitions of the terms “Commission on Dietetic Registration,” the administrative agency of AND that credentials dietitians and nutrition professionals, and “Interferon-Gamma Release Assays” or “IGRA,” a diagnostic blood test that aids in the diagnosis of *Mycobacterium tuberculosis* infection. In addition, at N.J.A.C. 8:43D-1.3, the Department proposes to establish new definitions of the qualifications of persons and entities performing services for residents of pediatric community transitional homes, such as “childcare worker,” “community agency,” “dietitian,” “director of nursing,” “family physician,” “nursing administrator,” “pediatrician,” “physician,” and “social worker.” The Department also proposes new definitions for entities to which the rules refer that provide contact information for such entities as “American Board of Medical Specialties,” “American Osteopathic Association,” “Division of Child Protection and Permanency,” “Food and Nutrition Board,” “Health Care Facilities Plan Review Unit,” “National Fire Protection Association,” “Occupational Safety and Health Administration,” and “U.S. Pharmacopeia.”

At N.J.A.C. 8:43D-1.3, the Department proposes to amend for greater clarity and ease of understanding the existing definitions of the terms, “available,” “Commissioner,” and “primary care provider.” In addition, the Department proposes to amend the existing definitions of the terms, “activities of daily living,” to identify the specific daily self-care activities that most adults can perform independently; “advanced practice nurse,” to delete existing references to the public law and a duplicate of the corresponding codified law and to delete the term “registered professional nurse” because this language already exists in the operating statute; “application for new or amended acute care facility license” and “application for waiver,” to indicate that these forms would no longer be available from the Department’s forms webpage; “licensed nursing personnel,” to delete the term “vocational” because a licensure category using this term does not exist; “medical director,” to establish that the qualifications for this position in a facility correspond to the proposed new definitions of the terms “pediatrician” and “family physician”; “physician assistant,” to reference the entirety, rather than only one section, of the Physician Assistant Licensing Act; and “volunteer,” to delete the requirement that volunteers be trained by facility staff. The Department proposes to delete the term “pharmacist.”

The Department proposes to delete terms in N.J.A.C. 8:43D-1.3 that are no longer used in this chapter, such as “bedridden,” “pediatric community transitional health care service,” “pharmacist,” “primary care provider assistant,” “primary care providers,” “self administration,” and “transitional stay.”

Subchapter 2 pertains to licensure procedures that govern applications for filing a license, plan reviews of newly constructed, renovated, and expanded facilities, facility

surveys, transfer of ownership, surrender of a license, applying for a waiver, enforcement actions against a license, rights to an appeal, and advertisement of pediatric community transitional homes. The Department is proposing to delete N.J.A.C. 8:43D-2.1(j) to comply with the Certificate of Need Reform Act, P.L. 1998, c. 43, and its implementing rules at N.J.A.C. 8:33-6.1, which removed the requirement for a prospective licensee to obtain a certificate of need prior to the licensure of a residential health care facility, which includes pediatric community transitional homes.

Subchapter 3 would continue to provide standards for the physical plant and environment. Specifically, the rules would continue to address the construction of new buildings and alterations, renovations and additions to existing buildings licensed as pediatric community transitional homes, square footage requirements for residential units, availability of toilets, baths, and handwashing sinks for residents, staff, and visitors, square footage for community space, laundry, dietary services, fire safety, and the use of sounding devices.

Subchapter 4 establishes general licensure requirements for the services pediatric community transitional homes must offer residents, such as personal care services, nursing services, pharmacy services, meals, activities, recreation, social work services, and other services that are needed to meet the needs of each resident. This subchapter also establishes requirements for ownership of a pediatric community transitional home, reporting diagnosed and suspected child abuse, admission and discharge, and medical recordkeeping. The Department proposes to amend existing N.J.A.C. 8:43D-4.2(c) to delete an erroneous cross-reference to N.J.A.C. 8:43D-4.2(a), which is a residential health care facility ownership standard, and to add in its place a

cross-reference to N.J.A.C. 8:43D-4.2(b). N.J.A.C. 8:43D-4.2(b) addresses the ineligibility for licensure, as operators of pediatric community transitional homes, of persons who have been convicted of certain offenses. In addition, the Department proposes to delete existing N.J.A.C. 8:43D-4.2(c)1 and 2, and references throughout subsection (c) to the term, “waiver” because a determination pursuant to N.J.S.A. 2A:168A-1 et seq., is more properly characterized as a licensure eligibility determination and not a “waiver” of a licensure requirement. N.J.S.A. 2A:168A-3 establishes mechanisms, which include expungement, by which a person can obtain a determination of rehabilitation following a conviction. The Department proposes to add new N.J.A.C. 8:43D-4.2(c)1, 2, and 3 to more closely track the language of N.J.S.A. 26:168A-1 et seq., in establishing the ways in which a convicted person can show eligibility for licensure notwithstanding an otherwise disqualifying prior conviction.

Subchapter 5 would continue to establish the administrative responsibilities in a pediatric community transitional home. The Department proposes to repeal existing N.J.A.C. 8:43D-5.4 through 5.10, which establish standards for the qualifications of health care workers in pediatric community transitional homes, such as dietitians/dietitian consultants, licensed practical nurses, childcare workers, pharmacists/pharmacist consultants, primary care providers, registered professional nurses, and social workers because these qualifications are included in the proposed amendments to the definitions of these terms in N.J.A.C. 8:43D-1.3. The Department proposes to recodify existing N.J.A.C. 8:43D-5.11, 5.12, and 5.13 as 5.4, 5.5, and 5.6. Accordingly, the Department is proposing to rename Subchapter 5 “Administration” to reflect the deletion of the staff qualifications therein.

Recodified N.J.A.C. 8:43D-5.4 would continue to establish standards addressing minimum facility staffing, implementation of a staff orientation programs, and planning for employee education and training, staff scheduling, policies to address time verification, termination, and personnel communicable disease reporting. The Department proposes to amend existing subsection (c) to delete reference to the provision of “staff monitoring” and to require facilities to base direct care staffing on a registered professional nurse’s assessment of resident’s acuity and care plans. Among registered professional nurses, licensed practical nurses, and childcare workers, the conduct of patient assessments to determine relative staffing needs is a function that is exclusively within the licensed scope of practice of registered professional nurses; therefore, the Department proposes to delete references to licensed practical nurse and childcare workers from this subsection. Recodified N.J.A.C. 8:43D-5.5 would continue to establish minimum nursing staff requirements and policies for staff monitoring and supervision of the health, safety, and general welfare of the residents on a 24-hour basis. Recodified N.J.A.C. 8:43D-5.6 would continue to require each facility to retain a medical director as defined in this chapter.

Subchapter 6 would continue to state the requirements for resident care policies and procedures.

Subchapter 7 would continue to establish standards for resident assessments and care plans.

Subchapter 8 would continue to establish standards governing dining services. The Department proposes to delete references throughout the subchapter to the term,

“dietitian consultant,” because the term is undefined and not distinguishable from the term “dietitian.”

Subchapter 9 would continue to address requirements for pharmaceutical services. The Department proposes to amend existing N.J.A.C. 8:43D-9.4(e) to clarify that the administrator of a facility is responsible for the storage of medications maintained at the facility.

The Department proposes to delete references throughout Subchapter 9 to the terms, “pharmacist,” “consultant pharmacist,” and “pharmacist consultant.” In place thereof, the Department proposes to add references to “pharmaceutical services,” which is a term that the New Jersey Pharmacy Practice Act, N.J.S.A. 45:14-40 et seq., defines. The Department proposes to amend existing N.J.A.C. 8:43D-9.3(a)1 to require facilities to retain pharmaceutical services in accordance with the New Jersey Pharmacy Practice Act and the rules promulgated pursuant thereto at N.J.A.C. 13:39. The Department proposes to amend N.J.A.C. 8:43D-9.4(b)1 to delete the cross-reference to N.J.A.C. 13:39-5.9 and to add in its place a cross-reference to N.J.A.C.13:39-7.12, to reflect the recodification of that section in 2005, by the State Board of Pharmacy. (See 36 N.J.R. 3345(a); 37 N.J.R. 295(a))

Subchapter 10 would continue to ensure the provision of social work services by licensed or certified social workers, in accordance with New Jersey Social Work Board requirements.

Subchapter 11 would continue to require a licensed facility to arrange for emergency medical services and have a written plan for all potential emergency situations at the facility.

Subchapter 12 would continue to establish the requirements for medical records of residents at the facility. N.J.A.C. 8:43D-12.3 is proposed for repeal and replacement to remove the detail in the section and replace it with a cross-reference to the statute containing the same information.

Subchapter 13 would continue to establish resident rights at the facility.

Subchapter 14 would continue to establish standards for housekeeping, sanitation, safety, and maintenance. At existing N.J.A.C. 8:43D-14.4(a), the Department proposes to delete the reference to the “rules of the New Jersey Department of Environmental Protection” and to add a specific cross-reference to the rules governing waste handling, N.J.A.C. 7:26. The Department is proposing to amend N.J.A.C. 8:43D-14.6(b) to require the hot water for bathing and handwashing temperature to be between 105 to 120, rather than 95 to 110, degrees Fahrenheit in accordance with Guidelines for Environmental Infection Control in Health-Care Facilities: Recommendations of CDC and the Healthcare Infection Control Practices Advisory Committee (HICPAC), Morbidity and Mortality Weekly Report (MMWR), June 6, 2003, 52(RR10), 1-42.

Subchapter 15 would continue to establish infection prevention and control standards for pediatric community transitional homes. The Department proposes to delete existing N.J.A.C. 8:43D-15.4(a) and to add in its place proposed new subsection (a) to require facilities to adhere to the Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-Care Facilities, 2005, MMWR, December 30, 2005, 54(RR-17), 1-141, and to ensure that all personnel who have direct contact with residents are tested for tuberculosis (Tb) exposure. Existing N.J.A.C. 8:43D-15.4(a)

requires facilities to ensure Tb testing of employees and persons hired on contract, but not volunteers. The Department proposes to delete existing N.J.A.C. 8:43D-15.4(c) and (d), which contain outdated guidance addressing employee vaccination and treatment for rubeola (measles) and rubella (German measles), and to add in their place new subsection (c), which would require facilities to adhere to the testing and vaccination standards for rubeola and rubella in the Immunization of Health-Care Personnel: Recommendations of the Advisory Committee on Immunization Practices (ACIP), MMWR, November 25, 2011, 60(RR7), 1-45, with respect to all personnel who have direct contact with residents. Existing N.J.A.C. 8:43D-15.4(c) and (d) require facilities to ensure testing and vaccination for rubeola and rubella only of employees and persons hired on contract, but not volunteers.

The Department is proposing to repeal and replace the forms at N.J.A.C. 8:43D Appendices A and B to reflect the change in name of the Department.

As the Department has provided a 60-day comment period on this notice of proposal, pursuant to N.J.A.C. 1:30-3.3(a)5, this notice is excepted from the rulemaking calendar requirement as set forth at N.J.A.C. 1:30-3.1 and 3.2.

Social Impact

The rules proposed for readoption with amendments, new rules, and repeals would continue to provide the regulatory framework to fulfill the Department's obligation to assure access to pediatric community transitional homes of the highest quality. The rules proposed for readoption with amendments, new rules, and repeals would continue to provide appropriate minimum standards of care at pediatric community transitional homes. These rules proposed for readoption with amendments, new rules, and repeals

would continue to ensure effective care delivered at pediatric community transitional homes and to protect the health, safety, and general welfare of residents at these facilities.

Individuals affected by the rules proposed for readoption with amendments, new rules, and repeals are medically fragile children, such as children who require care for HIV infection and AIDS, cerebral palsy, liver transplantation surgery aftercare, physical or emotional abuse problems, GI tube feedings, intravenous infusion therapy, cardiac monitoring, and respiratory therapy and monitoring.

The Department expects the rules proposed for readoption with amendments, new rules, and repeals would have a favorable social impact on children residing at pediatric community transitional homes, as well as the surrounding community, because they ensure minimum standards of acceptable care. For medically fragile children, pediatric community transitional homes are a less restrictive alternative to a prolonged stay in an acute care hospital because they offer health care, personal care, and social services to children from birth to 18 years of age, and offer transitional placement into the community. Licensure standards proposed would continue to support an existing foundation of services that improve the quality of life for medically fragile children.

The rules proposed for readoption with amendments, new rules, and repeals would continue to ensure the employment of qualified staff, a safe physical plant and environment, planned emergency services, adequate recordkeeping policies and procedures to oversee the delivery of health care, and an interdisciplinary team approach to establishing a plan of care for each resident. This rulemaking would continue to enhance the quality of services for residents by establishing standards for

functions such as staffing, dietary, pharmacy, patient rights, employee health, infection control, housekeeping, and maintenance. The accessibility and availability of these licensed services will help prevent fragmentation of services for medically fragile children and promote continuity of care.

Economic Impact

The Department foresees no financial impact to pediatric community transitional homes, since those homes in existence are already providing the services required by the rules proposed for readoption with amendments, new rules, and repeals. Since these homes already exist, the Department expects that no change in capital costs would result from the rules proposed for readoption with amendments, new rules, and repeals to these rules as there are no physical plant changes. Specifically, regulated entities would be subject to a number of nonrefundable fee charges, which are not changed in this rulemaking, such as a charge of \$300.00 plus \$10.00 per bed for the filing of an application for licensure and annual renewal of the license, a biennial inspection fee of \$300.00, a relocation fee of \$250.00, and a transfer of ownership fee of \$500.00.

No significant additional cost to the State or to the public is expected to result from the rules proposed for readoption with amendments, new rules, and repeals. The Department anticipates that continued delivery of services by licensed pediatric community transitional homes would result in considerable economic savings when compared to the delivery of these same services in other health care facilities.

Federal Standards Statement

The Department is not proposing the rules proposed for readoption with amendments, new rules, and repeals under the authority of, or to implement, comply with, or participate in, any program established under Federal law or a State law that incorporates or refers to any Federal law, standard, or requirement. The Department is proposing this rulemaking under the authority of N.J.S.A. 26:2H-1 et seq. Therefore, a Federal standards analysis is not required.

Jobs Impact

The Department does not expect the rules proposed for readoption with amendments, new rules, and repeals would result in an increase or decrease in the number of jobs available in the State.

Agriculture Industry Impact

The rules proposed for readoption with amendments, new rules, and repeals would not have an impact on the agriculture industry.

Regulatory Flexibility Analysis

All existing pediatric community transitional homes are considered small businesses, as that term is defined in the Regulatory Flexibility Act, N.J.S.A. 52:14B-16 et seq. Accordingly, the rules proposed for readoption with amendments, new rules, and repeals would impose reporting, recordkeeping, and compliance requirements on small businesses. The rules proposed for readoption with amendments, new rules, and repeals would continue to require policies and procedures for the organization and operation of the facility, notification of reportable events, and the retention, as well as maintenance of resident records concerning admissions and discharges. The

Department expects a net zero effect on the cost of meeting these requirements based on the rules proposed for readoption with amendments, new rules, and repeals.

Housing Affordability Impact Analysis

The Department does not expect the rules proposed for readoption with amendments, new rules, and repeals to have any impact on the affordability of housing in New Jersey and there is an extreme unlikelihood that the rules would evoke a change in the average costs associated with housing because the rules only apply to pediatric community transitional homes that operate to provide services to medically fragile children.

Smart Growth Development Impact Analysis

The Department anticipates that the rules proposed for readoption with amendments and repeals would have an insignificant impact on smart growth and there is an extreme unlikelihood that the rules would evoke a change in housing production in Planning Areas 1 or 2, or within designated centers, under the State Development and Redevelopment Plan in New Jersey because the rules only apply to pediatric community transitional homes that operate to provide services to medically fragile children.

Full text of the rules proposed for readoption can be found in the New Jersey Administrative Code at N.J.A.C. 8:43D.

Full text of the rules proposed for repeal may be found in the New Jersey Administrative Code at N.J.A.C. 8:43D-5.4 through 5.10 and 8:43D Appendices A and B.

Full text of the proposed amendments and new rules follows (additions indicated in boldface **thus**; deletions indicated in brackets [thus]):

SUBCHAPTER 1. DEFINITIONS AND QUALIFICATIONS

8:43D-1.1 Scope

The rules in this chapter [pertain] **apply** to all facilities [which] **that are licensed to provide health care services to residents of** pediatric community transitional homes [services] **in New Jersey**. These rules constitute the basis for the licensure of pediatric community transitional homes by the New Jersey Department of Health [and Senior Services].

8:43D-1.3 Definitions

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

“Academy of Nutrition and Dietetics” or “AND” means the organization of dietetic professionals committed to improving the nation’s health and advancing the profession of dietetics through research, education, and advocacy, which may be reached by regular mail at 120 South Riverside Plaza, Suite 2000, Chicago, Illinois 60606-6995, website www.eatright.org, and by telephone at (800) 877-1600 or (312) 899-0040.

“Activities of daily living (ADL)” means [the functions or tasks that are] mobility, transferring, walking, grooming, bathing, dressing and undressing, eating, and toileting, which may be performed by a resident independently, or under the supervision of, or with partial or total assistance from, the staff of the pediatric

community transitional home[, or by the resident either with or without supervision or assistance by staff. Activities of daily living include at least: mobility, transferring, walking, grooming, bathing, dressing and undressing, eating, and toileting].

...

“Advanced practice nurse” means a person who [holds a certification] **is certified as an advanced practice nurse by the New Jersey Board of Nursing** in accordance with [section 8 or 9 of P.L. 1991, c.377 (]N.J.S.A. 45:11-47 [or 45:11-47)].

“**American Board of Medical Specialties**” means the entity by that name for which the contact information is **American Board of Medical Specialties, 353 North Clark Street, Suite 1400, Chicago, IL 60654, telephone (312) 436-2600, website www.abms.org**.

“**American Osteopathic Association**” means the entity by that name for which the contact information is **American Osteopathic Association, 142 East Ontario Street, Chicago, IL 60611, telephone (800) 621-1773, website www.osteopathic.org**.

“Application for New or Amended Acute Care Facility License (CN-7)” is the form, incorporated herein by reference and set forth at Appendix A, which **an applicant for licensure as** a pediatric community transitional care home must complete and submit to the Department’s Office of Certificate of Need and Healthcare Facility Licensure in order to apply for a license prior to commencement of new or expanded services and which is available [through the following methods:

1. A written request to the Office of Certificate of Need and Healthcare Facility Licensure;

2. Electronically at the Department's Division of Health Facilities Evaluation and Licensing webpage at: <http://nj.gov/health/healthfacilities/forms.shtml>; and

3. Electronically at the Department's "Forms" webpage] **electronically** at: www.nj.gov/health/forms.

"Application for Waiver (CN-28)" is the form, incorporated herein by reference and set forth at Appendix B, which a facility must complete and submit to the Department in order to request a waiver of the rules established at N.J.A.C. 8:43D and which is available [through the following methods:

1. A written request to the Office of Certificate of Need and Healthcare Facility Licensure;

2. Electronically at the Department's Division of Health Facilities Evaluation and Licensing webpage at: <http://nj.gov/health/healthfacilities/forms.shtml>; and

3. Electronically at the Department's "Forms" webpage] **electronically** at [<http://web.doh.state.nj.us/apps2/forms>]: www.nj.gov/health/forms.

"Assessment and Survey Program" means the unit responsible for conducting inspections of licensed health care facilities within the Division of Health Facility Survey and Field Operations of the Health Systems Branch of the Department, for which the contact information is Assessment and Survey Program, Division of Health Facility Survey and Field Operations, New Jersey Department of Health, 120 Stockton Street, PO Box 367, Trenton, NJ 08625-0367, telephone (609) 292-9900.

“Available” means[,] pertaining to equipment, present and ready for immediate use; pertaining to personnel, [“available”] means capable of being reached by telephone 24 hours per day.

[“Bedridden” means physically unable to leave bed, even with assistance.]

“Centers for Disease Control and Prevention” or “CDC” means an agency of the United States Department of Health and Human Services, for which the contact information for access to publications referred to in this chapter as the Morbidity and Mortality Weekly Review or MMWR, is CDC, 1600 Clifton Road, MS E-90, Atlanta, GA 30333, telephone (404) 498-1150, e-mail mmwrq@cdc.gov, website www.cdc.gov/mwwmwr.

“Child care worker” means a person who has a high school diploma or general equivalency diploma and is 18 years of age or older.

...

“Commission on Dietetic Registration” or “CDR” means the administratively autonomous credentialing agency for the Academy for Nutrition and Dietetics (AND) that is responsible for establishing registration eligibility requirements for AND’s certification programs, for which the contact information is CDR, 120 South Riverside Plaza, Suite 2000, Chicago, IL 60606, telephone (800) 877-1600 ext. 5500, and email cdr@eatright.org.

“Commissioner” means the [New Jersey State] Commissioner of the New Jersey Department of Health [and Senior Services] or his or her designee.

...

“Community agency” means a community agency as N.J.A.C. 10:48A-1.3 defines that term.

...

“Department” means the New Jersey Department of Health [and Senior Services].

“Dietitian” means a person who:

- 1. Is credentialed by the Commission on Dietetic Registration as a registered dietitian;**
- 2. Is eligible to become a registered dietitian in accordance with the criteria established by the Commission on Dietetic Registration;**
- 3. Has a master’s degree with a major concentration in foods, nutrition, food service, and/or food institution management, and has completed:**
 - i. At least six months of full-time, or equivalent, experience in nutrition and/or food service management in a health care setting; or**
- 4. Has a bachelor’s degree from a college or university with a major concentration in foods, nutrition, food service, and/or food institution management, and has completed:**
 - i. A dietetic internship accredited by the Academy of Nutrition and Dietetics; or**
 - ii. One year of full-time or equivalent experience in nutrition and/or food service management in a health care setting.**

“Director of nursing” means a registered professional nurse, with at least two years of experience caring for children, who is designated by a pediatric

community transitional home with overall responsibility for coordinating nursing care in the facility.

“Division of Child Protection and Permanency” means, pursuant to N.J.S.A. 9:3A-10, the division within the New Jersey Department of Children and Families, for which the contact information for reporting diagnosed or suspected child abuse is:

1. During normal business hours, telephone (609) 292-0617; and
2. After normal business hours, telephone 1-877-NJ ABUSE (1-877-652-2873).

...

“Family physician” means a physician who is certified or eligible for certification in:

1. Family medicine by the applicable certifying board of the American Board of Medical Specialties; or
2. Family medicine and osteopathic manipulative treatment by the applicable certifying board of the American Osteopathic Association and has at least one year of experience in the medical treatment of children.

...

“Food and Nutrition Board” means the unit by that name within the Health and Medicine Division, or HMD, of the National Academies of Sciences, Engineering, and Medicine, or National Academies, for which the contact information is Food and Nutrition Board, HMD, National Academies, Keck Center,

W700, 500 Fifth St. NW, Washington, DC 20001; telephone (202) 334-1732, fax (202) 334-2352, e-mail HMD-NASEM@nas.edu, website www.nap.edu.

...

“Health Care Facilities Plan Review Unit” means the unit by that name within the Bureau of Construction Project Review of the Division of Codes and Standards in the New Jersey Department of Community Affairs, for which the contact information is Health Care Facilities Plan Review Unit, Bureau of Construction Project Review, Division of Codes and Standards, NJ Department of Community Affairs, 101 South Broad Street, 4th Floor, PO Box 817, Trenton, NJ 08625-0817.

...

“Interferon-Gamma Release Assays” or “IGRA” means blood tests, such as QuantiFERON®-TB Gold In-Tube test and •T-SPOT®.TB test, used to diagnose *Mycobacterium tuberculosis* (Tb) infection, but which do not differentiate latent infection from active disease.

“Licensed nursing personnel (licensed nurses)” means registered professional nurses and licensed practical [(vocational)] nurses[,], licensed by the New Jersey State Board of Nursing, pursuant to [the provisions set forth in] N.J.S.A. 45:11-23 et seq. and N.J.A.C. 13:37, as amended.

...

[“Medically fragile child” means an individual, birth to 18 years, who requires a coordinated array of integrated personal and health care services, available 24 hours

per day, seven days a week, who may benefit from placement in a pediatric community transitional home.]

“Medical director” means a [licensed primary care provider of medicine or osteopathy who is designated by the] **pediatrician or family physician whom a pediatric community transitional home designates** as having overall responsibility for [the] medical [component of the] services provided [within a pediatric community transitional home] **in the facility**.

“Medically fragile child” means a person from the ages of birth to 18 years who needs supportive personal, social, and health care services to be available 24 hours per day, seven days a week, and who may benefit from placement in a pediatric community transitional home.

...

“National Fire Protection Association” or “NFPA” means the entity by that name for which the contact information is NFPA, 1 Batterymarch Park, Quincy, MA 02269, telephone (617) 770-3000, website www.nfpa.org.

“Nursing administrator” means a registered professional nurse, with at least two years of experience caring for children, who is designated by a pediatric community transitional home with overall responsibility for coordinating nursing care in the facility.

“Occupational Safety and Health Administration” or “OSHA” means the entity by that name for which the contact information is U.S. Department of Labor, Occupational Safety & Health Administration, 200 Constitution Avenue, NW,

Washington, D.C. 20210, telephone 1-800-321-OSHA (6742), website

www.osha.gov.

“Office of Certificate of Need and Healthcare Facility Licensure” means the health care facility licensing unit within the Division of [Health Facilities Evaluation and Licensing of the Senior Services and] **Certificate of Need and Licensing, in the Health Systems Branch of the Department**[. 1. The contact information is as follows:

i. Mailing Address:], **for which the contact information is** Office of Certificate of Need and Healthcare Facility Licensure, Division of [Health Facilities Evaluation and Licensing] **Certificate of Need and Licensing, New Jersey** Department of Health [and Senior Services], **25 South Stockton Street**, PO Box 358, Trenton, NJ 08625-0358[;],

[ii. Telephone number:] **telephone** (609) 292-5960.

[“Office of Health Facilities Assessment and Survey” “means the survey and inspections unit for acute care services within the Division of Health Facilities Evaluation and Licensing of the Senior Services and Health Systems Branch of the Department.

1. The contact information is as follows:

i. Mailing address: Office of Health Facilities Assessment and Survey, Division of Health Facilities Evaluation and Licensing, Department of Health and Senior Services, PO Box 367, Trenton, NJ 08625-0367; and

ii. Telephone number: (609) 292-9900.]

...

[“Pediatric community transitional health care service” means any service provided to a resident of a pediatric community transitional home that is ordered by a primary care provider and required to be provided or delegated by a licensed, registered

or certified health care professional. Any other service, whether or not ordered by a primary care provider, that is not required to be provided or delegated by a licensed, registered or certified health care professional is not a health care service.]

“Pediatrician” means a physician who is certified or eligible for certification in pediatrics by the applicable certifying board of either the American Board of Medical Specialties or the American Osteopathic Association.

...

[“Pharmacist” means a person who is so licensed by the New Jersey State Board of Pharmacy, pursuant to N.J.A.C. 13:39-3.]

“Physician” means a person who is licensed to practice medicine in New Jersey by the State Board of Medical Examiners, pursuant to N.J.S.A. 45:9-1 et seq.

“Physician assistant” means a person who [holds a current, valid license issued] **is licensed to practice as a physician assistant in New Jersey by the State Board of Medical Examiners**, pursuant to N.J.S.A. 45:9-[27.13a]**27.10 et seq.**

“Primary care provider” means a [person who is licensed or authorized by the New Jersey State Board of Medical Examiners to practice medicine in the State of New Jersey at N.J.S.A. 45:9-1 et seq. and N.J.A.C. 13:35, as amended] **physician, physician assistant, or an advanced practice nurse.**

[“Primary care provider assistant” means a person who holds a current valid license issued pursuant to N.J.S.A. 45:9-27.13.a(4).

“Primary care providers (PCP)” means a primary care provider, a primary care provider assistant, or an advanced practice nurse, who supervises, coordinates, and provides initial and basic care for the resident.]

...

[“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 or unit-of-use container), verifying it with the directions on the label, and taking orally, injecting, inserting or topically or otherwise administering the medication.]

...

“Social worker” means a person who:

1. Is licensed as a social worker by the New Jersey State Board of Social Work Examiners pursuant to N.J.S.A. 45:15BB-1 et seq.;

2. Has a master’s degree in social work from a graduate school of social work accredited by the Council on Social Work Education; and

3. Has at least one year of post-master’s degree social work experience in a health care setting.

...

[“Transitional stay” generally means a length of stay of 120 days or less per admission.]

“U.S. Pharmacopeia” means the entity for which the contact information is USP-U.S., 12601 Twinbrook Parkway, Rockville, Maryland 20852, telephone: (800) 227-8772, website www.usp.org.

“Volunteer” means a person [trained by a pediatric community transitional home staff] who serves a pediatric community transitional home without monetary compensation.

SUBCHAPTER 2. LICENSURE PROCEDURES

8:43D-2.1 Application for licensure

(a) (No change.)

(b) All pediatric community transitional [care] homes shall obtain licensing approval from the Department prior to initiating services. [All existing pediatric community transitional homes shall be licensed by December 1, 2004 or be subject to the penalties for operating a health care facility without a license.]

(c) – (i) (No change.)

[(j) A certificate of need is not required to initiate or operate pediatric community transitional home facilities or services.]

8:43D-2.2 Newly constructed, renovated, or expanded facilities

[(a) Any] **A** pediatric community transitional home desiring to construct, expand, or renovate shall submit plans **therefor to, and obtain written approval of final construction of the physical plant from,** the Health Care **Facilities** Plan Review [Services, Division of Codes and Standards, Department of Community Affairs, PO Box

815, Trenton, NJ 08625-0815, for review and approval] **Unit in accordance with applicable standards the Unit administers and N.J.A.C. 8:43D** prior to the initiation of construction or renovation.

[(b) The licensure application for a newly constructed, renovated or expanded facility shall include written approval of final construction of the physical plant in accordance with N.J.A.C. 8:43D-3 by:

Health Care Plan Review Services

Division of Codes and Standards

Department of Community Affairs

PO Box 815

Trenton, NJ 08625-0815

609-633-8151]

8:43D-2.3 Surveys

(a) When [the] **a** written application for licensure is approved and [the] **a** building is ready for occupancy, a survey of the facility by representatives of the Department's [Office of Health Facilities Assessment and Survey] **Division of Health Facility Survey and Field Operations** shall be conducted to determine if the facility [adheres to] **complies with** the rules in this chapter.

1. The **Department** [facility] shall [be notified] **notify** in writing **the licensed operator of a facility** of the findings of the survey, including any deficiencies found.

2. The facility shall notify the Department's [Office of Health Facilities Assessment and Survey] **Division of Health Facility Survey and Field Operations**

when the deficiencies, if any, have been corrected, and the [Office of Health Facilities Assessment and Survey] **Division of Health Facility Survey and Field Operations** shall schedule one or more resurveys of the facility prior to occupancy and licensure.

(b) (No change.)

SUBCHAPTER 3. PHYSICAL PLANT AND ENVIRONMENT

8:43D-3.4 Automatic fire detection system

(a) (No change.)

(b) All fire detection systems shall be installed in accordance with the New Jersey Uniform Construction Code, N.J.A.C. 5:23, the New Jersey Uniform Fire Code, N.J.A.C. 5:70, and **NFPA 72: National Fire Alarm and Signaling Code, 2016 Edition, published by the** National Fire Protection Association [(NFPA) 72 E], incorporated herein by reference, as amended and supplemented. [National Fire Protection publications are available from: NFPA, One Batterymarch Park, Quincy, MA 02269-9101.]

8:43D-3.7 General residential unit requirements

(a) A resident occupying a standard size bed shall have a minimum of 90 square feet of clear usable floor area.

(b) A resident occupying a junior size bed shall have a minimum of 60 square feet of clear usable floor area.

(c) A resident occupying a crib shall have a minimum of 45 square feet of clear usable floor area.

(d) At least three feet of clear and usable space shall separate the sleeping accommodations between residents.

(e) Any calculation of clear and usable floor area shall exclude closets, bathroom, kitchen, hallways, corridors, vestibules, alcoves, and foyers unless the applicant submits a written request to the Department to consider an alcove, foyer, or vestibule as clear and usable floor area within the context and purpose of these rules and the Department grants such a request. Such request shall be made in writing during the licensing application review process.

Recodify existing (b) and (c) as **(f) and (g)** (No change in text.)

8:43D-3.9 Community space

(a) The facility shall provide community spaces, both indoor and outdoor, for active and passive recreation.

(b) Indoor space shall be provided at a rate of 15 square feet for each resident.

8:43D-3.10 Laundry equipment

(a) – (b) (No change.)

(c) When commercial type laundry equipment is utilized, it shall be installed in a separate laundry room.

1. The remainder of the home shall be protected from the laundry room by fire separation assemblies of at least one-hour rated construction.

2. Openings in all fire separation assemblies shall be protected in accordance with the New Jersey Uniform Construction Code, N.J.A.C. 5:23.

(d) (No change.)

8:43D-3.11 Dietary department

(a) (No change.)

(b) At a minimum, [the following facilities shall be provided] **a facility shall be equipped as follows:**

1. – 6. (No change.)

(c) [The] **A** facility shall comply with all other applicable sections of [Chapter XII of the New Jersey Sanitary Code at] N.J.A.C. 8:24.

8:43D-3.12 Physical plant designated space

(a) [In all] **All** new facilities[,] **shall be equipped with** a grade level, barrier free entrance[, sheltered] **that provides shelter** from the weather[, shall be provided].

1. The cover, canopy or awning for this entrance shall extend a sufficient distance from the building face to cover the entry door(s) when they are in the open position.

(b) – (g) (No change.)

8:43D-3.14 Sounding devices

(a) If self-locking doors are used at the main entrance and other entrances [which] **that** open onto a roof or balcony, they shall be equipped with a sounding device, such as a bell, buzzer or chime, which is constantly maintained in operating condition.

(b) The sounding device shall be affixed to the outside of the door or to the adjacent exterior wall for use [in the event that] **by** a person **who** is unable to enter the building, and **this device** shall ring at an area [which] **of the building that** is staffed 24 hours a day.

SUBCHAPTER 4. GENERAL REQUIREMENTS

8:43D-4.2 Ownership

(a) The ownership of the facility, as well as the property on which it is located shall be disclosed to the Department. [Any]

1. A facility shall report a proposed change in ownership [shall be reported] **in writing** to the Director of the [Department's] Office of Certificate of Need and Healthcare Facility Licensure, in [writing and in] conformity with N.J.A.C. 8:43D-2.4(d)2.

(b) (No change.)

(c) In accordance with [the waiver criteria at N.J.A.C. 8:43D-2.6 and the provisions of] N.J.S.A. 2A:168A-1 et seq., [a prospective owner or] **an applicant for licensure as an** operator of a pediatric community transitional home who has been convicted of any of the violations [noted in N.J.A.C. 8:43-4.2(a)] **at (b)** above[,] may apply to the [Commissioner] **Department** for a [waiver in order to own or operate the facility. In addition to the waiver criteria at N.J.A.C. 8:43D-2.6 and provisions of N.J.S.A. 2A:168A-1 et seq., such a waiver request shall provide documented evidence]

licensure eligibility determination notwithstanding the conviction, and in support thereof, may submit:

1. Documentation showing that the conviction does not relate adversely to the applicant's licensure as an operator of a pediatric community transitional home and that the [violation(s) for] crimes of which the [individual(s) has been] applicant was convicted [does] would not impair [his or her] the applicant's ability to provide care to children in a safe manner; [and

1. The conviction has been expunged; or
2. The individual(s) seeking the waiver has been rehabilitated.]

2. Evidence of rehabilitation pursuant to N.J.S.A. 2A:168A-3 to a degree that the applicant obtaining licensure to provide care to children would not be incompatible with the welfare of society; or

3. A certificate issued pursuant to N.J.S.A. 2A:168A-7 suspending restrictions from the applicant obtaining licensure to provide care to children.

(d) (No change.)

8:43D-4.3 Submission and availability of documents

[The] **A facility administrator** shall[, upon request,] submit [any documents, which are required by the rules set forth in this chapter,] to the Director of the [Department's] Office of Certificate of Need and Healthcare Facility Licensure[. Additionally, upon request by the Department, the facility shall submit,] in writing **any requested** data related to **the** utilization, demographics, costs, charges, staffing, [and other] planning and financial data [necessary] for the [Department to evaluate the] **operation of the** facility.

8:43D-4.4 Policy and procedure manual

(a) A [policy and procedure manual(s) for] **facility administrator shall maintain a manual of policies and procedures that establishes** the organization and operation of the facility [shall be established and is reviewed] **and shall document the review of each policy and procedure** every three years[. Each review of manual(s) shall be documented, and the manual(s)], **and which** shall be available [in the facility] **on-site to facility employees and** representatives of the Department at all times[. The manual(s)] **and** shall [include at least] **address** the following:

1. – 3. (No change.)

4. Policies and procedures for reporting all diagnosed and/or suspected cases of [resident] **child** abuse or exploitation to the Division of [Youth and Family Services, Office of Institutional Abuse Investigation Bureau Unit at (609)-292-0617. After normal business hours, all cases should be reported to Division of Youth and Family Services, Office of Child Abuse Control at 1-800-792-8610.] **Child Protection and Permanency, as follows:**

i. During normal business hours, contact the Institutional Abuse Investigation Unit at (609) 292-0617.

ii. After normal business hours, contact the Child Abuse Hotline, available 24 hours a day, seven days per week at 1-877-NJ ABUSE (1-877-652-2873);

5. – 10. (No change.)

(b) (No change.)

8:43D-4.7 Reportable events and notification requirements

(a) [The] **A** facility shall notify the Department within three hours by telephone at (609) 292-9900 or (800) 792-9770 (after business hours), followed within 72 hours by written confirmation to the Department's Office of Certificate of Need and Healthcare Facility Licensure, of the following:

1. – 2. (No change.)

3. All suspected cases of [resident] **child** abuse or exploitation [that must also be] reported to the Division of [Youth and Family Services] **Child Protection and Permanency**, [Office of] Institutional Abuse Investigation [Bureau] **Unit**.

(b) – (c) (No change.)

8:43D-4.8 Notices

(a) [The] **A** facility shall [conspicuously] post a notice **in a conspicuous, easily accessible location of the facility stating** that the following information is available in the facility during normal business hours **of operation**[, to residents, guardians or responsible parties and the general public]:

1. – 5. (No change.)

6. The toll-free complaint **and reportable event** hot line number of the Department (1-800-792-9770); [and] the telephone numbers of county agencies and **the telephone number** of the Division of [Youth and Family Services] **Child Protection and Permanency**, [Office of Institutionalized] **Institutional** Abuse Investigation [Bureau] **Unit**; and

7. (No change.)

8:43D-4.10 Admission and retention of residents

(a) – (b) (No change.)

(c) 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 primary care provider or the provider on call (see N.J.A.C. 8:43D-[5.13(h)]**5.6(h)**), in consultation with facility staff and a responsible person, shall determine whether the resident is appropriately placed in the facility. The facility or resident representative shall initiate the mental health screening process in accordance with N.J.S.A. 30:4-27.1 and N.J.A.C. 10:31 and, based on the results and recommendations of that screening process, shall attempt to locate a new placement if necessary.

(d) [If an applicant, after applying in writing, is denied] **At the written request of a parent or guardian of, or designated community agency representing, a child whose application for admission to [the] a pediatric community transitional home was denied**, the [applicant and/or his of her family, guardian, or designated community agency] **facility administrator** shall[, upon written request, be given] **respond to the requestor, in a writing signed by the administrator, within 15 days of receipt of the request and provide** the reason for such denial[, in writing and signed by the administrator, within 15 days of receipt of the written request].

(e) (No change.)

8:43D-4.11 Involuntary discharge

(a) – (b) (No change.)

(c) In an emergency situation, for the protection of the health, safety and general welfare of [the] a resident or others, [the] a facility may transfer the resident without providing 30 days notice. [The Department shall be notified in]

1. In the event of such discharge, a facility shall submit written notice to the Office of Certificate of Need and Healthcare Facility Licensure.

SUBCHAPTER 5. ADMINISTRATION [AND STAFFING QUALIFICATION AND REQUIREMENTS]

8:43D-5.1 Appointment of administrator

(a) An administrator shall be appointed and an alternate shall be designated in writing to act in the absence of the administrator.

(b) The administrator or a designated alternate shall be available at all times.

8:43D-[5.11]5.4 Staffing requirements

(a) [The] A facility shall [maintain] **establish** and implement written staff schedules[. Actual hours worked by each employee shall be documented] **and shall maintain records of the actual hours worked by each employee.**

(b) [The] A facility shall maintain a staffing ratio of one awake child care worker to every three residents at all times on the premises, unless additional staff are otherwise ordered by a primary care provider or identified in the interdisciplinary plan of care.

(c) [Staff monitoring by a registered professional nurse, licensed practical nurse, or child care worker shall be provided] **A facility shall provide direct care staffing, including registered professional nurses, licensed practical nurses, and child**

care workers based on a **registered professional nurse's assessment** of the acuity of the [patient] **residents in the facility** and [the] **their** interdisciplinary care plans.

1. - 3. (No change.)

(d) (No change.)

8:43D-[5.12]5.5 Staffing policies and procedures

(a) [The] **A** facility shall develop written policies and procedures to ensure all staff are in good physical and mental health, of good moral character and that these policies and procedures reflect the applicable standards as set forth in this chapter.

(b) [The] **A** facility shall develop written job requirements specifying licensure and certification as needed in the State of New Jersey and written job descriptions for all staff to ensure personnel are assigned duties based on their education, training and general professional competencies.

(c) [There] **A facility** shall [be] **employ** a full-time director of nursing or nursing administrator who is [a registered professional nurse licensed in the State of New Jersey, who has at least two years experience in providing care to pediatric patients/residents] **responsible for coordinating residents' nursing care.**

[(d)] **1.** At least one registered professional nurse shall be on duty at the facility on a 40-hour per week basis.

2. A registered nurse shall be available by telephone at all other times.

[(e)] **(d)** [The] **A** facility shall develop and implement a staff orientation and a staff training and education plan, including plans for each service and designation of person(s) responsible for training employees.

(e) [All] **A facility shall provide orientation to** personnel providing personal care [shall receive orientation at the time] **upon commencement** of employment and at least annual in-service education regarding, at a minimum, the following:

1. - 2. (No change.)

3. The **facility's** infection prevention and control program; and

4. (No change.)

(f) Nurse staffing shall be in accordance with [the provisions set forth in] N.J.A.C. 8:43D-[5.11 and 12]**5.4 and 5.5.**

(g) [Personnel, including staff] **A facility shall exclude from working in a pediatric community transitional home personnel whom it employs or hires** under contract, [with] **as well as volunteers, who present documentation from a primary care provider of having** a reportable communicable disease or infection as specified in N.J.A.C. 8:57[, also known as Chapter 2 of the State Sanitary Code, shall be excluded from the pediatric community transitional home] until [examined by] **the person submits certification from** a primary care provider [who shall certify to the administrator] that the **person's** condition will not endanger the health of residents or other employees.

(h) Evidence of conviction of a crime, in itself, shall not automatically preclude [an individual] **a person** from serving as director or staff member or from working in the facility and shall not automatically result in the removal or termination of a director or staff member. [The]

1. A facility shall submit a written justification to the Department, indicating and documenting why the [individual] **person** at issue should not be precluded from working or holding a leadership position at the facility; [the]

2. The Department, in consultation with the Division of [Youth and Family Services' Bureau of Licensing] **Child Protection and Permanency** , after assessing the facts on a case-by-case basis, shall [make the final determination,] **determine** in [keeping] **accordance** with the [provisions of the] State Rehabilitated Convicted Offenders Act, N.J.S.A. 2A:168A-1 et seq., [which provides that a person convicted of a crime may not be disqualified or discriminated against by a licensing authority unless the] **whether a person's** conviction relates adversely to [the occupation, trade, vocation, profession or business for which the license or employment is sought] **working with residents of a pediatric community transitional home.**

(i) (No change.)

8:43D-[5.13]5.6 Medical director[/] **and** primary care provider responsibilities

(a) Each facility shall [have] **designate** a medical director who is [currently licensed] to [practice medicine by the New Jersey State Board of Medical Examiners as a pediatrician or family practice primary care provider with one year of experience in providing medical care for children] **have overall responsibility for the medical services provided in the facility.**

1. – 4. (No change.)

(b) The medical director shall ensure that for each resident there is a designated [primary] **physician** and an alternate [primary care provider] **physician** who can be contacted when necessary.

(c) (No change.)

(d) [Each resident's attending primary care provider or the] **A** facility's medical director shall review the resident's medical record on a scheduled basis to ensure that care plans and medical orders are [properly followed] **implemented properly**.

(e) [The] **A** facility shall [maintain a list of consultant primary care providers who are available for referrals made by the attending primary care provider and shall] make arrangements for [referrals to psychological services] **health care services that a resident's primary care provider orders**.

(f) (No change.)

(g) [The] **A** medical director, or [primary care provider] **a physician** designated by the medical director, shall respond to medical emergencies [, which are not handled by another attending primary care provider, including hospital admissions] **that occur at a pediatric community transitional home**.

(h) (No change.)

(i) A [primary care provider] **physician** shall [visit] **perform an in-person physical examination of** each resident **in accordance with the time specified for newly admitted residents in a facility's policies and procedures and** at least every 30 days **thereafter** unless the **physician documents in the resident's** medical record [contains an explicit] **the medical** justification for not doing so.

1. Following the initial [visit, alternate] **physical examination, a resident's physician may delegate responsibility to examine the resident every 30 [-] days** [visits may be delegated] to [an advanced practice nurse, certified in accordance with Advanced Practice Nurse/Clinical Nurse Specialist Certification Act (P.L. 1991, c.377)

amended by P.L. 1999, c.85 s.6, and as regulated by the New Jersey State Board of Nursing statutes (N.J.S.A. 45:11-23 et seq.) and rules (N.J.A.C. 13:37), or to a New Jersey licensed] a primary care provider [assistant,] in accordance with facility policies.

SUBCHAPTER 6. RESIDENT CARE POLICIES

8:43D-6.2 Financial arrangements

(a) Concerning financial arrangements, the facility shall:

1. - 2. (No change.)

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

i. (No change.)

ii. Upon written orders of the resident's [primary care provider] **physician**, stipulating specific services not included in the admission agreement;

iii. - iv. (No change.)

4. (No change.)

SUBCHAPTER 7. RESIDENT ASSESSMENT AND CARE PLANS

8:43D-7.2 Policies and procedures for resident assessment and interdisciplinary care plans

(a) A [primary care provider] **physician** shall issue orders for each resident's medical care prior to or beginning on the day of admission.

(b) (No change.)

(c) A [primary care provider] **physician** shall examine each resident five days before, or 48 hours after, admission.

(d) (No change.)

(e) [A comprehensive health care assessment shall be completed for each resident within] **Within** 10 days of admission [to], **a facility shall** formulate an interdisciplinary care plan[. The interdisciplinary care plan shall be based on oral or written communication and assessments provided] **for each resident that reflects the following:**

1. Assessments performed by nursing, dietary, [resident] activities, and social work staff[;] and [when ordered by the primary care provider, assessments shall also be provided by] other health care professionals[. The interdisciplinary care plan shall include measurable], **as prescribed by a resident's physician;**

2. Measurable objectives [with] **and** interventions **that are** based on [the] a resident's care needs [and means of achieving each goal. The interdisciplinary care plan shall be updated at least quarterly or whenever there is a]; **and**

3. Updates that are documented quarterly, or more frequently, as indicated by a change in the resident's health status[,], based on a [reassessment by a] registered professional [nurse] **nurse's assessment of the resident.**

(f) (No change.)

8:43D-7.3 Provision of health care services

(a) (No change.)

(b) At the time of admission, [arrangements shall be made between the administrator and the] **a** resident's family, legal guardian, or designated community agency [regarding the primary care provider] **shall choose a physician** and dentist [designated by the facility or one chosen by the resident/responsible person] 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. [The] **A** resident's family, legal guardian, or responsible person shall be permitted free choice of a [primary care provider] **physician**.

(c) (No change.)

(d) [The] **A facility shall notify a** resident's [primary care provider or the primary care provider's designee shall be notified] **physician** of any significant change in the resident's physical or psychological condition [and any intervention by the primary care provider shall be recorded] .

(e) (No change.)

SUBCHAPTER 8. DINING SERVICES

8:43D-8.1 Provision of meals

(a) The facility shall provide dining services to meet the daily nutritional needs of residents.

1. Each resident shall have an initial dietary consultation performed by a dietitian [or dietitian consultant] within 10 days of admission to the facility and a follow-up nutritional consultation at least quarterly, or as needed, according to the health status of the resident.

2.-3. (No change.)

8:43D-8.2 Responsibilities of dietitians [and dietitian consultants]

(a) In accordance with residents' needs, a dietitian [or dietitian consultant] shall be responsible for providing resident dietary care, including, but not limited to, the following:

1.-2. (No change.)

8:43D-8.3 Requirements for dining services

(a) A dietitian [or dietitian consultant] shall provide, on at least an annual basis, one in-service training seminar for all staff on the prevention of food borne illness.

(b) (No change.)

(c) Meals shall be planned, prepared, and served in accordance with, but not limited to, the following:

1. – 4. (No change.)

5. Diets served shall be consistent with the [American Dietetic Association's "Pediatric Manual of Clinical Dietetics" (6th ed., 2002),] **Academy of Nutrition and Dietetics: Revised 2015 Standards of Practice and Standards of Professional Performance for Registered Dietitian Nutritionists (Competent, Proficient, and Expert) in Pediatric Nutrition, Journal of the Academy of Nutrition and Dietetics, March 2015, Volume 115, Issue 3, Pages 451–460.e35, which may be accessed at www.andjrnl.org, and/or ["The Manual of Clinical Dietetics" (2nd ed., 2003)] **The Pediatric Nutrition Care Manual (2015), which may be accessed at****

www.nutritioncaremanual.org, and, which are incorporated herein by reference as amended and supplemented[.];

6. The facility staff shall follow a dietitian's instructions[, and, if applicable] for special diets[, shall be served] in accordance with [primary care providers'] a **physician's orders**. [One or both referenced]

7. The facility shall have available at all times in the facility at least one of the dietetic manuals [shall be kept in the facility. Both manuals may be obtained by writing to:

American Dietetic Association

PO Box 97215

Chicago, IL 60678-7215] **referenced at (c)5 above;**

[6.] **8. Nutrients and calories, as adjusted for age, sex, weight, physical activity, and therapeutic needs of a resident**, shall be [provided for each resident, based upon current recommended dining allowances of the Food and Nutrition Board of the National Academy of Sciences, National Research Council, adjusted for age, sex, weight, physical activity, and therapeutic needs of the resident, if applicable] **based on the recommended dietary allowances of the Food and Nutrition Board in "Dietary Reference Intakes: The Essential Guide to Nutrient Requirements (2006)";**

Recodify existing 7.-12. as **9.-14.** (No change in text.)

SUBCHAPTER 9. PHARMACEUTICAL SERVICES

8:43D-9.2 Administration of medications

(a)–(d) (No change.)

(e) Personnel shall **immediately** report drug errors and adverse drug reactions [immediately] to the registered professional nurse, [to] the prescriber, and [to] the [pharmacist and consultant pharmacist] **pharmaceutical services provider**, and shall document the incident in the resident's record.

8:43D-9.3 [Designation of a pharmacist/consultant pharmacist] **Retention of pharmaceutical services**

(a) [The] **A facility** shall [designate a pharmacist/consultant pharmacist who shall direct] **retain** pharmaceutical services[,] **in accordance with the New Jersey Pharmacy Practice Act at N.J.S.A. 45:14-40, and the rules promulgated pursuant thereto at N.J.A.C. 13:39, to** develop and implement the facility's Pharmaceutical Quality Assurance Plan and provide consultation to the primary care provider, facility, [or] staff, and residents, at least quarterly or as needed. [The facility shall only appoint a consultant pharmacist who is not the pharmacist provider and does not have an affiliation with the pharmacist provider. The pharmacist/consultant pharmacist shall assist the facility with, at a minimum, the following:]

(b) In addition to the services comprising pharmaceutical services pursuant to N.J.A.C. 13:39, pharmaceutical services include:

1. – 5. (No change.)

8:43D-9.4 Storage of medications

(a) [The] **A facility's** administrator shall provide an appropriate and safe medication storage area, either in a common area or in the resident's unit, for the

storage of medications. The storage area requirement may be satisfied through the use of a locked medication cart or other secured locked areas.

1. – 4. (No change.)

5. Medications shall be stored in accordance with manufacturer's instructions and with [U.S.P. (United States Pharmacopeia)] requirements [as set forth in USP24, NF19, published by the U.S. Pharmacopeia Convention, 12601 Twinbrook Parkway, Rockville, Maryland 20852, and] **of the United States Pharmacopeia and the National Formulary (USP-NF)**, incorporated herein by reference as amended and supplemented.

(b) 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 primary care provider's name; the prescription number; the name and strength of the drug; the lot number; the quantity; the date of issue; the expiration date; the manufacturer's name if generic; directions for use; cautionary and/or accessory labels or any other requirement under N.J.A.C. 13:39-[5.9]**7.12** specific to labeling within the **rules promulgated by the** New Jersey Board of Pharmacy [Code].

i. If a generic substitute is used, the drug shall be labeled according to the Drug Utilization Review Council requirements at N.J.S.A. 24:6E-1 et seq. [and N.J.A.C. 8:70 and 8:71.]

ii. Required information appearing on individually packaged drugs or within an alternate medication delivery system need not be repeated on the label.

2. (No change.)

3. If a unit of use drug [distribution] **dispensing** 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: the product name and strength; the lot number; the beyond use date; and the manufacturer, distributor, or [repackager] **re-packager**.

(c) - (d) (No change.)

(e) Discontinued or expired medications shall be destroyed within 30 days in the facility, or, if unopened and properly labeled, returned to the pharmacy. All medication destruction in the facility shall be witnessed and documented by two persons, each of whom shall be either the administrator, the licensed nurse or the [pharmacist]**pharmaceutical services provider**.

(f) (No change.)

SUBCHAPTER 11. EMERGENCY SERVICES AND PROCEDURES

8:43D-11.2 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] **for** medical emergencies, power failures, fire, [or] **and** 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 other agencies in

accordance with State and municipal laws], **and shall maintain them on site at all times.**

(b) The emergency plans[, including] **shall include** a written evacuation diagram specific to the unit [that includes] **and establish an** evacuation procedure, **the** location of fire [exists] **exits**, alarm boxes, and fire extinguishers[, and].

1. A facility shall post all other emergency procedures [shall be conspicuously posted] **in conspicuous locations** throughout the facility.

2. [All] A facility shall train all employees [shall be trained] **upon hire and** annually 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. All residents shall be instructed in emergency evacuation procedures].

(c) - (d) (No change.)

8:43D-11.3 Drills and tests

(a) - (c) (No change.)

(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]:

1. Installed in easily accessible, conspicuous locations throughout the facility;

2. Inspected and maintained in accordance with manufacturers' and applicable National Fire Protection Association (NFPA) requirements and N.J.A.C. 5:70[. Each fire extinguisher shall be labeled]; **and**

3. Labelled to show the date of such inspection and maintenance.

(e) (No change.)

SUBCHAPTER 12. RESIDENT RECORDS

8:43D-12.1 Residents' individual records

(a) Each resident's record shall include at least the following:

1. (No change.)

2. The resident's name, last address and date of birth; the name and address of sponsor or [interested] **community** agency; the date of admission; the date of discharge (including discharge destination) or death; the name, address, and telephone number of the [primary care provider] **physician** to be called in either set of circumstances; and the name and address of nearest relative, guardian, designated responsible person(s), or [interested] **community** agency, together with any other information the resident wishes to have recorded;

3. – 5. (No change.)

8:43D-12.2 Confidentiality

(a) Records and information regarding the individual resident shall be considered confidential and the resident (if age appropriate), resident's parent(s) or guardian, and other [authorized] **responsible** persons shall have the opportunity to examine such records, in accordance with facility policies.

(b) The written consent of the resident (if age appropriate), resident's parent(s), legal guardian, or responsible person shall be obtained for release of the resident's

records to any individual outside of 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.

8:43D-12.3 Record retention

All records shall be maintained in accordance with N.J.S.A. 26:8-5 et seq.

8:43D-12.6 Record of death

Whenever a resident dies in the pediatric community transitional home, the administrator or the administrator's designee shall include written documentation from the [primary care provider] **physician** 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. A [primary care provider] **physician**, registered nurse or paramedic may make a determination and pronouncement of death in accordance with N.J.A.C. 13:35-6.2(d) and (e).

SUBCHAPTER 14. HOUSEKEEPING, SANITATION, SAFETY, AND MAINTENANCE

8:43D-14.2 Housekeeping

(a) A **facility shall establish a** written work plan for housekeeping operations [shall be established and implemented, with categorization] **that identifies the frequency** of cleaning assignments as daily, weekly, monthly, or annually [within] **for** each area of the facility[. The facility shall have a written schedule that determines the frequency of cleaning] and maintenance [of] **schedules for** all equipment, structures, areas, and systems.

(b) –(c) (No change.)

8:43D-14.3 Resident environment

(a) The housekeeping and sanitation conditions in (a)1 through 12 below shall be met. Application of this requirement with respect to the individual living environment shall take into consideration **a** resident's personal preferences:

1. -12. (No change.)

(b) (No change.)

8:43D-14.4 Waste removal

(a) All solid or liquid 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] **N.J.A.C. 7:26** and this chapter.

1. Solid waste[, which] **that** is stored within the building, shall be stored in [insectproof, rodentproof] **insect-proof, rodent-proof**, fireproof, nonabsorbent, watertight containers with tightfitting covers and collected from storage areas regularly [so as] to prevent nuisances, such as odors.

2. 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) – (c) (No change.)

8:43D-14.6 Water supply

(a) (No change.)

(b) The temperature of the hot water used for bathing and handwashing shall be at least [95] **105** degrees and shall not exceed [110] **120** degrees Fahrenheit ([35] **40.6** to [43] **49** degrees Celsius) and shall be appropriately balanced to avoid temperature fluctuations during simultaneous use of two or more water sources within the facility **in accordance with Guidelines for Environmental Infection Control in Health-Care Facilities: Recommendations of CDC and the Healthcare Infection Control Practices Advisory Committee (HICPAC), MMWR, June 6, 2003, 52(RR10), 1–42, as may be amended and supplemented.**

(c) – (d) (No change.)

8:43D-14.8 Laundry services

(a) – (b) (No change.)

(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.

1. Laundry carts shall be in good repair, kept clean, and identified for use with either clean or soiled laundry.

(d) – (f) (No change.)

(g) If the facility provides a laundry service on site in lieu of using a commercial laundry service, it shall provide separate areas for clean and soiled laundry, including hand-washing facilities. The walls, floors, and ceilings of the [on site] **onsite** laundry shall be clean and in good repair. Ventilation shall be adequate to prevent heat and odor build-up.

SUBCHAPTER 15. INFECTION PREVENTION AND CONTROL SERVICES

8:43D-15.2 Development of infection control policies and procedures

(a) [The] **A** 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 publications and standards, [and any amendments or supplements thereto,] incorporated herein by reference, as [supplemented and] amended **and supplemented**, as follows:

1. [Guidelines for Handwashing and Hospital Environmental Control, PB85-9233404] **Guidelines for Environmental Infection Control in Health-Care Facilities: Recommendations of CDC and the Healthcare Infection Control Practices Advisory Committee (HICPAC), MMWR, June 6, 2003, 52(RR10), 1–42;**

2. [Guidelines for Isolation Precautions in Hospitals (Infection Control and Hospital Epidemiology 1996; 17:53-80 and the] **Disinfection and Sterilization in Healthcare Facilities, 2008**, American Journal of Infection Control, 1996, 224:24-52)];

3. “Guidelines for Preventing the Transmission of [Mycobacterium Tuberculosis In Health Care] **Mycobacterium tuberculosis in Health-Care** Facilities [(Morbidity and Mortality Weekly Report 1994; 43-11-22)], **2005, MMWR, December 30, 2005, 54(RR-17), 1-141;** and

4. [Criteria established by the Centers for Disease Control and Prevention and the Occupational Safety and Health Administration Publication for] **OSHA’s Bloodborne Pathogens Standard [(at 29 CFR [19100030]) 1910.1030.**

(b) (No change.)

(c) [The] **A facility shall [ensure that] require** residents [are] **to be** immunized in accordance with the [2008 Recommended Childhood and Adolescent Immunization Schedules approved by the] Advisory Committee on Immunization Practices[, the American Academy of Pediatrics, and the American Academy of Family Physicians, which is amended yearly, and which is available through written request mailed to the New Jersey Vaccine Preventable Disease Program, Department of Health and Senior Services, PO Box 369, Trenton, NJ 08625-0369, or online at <http://www.cdc.gov/vaccines/recs/schedules/default.htm#child>] **Recommended Immunization Schedules for Persons Aged 0 Through 18 Years — United States, 2016, MMWR, February 5, 2016, 65(RR-4), 86–87.**

1. Residents entering into or attending a school, preschool, or child-care center shall comply with the immunization requirements [set forth] at N.J.A.C. 8:57-4[, Immunization of Pupils in School].

8:43D-15.3 General infection control policies and procedures

(a) [Written] **A facility shall establish and implement written** policies and procedures [shall be established and implemented regarding] **addressing** infection prevention and control[, including, but not limited to, policies and procedures for the following] **practices that include:**

1. [In] **Reporting communicable diseases in** accordance with [Chapter II, New Jersey State Sanitary Code, Communicable Diseases, at] 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,] **as amended and supplemented**, and maintaining records for all residents [or] **and** personnel [having these infections,] **who are diagnosed with reportable** diseases[, or conditions];

2. Infection control in accordance with [Occupational Safety and Health Administration Publication "29 CFR 1910030 Pathogens" as amended and supplemented, incorporated herein by reference] **OSHA's Bloodborne Pathogens Standard at 29 CFR 1910.1030, as amended and supplemented;**

3. – 8. (No change.)

8:43D-15.4 Employee health and resident policies and procedures for infection prevention and control

[(a) Tuberculosis screening: The facility shall establish policies and procedures for the detection and control of the transmission of *M. tuberculosis* that includes, but is not limited to, developing a Tuberculosis Infection Exposure Control Plan (TB plan), according to the guidelines set forth in "Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-Care Settings, 2005." MMWR. December 30, 2005, volume 54, Number RR-17, p. 1-141, pursuant to the Occupational Safety and Health Act (OSH Act) of 1970, incorporated herein by reference as supplemented and amended.

1. Newly hired employees: The facility shall identify a new employee's baseline status of exposure to *M. tuberculosis*. The facility shall either draw blood for an interferon gamma release assay (IGRA) or administer a two-step Mantoux tuberculin skin test, using five tuberculin units of purified protein derivative, upon the employment

of full- and part-time employees, volunteer staff and primary care providers, either salaried by the facility or with clinical privileges to provide medical care at the facility.

i. Employees with an IGRA result of "positive" have latent TB infection, a "negative" result indicates no latent TB infection and employees with an "indeterminate" result shall repeat the IGRA.

ii. Employees with an initial Mantoux skin test result of "negative" (<10 mm of induration or < five mm of induration if the individual is immunosuppressed) shall be administered a second test in one to three weeks.

iii. Employees with either a "positive" IGRA or a "positive" (≥ 10 mm of induration or \geq five mm of induration if the individual is immunosuppressed) Mantoux skin test result following either the first or second test are referred for a medical evaluation to determine whether there is evidence of latent tuberculosis infection or active tuberculosis disease.

(1) The medical evaluation shall include, but is not limited to, a chest X-ray.

(2) The facility shall permit employees with positive IGRA or Mantoux test results to begin working after they have submitted a written medical clearance to the facility.

2. Exceptions to the requirements in (a)1 above are as follows:

i. Employees who provide documentation of negative results of a Mantoux skin test performed within the 12 months preceding the start of employment shall receive only one Mantoux skin test upon hire.

ii. Employees who provide documentation of positive IGRA or Mantoux

skin test results shall be exempt from screening.

iii. Employees who provide documentation of having received and completed appropriate medical treatment for active tuberculosis disease or latent tuberculosis infection shall be exempt from screening.

3. Periodic screening of personnel: The facility shall establish policies and procedures for the periodic screening of *M. tuberculosis* in eligible personnel, including, but not limited to, the following testing standards:

i. The facility shall administer an IGRA or Mantoux skin test to all IGRA or tuberculin-negative employees annually at a minimum. Frequency of testing shall be determined by the level of risk assigned by the facility's TB plan.

(1) Medical evaluation, as described in (a)1iii(1) above, is required of any employee with a previously negative test result that, upon follow-up testing, is positive to either the IGRA or Mantoux test.

(2) An asymptomatic employee referred to medical evaluation may continue to work until he or she submits a written medical clearance, but a symptomatic employee cannot return to work until he or she submits a written medical clearance.

4. The facility shall maintain records of employee IGRA or Mantoux test results.]

(a) A pediatric community transitional home shall require all personnel who provide direct care to residents, which include those employed by, hired under contract with, and who volunteer at, a facility, to be tested upon employment for Tb infection using either a two-step Mantoux tuberculin skin test or an IGRA in accordance with the publication cited at N.J.A.C. 8:43D-15.2(a)3.

1. A facility's medical director may grant personnel a written exemption

from the requirements at (a) above consistent with the facility's infection control policies and procedures and the guidance cited at N.J.A.C. 8:43D-15.2(a)3.

i. The facility shall maintain a record of this exemption on site.

ii. Prior to beginning work, and annually thereafter, the facility shall require personnel exempt from Tb testing to submit a signed written statement from a primary care provider advising that the person exhibits no sign of active Tb disease.

2. A facility shall maintain the results of Mantoux tuberculin skin tests and/or IGRAs for all personnel tested.

(b) [Further information:] Questions regarding tuberculosis control may be directed to:

New Jersey Department of Health [and Senior Services]

Tuberculosis Program

PO Box 369

Trenton, [New Jersey] **NJ** 08625-0369

(609) 588-7522

[(c) All personnel both directly employed and under contract to provide direct care to patients shall be given a rubella screening test using the rubella hemagglutination inhibition test or other rubella screening test. The only exceptions are personnel who can document seropositivity from a previous rubella screening test or who can document inoculation with rubella vaccine, or when medically contraindicated. Volunteers are not subject to the rubella screening test.

1. The pediatric community transitional home shall inform each person in writing

of the results of his or her rubella screening test.

2. The pediatric community transitional home shall maintain a list identifying the name of each person who is seronegative and unvaccinated to rubella.

3. The pediatric community transitional home shall offer rubella vaccination to all employees, contract personnel and volunteers.

(d) All personnel both directly employed and under contract to provide direct care to patients, who were born in 1957 or later shall be given a rubeola (measles) screening test using the hemagglutination inhibition test or other rubeola screening test. The only exceptions are personnel who can document receipt of live measles vaccine on or after their first birthday, primary care provider diagnosed measles, or serologic evidence of immunity. Volunteers are not subject to the rubeola screening test.

1. The pediatric community transitional home shall ensure that all personnel, both directly employed and under contract to provide direct care to patients, who cannot provide serologic evidence of immunity are offered rubella and rubeola vaccination.

2. The pediatric community transitional home shall offer rubeola vaccination to all employees, contract personnel and volunteers.]

(c) A pediatric community transitional home shall require all personnel who provide direct care to residents, which include those employed by, hired under contract with, and who volunteer at, a facility, to be tested upon employment for exposure to measles and rubella, and to receive vaccinations for the same, in accordance with Immunization of Health-Care Personnel: Recommendations of the Advisory Committee on Immunization Practices (ACIP), MMWR, November 25, 2011, 60(RR7), 1-45.

Recodify existing (e) through (i) as **(d) through (h)** (No change in text.)

[(j)] (i) [All] Facility staff shall encourage handwashing prior to meal time and provide all residents [shall be provided with] an opportunity to wash their hands before each meal [and shall be encouraged to do so]

1. Staff shall wash their hands before each meal and before assisting residents [in] **with** eating.

Recodify existing (k) through (n) as **(j) through (m)** (No change in text.)

8:43D-15.5 Staff education and training [for] **in** infection prevention and control [All staff members shall be informed about the facility's] **A facility shall educate and train all staff members in its policies and procedures governing** infection control [procedures, including personal hygiene requirements] **practices and shall maintain records of such training.**

APPENDIX A

**New Jersey Department of Health
Office of Certificate of Need and Healthcare Facility Licensure
PO Box 358
Trenton, NJ 08625-0358**

**APPLICATION FOR NEW OR AMENDED ACUTE CARE FACILITY LICENSE
LICENSURE AND CONSTRUCTION REQUIREMENTS**

LICENSURE REQUIREMENTS

General

Licensure by the Department of Health, Office of Certificate of Need and Healthcare Facility Licensure is mandatory **PRIOR TO** commencement of new or expanded services. To be licensed as an operator of a health care service in New Jersey, all of the applicable licensing requirements for that service must be met. This includes both physical plant and operational requirements. To obtain the licensing standards for the proposed service and/or additional information regarding the licensure process, please call:

609-292-6552	Team A: for facilities located in Bergen, Hudson, Mercer, Morris, Passaic, Somerset, Sussex and Warren Counties
609-633-9042	Team B: for facilities located in Burlington, Gloucester, Hunterdon, Middlesex, Monmouth and Ocean Counties
609-292-7228	Team C: for facilities located in Atlantic, Camden, Cape May, Cumberland, Essex, Salem and Union Counties

Application Filing

Forty-five (45) days prior to your planned opening, **one original and two copies** of a completed license application form, license application fee, biennial inspection fee (if applicable), floor plan (if applicable), and all out-of-state track record reports shall be submitted to the Department of Health, Office of Certificate of Need and Healthcare Facility Licensure, PO Box 358, Trenton, NJ 08625-0358. A schedule of fees for licensure and inspection is attached. The licensing/inspection fee shall be in the form of a certified check or money order made payable to "*Treasurer, State of New Jersey.*"

Track Record Requirements

Please be advised that in making a determination as to the applicant's capacity to operate a health care facility/service, the Department will consider the applicant's prior operating history, both in New Jersey and in other states. Any evidence of licensure violations representing a serious risk of harm to patients, or any record of criminal convictions representing a risk of harm to the safety or welfare of patients may result in denial of the applicant's application for licensure. All health care facilities owned, operated or managed by the applicant and any principals of the applicant entity which are similar or related to the service which is the subject of the application must be disclosed. For the purposes of this application, similarity or relatedness of any two services is determined by the inclusion of two services together in one of the following categories:

- (1) The acute care category, which includes hospital services such as medical/surgical, pediatric, obstetric, cardiac, psychiatric, and intensive care/critical care; comprehensive rehabilitation; surgical services; magnetic resonance imaging and computerized tomography, lithotripsy; renal dialysis; and birth centers.
- (2) The ambulatory care and other category, which includes primary care, home health care, family planning, drug counseling, abortion, ambulatory surgery, and outpatient rehabilitation.
- (3) The substance abuse treatment category, which includes residential alcohol treatment, residential drug treatment, and outpatient drug treatment.

APPLICATION FOR NEW OR AMENDED ACUTE CARE FACILITY LICENSE

LICENSURE AND CONSTRUCTION REQUIREMENTS (Continued)

Track record reports from out-of-state agencies responsible for licensing these health care facilities must be submitted WITH YOUR LICENSE APPLICATION. Out-of-state track record reports are not required for diagnostic health care facilities/services (e.g., magnetic resonance imaging). The license application will be returned if all required out-of-state track record reports are not provided at the time the license application is filed. Each out-of-state track record report must indicate the history of compliance with standards in the state for the 12 months preceding application submission, as well as a description of any non-compliance, penalties imposed, duration of non-compliance and corrective actions taken.

Operational Survey

Forty-five (45) days prior to your planned opening, contact the Ambulatory/Medicare Inspections Unit (ambulatory care facilities), the Hospital Inspections Unit (hospitals) at (609) 292-9900 or the Division of Addiction Services Inspections Program (residential substance abuse treatment) at (609) 292-0961 to arrange for an operational survey. The licensing standards for the proposed service shall be reviewed for compliance **PRIOR TO** a request for an operational survey. At the time of the operational survey, all written policies and procedures, contracts, plans approved and stamped by the Department of Community Affairs (if applicable), copy of the certificate of occupancy and transfer agreements required by licensure standards must be complete and available to the surveyor.

Functional Review

The Department highly recommends that prospective applicants contact the Department to schedule a functional review to discuss their proposed project included but not limited to physical plant plans, policies and procedures, licensing protocols and applicable rules and regulations. Please schedule the review in accordance with the county in which the facility is located. It is also highly recommended that this functional review occur prior to the submission of any construction plans to the Department of Community Affairs.

CONSTRUCTION REQUIREMENTS

If new construction and/or renovations **ARE** required, architectural plans must be submitted to the Department of Community Affairs, Division of Codes and Standards, Health Care Plan Review, 101 South Broad Street, PO Box 815, Trenton, NJ 08625-0815 (Telephone 609-633-8151, FAX 609-633-8229). You may not proceed with any construction or renovations until you have received final construction plans approval. Upon completion of construction and/or renovations, written notification and a copy of the certificate of occupancy must be submitted to the Department of Community Affairs.

If new construction and/or renovations **ARE NOT** required, a floor plan of the facility must be submitted with your license application. This plan shall indicate the dimensions and use of each room, door swing direction, corridor widths, exit locations, and locations of all toilets and sinks. You must also note whether the bathrooms and premises are handicapped accessible, in accordance with the latest ADA requirements. You must also submit documentation that the existing unit complies with applicable fire signaling systems and egress requirements and note locations of pull stations, emergency fixtures, and fire extinguisher locations on the plan.

ISSUANCE OF LICENSE

A license will be issued by the Office of Certificate of Need and Healthcare Facility Licensure upon receipt of a letter of approval from the Department of Community Affairs for construction or renovation, compliance with all regulatory requirements based on the operational survey, copy of the certificate of occupancy and receipt and approval of the application for licensure. You **MAY NOT** proceed with initiation of new or expanded services until you have received occupancy approval from the Office of Certificate of Need and Healthcare Facility Licensure.

APPLICATION FOR NEW OR AMENDED ACUTE CARE FACILITY LICENSE, CONTINUED

Name of Facility				
SECTION I - INPATIENT FACILITIES				
Type of Facility (Check one)				
<input type="checkbox"/> General Acute Care Hospital		<input type="checkbox"/> Psychiatric Hospital		<input type="checkbox"/> Residential Substance Abuse Treatment Facility
<input type="checkbox"/> Comprehensive Rehabilitation Hospital		<input type="checkbox"/> Special Hospital		<input type="checkbox"/> Pediatric Community Transitional Home Facility
Beds and Services	New Facility Proposed Capacity/ Services	Current Licensed Capacity/ Services	Total Change (+) or (-)	Revised Capacity/ Services
Medical/Surgical Beds				
OB/GYN Beds <input type="checkbox"/> LDRP				
Pediatric Beds				
Adult ICU/CCU Beds				
Pediatric ICU Beds				
Psychiatric - Adult Acute				
- Adult Closed Acute				
- Adult Intermediate/Specialized				
- Child/Adolescent Acute				
- Child/Adolescent Intermediate				
Alcohol Detoxification Beds (Hospital Based)				
Comprehensive Rehabilitation Beds				
Burn Unit				
TOTAL BEDS				
Neonatal Bassinets - Intensive				
- Intermediate				
Operating Rooms - Inpatient (Excl. Cardiac)				
- Same Day Surgery				
- Mixed-Use				
- Cardiac Surgery-Adult				
- Cardiac Surgery-Pediatric				
Cystoscopy Rooms				
Cardiac Catheterization Labs - Adult				
- Pediatric				
- Low Risk				
Transplantation Services - Bone Marrow				
- Heart				
- Kidney				
- Liver				
- Lung				
- Pancreas				
Renal Services - Acute Hemodialysis				
- Chronic Hemodialysis Stations				
- Chronic Peritoneal				
- CAPD/Home Training				
Linear Accelerator				
Cobalt Units				
Magnetic Resonance Imaging Unit - Open				
- Closed				
- Fixed				
- Mobile				
Computerized Axial Tomography - Fixed				
- Mobile				
Pediatric Community Transitional Home (PCTH) Beds				
Sleep Lab(s)				
Other (specify):				

APPLICATION FOR NEW OR AMENDED ACUTE CARE FACILITY LICENSE, CONTINUED

Name of Facility				
SECTION I - INPATIENT FACILITIES, CONTINUED				
Beds and Services	New Facility Proposed Capacity/ Services	Current Licensed Capacity/ Services	Total Change (+) or (-)	Revised Capacity/ Services
Lithotripter - Fixed				
- Mobile				
- Transportable				
Positron Emission Tomography - Fixed				
- Portable				
- CT Unit				
Hyperbaric Chamber				
Gamma Knife				
Designations - CPC-Basic				
- CPC-Intermediate				
- CPC-Intensive				
- Regional Perinatal Center				
- Children's Hospital				
- Level I Trauma				
- Level II Trauma				
Hospital-Based Off-Site Ambulatory Care Facility *				
Residential Substance Abuse Treatment Beds				
- Extended Care Adult				
- Extended Care Adult Female				
- Extended Care Adult Male				
- Extended Care Juvenile				
- Extended Care Juvenile Female				
- Extended Care Juvenile Male				
- Halfway House Adult				
- Halfway House Adult Female				
- Halfway House Adult Male				
- Halfway House Juvenile				
- Halfway House Juvenile Female				
- Halfway House Juvenile Male				
- Long Term Adult				
- Long-Term Adult Female				
- Long-Term Adult Male				
- Long-Term Juvenile				
- Long-Term Juvenile Female				
- Long-Term Juvenile Male				
- Short-Term Adult				
- Short-Term Adult Female				
- Short-Term Adult Male				
- Short-Term Juvenile				
- Short-Term Juvenile Female				
- Short-Term Juvenile Male				
- Non-Hosp. Based Detox. Adult				
- Non-Hosp. Based Detox. Adult Female				
- Non-Hosp. Based Detox. Adult Male				
- Non-Hosp. Based Detox. Juvenile				
- Non-Hosp. Based Detox. Juvenile Female				
- Non-Hosp. Based Detox. Juvenile Male				
Long Term Care Beds **				
Sub-Acute Beds **				
Adult Day Health Care Slots **				

* In addition to the application to amend the hospital's license, a separate license application, with applicable fee, must be submitted for each ambulatory care facility, as well as documentation of compliance with N.J.A.C. 8:43G-2.11.

** For record keeping purposes only, license is issued by Long Term Care Licensing Program.

APPLICATION FOR NEW OR AMENDED ACUTE CARE FACILITY LICENSE, CONTINUED

Name of Facility				
SECTION II - AMBULATORY CARE FACILITY				
Services Provided	New Facility Proposed Capacity/ Services	Current Licensed Capacity/ Services	Total Change (+) or (-)	Revised Capacity/ Services
Ambulatory Surgery Operating Rooms				
Birth Center				
Community Based Primary Care				
Community Based Primary Care Satellite				
Comprehensive Outpatient Rehabilitation				
Computerized Axial Tomography - Fixed				
- Mobile				
Drug Abuse Treatment (Outpatient)				
Drug Abuse Treatment (Methadone Maintenance)				
Lithotripter - Fixed				
- Mobile *				
- Transportable				
Family Planning				
Family Planning Satellite				
Home Health Agency **				
Home Health Agency Branch Office **				
Hospice				
Hospice Branch Office				
Hyperbaric Chamber				
Magnetic Resonance Imaging - Open				
- Closed				
- Mobile *				
- Portable				
Renal - Chronic Hemodialysis Stations				
- Chronic Peritoneal				
- CAPD/Home Training				
Linear Accelerator				
Positron Emission Tomography - Fixed				
- Portable				
- CT Unit (Comb.)				
Sleep Lab(s)				
Other Services (specify):				
* Identify name of manufacturer, serial number, and all locations served by mobile MRI/Lithotripter/PET Scanner.				
** Identify Home Health Agency service area:				
SECTION III - OPERATING ENTITY				
Type of Operating Entity				
<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation - For Profit * <input type="checkbox"/> General Partnership <input type="checkbox"/> Professional Association <input type="checkbox"/> Corporation - Nonprofit * <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Government Agency <p align="center">(Attach list of the names and addresses of board of directors/trustees)</p>				
* NOTE: If the corporate entity is a wholly-owned subsidiary, please identify the parent corporation:				
Name and Title of Individual or Current Registered Agent Upon Whom Orders May be Served (Must be NJ Resident)				
Residence Address	City	State	Zip Code	

APPLICATION FOR NEW OR AMENDED ACUTE CARE FACILITY LICENSE, CONTINUED

Name of Facility

SECTION III - OPERATING ENTITY, CONTINUED

PRINCIPALS IN OPERATING ENTITY

Attach a list of the names and addresses of partners/stockholders and identify 100% of the ownership, except that for publicly held corporations, identify each principal who has a 10% or greater interest in the corporation. Applicants for transfer of ownership shall provide information for the PROPOSED operator.

1. Have any of the principals of the operating entity ever applied, directly or indirectly, for health care facility approval in New Jersey, or any other state, which was denied or revoked?
 Yes No
If Yes, indicate whom and give details (attach additional sheets if necessary):

2. Do any of the principals of the operating entity have an ownership, operational or management interest in any other licensed health care facility in New Jersey, or any other state?
 Yes No
If Yes, explain the nature of the interest and give name and address of each facility:

3. Have any principals of the operating entity ever been found guilty of a criminal or administrative charge of resident/patient fraud, abuse and/or neglect? Have any of these ever been indicted for the same charge?
 Yes No
If Yes, explain in detail (attach additional sheets if necessary):

4. Have any principals of the operating entity ever been indicted for or convicted of a felony crime?
 Yes No
If Yes, explain in detail (attach additional sheets if necessary):

APPLICATION FOR NEW OR AMENDED ACUTE CARE FACILITY LICENSE, CONTINUED

Name of Facility	
AFFILIATED HEALTH CARE FACILITIES	
<p>Identify the name, address and Medicare Provider Number of all health care facilities, both in New Jersey and in any other state, which are owned, operated or managed by the applicant, any principals or any corporate entity related to the applicant (e.g. parent or subsidiary) which is similar or related to the service which is the subject of the application. If licensed out-of-state facilities are listed, submit track record reports for the preceding 12 months from the respective state agencies responsible for licensing those facilities. Attach additional sheets as necessary.</p>	
Name and Address of Facility	Medicare Provider Number

CERTIFICATION	
<p>I, _____ of full age, hereby certify that I am employed with _____ in the capacity of _____ and am duly authorized to make the representations contained within this application for licensure on behalf of the applicant and to bind the applicant thereto; that the facility has been and will be operated in accordance with all applicable laws, rules and regulations, both state and federal; and that all information supplied in this application, including any and all attachments, are true, accurate and correct to the best of my knowledge. I am aware that if any of the information contained in this application, including any and all attachments, are willfully false or misleading, I and the applicant may be subject to civil and/or criminal penalties in accordance with applicable laws and/or other licensure enforcement activity, including, but not limited to facility loss of license in accordance with N.J.A.C. 8:43E.</p>	
Name of Operator or Authorized Representative <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	Title
Signature	Date
FOR TRANSFER OF OWNERSHIP	
Name of Proposed Operator or Authorized Representative <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	Title
Signature	Date
Name of Current Operator or Authorized Representative <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	Title
Signature	Date

<i>IMPORTANT: Complete and forward an original and two (2) copies to the above address. Please retain a copy for your records.</i>

**New Jersey Department of Health
Office of Certificate of Need and Healthcare Facility Licensure
P.O. Box 358
Trenton, NJ 08625-0358**

PROCEDURE FOR SUBMISSION OF A WAIVER REQUEST

- A request for waiver from the requirements of the Department of Health licensing standards or AIA Guidelines for Design and Construction of Hospital and Health Care Facilities shall be submitted to the Department of Health, Office of Certificate of Need and Healthcare Facility Licensure on the attached form.
- Application for Waiver shall be completed for EACH waiver requested and completed in its entirety.
- Application for Waiver shall be submitted by the owner, chief executive officer, chief operating officer or administrator of the existing or proposed facility.
- Application for Waiver shall be submitted to John A. Calabria, Director, at:

Mailing Address:

New Jersey Department of Health
Office of Certificate of Need and Healthcare Facility Licensure
P. O. Box 358
Trenton, NJ 08625-0358

Overnight Services (DHL, FedEx, UPS):

New Jersey Department of Health
Office of Certificate of Need and Healthcare Facility Licensure
171 Jersey Street, Building 5, 1st Floor
Trenton, NJ 08611-2425

- To obtain additional information regarding the waiver process, please call:

609-292-6552 Team A: for facilities located in Bergen, Hudson, Mercer, Morris, Passaic, Somerset, Sussex and Warren Counties

609-633-9042 Team B: for facilities located in Burlington, Gloucester, Hunterdon, Middlesex, Monmouth and Ocean Counties

609-292-7228 Team C: for facilities located in Atlantic, Camden, Cape May, Cumberland, Essex, Salem and Union Counties

**New Jersey Department of Health
Office of Certificate of Need and Healthcare Facility Licensure
P.O. Box 358
Trenton, NJ 08625-0358**

APPLICATION FOR WAIVER

(Requests for more than one waiver may not be combined. An Application for Waiver form must be completed for each waiver requested).

CN Ref. #	DCA Ref. #	Facility ID # (if currently licensed)
Name and Address of Facility:		
Name, Address and Telephone Number of Owner, Chief Executive Officer (CEO), Chief Operating Officer (COO), or Administrator of the Existing or Proposed Facility:		
Name, Address and Telephone Number of Architect:		
The owner, CEO, COO or Administrator of the existing or proposed health care facility hereby applies for a waiver to the following regulation (identify regulation by name, code citation (if applicable) and date (if applicable):		

APPLICATION FOR WAIVER (continued)

A. Provide the following information for each rule or part of rule for which a waiver is being requested. Attach additional sheets as necessary.

1. Restate rule or part of rule for which a waiver is being requested and identify the specific rule citation.

2. Describe the reasons for requesting a waiver, including a statement of the type and degree of hardship that would result upon compliance.

3. Describe an alternative proposal to ensure patient safety.

4. Is documentation attached to support the waiver request?

No Yes (Identify):

B. Is the project currently under review by the Department of Community Affairs, Health Care Plan Review?

No Yes (Identify DCA Reviewer)

C. Is the request for a waiver based on plan review comments by the Department of Community Affairs.

No Yes (Attach Comments)

Name of Owner, CEO, COO or Administrator	Title	
Signature of Owner, CEO, COO or Administrator		Date