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DEPARTMENT OF HEALTH

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To: All Long-term Care Facilities Licensed Under N.J.A.C. 8:39

From: Michael J. Kennedy, Esq. *MSJL*
Acting Assistant Commissioner
Division of Certificate of Need and Licensing

Date: March 30, 2026

Re: Notification to the Department of Reportable Events and Emergencies and
Updating and Usage of Emergency Plans

The purpose of the memo issued by the Department of Health (Department) is to remind facilities and personnel of the following requirements:

- Facilities must notify the Department of reportable and emergency events; and
- Facilities are required to develop, review, update, and activate the emergency preparedness (EP) plans when facility residents are in danger.

Reporting Requirements - Events Unrelated to or Not Covered by
the Patient Safety Act

The administrative regulation governing the reporting requirements for events that are unrelated to or not covered by the Patient Safety Act (N.J.S.A. 26:2H-12.23 through 12.25) is found at N.J.A.C. 8:43E-10.11. The Department can be notified of reportable events either via telephone or through the NOVI Survey system at <https://www.nj.gov/health/healthfacilities/>, under the tab: Submit a Reportable Event.

This guidance memorandum does not affect a facility's duty to report to the appropriate police authorities all criminal acts or potentially criminal acts that occur within a facility and pose a danger to the life or safety of patients or residents, employees, medical staff, or members of the public present in the facility, as per N.J.A.C. 8:43E-10.11(a).

Reporting Requirements Under Licensing Standards for Health Care Facilities

In April 2025, the Department provided an updated facility reportable event grid to reflect the current reportable event requirements in accordance with all applicable State and federal regulations. Please note:

- Facilities are no longer required to report emergency generator testing. However, documentation of the testing should be maintained by the facility.
- The Department will continue to require facilities to report elopements. For purposes of reporting, an elopement is whenever facility staff is not aware of a resident's whereabouts outside of the building.
- The Department will continue to require facilities to report resident suicides.

Additionally, although there are telephone numbers that appear in the specific facility-type regulations, the Department should be notified of reportable events only at (609) 633-8991, or at (800) 792-9770 during non-business hours. Written notification of reportable events should be sent to the Department at CNandLicensingRequests@doh.nj.gov.

The attached table should be used for reference only. Facilities are responsible for complying with the full text of their applicable State and federal regulations regarding current reportable event requirements.

If you have any questions regarding reportable events, you may contact Carol Fogarty, Program Manager, Long Term Care Complaints at Carol.Fogarty@doh.nj.gov.

Emergency Preparedness Plans

In light of recent cold weather-related emergency evacuations at facilities across the State, the Department is reminding facilities of the applicable State and federal regulation requirements to develop, review, update, and activate the EP plans.

Appendix Z of the State Operations Manual requires the facility's EP plan be "made available" and "readily accessible" to staff, residents, and visitors. Each EP Plan must include the following

core elements:

- Risk Assessment- Hazardous Vulnerability Analysis
- Policies and Procedures
- Communication Plan
- Training and Testing

The attached EP information plan and program information should be used for reference only. Facilities are responsible for complying with the full text of their applicable State and federal regulations regarding the development of EP plans and programs.

Facility Administrator Responsibilities

Facility administrators must activate the emergency operations plan, issue evacuation orders, and notify State and municipal authorities in the event of an emergency. Failure to do so may result in disciplinary action. Pursuant to N.J.A.C. 8:34-8.2, Administrative practice violations, “the Board may recommend to the Commissioner the denial, suspension, summary suspension, or revocation of a license, and/or may reprimand or otherwise discipline a licensee or an applicant for license renewal upon receiving substantial evidence that the license applicant or licensee” for the violations contained therein. As a result of a disciplinary matter, licensed nursing home administrators may be subject to enforcement provisions including sanctions and/or license suspension or revocation pursuant to N.J.S.A. 30:11-16, 17 or 18, and 26:2H-28.

The facility shall notify the Department of Health immediately by telephone at (609) 633-8991, or (800) 792-9770 after business hours followed by written confirmation within 72 hours for the following:	LTC	ALR ALP CPC	RHC	Adult MDC	Pediatric MDC	Dementia Homes	Comments
All alleged or suspected crimes committed by or against participants, which shall also be reported at the time of occurrence to the local police department.				8:43F-3.4 (a)6			

All suspected cases of resident abuse or exploitation that have been reported to the State Long-Term Care Ombudsman and/or to the county welfare agencies, as applicable.		8:36-5.10(a)3	8:43-4.9(a)3				
The facility shall notify the State Long-Term Care immediately of any suspected or reported resident abuse, neglect, or exploitation of residents aged 60 or older, pursuant to P.L. 1983 c. 43, N.J.S.A. 52:27G-7.1, and shall notify the Department immediately by telephone with respect to residents under the age of 60.	8:39-9.4(f) <i>See also 42 C.F.R. 483.12</i>	8:36-5.7(a)4					<i>(LTC: See Federal Regulations F608)</i>
Notification of any suspected case of participant abuse or exploitation that occurs during the participant's participation in adult day health services to the New Jersey Long-Term Care Ombudsman, pursuant to N.J.S.A. 52:27G-7.1 et seq., if the participant is 60 years of age or older, and if less than 60 years of age, to the Assessment & Survey Unit in the Division of Health Facilities Evaluation and Licensing of the Department.				8:43F-3.3(d)8i			
Notification of any suspected case of participant abuse or exploitation that occurs outside of the participant's participation in adult day health services that is discovered by the facility staff to Adult Protective Services, pursuant to N.J.S.A. 52:27D-406 et seq., if the participant is 60 years of age or older.				8:43F-3.3(d)8ii			
Notification of any suspected case of abuse or exploitation of a participant who is 16 or 17 years of age to the NJ Department of Children and Families, Division of Youth and Family Services.				8:43F-3.3(d)8(iii)			
Notification of any suspected case of child abuse or exploitation to New Jersey Department of Children and Families, Division of Child Protection and Permanency.					8:43J-3.4(e)17(i)		
Termination of employment of the administrator, and the name and qualifications of the administrator's replacement. <i>(See full text of regulations for additional mandatory notification requirements.)</i>	8:39-9.4(e)	8:36-5.10(a)1	8:43-4.9(a)1	8:43F-3.4(a)2	8:43J-3.6(a)1(i-ii)	8:37-2.3	

<p>The facility shall notify the Department of death immediately by telephone at (609) 633-8991, or (800) 792-9770 after business hours, followed by written confirmation within 72 hours for the following:</p>	LTC	ALR ALP CPCH	RHC	Adult MDC	Pediatric MDC	Dementia Homes	Comments
<p><i>Examples of reportable events in the nature of physical plant and operational interruptions include, but are not limited to, the following:</i></p>							
<p>1. Loss of heat or air conditioning.</p>	8:43E-10.11(c)1	8:43E-10.11(c)1	8:43E-10.11(c)1	8:43E-10.11(c)1	8:43E-10.11(c)1	8:43E-10.11(c)1	
<p>2. Loss or significant reduction of water, electrical power, or any other essential utilities necessary to the operation of the facility.</p>	8:43E-10.11(c)2	8:43E-10.11(c)2	8:43E-10.11(c)2	8:43E-10.11(c)2	8:43E-10.11(c)2	8:43E-10.11(c)2	
<p>3. Fires, disasters, or accidents that result in injury or death of patients, residents or employees, or in evacuation of patients or residents from all or part of the facility.</p>	8:43E-10.11(c)3	8:43E-10.11(c)3	8:43E-10.11(c)3	8:43E-10.11(c)3 and 8:43F-3.4(a)5	8:43E-10.11(c)3	8:43E-10.11(c)3	
<p>4. A labor stoppage or staffing shortage sufficient to require the temporary closure of a service.</p>	8:43E-10.11(c)4	8:43E-10.11(c)4	8:43E-10.11(c)4	8:43E-10.11(c)4	8:43E-10.11(c)4	8:43E-10.11(c)4	
<p>5. Notices of a potential strike that a facility receives from an employee bargaining unit <i>(See full text of regulation).</i></p>	8:43E-10.11(c)5	8:43E-10.11(c)5	8:43E-10.11(c)5	8:43E-10.11(c)5	8:43E-10.11(c)5	8:43E-10.11(c)5	
<p>Unanticipated interruption or cessation of program services for 3 hours or more (excluding closure for inclement weather).</p>				8:43F-3.4(a)1			
<p>Interruption for three or more hours of basic physical plant services, such as heat, light, power, water, telephone, or site staff.</p>		ALP: 8:36-23.17(a) and (b)1					

Any actual or expected interruption or cessation in assisted living program operations and services.		ALP: 8:36-23.17(b)2					
A health care facility shall immediately report to the appropriate police authorities all criminal acts or potentially criminal acts that occur within a facility and pose a danger to the life or safety of patients or residents, employees, medical staff or members of the public present in the facility. <i>(** Federal LTC F608 see comments)</i>	8:43E-10.11 (a) <i>See also F608 483.12 (b)(5)(i)</i>	8:43E-10.11(a)	8:43E-10.11(a)	8:43E-10.11(a)	8:43E-10.11(a)	8:43E-10.11(a)	<i>Per Federal S&C-11- 30-NH letter, revised 1-20-12</i>
<i>Examples of reportable events in the nature of potentially criminal acts include, but are not limited to, the/allowing:</i>							
1. Any instance of care ordered by or provided by someone impersonating a physician, nurse, pharmacist, or other licensed health care provider.	8:43E-10.11 (d)1	8:43E-10.11(d)1	8:43E-10.11 (d)1	8:43E-10.11(d)1	8:43E-10.11(d)1	8:43E-10.11 (d)1	
2. Abduction of a patient or resident of any age.	8:43E-10.11 (d)2	8:43E-10.11(d)2	8:43E-10.11(d)2	8:43E-10.11(d)2	8:43E-10.11(d)2	8:43E-10.11(d)2	
3. Sexual assault on a patient or resident, staff member, or visitor within or on the grounds of a facility.	8:43E-10.11(d)3	8:43E-10.11(d)3	8:43E-10.11(d)3	8:43E-10.11(d)3	8:43E-10.11(d)3	8:43E-10.11(d)3	

The facility shall notify the Department of Health immediately by telephone at (609) 633-8991, or (800) 792-9770 after business hours, followed by written notification for the following:	LTC	ALR ALP CPCH	RHC	Adult MDC	Pediatric MDC	Dementia Homes	Comments
Termination of employment of the Director of Nursing and the name and qualifications of the Director of Nursing's replacement. <i>(See full text of regulations for additional mandatory notification requirements.)</i>				8:43F-3.4(a)3	8:43J-3.6 (a)2i and ii		

A health facility shall report incidents of infectious and communicable diseases to the Department pursuant to N.J.A.C. 8:57.	8:43E-10.11(e)	8:43E-10.11(e)	8:43E-10.11(e)	8:43E-10.11(e)	8:43J-3.4(e)17iv and 8:43E-10.11(e)	8:43E-10.11(e)	
The facility shall have a system for investigating, evaluating, and reporting the occurrence of all reportable infections and diseases as specified in Chapter II of the State Sanitary Code (N.J.A.C. 8:57-1).	8:39-19.4(f)						
In accordance with Chapter II, NJ State Sanitary Code, Communicable Diseases, N.J.A.C. 8:57, a system for investigating, reporting, and evaluating the occurrence of all infections or diseases which are reportable or conditions which may be related to activities and procedures of the facility, and maintaining records for all residents, personnel, or children having these infections, diseases, or conditions.		8:36-18.3(a)1	8:43-16.3(a)1	8:43F-16.2(i)1	8:43J-15.3(b)1		
Occurrence of epidemic disease in the facility.				8:43F-3.4(a)4			
The facility shall notify the Department immediately in writing at such time as it becomes financially insolvent and upon the filing of a voluntary or involuntary petition for bankruptcy under Title 11 of the United States Code.	8:39-9.4(d)						
Any elopements.		8:36-5.10(a)2					
The facility shall notify the Department of the admission of any resident under 18 years of age.	8:39-9.4(g)						
All residents who are missing for 24 hours.			8:43-4.9(a)2				

EP Information Plan and Program Information

Appendix Z

- Appendix Z requires that the facility's EP plan be "made available" and "readily accessible" to staff, residents, and visitors. This means that the facility must ensure it is in a readily accessible location.
- Appendix Z does not require posting in specific locations or in any specific order.
- CMS and the State Agency do not evaluate the plan for effectiveness.

Emergency Preparedness Plan

- The program is the entirety of the EP plan and its required content.
- The EP program is required to be reviewed by the facility annually in long-term care facilities.
- The CMS Emergency Preparedness Final Rule allows for documentation flexibility and the format is at the discretion of the facility so long as it is in writing.

Core Elements of the Emergency Plan

- Risk assessment- Hazardous vulnerability analysis
 - The facility must conduct a risk assessment using an all-hazards approach to determine what hazards pose a risk to the facility and their residents.
 - Must include:
 - Isolated events
 - Community wide events
 - Missing residents
 - Emerging infectious diseases.
- Policies and procedures
 - Establish policies and procedures for the risks assessed to be potential hazards to the facility and residents and must include:
 - Subsistence needs
 - Tracking of staff and residents
 - Evacuation
 - Sheltering in place
 - Medical documentation
 - Volunteers
 - Arrangements with other facilities
 - Roles in a 1135 waiver
- Communication plan
 - The communication plan must be reviewed and updated at least annually and include the following:
 - Names and contact information
 - Emergency contact information

- Primary/alternate means of communication
 - Methods for sharing information
 - Sharing information on occupancy/needs
 - Family notifications
- Training and testing
 - Must be based on the risk assessment, policies and procedures, and communication plan.
 - Must be reviewed and updated at least annually.
 - If a facility were to experience an event that was not included in the risk assessment or there were policies and procedures that did not meet your needs in an event or drill, these reviews and updates would be incorporated prior to the scheduled annual review.

N.J.A.C. 8:39-31.6 Fire and Emergency Preparedness

- Fire drills are required 12 times each year with at least one drill on each shift and one on the weekend.
- The facility must attempt to have the local fire department attend one drill each year.
- Fire regulations and procedures shall be posted on each unit and/or department.
- A written evacuation diagram shall be posted on every care unit and/or department.
- The emergency operation plan must be developed in coordination with local OEM.
- Copies of the EP plan must be sent to municipal and county OEM officials.
- Disaster planner shall meet with county and local officials to review and update the evacuation plan annually. If the officials are not available, the facility must notify the State OEM.
- The facility must conduct at least one evacuation drill annually either simulated or using select residents.
- Local, county, and State OEM officials shall be invited to attend at least 10 days in advance.
- The facility must maintain a 3-day supply of emergency food and access to water.
- Heat emergency action plan which specifies procedures shall be implemented when indoor temperatures exceed 82 degrees F. for a continuous 4-hour period.
- Heat emergencies require immediate notification to DOH.