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May 12, 2021

TO: Long Term Care Administrators

FROM: Marcela Maziarz, MPA *MM*
Deputy Commissioner

SUBJECT: P.L. 2020, c. 87 Additional Responsibilities

This memorandum is to advise you of the additional responsibilities that P.L. 2020, c. 87 ("Act"), signed into law on September 16, 2020, immediately placed on nursing homes, assisted living residences, comprehensive personal care homes, residential health care facilities, and dementia care homes.

I. Duties of long-term care facilities during an infectious disease outbreak

During an epidemic or pandemic of an infectious disease affecting or likely to affect a long-term care facility, N.J.S.A. 26:2H-12.92 requires each long-term care facility to:

1. Separate residents into two groups:
 - i. Those who have tested positive for or who are suspected of having contracted the infectious disease; and
 - ii. Those who have not tested positive for, and are not suspected of having contracted the infectious disease.
2. Follow guidance issued by:
 - i. The federal Centers for Disease Control and Prevention; or
 - ii. Other entities identified by the Commissioner of Health ("Commissioner") with regard to determining whether a resident who has contracted the infectious disease is recovered from the infectious disease, and the appropriate procedures and protocols for interactions between those residents and staff and other residents at the facility; and

3. Compliance with all current orders, guidance, and directives concerning admissions and readmissions to the facility issued by the Commissioner or designee.

II. Reporting Requirements to the National Healthcare Safety Network Database included in the Act

During a public health emergency involving an infectious disease affecting or likely to affect a long-term care facility, the following information is required by N.J.S.A. 26:2H-12.94 to be reported to the National Healthcare Safety Network database at least twice per week:

1. Counts of residents and facility personnel with:
 - i. Suspected cases of the infectious disease; and
 - ii. A laboratory test confirming infection with the infectious disease;
2. Counts of residents and facility personnel whose death is:
 - i. Suspected to have been caused by the infectious disease; and
 - ii. Confirmed by a laboratory test to have been caused by the infectious disease;
3. Total number of authorized resident beds;
4. Current resident census;
5. Staffing shortages;
6. The quantity along with an assessment of the number of days that the current inventory will last of:
 - i. Personal protective equipment;
 - ii. Hand hygiene supplies;
 - iii. Cleaning supplies; and
 - iv. Sanitization supplies;
7. Any other metrics designated by the Commissioner; and
8. Facilities with ventilator-dependent residents shall also report:
 - i. Ventilator capacity; and
 - ii. Quantity of ventilator supplies, along with an assessment of the number of days that will be supported by current inventory.

In addition, commencing with the onset of influenza season each year and for the duration of that influenza season, each long-term care facility shall also report the number of:

1. Employees who have received the influenza vaccination;

2. Employees who have not received the influenza vaccination due to an authorized medical exemption; and
3. Employees who have not received the influenza vaccination who do not have a valid medical exemption.

Please be aware that the Act contains a penalty provision of \$2,000 for each report required by N.J.S.A. 26:2H-12.94 that is not submitted.

III. Electronic Health Record System

N.J.S.A. 26:2H-12.95 requires each long-term care facility to implement or upgrade by June 13, 2021 to an electronic health record system certified by the Office of the National Coordinator for Health Information Technology in the U.S. Department of Health and Human Services that:

1. Is capable of information sharing through industry standard data interoperability, including application programming interface Health Level 7 or fast healthcare interoperability technology; and
2. Include the bi-directional capability for admission, discharge and transfer and continuity of care through the clinical data architecture for use cases by connecting to the New Jersey Health Information Network.

IV. Outbreak Response Plans

N.J.S.A. 26:2H-12.87 set forth certain requirements for long-term care facilities (nursing homes, assisted living residences, comprehensive personal care homes, residential health care facilities, and dementia care homes) to address in outbreak response plans which were required to be developed by February 11, 2020.

The Act added an additional responsibility to the existing requirements that are to be addressed in a long-term care facility's outbreak response plan. Facilities are to include in their outbreak response plans a:

1. Documented strategy for securing more staff in the event of an outbreak of infectious disease among staff or another emergent or non-emergent situation affecting staffing levels at the facility during an outbreak of an infectious disease.

Questions regarding this memorandum may be directed to
LTC.DiseaseOutbreakPlan@doh.nj.gov.