

## ADOPTIONS SECTION

### HEALTH

#### HEALTH SYSTEMS

#### DIVISION OF CERTIFICATE OF NEED AND LICENSING

#### CERTIFICATE OF NEED AND HEALTHCARE FACILITY LICENSURE PROGRAM

#### Notice of Readoption

#### Rules for Licensing Nursing Home Administrators and Rules Regulating the Nursing Home Administrators Licensing Board

#### Readoption with Technical Changes: N.J.A.C. 8:34

Authority: N.J.S.A. 26:2H-1 et seq., particularly 26:2H-5b, 27, and 28; and 30:11-11 et seq., particularly 30:11-13 and 21.

Authorized By: Christopher R. Rinn, Acting Commissioner, Department of Health, in consultation with the Nursing Home Administrators Licensing Board.

Effective Dates: December 26, 2017, Readoption;  
February 5, 2018, Technical Changes.

New Expiration Date: December 26, 2024.

**Take notice** that, pursuant to N.J.S.A. 52:14B-5.1, the Acting Commissioner of the Department of Health (Department) hereby readopts N.J.A.C. 8:34, Rules for Licensing Nursing Home Administrators and Rules Regulating the Nursing Home Administrators Licensing Board, which was scheduled to expire on March 2, 2018. The Acting Commissioner reviewed N.J.A.C. 8:34 and determined that the existing chapter remains necessary, proper, reasonable, efficient, understandable, and responsive to the purposes for which they originally were promulgated, amended, and supplemented over

time, and should be readopted with technical changes. In accordance with N.J.S.A. 52:14B-5.1.c(1), timely filing of this notice extends the expiration date of the chapter seven years from the date of filing.

N.J.A.C. 8:34, Rules for Licensing Nursing Home Administrators and Rules Regulating the Nursing Home Administrators Board, governs the licensure of nursing home administrators and the responsibilities and obligations of the Nursing Home Administrators Licensing Board (Board). Chapter 34 was readopted effective March 2, 2011. As a part of that readoption, Subchapter 8, Suspension, Revocation, Sanctions and Hearings, was repealed; and Subchapter 8, Administrative Practice Violations, Sanctions and Due Process, and Appendices A through D, were adopted as new rules, effective April 4, 2011. See 42 N.J.R. 877(a); 43 N.J.R. 836(a).

The chapter proposed for readoption contains nine subchapters, described as follows:

N.J.A.C. 8:34-1, General Provisions, addresses the scope and purpose of the rules, the scope of individual practice, the scope of administrator responsibility, definitions, severability of invalid provisions, and a waiver process.

N.J.A.C. 8:34-2, Nursing Home Administrators Licensing Board, describes the general powers of the Board and the standards governing the confidential nature of certain information to which Board members have access.

N.J.A.C. 8:34-3, License Requirements, establishes the requirements for licensure and the process for obtaining a license as a nursing home administrator through application and examination.

N.J.A.C. 8:34-4, Administrative Experience Requirement, describes the requirements for the administrative intern experience and training program, the preceptor for an administrative intern, the equivalent to the internship requirement, and the written plans and reports to complete for participation in the administrative intern program.

N.J.A.C. 8:34-5, Examination, describes the examination requirements, schedule, fee, subject matter tested, grading of examinations, retention of examination results, re-examination, and the appeal procedure for an individual who has been disqualified from sitting for an examination.

N.J.A.C. 8:34-6, Licensure, establishes standards to apply for and obtain a license, renew a license, use the title "Licensed Nursing Home Administrator," display a license, obtain a duplicate license, notify the Board of changes to a licensee's name, address, or place of employment, and obtain licensure by equivalency. This subchapter also defines inactive status and the steps necessary for the restoration of a license.

N.J.A.C. 8:34-7, Continuing Education, establishes standards for continuing education, the scope of continuing education programs, the approval process for programs, recordkeeping requirements for continuing education credits, extending a waiver of the requirement, and waiving of the requirement.

N.J.A.C. 8:34-8, Administrative Practice Violations, Sanctions and Due Process, provides for Board review of nursing home administrators' compliance with the chapter, specifies violations and penalties, and sets forth the due process rights of licensed nursing home administrators.

N.J.A.C. 8:34-9, Fees, lists the fees that the Board charges.

N.J.A.C. 8:34 Appendix A contains the application for nursing home administrator license.

N.J.A.C. 8:34 Appendix B contains the application for approval of administrative intern program.

N.J.A.C. 8:34 Appendix C contains the quarterly progress report for nursing home administrative intern program.

N.J.A.C. 8:34 Appendix D contains the certification of program completion for nursing home administrative intern program.

In this rulemaking, the Department makes technical changes throughout N.J.A.C. 8:34 to reflect the redesignation of the Department of Health pursuant to N.J.S.A. 26:1A-2.1, effective June 29, 2012, and the repeal of N.J.S.A. 30:11-1 through 9 pursuant to P.L. 2010, c. 50, § 84, effective November 14, 2010. These citations are replaced by the statutory amendments codified at N.J.S.A. 30:11-11 through 28, which provide the rulemaking authority for standards governing the administrators of nursing homes and the responsibilities and obligations of members of the Board. Specifically, N.J.S.A. 30:11-13 and 23 authorize the Department to deny and revoke licensure for the conviction of certain crimes and for violations of the chapter as they apply to licensees and applicants for a license. The Department makes technical changes to N.J.A.C. 8:34-2 to correct cross-references, one at N.J.A.C. 8:34-2.1 that deletes reference to N.J.A.C. 8:34-8.2(c), which was repealed in the last rulemaking, and the other at N.J.A.C. 8:34-2.2 that cites to the New Jersey Open Public Records Act.

**Full text** of the technical changes follows (additions indicated in boldface **thus**;

deletions indicated in brackets [thus]:

## SUBCHAPTER 1. GENERAL PROVISIONS

### 8:34-1.1 Scope and purpose

(a) This chapter contains rules for licensing nursing home administrators and rules regulating the operation of the Nursing Home Administrators Licensing Board promulgated pursuant to the authority of N.J.S.A. 26:2H-27 and 28 and 30:11-[1]11 et seq.

(b)-(c) (No change.)

### 8:34-1.2 Definitions

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

...

"Board" means the Nursing Home Administrators Licensing Board, created pursuant to N.J.S.A. 30:11-11 et seq., and its designated staff[,] of the [New Jersey] Department [of Health and Senior Services], the mailing address of which is Nursing Home Administrators Licensing Board, New Jersey Department of Health [and Senior Services], PO Box 358, Trenton, NJ 08625-0358.

...

"Commissioner" means the Commissioner of the New Jersey Department of Health [and Senior Services].

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

...

## SUBCHAPTER 2. NURSING HOME ADMINISTRATORS LICENSING BOARD

### 8:34-2.1 General powers

(a)-(b) (No change.)

(c) The Board may recommend to the Commissioner the assessment of a civil penalty, in accordance with [N.J.S.A. 30:11-4(a),] N.J.S.A. 30:11-26[,] and N.J.A.C. 8:34-8.2(b) [and (c)] against a nursing home administrator for violation of, or failure to comply with, any order or rule issued or adopted by the Board, or any provision of this chapter.

(d)-(f) (No change.)

### 8:34-2.2 Confidentiality

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

(d) Upon the issuance of a determination by the Board, and the receipt of same by the licensee, or 30 days after mailing of same, whichever is sooner, any documents contained in the licensee's file related to the disciplinary action shall be subject to the requirements of the Open Public Records Act, N.J.S.A. 47:1A-1[.1] et seq., and any other applicable laws and regulations.

## SUBCHAPTER 3. LICENSE REQUIREMENTS

### 8:34-3.1 Requirements for license by examination

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

(d) Pursuant to N.J.S.A. 30:11-[1.1]**13 and 23**, the Department shall not issue a license to any person who has ever been convicted of a crime involving moral turpitude or to any person who has been found guilty of violating the provisions of this chapter by a court of competent jurisdiction.

## SUBCHAPTER 6. LICENSURE

### 8:34-6.7 Change of notification requirements

(a) Service of an administrative complaint or other process initiated by the Board, the Attorney General or the Department [of Health and Senior Services] at the address on file with the Board shall be deemed adequate notice for the commencement of any inquiry or disciplinary proceeding.

(b) (No change.)

### 8:34-6.8 License by equivalency

(a)-(d) (No change.)

(e) Pursuant to N.J.S.A. 30:11-[1.1]**13 and 23**, the Department shall not issue a license to any person who has been either convicted of a crime involving moral turpitude or found to have violated this chapter by a court of competent jurisdiction.

## SUBCHAPTER 8. ADMINISTRATIVE PRACTICE VIOLATIONS, SANCTIONS, AND DUE PROCESS

### 8:34-8.2 Administrative practice violations

(a) As may be applicable, 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:

1.- 2. (No change.)

3. Has been convicted of a crime involving moral turpitude, or any crime relating adversely to the practice of nursing home administration, or has been found to have violated N.J.S.A. 30:11-[1.1]11 et seq., or this chapter by a court of competent jurisdiction.

i. (No change.)

4. - 18. (No change.)

(b) (No change.)

**(Agency Note:** The text of new N.J.A.C. 8:34 Appendices A through D follows without boldface symbolizing new text; those portions of the appendices appearing in boldface are intended to be so permanently.)



Appendix A

New Jersey Department of Health  
Nursing Home Administrators Licensing Board

APPLICATION FOR NURSING HOME ADMINISTRATOR LICENSE

**Mailing Address:**  
PO Box 358  
Trenton, NJ 08625-0358

**Overnight Services (UPS, FedEx, Airborne):**  
25 South Stockton Street, 2nd Floor  
Trenton, NJ 08608-1832

*INSTRUCTIONS: Complete as much information as possible on the form itself, then attach additional sheets as necessary and number the response(s) to correspond to the numbers listed on this form. Please print or type.*

1. Name of Applicant		2. Name of Licensed Long Term Care Facility Site	
Street Address		Street Address	
City, State, Zip		City, State, Zip	
3. Social Security No.	4. Date of Birth	5. Place of Birth	
6. U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No If no, attach copy of green card declaration of independence.		7. Date of Naturalization	
8. Home Telephone Number ( )	9. Work Telephone Number ( )	10. Email Address	
11. Have you ever been convicted of a crime or offense (other than traffic violations)? <input type="checkbox"/> No <input type="checkbox"/> Yes-Explain:			
12. Type of Program <input type="checkbox"/> Administrative Intern Program (N.J.A.C. 8:34-4.2) <input type="checkbox"/> Equivalency-Graduate School Program (N.J.A.C. 8:34-4.4) <input type="checkbox"/> License by Equivalency (Reciprocity) (N.J.A.C. 8:34-6.8)			
<b>13. PROFESSIONAL EXPERIENCE - Start with present or most recent position and work back.</b>			
A. Name and Address of Employer, Firm or Organization		B. Title of Position	
		C. Dates of Employment From: To:	D. Hours Worked Per Week
E. Description of Duties			
A. Name and Address of Employer, Firm or Organization		B. Title of Position	
		C. Dates of Employment From: To:	D. Hours Worked Per Week
E. Description of Duties			
A. Name and Address of Employer, Firm or Organization		B. Title of Position	
		C. Dates of Employment From: To:	D. Hours Worked Per Week
E. Description of Duties			

**APPLICATION FOR NURSING HOME ADMINISTRATOR LICENSE (Continued)**

Name of Applicant				Social Security No.		
<b>14. EDUCATION</b> <i>List colleges, universities and professional schools you have attended. Attach copies of all transcripts. Attach additional sheet if necessary.</i>						
Name and Location of School	Dates Attended	Graduated	Major Area of Study	Minor Area of Study	Diploma/ Degree	
	From: _____ To: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No				
	From: _____ To: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No				
	From: _____ To: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>15. PROFESSIONAL CERTIFICATES AND/OR LICENSES HELD</b> <i>Include such items as Licensed Nursing Home Administrator, MD, RN, LPN, CPA, etc. Do not include academic degrees. Give complete information for each license you hold or have ever held. Attach additional sheet if necessary.</i>						
Type of Certificate or License	Name of State	Year of Original Issue	Year of Latest Issue	Exp. Date of Current Cert. or License	Current/Latest Reg. Number	Action Taken Against This License?
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Explanation of action taken against license:						
<b>17. THE ITEMS DESCRIBED BELOW MUST ACCOMPANY THIS APPLICATION</b>						
a. If you are currently employed in a health care facility, name of the facility and current license number of the facility b. Organization chart for the administrative body of the facility c. Current job description d. Three (3) letters of reference from individuals, not related to you, who will attest to your good moral character and administrative ability e. Official college transcript						
<b>18. FEE INFORMATION</b> <b>APPLICATION MUST BE ACCOMPANIED BY A NON-REFUNDABLE FEE OF \$100.</b> <b>MAKE CHECK OR MONEY ORDER PAYABLE TO: "TREASURER, STATE OF NEW JERSEY."</b>						
CHECK/MONEY ORDER NUMBER	DATE OF CHECK/MONEY ORDER		AMOUNT OF FEE ENCLOSED			
<b>19. CERTIFICATION</b>						
State of _____ ss:						
County of _____						
I affirm that I am the applicant and that I have examined the contents of this application and the accompanying documents and that the statements in this application and the accompanying documents are true and correct to the best of my information and knowledge.						
Signature _____						
Subscribed and sworn to before me this _____ day of _____, A.D. 20____ At _____						
My commission expires _____						
_____ Signature of Officer Administering Oath						

**NOTE: All documents become the property of this Department and will not be returned to the applicant.**

Appendix B

New Jersey Department of Health  
Nursing Home Administrators Licensing Board

APPLICATION FOR APPROVAL OF ADMINISTRATIVE INTERN PROGRAM

Mailing Address:  
PO Box 358  
Trenton, NJ 08625-0358

Overnight Services (UPS, FedEx, Airborne):  
25 South Stockton Street, 2nd Floor  
Trenton, NJ 08608-1832

INSTRUCTIONS: Complete as much information as possible on the form itself, then attach additional sheets as necessary and number the response(s) to correspond to the numbers listed on this form. Please print or type.

1. Name of Applicant		2. Name of Licensed Long Term Care Facility Site	
Street Address		Street Address	
City, State, Zip		City, State, Zip	
3. Social Security No.		4. Email Address	
5. Home Telephone Number (     )		6. Work Telephone Number (     )	
7. Type of Program <input type="checkbox"/> Administrative Intern Program (N.J.A.C. 8:34-4.2) <input type="checkbox"/> Equivalency-Graduate School Program (N.J.A.C. 8:34-4.4)			
8. If a waiver of any of the hours is being requested, state the specific reasons that justify this and include any supporting documentation. (To be completed by the applicant) (N.J.A.C. 8:34-1.8)			
9. Total Number of Hours to be Completed	10. Program Start Date _____ / _____ / _____	11. Anticipated Completion Date _____ / _____ / _____	
12. Attach Work Plan for Administrative Intern (To be completed by the preceptor, outlining the length of time in each of the nine required areas and type of experience that will be provided for the applicant.) (Attach additional sheets if necessary.)			
13. Signature of Applicant		14. Date	
<b>STATEMENT BY PRECEPTOR FOR ADMINISTRATIVE INTERN PROGRAM</b> I am currently and have been licensed as a Nursing Home Administrator in New Jersey for at least five (5) years and have actively practiced as a Nursing Home Administrator in a long term care facility for the immediate past three (3) years (N.J.A.C. 8:34-4.3).			
15. Name of Preceptor (Must be Licensed Nursing Home Administrator)		16. NJ License Number	
17. Signature of Preceptor		18. Date	
<b>FOR STATE USE ONLY</b>			
Approved <input type="checkbox"/> Yes <input type="checkbox"/> No	Signature		Date of Approval

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Appendix C

New Jersey Department of Health  
 Nursing Home Administrators Licensing Board  
 QUARTERLY PROGRESS REPORT FOR  
 NURSING HOME ADMINISTRATIVE INTERN PROGRAM

Mailing Address:  
 PO Box 358  
 Trenton, NJ 08625-0358

Overnight Services (UPS, FedEx, Airborne):  
 25 South Stockton Street, 2nd Floor  
 Trenton, NJ 08608-1832

**INSTRUCTIONS TO APPLICANT:** Complete Section I and forward to Preceptor for review of Section I and completion of Section II.

**INSTRUCTIONS TO PRECEPTOR:** Review Section I and complete Section II and forward to the Nursing Home Administrators Licensing Board at either of the two listed addresses.

SECTION I - TO BE COMPLETED BY APPLICANT		
Name of Applicant		Social Security Number
Program Start Date ____ / ____ / ____		Anticipated Completion Date ____ / ____ / ____
Quarterly Report Number <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	Time Period Covered From: _____ To: _____	
Hours Completed:		
<u>Service Area/Department</u>	<u>This Report</u>	<u>YTD</u>
1. Resident Activities	_____	_____
2. Administration	_____	_____
3. Business Office	_____	_____
4. Dietary	_____	_____
5. Maintenance	_____	_____
6. Medical Records	_____	_____
7. Nursing	_____	_____
8. Social Services	_____	_____
9. Environmental (including Housekeeping and Laundry)	_____	_____
10. Other (Specify): _____	_____	_____
TOTAL HOURS	_____	_____
Describe the training you received during this report period (departments in which you worked, time spent in each department, summary of learning experiences, brief analysis of any problems observed or insights gained, special projects, points of interest, etc.) (Attach additional sheets if necessary.)		
<i>I certify that the statements made by me are true and correct to the best of my knowledge and belief.</i>		
Signature of Applicant		Date

**QUARTERLY PROGRESS REPORT FOR  
NURSING HOME ADMINISTRATIVE INTERN PROGRAM  
(Continued)**

Name of Applicant		Social Security Number
<b>SECTION II - TO BE COMPLETED BY PRECEPTOR</b>		
Name of Preceptor	NHA License No.	No. of Years Licensed as NHA
Name of Licensed Long Term Care Facility Training Site		
Street Address		
City, State, Zip		Telephone Number
<p>Comment on the knowledge, skills and abilities acquired during this report period, accuracy and completeness of monthly intern logs, problems encountered, and whether internship is proceeding satisfactorily. (Attach additional sheets if necessary.)</p>		
<b>CERTIFICATION</b>		
<i>I have reviewed the statements made by the applicant in Section I for accuracy. I certify that the statements made by me in Section II are true and correct to the best of my knowledge and belief.</i>		
Signature of Preceptor		Date

Appendix D

New Jersey Department of Health  
Nursing Home Administrators Licensing Board

CERTIFICATION OF PROGRAM COMPLETION FOR  
NURSING HOME ADMINISTRATIVE INTERN PROGRAM

Mailing Address:  
PO Box 358  
Trenton, NJ 08625-0358

Overnight Services (UPS, FedEx, Airborne):  
25 South Stockton Street, 2nd Floor  
Trenton, NJ 08608-1832

**INSTRUCTIONS TO PRECEPTOR:** At the conclusion of the training program, please complete this form and forward to the Nursing Home Administrators Licensing Board at either of the two listed addresses.

Name of Applicant		Social Security Number
Name of Preceptor (Must be Licensed Nursing Home Administrator)		License Number
Name of Licensed Long Term Care Facility Training Site		
Street Address		
City, State, Zip		Telephone Number
Program Start Date ____ / ____ / ____	Anticipated Completion Date ____ / ____ / ____	
Hours Completed:		
	<u>Service Area/Department</u>	<u>Hours</u>
1.	Resident Activities	_____
2.	Administration	_____
3.	Business Office	_____
4.	Dietary	_____
5.	Maintenance	_____
6.	Medical Records	_____
7.	Nursing	_____
8.	Social Services	_____
9.	Environmental (including Housekeeping and Laundry)	_____
10.	Other (Specify): _____	_____
	TOTAL NUMBER OF HOURS IN TRAINING PROGRAM	_____
Comments		
<i>(Attach additional sheets if necessary)</i>		
I certify that the applicant named above has satisfactorily completed this program under my supervision, and I recommend that the applicant be allowed to take the Nursing Home Administrator Licensing Examination.		
Signature of Preceptor		Date

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