

CHAPTER 43D

STANDARDS FOR LICENSURE OF PEDIATRIC COMMUNITY TRANSITIONAL HOMES

Authority

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

Source and Effective Date

R.2003 d.457, effective December 1, 2003.
See: 35 N.J.R. 1016(a), 35 N.J.R. 5400(a).

Chapter Expiration Date

In accordance with N.J.S.A. 52:14B-5.1c, Chapter 43D, Standards for Licensure of Pediatric Community Transitional Homes, expires on May 30, 2009. See: 41 N.J.R. 47(a).

Chapter Historical Note

Chapter 43D, formerly Health Care Administration Board Bylaws, was adopted as R.1975 d.372, effective December 18, 1975. See: 8 N.J.R. 16(b). Chapter 43D was repealed by R.1994 d.497, effective October 3, 1994. See: 26 N.J.R. 1627(a), 26 N.J.R. 4046(b).

Chapter 8:43D, Standards for Licensure of Pediatric Community Transitional Homes, was adopted as R.2003 d.457, effective December 1, 2003. See: Source and Effective Date.

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SUBCHAPTER 1. DEFINITIONS AND QUALIFICATIONS

8:43D-1.1 Scope

The rules in this chapter pertain to all facilities which provide pediatric community transitional home services. 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-1.2 Purpose

The purpose of these rules is to establish minimum licensure standards applicable to pediatric community transitional homes to promote a coordinated array of supportive personal and health care services, available 24 hours per day, to medically fragile children in a community living environment.

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:

“Activities of daily living (ADL)” means the functions or tasks that are performed by 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.

“Administrator” means the person who is responsible for operating the facility on a day to day basis.

“Admission agreement” means a document developed by the facility and signed by both a facility representative and the resident or the resident’s responsible party prior to admission to the facility. This agreement clearly and in plain English describes all services to be provided to the resident, the cost of the services, additional services available and the cost of these, specification of the time interval in which charges will not be increased, admission and discharge criteria and discharge appeal mechanisms.

“Advanced practice nurse” means a person who holds a certification in accordance with section 8 or 9 of P.L. 1991, c.377 (N.J.S.A. 45:11-47 or 45:11-47).

“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.

“Cleaning” means the removal, by scrubbing and washing, with hot water, soap or detergent and/or vacuuming where appropriate, of infectious agents and/or organic matter from surfaces on which and in which infectious agents may survive or multiply.

“Commissioner” means the New Jersey State Commissioner of Health and Senior Services.

“Communicable disease” means an illness, due to a specific infectious agent or its toxic products, which occurs through transmission of that agent or its products from a reservoir to a susceptible host.

“Conspicuously posted” means placed at a location within the facility accessible to and in plain view to patients and the public.

“Contamination” means the presence of an infectious or toxic agent in the air, on a body surface, or on or in clothes, bedding, instruments, dressings, or other inanimate articles or substances, including water, milk, and food.

“Current” means up-to-date reflecting the present calendar day, month and year.

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

“Disinfection” means the killing of infectious agents outside the body, or organisms transmitting such agents, by chemical and physical means, directly applied. The term “disinfection” shall include concurrent disinfection; that is, the application of measures of disinfection as soon as possible after the discharge of infectious material from the body of an infected person, or after the soiling of articles with such infectious discharges. All personal contact with such discharges or articles shall be minimized prior to concurrent disinfection. The term “disinfection” shall also include post care disinfection, which is the application of measures of disinfection after the patient has ceased to be a source of infection.

“Documented” means written, signed, and dated.

“Drug administration” means a procedure in which a prescribed drug or biological is given to a resident by an authorized person in accordance with all laws and regulations governing such procedures. The complete procedure for administration includes:

1. Removing an individual dose from a previously dispensed, properly labeled container (including a unit dose container);
2. Verifying it with the prescriber’s orders; and
3. Giving the individual dose to the resident.

“Drug dispensing” means a procedure entailing the interpretation of the original or direct copy of the prescriber’s order for a drug or a biological and, pursuant to that order, the proper selection, measuring, labeling, packaging, and issuance of the drug or biological to a resident, in conformance with all applicable Federal, State and local rules and regulations.

“Employee” means a person who is employed in the pediatric community transitional home on a full or part-time basis and for whom a record of hours worked and wages paid are maintained and who meets the health, age and other requirements of this chapter. Reimbursement for such employment may include salaries, wages, room and board, or any combination thereof.

“Full-time” means relating to a time period established by the facility as a full working week, as defined and specified in the facility’s written policies and procedures.

“Governing authority” means the organization, person, or persons designated to assume legal responsibility for the management, operation, and financial viability of the facility.

“Guardian” means an individual or individuals appointed or approved by a court of competent jurisdiction to act in a fiduciary capacity toward a facility resident or residents. The term “guardian” as used in this chapter, shall not be limited to any particular or specific type of court-appointed or approved guardian and every type of guardian shall be given

due consideration with respect to making decisions on behalf of residents, as contextually appropriate.

“Health care facility” means a facility as defined within N.J.S.A. 26.2H-2, as amended.

“Hours of operation” means normal business hours, during which the facility is open for business.

“Interdisciplinary plan of care” means a written, individualized plan of care for each resident, developed by the interdisciplinary team members participating in the resident’s care, and based upon their assessment of the patient’s immediate and long-term needs.

“Interdisciplinary team” means individual representatives from medicine, nursing, and social work/case management who work together to plan, provide and evaluate a comprehensive, integrated program of care to each resident of the facility.

“Job description” means written specifications developed for each position in the facility, including the qualifications, duties and responsibilities, and accountability required of employees in that position.

“Licensed nursing personnel (licensed nurse)” 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.

“Licensed practical nurse” means a person who is licensed by the New Jersey State Board of Nursing pursuant to the applicable provision of 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, requiring 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 pediatric community transitional home as having overall responsibility for the medical component of the services provided within a pediatric community transitional home.

“Medication” means a drug or medicine as defined by the New Jersey State Board of Pharmacy, at N.J.A.C. 13:39-1.2.

“Monitor” means to observe, watch, or check.

“Pediatric community transitional home” means a facility licensed by the Department of Health and Senior Services to provide integrated health care services, personal care and social services to medically fragile children, birth to 18 years of age, who require a transitional placement in a community living atmosphere, prior to an appropriate longer term residential placement.

"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.

"Personal care" means services supportive to residents' care and comfort, including, but not limited to, assistance with activities of daily living.

"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 assistant" means a person who holds a current, valid license issued pursuant to N.J.S.A. 45:9-27.13a.

"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.

"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.

"Registered professional nurse" means a person who is licensed by the New Jersey State Board of Nursing pursuant to the applicable provisions set forth at N.J.S.A. 45:11-23 et seq. and N.J.A.C. 13:37, as amended.

"Resident" means a child, birth to 18 years of age, who resides in a pediatric community transitional home.

"Responsible person or responsible party" means a parent or parents, an agency designated by the parent or parents through a voluntary placement contract, or a person or persons or agency designated by court decision to assist the resident, as needed, in arranging for health, social and financial services or making decisions regarding such services.

"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.

"Shift" means a time period defined as a full working day by the facility in its policy manual.

"Signature" means at least the first initial and full surname and title (for example, R.N., L.P.N., D.D.S., M.D.) of a person, legibly written either with his or her own hand, generated by computer with authorization safeguards, or any other information required by a professional licensing board.

"Staff education plan" means a written plan, which describes a coordinated program for employee education for each service provided at the facility, including inservice programs and on-the-job training.

"Staff orientation plan" means a written plan which describes a coordinated program for each new employee concerning the duties and responsibilities of the service to which he or she has been assigned, as well as the personnel policies of the facility.

"Sterilization" means a process of destroying all microorganisms, including spores, in, on, and around an object.

"Supervision" means authoritative procedural guidance by a qualified person for the accomplishment of a function or activity within his or her sphere of professional training, with initial direction and periodic on-site inspection of the actual act of accomplishing the function or activity.

"Transitional stay" generally means a length of stay of 120 days or less per admission.

"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) The Department shall charge a nonrefundable fee of \$300.00 plus \$10.00 per bed for the filing of an application for licensure of a pediatric community transitional care home and for the annual renewal of the license. The facility shall receive a license for the maximum number of beds approved by the Department. Licensure forms may be obtained from:

Director
Certificate of Need and Acute Care Licensure
New Jersey Department of Health and Senior Services
PO Box 360, Room 403
Trenton, New Jersey 08625
609-292-5960

(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) Each licensed pediatric community transitional home shall be assessed a biennial inspection fee of \$300.00. This fee shall be assessed in the year the facility will be inspected, along with the annual licensure fee for that year. The fee shall be added to the initial licensure fee for new facilities. This fee shall be imposed only every other year even if inspections occur more frequently and only for the inspection required to either issue an initial license or to renew an existing license. It shall not be imposed for any other type of inspection.

(d) Each applicant for a license to operate a facility may make an appointment for a preliminary conference at the Department's Certificate of Need and Acute Care Licensure Program to review all licensing requirements.

(e) All licensure applications shall include, but not be limited to, the following:

1. An evaluation of the licensing track record of the proposed licensed operator in New Jersey and other states, where applicable. This evaluation shall include pediatric community transitional homes and other licensed health care facilities primarily serving children, which are owned, operated or managed by the prospective licensed operator, as well as any such facilities owned, operated or managed by an entity affiliated with the proposed operator. Any evidence of licensure violation representing serious risk of harm to patients may be considered by the Department, as well as any record of criminal conviction representing a risk of harm to the safety and welfare of the patients;
2. A description of the physical plant, including the number and type of beds requested;
3. An evaluation of any requested waivers to licensing requirements that are sought in accordance with N.J.A.C. 8:43D-2.6;
4. A description of how the architectural design will meet the needs of the pediatric population served; and
5. A description of how the physical plant will facilitate the care of residents with problems such as reduced mobility, incontinence and physical defects.

(f) The Department shall charge a nonrefundable fee of \$250.00 for the filing of an application to amend the number of beds at an existing pediatric community transitional home.

(g) The Department shall charge a nonrefundable fee of \$250.00 for the filing of an application for the relocation of a pediatric community transitional home.

(h) The Department shall charge a nonrefundable fee of \$500.00 for the filing of an application for the transfer of ownership of a pediatric community transitional home.

(i) An application for licensure shall be denied if the applicant cannot demonstrate that the premises, equipment, personnel, including principals and management, finances, rules and bylaws, and standards of health care are fit and adequate and that there is reasonable assurance that the health care facility will be operated in accordance with the standards required by these rules.

(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 pediatric community transitional home desiring to construct, expand or renovate shall submit plans to the Health Care Plan Review Services, Division of Codes and Standards, Department of Community Affairs, PO Box 815, Trenton, NJ 08625-0815, for review and approval 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 written application for licensure is approved and the building is ready for occupancy, a survey of the facility by representatives of the Inspections, Compliance and Complaints Program of the Department shall be conducted to determine if the facility adheres to the rules in this chapter.

1. The facility shall be notified in writing of the findings of the survey, including any deficiencies found.

2. The facility shall notify the Inspections, Compliance and Complaints Program of the Department when the deficiencies, if any, have been corrected, and the Inspections, Compliance and Complaints Program shall schedule one or more resurveys of the facility prior to occupancy and licensure.

(b) Survey visits may be made to a facility at any time by authorized staff of the Department. Such visits may include, but not be limited to, the review of all facility documents and resident records and conferences with residents.

8:43D-2.4 License

(a) A license shall be issued for a period of one year or less to a facility when the following conditions are met:

1. The initial survey required by N.J.A.C. 8:43D-2.3(a) results in a finding of substantial compliance with the requirements of this chapter;
2. The completed licensure application is on file with the Department;
3. The fee for filing of the application has been received by the Department;
4. A copy of the admission agreement is on file with the Department;
5. Written approvals are on file with the Department from the local zoning, fire, health and building authorities; and a copy of the certificate of occupancy or a certificate of continued occupancy that has been issued by the appropriate local authority has been submitted to the Department;
6. Written approvals of the water supply and sewage disposal system from local officials are on file with the Department for any water supply or sewage disposal system not connected to an approved municipal system;
7. Personnel are employed in accordance with the staffing requirements in this chapter; and
8. The applicant has demonstrated compliance with the track record rules pursuant to N.J.A.C. 8:43-5.1(b).
9. If requested by the potential licensed operator, a preliminary conference for review of the conditions for licensure and operation (see N.J.A.C. 8:43D-2.1(e)1 through 7) has taken place between the Certificate of Need and Acute Care Licensure Program and representatives of the facility, who will be advised that the purpose of the conference is to allow the Department to determine the facility's compliance with N.J.S.A. 26:2H-1 et seq., as amended, and the rules pursuant thereto.

(b) No facility shall admit residents to the facility until the facility has the written approval and/or license issued by the Certificate of Need and Acute Care Licensure Program of the Department. Violators of this requirement will be subject to penalties for operating a facility without a license, pursuant to N.J.S.A. 26:2H-14 and N.J.A.C. 8:43E.

(c) The license shall be conspicuously posted in the facility.

(d) Except as set forth below, the license is not assignable or transferable, and it shall be immediately void if the pediatric community transitional home ceases to operate, if the pediatric community transitional home ownership changes, if the pediatric community transitional home is relocated to a different site, or if a part of a pediatric community transitional home ceases to operate.

1. If the pediatric community transitional home or a part thereof ceases to operate, the licensee may request that the Department maintain the license for a period of up to 24 months. The licensee shall make such a request at least 30 days prior to ceasing operations, and such request shall include the rationale for requesting the extension and the time frame of the extension. The Department shall maintain the license if the circumstances indicate that the licensee will again operate the pediatric community transitional home or part thereof, within the time frame of the extension requested, and based on the specific facts and circumstances of each case.

2. In the case of a transfer of ownership, new owners of a pediatric community transitional home shall make application for licensure with the Department, in accordance with the provisions as set forth in N.J.A.C. 8:43D-2.1 and this subchapter. In addition, the following information shall be submitted with the application:

- i. A description of the proposed transfer of ownership, in detail, including total purchase cost;
- ii. Identification of 100 percent of both the current and prospective ownership of both the physical assets of the pediatric community transitional home and the operating;
- iii. Where applicable, identification of 100 percent of the ownership of leased buildings and property;
- iv. Copies of all legal documents pertinent to the transfer of ownership transaction, which are signed by both the current licensed owners and the proposed licensed owners; and
- v. Documentation of compliance with requirements specified at N.J.A.C. 8:43D-3.1(d).

(e) The license, unless suspended or revoked, shall be renewed annually on the original licensure date, or within 30 days thereafter, but dated as of the original licensure date. The facility will receive a request for renewal fee 30 days prior to the expiration of the license. A renewal license shall not be issued if the licensure fee is not received by the Department in a timely fashion, or if the facility is more than 60 days delinquent in payment of a penalty issued pursuant to N.J.S.A. 26:2H-14.

(f) The license shall not be renewed if compliance with local rules, regulations and/or requirements has not been maintained.

(g) Failure to renew a license shall constitute operation of a health care facility without a license and may result in issuance by the Department of a cease and desist order, in accordance with N.J.A.C. 8:43E-3.11 and other penalties assessed in accordance with N.J.A.C. 8:43E-3.4(a)1.

8:43D-2.5 Surrender of license

The facility shall notify each resident, the resident's primary care provider, and any guarantors of payment at least 30 days prior to the voluntary surrender of a license, or as directed under an order of revocation, refusal to renew, or suspension of license. In such cases, the license shall be returned to the Certificate of Need and Acute Care Licensure Program of the Department within seven working days after the voluntary surrender, revocation, non-renewal, or suspension of the license.

8:43D-2.6 Waiver

(a) The Commissioner or his or her designee may, in accordance with the general purposes and intent of N.J.S.A. 26:2H-1 et seq., as amended, and this chapter, waive sections or partial sections of these rules if, in his or her opinion, such waiver would not endanger the health, safety and/or general welfare of facility residents or the public.

(b) A facility seeking a waiver of these rules shall apply in writing on a form provided by the Department to the Director of the Certificate of Need and Acute Care Licensure Program of the Department.

(c) A written request for waiver shall include the following:

1. The specific rule(s) or portion(s) of the rule(s) for which waiver is requested;
2. The reasons for requesting a waiver, including a statement of the type and degree of hardship that would result to the facility if the waiver does not issue;
3. An alternative proposal which would ensure resident safety and meet the overall intent of these rules; and
4. Documentation to support the request for waiver.

(d) The Department reserves the right to request additional information before processing a request for waiver, depending upon the waiver requested.

8:43D-2.7 Action against a license

(a) If the Department determines that operational or safety deficiencies exist, it may require that all admissions to the facility cease. This may be done simultaneously with, or in lieu of, action to revoke licensure and/or impose a fine. The Commissioner or his or her designee shall notify the facility in writing of such determination.

(b) All procedures for the imposition of penalties and other enforcement actions/remedies as well as the rights and

procedures available to facilities to request a hearing to contest survey finding(s) or the imposition of penalties shall be in accordance with N.J.A.C. 8:43E-3 and 4.

(c) The Commissioner may order the immediate removal of residents from a facility whenever he or she determines imminent danger to any person's health, safety or general welfare.

8:43D-2.8 Hearings

All procedures for the imposition of penalties and other enforcement actions/remedies as well as the rights and procedures available to facilities to request a hearing to contest survey findings or the imposition of penalties shall be in accordance with N.J.A.C. 8:43E-3 and 4.

8:43D-2.9 Advertisement of pediatric community transitional homes

Only facilities licensed as pediatric community transitional homes may describe and offer themselves to the public as providing pediatric community transitional home services. Violation of this requirement shall constitute operation of a health care facility without a license, and shall be subject to penalty in accordance with N.J.S.A. 26:2H-14 and N.J.A.C. 8:43E.

SUBCHAPTER 3. PHYSICAL PLANT AND ENVIRONMENT

8:43D-3.1 Scope

(a) The standards in this subchapter shall apply to new construction of pediatric community transitional homes or alterations or renovations to existing buildings to create a pediatric community transitional home.

(b) New buildings and alterations, renovations and additions to existing buildings for pediatric community transitional homes with more than five beds shall conform with the New Jersey Uniform Construction Code, N.J.A.C. 5:23-3, Use Group I-2 of the subcode.

(c) New buildings and alterations, renovations, and additions to existing buildings for pediatric community transitional homes with five beds or less shall conform with the New Jersey Uniform Construction Code, N.J.A.C. 5:23-3, Use Group R-2 of the subcode and shall also require:

1. The boiler/heating unit room to be enclosed with a one-hour rated firewall;
2. The kitchen to have two fire extinguishers, each bearing the seal of Underwriters Laboratories, one of which shall be mounted over the cooking surfaces and the other wall-mounted and easily accessible by facility staff;

3. Smoke detectors shall be installed in all residents' bedrooms and on each story of the facility including the basement and attics in accordance with the New Jersey Uniform Construction Code, N.J.A.C. 5:23-3.14; and

4. Carbon monoxide detectors shall be installed in new facilities in compliance with the New Jersey Uniform Construction Code, N.J.A.C. 5:23-3.20(c) and in all additions, renovations and alterations of existing buildings in compliance with N.J.A.C. 5:23-6, Rehabilitation Subcode.

(d) Prior to approval of an application for a transfer of ownership, the Department may conduct a physical plant inspection of the facility to determine the extent of physical plant deficiencies, if any, based upon the current codes and standards in effect at the time of the transfer.

1. A report of the physical plant inspection shall be provided to the prospective buyer and seller.

2. A plan of correction shall be submitted to the Department for all physical plant deficiencies.

8:43D-3.2 Ventilation

(a) Means of ventilation shall be provided in accordance with the New Jersey Uniform Construction Code, N.J.A.C. 5:23, either by windows or by mechanical ventilation for every habitable room.

(b) Means of ventilation shall be provided for every bathroom or water closet (toilet) compartment. Ventilation shall be provided either by window with an openable area or by mechanical ventilation.

8:43D-3.3 Exit access passageways and corridors

The width of passageways, aisles and corridors for new buildings shall be in compliance with the New Jersey Uniform Construction Code, N.J.A.C. 5:23-3.14. The width of passageways, aisles and corridors for renovations and alterations to existing buildings shall comply with New Jersey Uniform Construction Code, N.J.A.C. 5:23-6, Rehabilitation Subcode.

8:43D-3.4 Automatic fire detection system

(a) Smoke detectors shall be installed in all residents' bedrooms, in all public and common rooms and areas and in all basements and attics whether or not the facility is protected throughout with a comprehensive automatic fire suppression system.

(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 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-3.5 Fire suppression systems

All facilities shall be provided with a fire suppression system, in accordance with the New Jersey Uniform Construction Code, N.J.A.C. 5:23.

8:43D-3.6 Interior finish requirement

Interior wall, ceiling and floor finishes shall be in compliance with the New Jersey Uniform Construction Code, N.J.A.C. 5:23.

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. A resident occupying a junior size bed shall have a minimum of 60 square feet of clear usable floor area. A resident occupying a crib shall have a minimum of 45 square feet of clear usable floor area. At least three feet of clear and usable space shall separate the sleeping accommodations between residents. 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.

(b) The maximum number of sleeping units for a room shall be limited to four.

(c) Egress from each room shall be possible at all times.

8:43D-3.8 Toilets, baths and handwashing sinks

(a) A bathroom with a toilet, bathtub and/or shower, and handwashing sink shall be available for every six residents.

(b) An additional toilet facility shall be provided to meet the needs of staff and visitors to the facility and shall be located in areas other than the residential units.

(c) All bathing and toilet rooms in new buildings and new or renovated bathing and toilet rooms in existing buildings shall be barrier free in accordance with the New Jersey Uniform Construction Code, N.J.A.C. 5:23-7.

8:43D-3.9 Community space

The facility shall provide community spaces, both indoor and outdoor, for active and passive recreation. Indoor space shall be provided at a rate of 15 square feet for each resident.

8:43D-3.10 Laundry equipment

(a) Each pediatric community transitional home shall provide at least one non-commercial washer and dryer for residents' personal items.

(b) Where laundry equipment is limited to non-commercial type (ordinary household or residential types), no special fire protective measures shall be required.

(c) When commercial type laundry equipment is utilized, it shall be installed in a separate laundry room. The remainder of the home shall be protected from the laundry room by fire separation assemblies of at least one-hour rated construction. 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) All dryers shall be vented to the outside of the building.

8:43D-3.11 Dietary department

(a) Construction, equipment, and installation of food service facilities shall meet the requirements of the dietary programs as set forth in this chapter.

(b) At a minimum, the following facilities shall be provided:

1. A storage area for a minimum four days' food supply, including refrigeration and freezer capacity for cold storage items;
2. A food preparation area;
3. Availability of handwashing facilities during food preparation and clean up;
4. An automatic dishwasher;
5. A waste storage area; and
6. A secured storage area for cleaning supplies.

(c) The 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 new facilities, a grade level, barrier free entrance, sheltered from the weather, shall be provided. 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) Space for private interviews shall be provided.

(c) Space for private family visits with the resident shall be provided.

(d) General or individual offices for records, administrative and professional staffs shall be provided.

(e) Space shall be provided for storing employee's personal possessions.

(f) Separate space shall be provided for storage of office supplies, sterile or pharmaceutical supplies, and housekeeping supplies.

(g) Residential dining space as needed on an age specific basis shall be provided.

8:43D-3.13 Fire extinguisher specifications

(a) There shall be a minimum of two fire extinguishers in the basement, at least one on each floor of the building and as required in kitchen areas in accordance with the provisions set forth in N.J.A.C. 8:43D-3.1(c)2, all of which shall bear the seal of the Underwriters Laboratories.

(b) The following types of extinguishers shall be provided:

1. In kitchen areas, because of danger of grease fires, extinguishers shall be of the class B dry chemical type 2-B and a minimum of five pounds of pressure. The maximum travel distance to an extinguisher shall be 50 feet.
2. In the basement area, an extinguisher shall be Class B dry chemical type 2-B and a minimum of five pounds of pressure, if oil or gas is used as fuel. The maximum travel distance to an extinguisher shall be 50 feet.
3. In all other areas, a Class A air-pressurized 2½ gallon water type 2-A extinguisher shall be provided. The maximum travel distance to an extinguisher shall be 75 feet.

(c) These rules shall not supersede the Uniform Fire Safety Act, N.J.S.A. 52:27D-192 et seq., or the Uniform Fire Code, N.J.A.C. 5:70. Where the standards set forth in the Uniform Fire Safety Act or the Uniform Fire Code exceed the standards contained in this chapter, those standards shall apply.

8:43D-3.14 Sounding devices

If self-locking doors are used at the main entrance and other entrances which 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. The sounding device shall be affixed to the outside of the door or to the adjacent exterior wall for use in the event that a person is unable to enter the building, and shall ring at an area which is staffed 24 hours a day.

SUBCHAPTER 4. GENERAL REQUIREMENTS

8:43D-4.1 Types of services provided to residents

(a) The pediatric community transitional home shall provide and/or coordinate personal and health care services to residents, based on assessment by qualified persons, in accordance with the New Jersey Nursing Practice Act,

N.J.S.A. 45:11-23, and applicable rules (N.J.A.C. 13:37), the rules in this chapter and the individual needs of each resident.

(b) The pediatric community transitional home shall provide at least the following services: assistance with personal care, nursing, pharmacy, dining, activities, recreational and social work services, transportation services and other necessary services tailored to meet the individual needs of each resident.

(c) The pediatric community transitional home shall provide supervision of and assistance with self-administration of over-the-counter (OTC) medications, and administration of prescription medications by trained and supervised personnel, as needed by residents.

(d) The pediatric community transitional home shall adhere to all applicable Federal, State, and local laws, rules, regulations, and requirements.

(e) The pediatric community transitional home shall establish written policies and procedures to arrange for the provision of age-specific, required education for each resident, as appropriate.

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 proposed change in ownership shall be reported to the Director of the Certificate of Need and Acute Care Licensure Program of the Department, in writing and in conformity with N.J.A.C. 8:43D-2.4(d)2.

(b) No facility shall be owned or operated by any person convicted of a crime, including, but not limited to, the following:

1. A crime involving moral turpitude including, but not limited to, sexual assault or attempted sexual assault;
2. Violation of the Federal Organized Crime Control Act of 1970, 18 U.S.C. §§ 1961 et seq., or the commission of embezzlement, theft, forgery, bribery, falsification, or destruction of records, perjury, false swearing, receiving stolen property, obstruction of justice or any other offense indicating a lack of business integrity or honesty;
3. Violation of the "Law Against Discrimination," N.J.S.A. 10:5-1 et seq., or of the "Act Banning Discrimination in Public Works Employment," N.J.S.A. 10:2-1 et seq.;
4. Violation of any laws governing hours of labor, minimum wage standards, prevailing wage standards, discrimination in wages, or child labor;
5. Presentment for allowance or payment of any false or fraudulent claim for services or merchandise; and

6. Submitting false information for the purpose of obtaining greater compensation than that to which the person is legally entitled.

(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 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) above, may apply to the Commissioner 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 that the violation(s) for which the individual(s) has been convicted does not impair his or her 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.

(d) The owner or governing authority of the facility or program shall assume legal responsibility for the management, operation, and financial viability of the facility or program.

8:43D-4.3 Submission and availability of documents

The facility shall, upon request, submit any documents, which are required by the rules set forth in this chapter, to the Director of the Certificate of Need and Acute Care Licensure Program of the Department. Additionally, upon request by the Department, the facility shall submit, in writing, data related to utilization, demographics, costs, charges, staffing, and other planning and financial data necessary for the Department to evaluate the facility.

8:43D-4.4 Policy and procedure manual

(a) A policy and procedure manual(s) for the organization and operation of the facility shall be established and reviewed every three years. Each review of manual(s) shall be documented, and the manual(s) shall be available in the facility to representatives of the Department at all times. The manual(s) shall include at least the following:

1. An organizational chart delineating the lines of authority, responsibility, and accountability for the administration and resident care services of the facility;
2. A description of the services which the pediatric community transitional home provides;
3. Policies and procedures for maintaining facility security;
4. Policies and procedures for reporting all diagnosed and/or suspected cases of resident abuse or exploitation to the Division of Youth and Family Services, Office of Institutional Abuse Investigation Bureau 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.

5. Policies and procedures for maintaining confidentiality of resident records, including policies and procedures for examination of resident records by the resident (if age appropriate); resident's parent(s) or legal guardian; and other authorized persons; and for release of the resident's records to any individual outside the facility, as consented by the resident's parent or legal guardian or as required by law or third party payor;

6. Policies and procedures for the maintenance of personnel records for each employee, including at least his or her name, previous employment, educational background, credentials, driver's license number with effective date and date of expiration, (if applicable), certification and licensure (if applicable), verification of credentials, prior criminal records, records of physical examinations, job description, records of orientation and inservice education, and evaluations of job performance;

7. Policies and procedures, including content and frequency, for physical examinations and immunizations and tuberculin testing upon and during the course of employment for employees both non-contractual and contractual as well as volunteers providing direct resident care services in the facility;

8. Policies and procedures for the collection, storage and handling of regulated medical waste, consistent with all applicable Federal, State and local laws, rules and regulations;

9. Policies and procedures related to involuntary discharge in accordance with N.J.A.C. 8:43D-4.11; and

10. Other policies and procedures as specified in this chapter.

(b) The facility shall make all policy and procedure manuals available to residents, guardians, designated responsible persons, prospective applicants, and referring agencies during normal business hours or by prior arrangement.

8:43D-4.5 Resident transportation

The facility shall provide resident transportation, either directly or by arrangement, to and from health care services provided outside the facility, and shall promote reasonable plans for security and accountability for the resident and his or her personal possessions, as well as transfer of resident information to and from the provider of the service, as required by individual residents and specified in the resident's written plan of care.

8:43D-4.6 Written agreements

The facility shall have a written agreement, or its equivalent, for services not provided directly by the facility. If the facility provides care to residents with psychiatric disorders, the facility shall have a written agreement with one or more community mental health centers specifying which services will be provided by the mental health center. The

written agreement, or its equivalent, shall specify that the facility retain administrative responsibility for services rendered, and require that services be provided in accordance with the rules in this chapter.

8:43D-4.7 Reportable events and notification requirements

(a) The facility shall notify the Department immediately by telephone at (609) 292-9900 or (800) 792-9770 after business hours, followed within 72 hours by written confirmation to the Department's Certificate of Need and Acute Care Licensure Program, of the following:

1. The termination of employment of the administrator, and the name and qualifications of his or her replacement;
2. All residents who are missing for 24 hours; and
3. All suspected cases of resident abuse or exploitation that must also be reported to the Division of Youth and Family Services, Office of Institutional Abuse Investigation Bureau.

(b) The facility shall notify immediately the resident's family, guardian, and/or designated responsible person or community agency, and the Department, at the telephone numbers indicated in (a) above, after the occurrence of the following:

1. The resident acquires an acute illness requiring medical care;
2. Any serious accident or incident which involves the resident and results in serious harm or injury to the resident or others, or results in the resident's arrest or detention;
3. All alleged or suspected crimes committed by or against residents as specified in N.J.A.C. 8:43E-10.6(a);
4. The resident is transferred from the facility; or
5. The resident expires.

(c) Such notification shall be given at the time of occurrence, and then documented in the resident's record in accordance with the documentation requirements contained in these rules.

Amended by R.2008 d.52, effective March 3, 2008.

See: 39 N.J.R. 314(a), 40 N.J.R. 1094(a).

Section was "Reportable events and Notification Requirements". In the introductory paragraph of (a), substituted "(609)" for "(609-)", "(800)" for "1-800-" and "after business hours" for "(after business hours)"; deleted former (a)1, (a)3, (a)5 and (a)6; recodified former (a)2, (a)4 and (a)7 as (a)1, (a)2 and (a)3; rewrote (a)2; in (a)3, substituted "that" for "which"; in the introductory paragraph of (b), inserted "facility shall notify immediately the", substituted "and" for "along with" and "at the telephone numbers indicated in (a) above," for "of Health and Senior Services, shall be notified immediately"; and in (b)3, updated the N.J.A.C. reference.

8:43D-4.8 Notices

(a) The facility shall conspicuously post a notice that the following information is available in the facility during normal business hours, to residents, guardians or responsible parties and the general public:

1. All waivers granted by the Department;
2. A copy of the last annual licensure inspection survey report and the list of deficiencies from any valid complaint investigation during the immediately previous 12 months;
3. Policies and procedures regarding resident rights;
4. The business hours of the facility;
5. Policies and procedures for maintaining security of the facility;
6. The toll-free complaint hot line number of the Department (1-800-792-9770); and the telephone numbers of county agencies and of the Division of Youth and Family Services, Office of Institutionalized Abuse Investigation Bureau; and
7. The names of, and a means to formally contact, the owner and/or members of the governing authority.

8:43D-4.9 Maintenance of records

The facility shall maintain an annual chronological listing of residents admitted and discharged, including the destination of residents who are discharged and provide this data to the Department upon request.

8:43D-4.10 Admission and retention of residents

(a) The administrator of the pediatric community transitional home or the administrator's designee shall conduct an interview (when appropriate) with the resident, the resident's family, guardian, or interested agency, prior to or at the time of the resident's admission. The interview shall include at least orientation to the facility's policies, business hours, fee schedule, services provided, resident rights, and criteria for admission and discharge. Documentation of the resident interview shall be included in the resident's record.

(b) At the initial interview either prior to or at the time of admission of each resident, the administrator or the administrator's designee shall be provided with the name, address and telephone number of a family member, guardian, responsible party or designated community agency who shall be notified in the event of the resident's illness, incident, or other emergency.

(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)), 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 admission to the pediatric community transitional home, the applicant and/or his or her family, guardian, or designated community agency shall, upon written request, be given the reason for such denial, in writing and signed by the administrator, within 15 days of receipt of the written request.

(e) A pediatric community transitional home shall not deny a resident admission regardless of their ability to pay so long as it has capacity and the appropriate clinical services.

8:43D-4.11 Involuntary discharge

(a) Written notification by the administrator shall be provided to a resident and/or his or her family, guardian, or designated responsible person, of a decision to involuntarily discharge the resident from the facility. The notification shall contain a clear and concise statement of the basis for involuntary discharge, and the resident's/responsible person's right to appeal. A copy of the notice shall be entered into the resident's medical record.

(b) The resident and/or his or her family, guardian or designated responsible person shall have the right to appeal to the administrator any involuntary discharge from the facility. The appeal shall be in writing and a copy shall be included in the resident's record along with a copy of the written disposition or resolution of the appeal. The resident and/or his or her family, guardian or designated responsible person shall have the right to retain legal counsel to represent the resident in the appeal.

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

8:43D-5.13 Medical director/primary care provider responsibilities

(a) Each facility shall have 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.

1. The medical director shall coordinate medical care and direct the administrative aspects of medical care in the facility.

2. The medical director shall approve all medical care policies and procedures.

3. The medical director shall participate in the facility's quality assurance program through meetings, interviews, and/or preparation or review of reports.

4. The medical director shall be an active participant on the facility's infection control committee and resident care policy and procedure committee.

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

(c) Each primary care provider order shall be properly entered into the resident's medical record.

(d) Each resident's attending primary care provider or the 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.

(e) The 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.

(f) The medical director shall review all reports of incidents which have been documented.

(g) The medical director, or primary care provider designated by the medical director, shall respond to medical emergencies, which are not handled by another attending primary care provider, including hospital admissions.

(h) An on-call primary care provider shall be available by telephone 24 hours a day on a seven-day-a-week basis.

(i) A primary care provider shall visit each resident at least every 30 days unless the medical record contains an explicit justification for not doing so. Following the initial visit, alternate 30-day 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 primary care provider assistant, in accordance with facility policies.

SUBCHAPTER 6. RESIDENT CARE POLICIES**8:43D-6.1 Resident care policies and procedures**

(a) There shall be a resident care policy and procedure committee that shall consist of at least the administrator, director of nursing and the medical director, which shall establish written resident care policies and procedures, which shall be reviewed at least every three years. Each review of the policies and procedures shall be documented. Policies and procedures shall include, but not be limited to, those relating to:

1. Resident rights;

2. The determination of staffing levels to ensure delivery of services and assistance as needed for each resident of the facility 24 hours per day. Services may be provided directly by staff employed by the facility or by an appropriate contract specialist;

3. Referral of residents to health care providers in accordance with individual needs and resident service plans;

4. Emergency medical and dental care of residents, including notification of the resident's family, guardian, or designated community agency, and care of residents during periods of acute illness;

5. Resident instruction and health education;

6. The control of smoking in the facility in accordance with N.J.S.A. 26:3D-1 et seq.

i. At the facility's option, a smoke-free policy may be implemented, which shall include adequate notice to all resident applicants prior to admission to the facility;

ii. A facility which permits smoking shall have designated smoking areas with adequate outside ventilation, in accordance with (a)6iv below;

iii. Nonflammable ashtrays in sufficient numbers shall be provided in designated smoking areas;

iv. Any room designated for smoking shall meet the following ventilation requirements for acceptable indoor air quality:

(1) A ventilation system which prevents contaminated air from recirculating through the facility;

(2) The number of air changes per hour within the designated smoking room shall be equivalent to the number necessary to achieve 60 cubic feet per minute per smoker, based on occupancy of no greater than five smokers per 100 square feet; and

(3) Negatively pressurized air to prevent back-streaming of smoke into nonsmoking areas of the facility;

7. Discharge, involuntary discharge, termination by the facility, transfer, and readmission of residents, including criteria for each;

8. The care and control of pets, if the facility permits pets in the facility or on its premises;

9. Monitoring the quality of health care services provided to residents, which shall include, at a minimum, policies in:

- i. Length of stay;
- ii. Medication errors;
- iii. Resident injury; and
- iv. Resident mortality;

10. A planned, diversified program of resident activities shall be offered daily, including individual and/or group activities, either on-site or off-site, to meet the individual needs of all residents; and

11. General infection control policies and procedures as set forth in N.J.A.C. 8:43D-15.3.

8:43D-6.2 Financial arrangements

(a) Concerning financial arrangements, the facility shall:

1. Upon admission, inform, in writing, the resident's parent(s) or guardian or designated responsible person of any and all fees for services, charges for supplies routinely provided or specially ordered and any price changes associated with these charges, thereafter;

2. Maintain a written record of all financial arrangements with the resident's parent(s), guardian, or designated responsible person with copies furnished to these parties, respectively;

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. Upon separate written agreement with the resident's parent(s), guardian or, designated responsible person who shall be provided with a copy of the written agreement;
- ii. Upon written orders of the resident's primary care provider, stipulating specific services not included in the admission agreement;
- iii. Upon 30 days prior written notice to the resident's parent(s), guardian or the designated responsible person of any change in charges, expenses, or other financial liability that are in addition to the previously agreed upon daily, weekly, or monthly rate; or

iv. The purchase and cost of supplies are limited to the terms of the resident's/responsible person's written agreement; and

4. Provide the resident's parent(s), guardian or the designated responsible person with information regarding financial assistance available from third-party payors and/or other financial assistance programs and referral systems for resident financial assistance.

SUBCHAPTER 7. RESIDENT ASSESSMENT AND CARE PLANS

8:43D-7.1 Resident assessment and coordination of interdisciplinary care plans

A registered professional nurse (RN) shall assess the nursing needs of each resident, coordinate the written interdisciplinary care plan, and ensure the timeliness of all services.

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

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

(b) Each primary care provider's order shall be carried out in accordance with professional standards of practice by nursing, dietary, social work, resident activities, rehabilitation or pharmacy personnel, as appropriate.

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

(d) An initial nursing assessment and care plan shall be developed on the day of admission and include at least personal hygiene, immediate dietary needs, medications, and ambulation.

(e) A comprehensive health care assessment shall be completed for each resident within 10 days of admission to formulate an interdisciplinary care plan. The interdisciplinary care plan shall be based on oral or written communication and assessments provided 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 objectives with interventions based on the 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 change in the resident's health status, based on a reassessment by a registered professional nurse.

7. If pets are allowed in the facility, the facility shall provide safeguards to prevent interference in the lives of residents. Guidelines for pet facilitated therapy may be requested from the Department's Certificate of Need and Acute Care Licensure Program; and

8. An electrician licensed in accordance with N.J.A.C. 13:31 shall annually inspect and provide a written statement that the electrical circuits and wiring in the facility are satisfactory and in safe condition;

i. The written statement shall include the date of inspection, and shall indicate that circuits are not overloaded, that all wiring and permanent fixtures are in safe condition, and that all portable electrical appliances, including lamps, are Underwriters Laboratories (U.L.) approved; and

ii. The written statement shall be forwarded annually to the Department's Certificate of Need and Acute Care Licensure Program.

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 and this chapter. Solid waste, which is stored within the building, shall be stored in insectproof, rodent-proof, fireproof, nonabsorbent, watertight containers with tightfitting covers and collected from storage areas regularly so as to prevent nuisances, such as odors. 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) All regulated medical waste shall be collected, stored and disposed of in accordance with the Comprehensive Regulated Medical Waste Management Act at N.J.S.A. 13:1E-48.1 et seq. and the rules promulgated pursuant thereto, at N.J.A.C. 7:26-3A.

(c) If garbage compactors are used, they shall comply with all State and local codes.

8:43D-14.5 Heating and air conditioning

(a) The heating and air conditioning system shall be adequate to maintain the required temperature in all areas used by residents.

1. During the heating season, the temperature in the facility shall be kept at a minimum of 72 degrees Fahrenheit (22 degrees Celsius) during the day ("day" means the time between sunrise and sunset) and 68 degrees Fahrenheit (20 degrees Celsius) at night, when residents are in the facility.

2. The facility or residents shall not utilize portable heaters.

3. During warm weather conditions, the temperature within the facility shall not exceed 82 degrees Fahrenheit, in accordance with N.J.A.C. 8:43-15.5(b).

i. The facility shall provide for and operate adequate ventilation in all areas used by residents.

ii. All areas of the facility used by residents, including resident sleeping areas, shall be equipped with air conditioning and the air conditioning shall be operated so that the temperature in these areas does not exceed 82 degrees Fahrenheit.

4. Residents may regulate temperature controls in residential units, and may, by choice, exceed 82 degrees Fahrenheit.

(b) Filters for heaters and air conditioners shall be provided as needed and maintained in accordance with manufacturer's specifications.

8:43D-14.6 Water supply

(a) The water supply used for drinking or culinary purposes shall be adequate in quantity, of a safe and sanitary quality, and from a water system which shall be constructed, protected, operated, and maintained in conformance with the New Jersey Safe Drinking Water Act, N.J.S.A. 58:12A-1 et seq., N.J.A.C. 7:10 and local laws, ordinances, and regulations. Copies of the Safe Drinking Water Act can be obtained from the Department of Environmental Protection, Bureau of Potable Water, P.O. Box 426, Trenton, New Jersey 08625-0426.

(b) The temperature of the hot water used for bathing and handwashing shall be at least 95 degrees and shall not exceed 110 degrees Fahrenheit (35 to 43 degrees Celsius) and shall be appropriately balanced to avoid temperature fluctuations during simultaneous use of two or more water sources within the facility.

(c) Equipment requiring drainage, such as ice machines, shall be drained to a sanitary connection, in accordance with State and local codes.

(d) The sewage disposal system shall be maintained in good repair and operated in compliance with State and local laws, rules, and ordinances.

8:43D-14.7 Building and grounds maintenance

The building and grounds shall be well maintained at all times. The interior and exterior of the building shall be kept in good condition to ensure an attractive appearance, provide a pleasant atmosphere, and safeguard against deterioration. The building and grounds shall be kept free from fire hazards as well as other residential health and safety hazards.

8:43D-14.8 Laundry services

(a) Written policies and procedures shall be established and implemented for the facility's laundry services, including, but not limited to, polices and procedures regarding the following:

1. Storage and transportation of laundry;
2. Collection and storage of soiled laundry in a ventilated area;
3. Protection of clean laundry from contamination during processing, transporting, and storage; and
4. Handling and laundering of resident's clothing and personal items separately from other laundry.

(b) Soiled laundry shall be stored in a ventilated, vermin-proof area, separate from other supplies, and shall be stored, sorted, rinsed, and laundered only in areas specifically designated for those purposes.

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

(d) Clean laundry shall be protected from contamination during processing, storage, and transportation within the facility.

(e) Soiled and clean laundry shall be kept separate. An established procedure shall be followed to reduce the number of bacteria in the fabrics. Equipment surfaces that come into contact with laundry shall be sanitized.

(f) Residents (if age appropriate) who choose to launder their personal items shall be provided with in-house assistance in accordance with facility policy.

(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 handwashing facilities. The walls, floors, and ceilings of the on site 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-15.1 Infection control program

(a) There shall be a facility infection control committee which shall develop and implement an infection prevention and control program.

1. The infection control committee shall consist of at least the administrator, director of nursing and the medical director.

(b) The registered professional nurse, in coordination with the administrator, shall be responsible for the direction, provision, and quality of infection prevention and control services. The licensed professional nurse, in coordination with the administrator, shall be responsible for, but not limited to, developing and maintaining written objectives, a policy and procedure manual, and an organization plan for the infection prevention and control service.

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

(a) The 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, as follows:

1. Guidelines for Handwashing and Hospital Environmental Control, PB85-9233404;
2. Guidelines for Isolation Precautions in Hospitals (Infection Control and Hospital Epidemiology 1996; 17:53-80 and the American Journal of Infection Control 1996; 224:24-52);
3. Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis In Health Care Facilities (Morbidity and Mortality Weekly Report 1994; 43-11-22); and
4. Criteria established by the Centers for Disease Control and Prevention and Occupational Safety and Health Administration Publication for Bloodborne Pathogens (29 CFR 1910030).

(b) The guidelines listed in (a) above are available from the National Technical Information Service (NTIS) by calling 1-800-553-6847 or writing the NTIS, 5285 Port Royal Road, Springfield, Virginia 22161. Further information is available on the Centers for Disease Control and Prevention/National Center of Infectious Diseases' website at: <http://www.cdc.gov/ncidod/hip>.

(c) Residents shall be immunized in accordance with "Recommended Childhood Immunization Schedule, United States, January-December 2000" as approved by the Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics (AAP), and the American Academy of Family Physicians (AAFP). The ACIP guidelines listed above are available by writing to ACIP, U.S. Public Health Service, Centers for Disease Control and Prevention, Atlanta, Georgia 30333. The AAP guidelines are available by contacting AAP, P.O. Box 927, Northwest Point Blvd., Elk Grove, Illinois 60009-0927. The AAFP guidelines may be obtained by contacting the AAFP, 11400 Tomahawk Creek Parkway, Leawood, Kansas 66211-2672.

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

(a) Written policies and procedures shall be established and implemented regarding infection prevention and control, including, but not limited to, policies and procedures for the following:

1. 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, and maintaining records for all residents or personnel having these infections, 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;

3. Exclusion from work, and authorization to return to work, for personnel with communicable diseases;

4. Surveillance techniques to minimize sources and transmission of infection;

5. Techniques to be used during each resident contact, including handwashing before and after caring for a resident;

6. Protocols for identification of residents with communicable diseases and age specific education of residents regarding the prevention and spread of communicable diseases;

7. Sterilization, disinfection, and cleaning practices and techniques used in the facility, including, but not limited to, the following:

i. Care of utensils, instruments, solutions, dressings, articles, and surfaces;

ii. Selection, storage, use, and disposition of disposable and nondisposable resident care items. Disposable items shall not be reused;

iii. Methods to ensure that sterilized materials are packaged, labeled, processed, transported, and stored to maintain sterility and to permit identification of expiration dates; and

iv. Care of urinary catheters, intravenous catheters, respiratory therapy equipment, and other devices and equipment that provide a portal of entry for pathogenic microorganisms; and

8. Used needles and syringes shall be disposed of in accordance with N.J.S.A. 2A:170-25.17 and N.J.A.C. 8:43E, and amendments thereto, and shall be placed in puncture-resistant containers prior to disposal.

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 Exposure Control Plan ("TB plan"), according to the guidelines set forth in "Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-Care Facilities, 1994." MMWR. October 28, 1994, volume 43, Number RR-13, p. I-132, 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 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 a "negative" (<10 mm of induration or < five mm of induration if the individual is immunosuppressed) result following the first Mantoux skin test are administered a second test in one to three weeks.

ii. Employees with a "positive" (>10 mm of induration or > five mm of induration if the individual is immunosuppressed) 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 Mantoux test results to begin working after the employee has submitted 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 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:

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

ii. Recordkeeping:

(1) The facility shall maintain records of employee Mantoux test results.

(2) The facility shall submit the results of employee Mantoux tuberculin testing bi-annually to the New Jersey Department of Health and Senior Services, on forms provided by the Department, at the address listed below.

(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 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.

(e) If a communicable disease prevents the employee from working for a period of more than three days, a primary care provider's statement approving the employee's return shall be required prior to the employee's return to work.

(f) The facility shall develop and implement procedures for the care of employees who become ill while at work or who have a work-related accident and volunteers who became ill or have an accident while volunteering their time.

(g) The facility shall maintain listings of all residents and personnel who have reportable infections, disease, or conditions.

(h) High-level disinfection techniques shall be used for all reusable respiratory therapy equipment and instruments that touch mucous membranes.

(i) Disinfection procedures for items that come in contact with bedpans, sinks, and toilets shall conform to facility established protocols for cleaning and disinfection.

(j) All residents shall be provided with an opportunity to wash their hands before each meal and shall be encouraged to do so. Staff shall wash their hands before each meal and before assisting residents in eating.

(k) Personnel who have had contact with resident excretions, secretions, or blood, whether directly or indirectly, in activities such as performing a physical examination, providing catheter care, and emptying bedpans, shall wash their hands with soap and warm water for between 10 and 30 seconds or use other effective sanitation techniques immediately after such contact.

(l) Equipment and supplies used for sterilization, disinfection, and decontamination purposes shall be maintained according to manufacturers' specifications.

(m) The facility shall maintain records documenting contagious diseases contracted by employees during employment, as specified at N.J.A.C. 8:57-1.5.

(n) Employees as well as volunteers who have signs or symptoms of a communicable disease shall not be permitted to perform functions that expose residents to risk of transmission of the disease.

Amended by R.2009 d.107, effective April 6, 2009.
See: 40 N.J.R. 1962(a), 41 N.J.R. 1419(a).

In (m), updated the N.J.A.C. reference.

8:43D-15.5 Staff education and training for infection prevention and control

All staff members shall be informed about the facility's infection control procedures, including personal hygiene requirements.