

CHAPTER 39
STANDARDS FOR LICENSURE OF LONG-TERM CARE FACILITIES

Authority

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

Source and Effective Date

R.2001 d.297, effective August 20, 2001.
 See: 32 N.J.R. 3003(a), 33 N.J.R. 2851(a).

Chapter Expiration Date

Chapter 39, Standards for Licensure of Long-Term Care Facilities, expires on August 20, 2006.

Chapter Historical Note

Chapter 39, Standards for Licensure of Long-Term Care Facilities, was adopted as R.1977 d.222, effective January 1, 1978. See: 9 N.J.R. 171(c), 9 N.J.R. 322(c).

Chapter 39, Standards for Licensure of Long-Term Care Facilities, was repealed and Chapter 39, Long-Term Care Facilities, was adopted as new rules by R.1983 d.236, effective June 20, 1983. See: 15 N.J.R. 279(a), 15 N.J.R. 1022(b).

Chapter 39, Long-Term Care Facilities, was repealed and Chapter 39, Manual of Standards for Long-Term Care, was adopted as new rules by R.1988 d.280, effective June 20, 1988. See: 20 N.J.R. 469(a), 20 N.J.R. 1432(a).

Pursuant to Executive Order No. 66(1978), Chapter 39, Manual of Standards for Long-Term Care, was readopted as R.1993 d.341, effective June 14, 1993. See: 25 N.J.R. 1474(a), 25 N.J.R. 2878(a).

Chapter 39, Manual of Standards for Long-Term Care, was repealed and Chapter 39, Standards for Licensure of Long-Term Care Facilities, was adopted as new rules by R.1994 d.582, effective November 21, 1994, operative January 1, 1995, except Subchapter 43, operative November 21, 1994. See: 26 N.J.R. 1772(c), 26 N.J.R. 4641(a). Pursuant to Executive Order No. 66(1978), Chapter 39 expired on November 21, 1999.

Chapter 39, Standards for Licensure of Long-Term Care Facilities, was adopted as new rules by R.2001 d.297, effective August 20, 2001. See: Source and Effective Date.

CHAPTER TABLE OF CONTENTS

SUBCHAPTER 1. GENERAL PROVISIONS

- 8:39-1.1 Scope and purpose
- 8:39-1.2 Definitions

SUBCHAPTER 2. LICENSURE PROCEDURE

- 8:39-2.1 Certificate of need
- 8:39-2.2 Application for licensure
- 8:39-2.3 Newly constructed, expanded, or renovated facilities
- 8:39-2.4 Surveys and license
- 8:39-2.5 Surrender of license
- 8:39-2.6 Waiver
- 8:39-2.7 Action against licensee
- 8:39-2.8 Special long-term care services
- 8:39-2.9 Chronic hemodialysis services
- 8:39-2.10 Peritoneal dialysis
- 8:39-2.11 Add-a-bed
- 8:39-2.12 Transfer of ownership

SUBCHAPTER 3. COMPLIANCE WITH MANDATORY RULES AND ADVISORY STANDARDS

- 8:39-3.1 Mandatory rules
- 8:39-3.2 Advisory standards
- 8:39-3.3 Reporting compliance with advisory standards

SUBCHAPTER 4. MANDATORY RESIDENT RIGHTS

- 8:39-4.1 Resident rights

SUBCHAPTER 5. MANDATORY ACCESS TO CARE

- 8:39-5.1 Mandatory policies and procedures for access to care
- 8:39-5.2 Admissions
- 8:39-5.3 Transfers
- 8:39-5.4 Discharges

SUBCHAPTER 6. ADVISORY ACCESS TO CARE

- 8:39-6.1 Advisory admission policies and procedures

SUBCHAPTER 7. MANDATORY RESIDENT ACTIVITIES

- 8:39-7.1 Mandatory administrative organization for resident activities
- 8:39-7.2 Mandatory staffing amounts and availability for activities
- 8:39-7.3 Mandatory resident activity services
- 8:39-7.4 Mandatory space and environment for resident activities

SUBCHAPTER 8. ADVISORY RESIDENT ACTIVITIES

- 8:39-8.1 Advisory policies and procedures for resident activities
- 8:39-8.2 Advisory staff qualifications for resident activities
- 8:39-8.3 Advisory staffing amounts and availability for resident activities
- 8:39-8.4 Advisory resident services for resident activities

SUBCHAPTER 9. MANDATORY ADMINISTRATION

- 8:39-9.1 Ownership
- 8:39-9.2 Administrator
- 8:39-9.3 Mandatory policies and procedures for staff
- 8:39-9.4 Mandatory notification
- 8:39-9.5 Mandatory policies and procedures for residents' accounts
- 8:39-9.6 Mandatory policies and procedures for advance directives

SUBCHAPTER 10. ADVISORY ADMINISTRATION

- 8:39-10.1 Advisory policies and procedures for administration
- 8:39-10.2 Advisory staff qualifications
- 8:39-10.3 Advisory staff education and training

SUBCHAPTER 11. MANDATORY RESIDENT ASSESSMENT AND CARE PLANS

- 8:39-11.1 Mandatory completion of resident assessment and coordination of care plans
- 8:39-11.2 Mandatory policies and procedures for resident assessment and care plans

SUBCHAPTER 12. ADVISORY RESIDENT ASSESSMENT AND CARE PLANS

- 8:39-12.1 Advisory policies and procedures for resident assessment and care plan
- 8:39-12.2 Advisory resident services for off-site services

SUBCHAPTER 13. MANDATORY COMMUNICATION

- 8:39-13.1 Mandatory communication policies and procedures
- 8:39-13.2 Mandatory resident communication services
- 8:39-13.3 Mandatory staff communication qualifications
- 8:39-13.4 Mandatory staff education and training for communication

SUBCHAPTER 14. ADVISORY COMMUNICATION

- 8:39-14.1 Advisory resident services
- 8:39-14.2 Advisory staff education and training for communication

SUBCHAPTER 15. MANDATORY DENTAL SERVICES

- 8:39-15.1 Mandatory resident dental services

SUBCHAPTER 16. ADVISORY DENTAL SERVICES

- 8:39-16.1 Advisory resident dental services

SUBCHAPTER 17. MANDATORY DIETARY SERVICES

- 8:39-17.1 Mandatory structural organization for dietary services
- 8:39-17.2 Mandatory policies and procedures for dietary services
- 8:39-17.3 Mandatory staffing amounts and availability for dietary services
- 8:39-17.4 Mandatory resident dietary services

SUBCHAPTER 18. ADVISORY DIETARY SERVICES

- 8:39-18.1 Advisory structural organization for dietary services
- 8:39-18.2 Advisory staff qualifications for dietary services
- 8:39-18.3 Advisory staffing amounts and availability for dietary services
- 8:39-18.4 Advisory resident dietary services
- 8:39-18.5 Supplies and equipment

SUBCHAPTER 19. MANDATORY INFECTION CONTROL AND SANITATION

- 8:39-19.1 Mandatory organization for infection control and sanitation
- 8:39-19.2 Mandatory employee health policies and procedures for infection control and sanitation
- 8:39-19.3 Mandatory waste removal policies and procedures
- 8:39-19.4 Mandatory general policies and procedures for infection control and sanitation
- 8:39-19.5 Mandatory staff qualifications; health history and examinations
- 8:39-19.6 Mandatory space and environment for water supply
- 8:39-19.7 Mandatory space and environment for sanitation and waste management
- 8:39-19.8 Mandatory supplies and equipment for infection control and sanitation

SUBCHAPTER 20. ADVISORY INFECTION CONTROL AND SANITATION

- 8:39-20.1 Advisory policies and procedures for infection control
- 8:39-20.2 Advisory staff qualifications
- 8:39-20.3 Advisory staff education and training for infection control

SUBCHAPTER 21. MANDATORY LAUNDRY SERVICES

- 8:39-21.1 Mandatory laundry policies and procedures
- 8:39-21.2 Mandatory space and environment for laundry facilities
- 8:39-21.3 Mandatory supplies and equipment for laundry
- 8:39-21.4 Mandatory quality assurance for laundry

SUBCHAPTER 22. ADVISORY LAUNDRY SERVICES (RESERVED)**SUBCHAPTER 23. MANDATORY MEDICAL SERVICES**

- 8:39-23.1 Mandatory structural organization for medical services
- 8:39-23.2 Mandatory medical services

SUBCHAPTER 24. ADVISORY MEDICAL SERVICES

- 8:39-24.1 Advisory medical staff qualifications
- 8:39-24.2 Advisory resident medical services

SUBCHAPTER 25. MANDATORY NURSE STAFFING

- 8:39-25.1 Mandatory policies and procedures for nurse staffing

- 8:39-25.2 Mandatory nurse staffing amounts and availability

SUBCHAPTER 26. ADVISORY NURSE STAFFING

- 8:39-26.1 Advisory structural organization for nurse staffing
- 8:39-26.2 Advisory policies and procedures for nurse staffing
- 8:39-26.3 Advisory nurse staffing amounts and availability
- 8:39-26.4 Advisory qualifications for nurse staffing

SUBCHAPTER 27. MANDATORY QUALITY OF CARE

- 8:39-27.1 Mandatory policies, procedures and practices for quality of care
- 8:39-27.2 Mandatory resident services for personal care
- 8:39-27.3 Mandatory general resident services
- 8:39-27.4 Mandatory post-mortem policies and procedures
- 8:39-27.5 Mandatory supplies and equipment for resident care

SUBCHAPTER 28. ADVISORY QUALITY OF CARE

- 8:39-28.1 Advisory policies and procedures for resident care
- 8:39-28.2 Advisory resident care services

SUBCHAPTER 29. MANDATORY PHARMACY

- 8:39-29.1 Mandatory pharmacy organization
- 8:39-29.2 Mandatory drug administration policies and procedures
- 8:39-29.3 Mandatory pharmacy reporting policies and procedures
- 8:39-29.4 Mandatory pharmacy control policies and procedures
- 8:39-29.5 Mandatory pharmacy staff qualifications
- 8:39-29.6 Mandatory resident pharmacy services
- 8:39-29.7 Mandatory pharmacy supplies and equipment
- 8:39-29.8 Mandatory pharmacy quality assurance

SUBCHAPTER 30. ADVISORY PHARMACY

- 8:39-30.1 Advisory pharmacy staffing amounts and availability
- 8:39-30.2 Advisory pharmacy resident services
- 8:39-30.3 Advisory provider formulary criteria
- 8:39-30.4 Advisory consultant pharmacist certification

SUBCHAPTER 31. MANDATORY PHYSICAL ENVIRONMENT

- 8:39-31.1 Mandatory construction standards
- 8:39-31.2 Mandatory general maintenance
- 8:39-31.3 Mandatory quality assurance for housekeeping
- 8:39-31.4 Mandatory housekeeping policies and procedures
- 8:39-31.5 Pest control
- 8:39-31.6 Mandatory fire and emergency preparedness
- 8:39-31.7 Mandatory safety requirements
- 8:39-31.8 Mandatory space and environment; all facilities

SUBCHAPTER 32. ADVISORY PHYSICAL ENVIRONMENT

- 8:39-32.1 Advisory general maintenance
- 8:39-32.2 Advisory fire and emergency preparedness
- 8:39-32.3 Advisory safety

SUBCHAPTER 33. MANDATORY QUALITY ASSESSMENT AND/OR QUALITY IMPROVEMENT

- 8:39-33.1 Mandatory quality assessment and/or quality improvement structural organization
- 8:39-33.2 Mandatory quality assessment and/or quality improvement policies and procedures
- 8:39-33.3 Mandatory quality assessment and/or quality improvement of resident services
- 8:39-33.4 Mandatory quality assessment and/or quality improvement of staff education and training

SUBCHAPTER 34. ADVISORY QUALITY ASSESSMENT AND/OR QUALITY IMPROVEMENT

- 8:39-34.1 Advisory quality assessment and/or quality improvement policies and procedures

SUBCHAPTER 35. MANDATORY MEDICAL RECORDS

- 8:39-35.1 Mandatory organization for medical records
8:39-35.2 Mandatory policies and procedures for medical records

SUBCHAPTER 36. ADVISORY MEDICAL RECORDS

- 8:39-36.1 Advisory policies and procedures for medical records
8:39-36.2 Advisory staff education and training for medical records
8:39-36.3 Advisory staff qualifications for medical records

SUBCHAPTER 37. MANDATORY REHABILITATION

- 8:39-37.1 Mandatory policies and procedures for rehabilitation
8:39-37.2 Mandatory rehabilitation staff qualifications
8:39-37.3 Mandatory rehabilitation staffing amounts and availability
8:39-37.4 Mandatory rehabilitation supplies and equipment

SUBCHAPTER 38. ADVISORY REHABILITATION

- 8:39-38.1 Advisory rehabilitation staff qualifications
8:39-38.2 Advisory rehabilitation space and environment
8:39-38.3 Advisory rehabilitation supplies and equipment

SUBCHAPTER 39. MANDATORY SOCIAL WORK

- 8:39-39.1 Mandatory social work policies and procedures
8:39-39.2 Mandatory social work staff qualifications
8:39-39.3 Mandatory social work amounts and availability
8:39-39.4 Mandatory resident social work services
8:39-39.5 Mandatory space and environment for social work

SUBCHAPTER 40. ADVISORY SOCIAL WORK

- 8:39-40.1 Advisory staff qualifications for social work
8:39-40.2 Advisory staff amounts and availability for social work
8:39-40.3 Advisory resident social work services
8:39-40.4 Advisory space and environment for social work
8:39-40.5 Advisory social work staff education and training

SUBCHAPTER 41. (RESERVED)**SUBCHAPTER 42. (RESERVED)****SUBCHAPTER 43. CERTIFICATION OF NURSE AIDES IN LONG-TERM CARE FACILITIES**

- 8:39-43.1 Nurse aide competency
8:39-43.2 Requirements for nurse aide certification
8:39-43.3 Exceptions
8:39-43.4 Certificates
8:39-43.5 Revocation and suspension of certificates
8:39-43.6 Recertification
8:39-43.7 Nurse aide registries
8:39-43.8 Hearings for resident abuse, resident neglect, or misappropriation of resident property
8:39-43.9 Equivalency for nurse aides registered in other states
8:39-43.10 Approval of a nurse aide in long-term care facilities training program
8:39-43.11 Evaluation of training programs
8:39-43.12 Student records
8:39-43.13 Denial or termination of a nurse aide in long-term care facilities training program
8:39-43.14 Responsibilities of administrator
8:39-43.15 Employment of a nurse aide
8:39-43.16 Nurse aide functions
8:39-43.17 Mandatory nurse aide education and training
8:39-43.18 Fees

SUBCHAPTER 44. MANDATORY STANDARDS FOR RESPITE CARE SERVICES

- 8:39-44.1 Scope and purpose
8:39-44.2 Mandatory policies and procedures

SUBCHAPTER 44A. ADVISORY STANDARDS FOR RESPITE CARE SERVICES

- 8:39-44A.1 Advisory staffing

SUBCHAPTER 45. ALZHEIMER'S/DEMENTIA PROGRAMS

- 8:39-45.1 Scope and purpose

SUBCHAPTER 46. ALZHEIMER'S/DEMENTIA PROGRAMS—ADVISORY STANDARDS

- 8:39-46.1 Advisory Alzheimer's/dementia program policies and procedures
8:39-46.2 Advisory staffing
8:39-46.3 Advisory environmental modification
8:39-46.4 Advisory activity programming
8:39-46.5 Advisory nutrition
8:39-46.6 Advisory social services

SUBCHAPTER 47. SUBACUTE CARE UNIT IN AN ACUTE CARE GENERAL HOSPITAL

- 8:39-47.1 Scope
8:39-47.2 Definitions
8:39-47.3 Licensure of hospital-based subacute care units
8:39-47.4 Licensure requirements
8:39-47.5 Licensure renewal

APPENDIX A. GUIDELINES AND CONSIDERATIONS FOR PET FACILITATED THERAPY IN NEW JERSEY INSTITUTIONS**APPENDIX B. GUIDELINE FOR THE MANAGEMENT OF INAPPROPRIATE BEHAVIOR AND RESIDENT TO RESIDENT ABUSE****APPENDIX C. PATIENT INFORMATION TRANSFER FORM****APPENDIX D. GUIDELINES FOR THE USE OF RESTRAINTS****SUBCHAPTER 1. GENERAL PROVISIONS****8:39-1.1 Scope and purpose**

(a) This chapter contains rules and standards intended to assure the high quality of care delivered in long-term care facilities, commonly known as nursing homes, throughout New Jersey. Components of quality of care addressed by these rules and standards include access to care, continuity of care, comprehensiveness of care, coordination of services, humaneness of treatment, conservatism in intervention, safety of the environment, professionalism of caregivers, and participation in useful studies.

(b) These rules and standards apply to each licensed long-term care facility. They are intended for use in State surveys of the facilities and any ensuing enforcement actions. They are also designed to be useful to consumers and providers as a mechanism for privately assessing the quality of care provided in any long-term care facility.

8:39-1.2 Definitions

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

“Advance directive” means a written statement of a resident’s instructions and directions for health care in the event of future decision making incapacity, in accordance with the New Jersey Advance Directives for Health Care Act, N.J.S.A. 26:2H-53 et seq., P.L. 1991, c.201. An advance directive may include a proxy directive, an instruction directive, or both.

“Advanced practice nurse” means a person certified by the New Jersey Board of Nursing in accordance with Section 8 or 9 of P.L. 1991, c.377; amended by P.L. 1999, c.85, § 6.

“Adverse drug reaction” means any unexpected, unintended, undesired or excessive response to a drug such that it:

1. Requires discontinuing the drug (therapeutic or diagnostic);
2. Requires changing the drug therapy;
3. Requires modifying the dose;
4. Negatively affects prognosis; or
5. Results in temporary or permanent harm or disability, or death.

“Available” means ready for immediate use (pertaining to equipment) or capable of being reached (pertaining to personnel), unless otherwise defined in these rules.

“Bed” or “licensed bed” means one of the total number of beds for which each licensed long-term care facility is approved for resident care by the Commissioner of the New Jersey State Department of Health and Senior Services.

“Cleaning” means the removal by scrubbing and washing, as with hot water, soap or detergent, or vacuuming, of infectious agents and of organic matter from surfaces on which and in which infectious agents may find conditions for surviving or multiplying.

“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 seen by residents 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.

“Controlled Dangerous Substances Acts” means the Controlled Substances Act of 1970 (Title II, Public Law 91-513) and the New Jersey Controlled Dangerous Substances Act of 1971, N.J.S.A. 24:21-1 et seq.

“Current” means up-to-date, extending to the present time.

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

“Dietitian” means a person who possesses a bachelor’s degree from an accredited college or university with a major area of concentration in a nutrition-related field of study, and one year of full-time professional experience or graduate-level training in nutrition.

“Disinfection” means the killing of infectious agents outside the body, or organisms transmitting such agents, by chemical and/or physical means, directly applied.

“Documented” means written, signed, and dated. If an identifier such as a master sign-in sheet is used, initials may be used for signing documentation, in accordance with applicable professional standards of practice.

“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 of 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;
3. Giving the individual dose to the resident;
4. Seeing that the resident takes it (if oral); and
5. Recording the required information, including the method of administration.

“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 or a service unit of the facility, in conformance with all applicable Federal, State, and local rules and regulations.

2. Clinical skills and oral examination;
3. Clinical skills and Spanish oral examination;
4. Written examination only;
5. Clinical skills examination only;
6. Oral examination only;
7. Spanish oral examination only;
8. Duplicate or updated certificate, which shall be charged to the individual; and
9. Recertification certificate, which shall be charged to the individual if the individual is neither currently employed nor has been offered employment by a long-term care facility.

(b) The fee charged by the Department for a two-year approval of a training program shall be \$75.00.

(c) The Department shall provide timely notice of any changes in fees specified in (a) above in the Public Notices section of the New Jersey Register.

(d) A nurse aide who is employed by, or who has received an offer of employment from, a facility on the date on which the aide begins a nurse aide training and competency evaluation program may not be charged for any portion of the program identified in (a) above, including tuition and testing, and fees for textbooks or other required course materials.

(e) If a nurse aide who is not employed, or does not have an offer to be employed as a nurse aide becomes employed by, or receives an offer of employment from, a licensed long-term care facility not later than 12 months after completing a nurse aide training and competency evaluation program, the facility shall provide for the reimbursement of reasonable costs incurred in completing the program. Such costs include, but are not limited to, tuition, testing, and fees for textbooks or other required course materials.

(f) A nurse aide shall be reimbursed the costs of certification within one year of the successful completion of a reasonable probationary period established by the long-term care facility.

(g) No nurse aide shall be required, as a condition of employment, to pay the cost of the training program in the event of voluntary or involuntary termination of employment.

(h) All fees referenced at (a) and (b) above are non-refundable.

Public Notice: ALA, CMA, CNA and PCA testing fees.
See: 35 N.J.R. 2751(a).

SUBCHAPTER 44. MANDATORY STANDARDS FOR RESPITE CARE SERVICES

8:39-44.1 Scope and purpose

(a) Long-term care facilities are authorized by law to accept short-term residents whose regular caregivers are participating in a respite care program. A caregiver is defined as any individual, paid or unpaid, who provides regular in-home care for an elderly, disabled, or cognitively impaired person.

(b) When a caregiver desires respite from this responsibility, continuity of care for the elderly, disabled, or cognitively impaired person is available through temporary placement in a long-term care facility for a period of time specified in advance.

(c) The standards in this subchapter apply only to those long-term care facilities that operate a respite care program.

8:39-44.2 Mandatory policies and procedures

(a) The long-term care facility shall have written respite care policies and procedures that are retained by the administrative staff and available to all staff and to members of the public, including those participating in the program.

(b) The facility shall obtain the following information from the resident's attending physician or advanced practice nurse prior to admission:

1. A summary of the resident's medical history and most recent physical examination;
2. Signed and dated medication and treatment orders for the resident's stay in the facility; and
3. Phone numbers of the attending physician or advanced practice nurse and an alternate physician or advanced practice nurse for consultation or emergency services.

(c) The facility shall choose whether to follow the resident care plan provided by the attending physician or advanced practice nurse or to establish a plan in accordance with N.J.A.C. 8:39-11. The facility is exempt from compliance with N.J.A.C. 8:39-11, if it chooses to follow the care plan provided by the resident's attending physician.

(d) The facility shall obtain the following information from the resident's regular caregiver(s):

1. Nursing care needs, including personal hygiene and restorative maintenance care;
2. Dietary routine and preferences; and
3. Social and activity routine and preferences.

(e) The facility shall choose whether to follow the dietary, social, and resident activity plan provided by the caregiver(s) or to establish a plan in accordance with N.J.A.C. 8:39-7, 17

and 39. The facility is exempt from compliance with N.J.A.C. 8:39-7, 17 and 39, if it chooses to follow the plan provided by the caregiver(s).

(f) The pharmacy and therapeutics committee shall establish policies and procedures for providing pharmacy services for the respite care program according to the New Jersey State Board of Pharmacy and other applicable rules and regulations. These policies and procedures shall include the following:

1. Options, if any, for provision of resident medications by sources other than the facility's usual provider(s);
2. Labeling and packaging of medications;
3. Self-administration of medications, if applicable; and
4. Control measures.

(g) The facility shall apply to respite care residents all the standards contained in this chapter, except those exemptions cited in this section, and in the following: N.J.A.C. 8:39-4.1(a)31, 4.1(b), 5.1(a) through (e), 11.3(a), 15.1(b), 29, 35.2(d)3 through 16, and 37.3.

SUBCHAPTER 44A. ADVISORY STANDARDS FOR RESPITE CARE SERVICES

8:39-44A.1 Advisory staffing

A long-term care facility should assign specific staff members to an individual respite care resident to provide continuity of care during the resident's stay in the facility.

SUBCHAPTER 45. ALZHEIMER'S/DEMENTIA PROGRAMS

8:39-45.1 Scope and purpose

(a) Long-term care facilities may establish Department approved programs to meet the needs of residents with Alzheimer's disease or other dementias. In addition to meeting all mandatory requirements specified in this chapter, the program shall provide individualized care based upon assessment of the cognitive and functional abilities of Alzheimer's and dementia residents who have been admitted to the program.

(b) No facility shall advertise or hold itself out as providing an Alzheimer's/dementia program unless it is recognized by the Department as meeting at least 65 percent of all current advisory standards in N.J.A.C. 8:39-46.1.

SUBCHAPTER 46. ALZHEIMER'S/DEMENTIA PROGRAMS—ADVISORY STANDARDS

8:39-46.1 Advisory Alzheimer's/dementia program policies and procedures

(a) The long-term care facility has written policies and procedures for the Alzheimer's/dementia program that are retained by the administrative staff and available to all staff and to members of the public, including those participating in the program.

(b) The facility has established criteria for admission to the program and criteria for discharge from the program when the resident's needs can no longer be met, based upon an interdisciplinary assessment of the resident's cognitive and functional status.

8:39-46.2 Advisory staffing

(a) Staffing levels are sufficient to provide care and programming, based upon resident census in the program and an interdisciplinary assessment of the cognitive and functional status of residents in the program.

(b) The facility has established criteria for the determination of each staff member's abilities and qualifications to provide care to residents in the program.

(c) The facility provides an initial and ongoing educational, training and support program for each staff member which includes at least the causes and progression of dementias, the care and management of residents with dementias, and communication with dementia residents.

(d) Each Alzheimer's/dementia program has a full-time employee, with specialized training and/or experience in the care of residents with dementia, who has been designated as coordinator/director and whose duties include responsibility for the operation of the program.

(e) A consultant gerontologist is available to residents and to the program, as needed, to address the medical needs of the resident. "Consultant gerontologist" means a physician, psychiatrist, or geriatric advanced practice nurse who has specialized training and/or experience in the care of residents with dementia.

8:39-46.3 Advisory environmental modification

(a) The program includes appropriate facility modifications to ensure a safe environment which allows each Alzheimer's/dementia resident to function with maximum independence and success.

(b) The facility has developed safety policies and procedures and a security monitoring system which are specific to the program, based upon the physical location of the program as well as the individual needs of the Alzheimer's/dementia residents.