

**8:42-3.6 Staffing**

(a) Provision shall be made for staff with equivalent qualifications to provide services for absent staff members. Staffing schedules shall be implemented to facilitate continuity of care to patients. The facility shall maintain staff attendance records.

(b) The facility shall develop and implement a staff orientation and a staff education plan, including plans for each service and designation of the person(s) responsible for training.

**8:42-3.7 Written agreements**

(a) The facility shall have a written agreement, or its equivalent, for services provided by contract or subcontract. The written agreement or its equivalent shall:

1. Be dated and signed by a representative of the facility and by the person or agency providing the service;
2. Specify each party's responsibilities, functions, and objectives, the time during which services are to be provided, the financial arrangements and charges, and the duration of the written agreement or its equivalent;
3. Specify that the facility retain administrative responsibility for services rendered, including subcontracted services;
4. Require that services are provided in accordance with these rules and that personnel providing services meet training and experience requirements and are supervised in accordance with these rules; and
5. Require the provision of written documentation to the facility, including, but not limited to, documentation of services rendered by the person or agency providing the service.

**8:42-3.8 Reportable events**

(a) The facility shall notify the Department immediately by telephone (609-292-5960), followed within 72 hours by written confirmation, of the following:

1. Termination of employment of the administrator and/or the director of nursing, and the name and qualifications of his or her replacement;
2. Expected or actual interruption or cessation of operations and services listed in these rules; and
3. Any deaths resulting from accidents or incidents related to the facility's services.

(b) The facility shall provide statistical data as required by the Department.

Amended by R.2000 d.340, effective August 21, 2000.  
See: 32 N.J.R. 627(a), 32 N.J.R. 3064(a).

In (a), changed telephone number in the introductory paragraph.

**8:42-3.9 Notices**

(a) The facility shall conspicuously post a notice that the following information is available in the facility to patients and the public:

1. All waivers granted by the Department;
2. All documents required by these rules;
3. A list of deficiencies from the last biennial licensure inspection and certification survey report (if applicable), and the list of deficiencies from any valid complaint investigation during the past 12 months;
4. A list of the facility's committees, or their equivalents, and the membership and reports of each;
5. The names and addresses of members of the governing authority;
6. Any changes of membership of the governing authority, within 30 days after the change; and
7. Policies and procedures regarding patient rights.

Amended by R.2000 d.340, effective August 21, 2000.

See: 32 N.J.R. 627(a), 32 N.J.R. 3064(a).

In (a)3, substituted "biennial" for "annual".

**8:42-3.10 Reporting to professional licensing boards**

The facility shall comply with all requirements of the professional licensing boards for reporting termination, suspension, revocation, or reduction of privileges of any health professional licensed in the State of New Jersey.

Recodified from N.J.A.C. 8:42-3.11 by R.2000 d.340, effective August 21, 2000.

See: 32 N.J.R. 627(a), 32 N.J.R. 3064(a).

Former N.J.A.C. 8:42-3.10, Reporting information to the State Board of Medical Examiners, repealed.

**8:42-3.11 (Reserved)**

Recodified to N.J.A.C. 8:42-3.10 by R.2000 d.340, effective August 21, 2000.

See: 32 N.J.R. 627(a), 32 N.J.R. 3064(a).

**SUBCHAPTER 4. GOVERNING AUTHORITY****8:42-4.1 Responsibility**

(a) The governing authority shall assume legal responsibility for the management, operation, and financial viability of the facility. The governing authority shall be responsible for, but not limited to, the following:

1. Services provided and the quality of care rendered to patients;
2. Adoption and documented review of written bylaws or their equivalent at least every two years;

3. Development and documented review of all policies and procedures;

4. Establishment and implementation of a system to identify and resolve patient and staff grievances and/or recommendations, including those relating to patient rights. This system shall include a feedback mechanism through management to the governing authority, indicating what action was taken;

5. Determination of the frequency of meetings, which shall be at least annually, of the governing authority, holding such meetings, and documenting them through minutes, including a record of attendance;

6. Delineation of the powers and duties of the officers and committees, or their equivalent, of the governing authority; and

7. Establishment of the qualifications of members and officers of the governing authority, the procedures for electing, appointing, or employing officers, and the terms of service for members, officers, and committee chairpersons or their equivalents.

## SUBCHAPTER 5. ADMINISTRATION

### 8:42-5.1 Administrator

(a) The governing authority shall appoint an administrator who is administratively responsible and available for all aspects of facility operations. If the facility has only one office, and if the qualifications for both positions are met, the director of nursing may function as the administrator.

(b) An alternate or alternates shall be designed in writing to act in the absence of the administrator.

### 8:42-5.2 Administrator's responsibilities

(a) The administrator shall be responsible for, but not limited to, the following:

1. Ensuring the development, implementation, and enforcement of all policies and procedures, including patient rights;

2. Planning for and administering the managerial, operational, fiscal, and reporting components of the facility;

3. Participating in the quality assurance program for patient care;

4. Ensuring that all personnel are assigned duties based upon their education, training, competencies, and job descriptions;

5. Ensuring the provision of staff orientation and staff education; and

6. Establishing and maintaining liaison relationships, communication, and integration with facility staff and services and with patients and their families, in accordance with the philosophy and objectives of the facility.

### 8:42-5.3 Director of nursing's responsibilities

The director of nursing shall be responsible for the direction of patient care services provided to patients.

## SUBCHAPTER 6. PATIENT CARE SERVICES

### 8:42-6.1 Advisory group

(a) The governing authority shall appoint an advisory group to review policy, evaluate programs and make recommendations to the leadership for change or further study. Membership shall include at least one physician, the director of nursing and/or nursing supervisor, a consumer, and a representative of physical therapy services, and, if offered by the agency, occupational therapy, speech-language therapy, social work, and dietary counseling.

(b) At least one member of the advisory group shall be neither an owner nor an employee of the facility.

(c) The advisory group shall meet at least annually.

Amended by R.2000 d.340, effective August 21, 2000.  
See: 32 N.J.R. 627(a), 32 N.J.R. 3064(a).

In (a), substituted "to review policy, evaluate programs and make recommendations to the leadership for change or further study. Membership shall include" for "which ensures participation by"; and deleted "audiology"

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Disputing Care Advance Care Directives. Robert J. Romano, Jr., 132 N.J.L.J. No. 15, S16 (1992).

### 8:42-6.2 Policies and procedures

(a) The facility shall establish written policies and procedures governing patient care that are reviewed at least annually by the advisory group, revised as needed, and implemented. They shall include at least the following:

1. Criteria for admission and discharge of patients. Admission criteria shall be based solely upon the patient's needs and the ability of the facility to meet safely the medical, nursing, and social needs of the patient. Discharge policies shall preclude punitive discharge;

2. Criteria for physicians orders for home health services, including time frames and other requirements for written, verbal, and renewal orders. Physician orders for physical therapy, occupational therapy, and speech therapy shall include the modality, frequency, and duration of treatment;