

3. Interventions by licensed and non-licensed nursing personnel.

(e) The facility shall take preventive measures against the development of pressure sores, including assessing the resident's skin daily and minimizing friction and pressure against clothing and bed linens. When present, pressure sores shall be identified, documented, and treated.

(f) The facility shall conduct a bladder and bowel retraining program for selected residents on a 24-hour basis with results documented.

Case Notes

Testimony and evidence presented on a nursing home resident's behalf failed to articulate a proper basis for reimbursing the \$29,000 cost of a specialized wheelchair because federal law requires that the Division of Medical Assistance and Health Services avoid the unnecessary utilization of services, the wheelchair was not medically necessary for the diagnosis or treatment of a disease, injury, or condition in accordance with N.J.A.C. 10:49-5.5(a)1, and the Medicaid program does not cover durable medical equipment when not considered cost-effective for a beneficiary's treatment. Specifically, providing necessary assistance to the resident in the resident's current wheelchair was within the nursing staff's responsibility and was care already included in the rate the Division paid to the nursing facility as a Medicaid provider, and the resident would not have been able to leave the nursing home in the foreseeable future. J.R. v. DMAHS, OAL Dkt. No. HMA 10958-04, 2005 N.J. AGEN LEXIS 1317, Final Decision (October 14, 2005).

8:39-27.2 Mandatory resident services for personal care

(a) Residents shall be weighed accurately every month. Whenever there is a gain or loss of five percent or more, a note shall be entered into the medical record stating whether the care plan should be modified. If the resident cannot be weighed, alternate measures shall be used to monitor weight change.

(b) Nonambulatory residents shall be repositioned at least once every two hours.

(c) Effective and safe measures shall be taken to ensure that residents do not harbor parasitic insects.

(d) Effective and safe measures shall be taken to ensure that residents are not malodorous.

(e) Any dehydrated and/or malnourished resident shall be accurately evaluated and effectively treated.

(f) Oral hygiene care shall be offered to the resident by staff on a daily basis.

(g) The resident's hair and nails shall be groomed.

(h) Each resident shall be kept clean and dry.

(i) Each resident shall receive at least one bath (tub or shower) per week unless contraindicated.

(j) Each resident's bed shall be made daily. Clean linen shall be provided for each resident at least once a week or whenever linens are soiled or wet.

(k) Each resident shall have access to fresh drinking water or juice at all times, unless contraindicated.

(l) Non-bedfast residents shall be provided with the means for leaving and returning to their beds and rooms each morning and afternoon.

(m) Measures to prevent contractures shall be used, and contractures shall be identified, documented, and managed by rehabilitative nursing and physical therapy.

(n) Indwelling catheters shall not be used for the convenience of staff.

8:39-27.3 Mandatory general resident services

(a) Residents shall be afforded the opportunity to eat in a group setting unless contraindicated with the reasons noted in the resident's medical record. The need for feeding assistance shall not constitute an acceptable contraindication.

(b) Residents shall be afforded an opportunity to go outdoors on a regular basis.

(c) Clothing, including undergarments and footwear, shall be clean, comfortable, and personally assigned to each resident, and shall reflect personal preference and safety. The facility shall promote residents' sense of personal control in acquiring clothing, for example, through the establishment of a clothing concession in the facility or clothing vendors' periodic visits to the facility, the arrangement of shopping excursions, and/or the use of catalogue shopping by residents.

(d) Residents shall be encouraged and helped to select the clothing they will wear each day.

8:39-27.4 Mandatory post-mortem policies and procedures

(a) Deceased residents shall be removed in a timely fashion from rooms where other residents are staying and transported within the facility in a dignified manner.

(b) A family member, guardian, or other designated person shall be promptly notified at the time of the pronouncement of the resident's death.

1. The facility shall maintain in the resident's medical record confirmation and written documentation of that notice.

(c) Deceased residents shall receive post-mortem care, including cleaning and shrouding in conformance with each resident's religious practices.

(d) The deceased shall not be removed from the facility until pronounced dead with the death documented in the resident's medical record. Prosthesis shall accompany the body out of the facility.

(e) The body of a deceased resident who, at the time of death, had a communicable disease as defined in N.J.A.C.

8:57-1.2 shall be tagged accordingly before being released from the facility.

(f) Personal effects and financial accounts of deceased residents shall be safeguarded.

Amended by R.2006 d.331, effective September 18, 2006.
See: 37 N.J.R. 4150(a), 38 N.J.R. 3896(a).

Rewrote the introductory paragraph of (b); and inserted (b)1.

8:39-27.5 Mandatory supplies and equipment for resident care

(a) Prostheses, including eyeglasses, dentures, and hearing aids, shall be functional and individualized, and shall be kept available to the resident, unless the resident specifically rejects their use.

(b) Adaptive devices and equipment shall be functional and individualized, and shall be kept available to the resident unless the resident specifically rejects their use.

(c) All drinking water containers shall be washed daily and sanitized weekly. Containers that cannot be sanitized shall be discarded.

(d) The facility shall maintain at least one bag-valve-mask resuscitator.

(e) Bath thermometers or other temperature controls shall be used to monitor the temperatures of each bath or shower.

SUBCHAPTER 28. ADVISORY QUALITY OF CARE

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

(a) The facility conducts scheduled interdisciplinary staff discussions, and discussions with residents and families, about the right of residents to die with dignity.

(b) The facility develops and provides individualized non-restrictive equipment meeting individual needs which fosters and supports a restraint-free environment for all residents.

(c) The facility maintains an on-going and on-site program of preventative treatment and referral to mental health services which includes prevention, treatment, and referral directed by a qualified mental health professional.

8:39-28.2 Advisory resident care services

(a) There are education programs provided on at least a quarterly basis, open and accessible to residents, families, and significant others addressing the following issues:

1. The enhancement and maintenance of physical and mental well-being;

2. The prevention of deterioration;
3. The teaching of self-care; and
4. Death, dying and bereavement.

(b) There are education and training programs provided on at least a quarterly basis, open and accessible to families and significant others, which teach skills and help in the provision of support services that enable residents to leave the facility for visits and vacations.

(c) Donated clothing is made available so that residents can select desired items.

(d) The facility provides a non-commercial washer and dryer for residents who wish to launder their own personal items.

SUBCHAPTER 29. MANDATORY PHARMACY

8:39-29.1 Mandatory pharmacy organization

(a) A facility shall have a consultant pharmacist and either a provider pharmacist or, if the facility has an in-house pharmacy, a director of pharmaceutical services.

(b) A New Jersey licensed pharmacist shall serve as director of pharmaceutical services or as consultant pharmacist. The pharmacist shall comply with Federal and State statutes, rules, regulations and currently accepted standards of practice.

(c) The facility shall have an interdisciplinary pharmacy and therapeutics committee, appointed by and reporting to the administrator and consisting of at least the administrator, a representative of the nursing staff, and the consultant pharmacist, with oversight as needed by the medical director. The committee may include a licensed pharmacist representing the provider pharmacy. The committee shall hold meetings as needed but at least quarterly and records, including the dates of meetings, attendance, activities, findings, and recommendations, shall be maintained.

(d) The facility shall appoint a consultant pharmacist who is not also the director of pharmaceutical services or pharmacist provider and does not have an affiliation with either the director of pharmaceutical services or the pharmacist provider.

(e) If the facility keeps emergency injectable or oral controlled substances, a current Drug Enforcement Administration registration and Controlled Dangerous Substance registration for that location shall be available. (See N.J.S.A. 24:21-10 for registration requirements; registration application procedures are specified at N.J.A.C. 8:65-1.4.)