CHAPTER 43F

MANUAL OF STANDARDS FOR LICENSURE OF ADULT DAY HEALTH CARE FACILITIES

Authority

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

Source and Effective Date

R.1995 d.128, effective February 7, 1995.
See: 26 N.J.R. 4532(a), 27 N.J.R. 939(a).

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Chapter 43F, Manual of Standards for Licensure of Adult Day Health Care Facilities, expires on February 7, 2000.

Chapter Historical Note

Chapter 43F, originally Manual of Standards for Licensure of Non–Residential Medical Day Care Facilities, was adopted as R.1979 d.452, effective January 2, 1980. See: 11 N.J.R. 437(b), 11 N.J.R. 622(b). Amendments became effective October 9, 1980 as R.1980 d.399. See: 12 N.J.R. 463(b), 12 N.J.R. 578(c). Recodification of sections 4.18A and 4.23A became effective January 2, 1980 as R.1979 d.452. See: 11 N.J.R. 432(b), 11 N.J.R. 622(b). Further amendments became effective March 7, 1983 as R.1983 d.66. See: 14 N.J.R. 1273(a), 15 N.J.R. 336(a). Further amendments became effective March 21, 1983 as R.1983 d.89. See: 15 N.J.R. 11(a), 15 N.J.R. 441(b). Further amendments became effective June 6, 1983 as R.1983 d.208. See: 15 N.J.R. 312(a), 15 N.J.R. 923(c). Further amendments became effective June 20, 1983 as R.1983 d.235. See: 15 N.J.R. 307(a), 15 N.J.R. 1021(a). Further amendments became effective March 18, 1985 as R.1985 d.119. See: 16 N.J.R. 3125(a), 17 N.J.R. 706(b). Administrative Recodification. See: 19 N.J.R. 662(c). Chapter 43F, Manual of Standards for Licensure of Non–Residential Medical Day Care Facilities, was repealed and a new Chapter 43F, Manual of Standards for Licensure of Adult Day Health Care Facilities, was adopted as R.1990 d.136, effective February 20, 1990. See: 21 N.J.R. 3385(a), 22 N.J.R. 635(a). Subchapter 23, Physical Plant, and Subchapter 24, Functional Requirements, were adopted as R.1990 d.421, effective September 4, 1990. See: 21 N.J.R. 3403(a), 22 N.J.R. 2703(a).

Pursuant to Executive Order No. 66 (1978), Chapter 43F was readopted as R.1995 d.128. See: Source and Effective Date. See, also, section annotations.

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SUBCHAPTER 1. DEFINITIONS AND QUALIFICATIONS

8:43F-1.1 Scope

The rules in this chapter pertain to all facilities which provide adult day health care services. These rules constitute the basis for the licensure of adult day health care facilities by the New Jersey State Department of Health.

8:43F-1.2 Purpose

Adult day health care facilities provide specialized, integrated care to patients in order to assist patients in reaching the functional levels of which they are capable as well as to protect their health and safety. The purpose of this chapter is to establish minimum rules to which an adult day health care facility must adhere in order to be licensed to operate in New Jersey.

8:43F–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 for self-care which are performed either independently or with supervision or assistance. Activities of daily living include at least mobility, transferring, walking, grooming, bathing, dressing and undressing, eating, and toileting.

"Adult day health care facility" means a facility or a distinct part of a facility which is licensed by the New Jersey State Department of Health to provide preventive, diagnostic, therapeutic, and rehabilitative services under medical supervision to meet the needs of functionally impaired adult patients who are not related to the members of the governing authority by marriage, blood, or adoption. Adult day health care facilities provide services to patients for a period of time which does not exceed 12 hours during any calendar day.

"Ancillary nursing personnel" means unlicensed workers employed to assist licensed nursing personnel.

"Available" means ready for immediate use (pertaining to equipment) or capable of being reached (pertaining to personnel), unless otherwise defined.

"Bylaws" means a set of rules adopted by the facility for governing its operation. A charter, articles of incorporation, and/or a statement of policies and objectives is an acceptable equivalent.

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

"Clinical note" means a written, signed, and dated notation made by a health care professional who renders a service to the patient. Clinical notes are written into the patient's medical record the day service is rendered.

"Commissioner" means the New Jersey State Commissioner of Health.

"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 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.

"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 1970, N.J.S.A. 24:21–1 et seq.

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

"Daily census" means the number of patient equivalents who, during any one calendar day, receive services in the facility. The number of patient equivalents is calculated by dividing the sum of all the hours of services received by patients in the facility on a given day by the number five. For example, two patients each receiving 2.5 hours of service constitute one patient equivalent.

"Department" means the New Jersey State Department of Health.

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

"Documented" means written, signed, and dated.

"Drug" means a substance as defined in the New Jersey State Board of Pharmacy Rules, N.J.A.C. 13:39. The word "medication" is used interchangeably with the word "drug" in this chapter.

"Drug administration" means a procedure in which a prescribed drug is given to a patient by an authorized person in accordance with all laws and rules governing such procedures. The complete procedure of administration includes removing an individual dose from a previously dispensed, properly labeled container (including a unit dose container), verifying it with the prescriber's orders, giving the individual dose to the patient, seeing that the patient takes it (if oral), and recording the required information, including the method of administration.

"Epidemic" means the occurrence in a facility of one or more cases of an illness in excess of normal expectancy for that illness, derived from a common or propagated source.

"Family" means persons related by blood, marriage, or commitment.

"Full-time" means relating to a time period of not less than 35 hours, established by the facility as a full working week, as defined and specified in the facility's 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.

"Health care facility" means a facility so defined in N.J.S.A. 26:2H-1 et seq.

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

"Licensed nursing personnel" (licensed nurse) means registered professional nurses or practical (vocational) nurses licensed by the New Jersey State Board of Nursing.

"Medical record" means all records in the facility which pertain to the patient, including radiological films.

"Monitor" means to observe, watch, or check.

"Multidisciplinary team" means those persons, representing different professions, disciplines, and services, who work together to provide an integrated program of care to the patient.

"Nosocomial infection" means an infection acquired by a patient while in the facility.

"Patient plan of care" means a written plan of patient care which contains documentation of joint planning by the multidisciplinary team. The plan is based upon the patient assessments of all services participating in the patient's care and includes care and treatment to be provided. Each service that the patient receives develops its own portion of the patient plan of care.

"Prescriber" means a person who is authorized to write prescriptions in accordance with Federal and State laws.

"Progress note" means a written, signed, and dated notation summarizing information about care provided and the patient's response to it.

"Restraint" means a physical device or chemical (drug) used to limit, restrict, or control patient movements.

"Self-administration" means a procedure in which any medication is taken orally, injected, inserted, or topically or otherwise administered by a patient to himself or herself. The complete procedure of self-administration includes removing an individual dose from a previously dispensed, labeled container (including a unit dose container), verifying it with the directions on the label, and taking orally, injecting, inserting, or topically or otherwise administering the medication.

"Signature" means at least the first initial and full surname and title (for example, RN, LPN, DDS, MD, DO) of a person, legibly written with the person's own hand.

"Staff education plan" means a written plan which describes a coordinated program for staff education for each service, including in-service programs and on-the-job training.

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

"Sterilization" means a process of destroying all microorganisms, including those bearing 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 competence, with initial direction and periodic on-site inspection of the actual act of accomplishing the function or activity.

1. "Direct supervision" means supervision on the premises within view of the supervisor.

"Transportation services" means the conveying of patients between the facility and the patient's home.

"Unit dose drug distribution system" means a system in which drugs are delivered to patient areas in single unit packaging. Each patient has his or her own receptacle, such as a tray, bin, box, cassette, drawer, or compartment, labeled with his or her first and last name and containing his or her own medications. Each medication is individually wrapped and labeled with the generic name, trade name (if appropriate), strength of the drug, lot number or reference code, expiration date, and manufacturer's or distributor's name, and ready for administration to the patient.

8:43F-1.4 Qualifications of the administrator of the adult day health care facility

(a) The administrator of an adult day health care facility shall:

1. Be a licensed nursing home administrator licensed by the New Jersey State Department of Health; or

2. Be a registered professional nurse with at least one year of full-time, or full-time equivalent, administrative or supervisory experience in a licensed health care facility; or

3. Have a baccalaureate degree from a college or university approved by a state department of education and at least one year of full-time, or full-time equivalent, administrative or supervisory experience in a licensed health care facility.

8:43F-1.5 Qualifications of dentists

Each dentist at an adult day health care facility shall be so licensed by the New Jersey State Board of Dentistry.

8:43F–1.6 Qualifications of dietitians

Each dietitian at an adult day health care facility shall be registered or eligible for registration by the Commission on Dietetic Registration (Office on Dietetic Credentialing, 216 W. Jackson Boulevard—7th Floor, Chicago, Illinois 60606–6995).

8:43F–1.7 Qualifications of the director of nursing services

The director of nursing services at an adult day health care facility shall be a registered professional nurse who has at least one year of full-time, or full-time equivalent, experience in nursing supervision and/or nursing administration in a licensed health care facility.

8:43F–1.8 Qualifications of food service supervisors

(a) The food service supervisor at an adult day health care facility shall:

1. Be a dietitian; or

2. Be a graduate of a dietetic technician or dietetic assistant training program approved by the American Dietetic Association (Office on Dietetic Credentialing, 216 W. Jackson Boulevard—7th Floor, Chicago, Illinois 60606–6995); or

3. Be a graduate of a course approved by the State of New Jersey providing 90 or more hours of classroom instruction in food service supervision and have at least one year of full-time, or full-time equivalent, experience as a food service supervisor in a licensed health care facility, with consultation from a dietitian; or

4. Have training and experience in food service supervision and management in a military service equivalent to the programs listed in (a)2 or 3 above.

8:43F–1.9 Qualifications of licensed practical nurses

Each licensed practical nurse at an adult day health care facility shall be so licensed by the New Jersey State Board of Nursing.

8:43F–1.10 Qualifications of the medical director

The medical director of an adult day health care facility shall be a physician.

8:43F–1.11 Qualifications of medical record practitioners

(a) Each medical record practitioner at an adult day health care facility shall:

1. Be certified or eligible for certification as a registered record administrator (RRA) or an accredited record technician (ART) by the American Medical Record Association (American Medical Record Association, 875 North Michigan Avenue, Suite 1850, John Hancock Center, Chicago, Illinois 60611); or

2. Be a graduate of a program in medical record science accredited by the Committee on Allied Health Education and Accreditation of the American Medical Association in collaboration with the Council on Education of the American Medical Record Association (American Medical Record Association, 875 North Michigan Avenue, Suite 1850, John Hancock Center, Chicago, Illinois 60611).

8:43F–1.12 Qualifications of occupational therapists

Each occupational therapist at an adult day health care facility shall be certified or eligible for certification as an occupational therapist, registered (OTR) by the American Occupational Therapy Association (American Occupational Therapy Association, 6000 Executive Boulevard, Rockville, Maryland 20852).

8:43F–1.13 Qualifications of patient activities director

(a) The patient activities director shall:

1. Be certified or eligible for certification as an activity director certified (ADC) by the National Certification Council for Activity Professionals (National Certification Council for Activity Professionals, 520 Stewart, Park Ridge, Illinois 60068); or

2. Be certified or eligible for certification as a certified therapeutic recreation specialist (CTRS) by the National Council for Therapeutic Recreation (National Council for Therapeutic Recreation, Inc., P.O. Box 479, Thiells, NY 10984–0479); or

3. Be certified or eligible for certification by the New Jersey State Board of Recreation Examiners (New Jersey State Board of Recreation Examiners, 101 South Broad Street, CN 814, Trenton, New Jersey 08625) as a recreation administrator or recreation supervisor; or

4. Have a baccalaureate degree from a college or university approved by a state department of education with a major in recreation, creative arts therapy, music therapy, therapeutic recreation, art, art education, psychology, sociology, or occupational therapy; or

5. Have a high school diploma and at least two years of full-time, or full-time equivalent, experience in patient activities in a licensed health care facility and have successfully completed an activities education program approved by the New Jersey State Department of Health.

Amended by R.1995 d.128, effective March 6, 1995.
See: 26 N.J.R. 4532(a), 27 N.J.R. 939(a).

8:43F–1.14 Qualifications of pharmacists

Each pharmacist at an adult day health care facility shall be so registered by the New Jersey State Board of Pharmacy.

8:43F–1.15 Qualifications of physical therapists

Each physical therapist at an adult day health care facility shall be so licensed by the New Jersey State Board of Physical Therapy Examiners.

8:43F-1.16 Qualifications of physicians

Each physician at an adult day health care facility shall be licensed or authorized by the New Jersey State Board of Medical Examiners to practice medicine in the State of New Jersey.

8:43F-1.17 Qualifications of registered professional nurses

Each registered professional nurse at an adult day health care facility shall be so licensed by the New Jersey State Board of Nursing.

8:43F-1.18 Qualifications of social workers

Each social worker shall be certified or licensed by the New Jersey State Board of Social Work Examiners.

Amended by R.1995 d.128, effective March 6, 1995.
See: 26 N.J.R. 4532(a), 27 N.J.R. 939(a).

8:43F-1.19 Qualifications of speech-language pathologists

Each speech-language pathologist at an adult day care health facility shall hold a current New Jersey license issued by the Audiology and Speech–Language Pathology Advisory Committee, Division of Consumer Affairs of the New Jersey State Department of Law and Public Safety.

SUBCHAPTER 2. LICENSURE PROCEDURES

8:43F-2.1 Application for licensure

(a) Any person, organization, or corporation desiring to operate an adult or pediatric day health care facility shall make application to the Commissioner for a license on forms prescribed by the Department. Such forms may be obtained from:

Director
Licensing, Certification and Standards
Division of Health Facilities Evaluation and Licensing
New Jersey State Department of Health
PO Box 367
Trenton, NJ 08625–0367

(b) The Department shall charge a nonrefundable fee of $1,000 for the filing of an application for licensure and each annual renewal of an adult or pediatric day health care facility.

(c) The Department shall charge a nonrefundable fee of $1,000 for the filing of an application to add services or program slots to an existing adult or pediatric day health care facility.

(d) The Department shall charge a nonrefundable fee of $250.00 for the filing of an application to reduce services at an existing adult or pediatric day health care facility.

(e) The Department shall charge a nonrefundable fee of $250.00 for the filing of an application for the relocation of an adult or pediatric day health care facility.

(f) The Department shall charge a nonrefundable fee of $1,000 for the filing of an application for the transfer of ownership of an adult or pediatric day health care facility.

(g) Each applicant for a license to operate a facility shall make an appointment for a preliminary conference at the Department with the Licensing, Certification and Standards Program.

(h) All applicants shall demonstrate that they have the capacity to operate an adult or pediatric day health care facility in accordance with the rules in this chapter. An application for a license or change in service may 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. The Department shall consider an applicant's prior history in operating a health care facility either in New Jersey or in other states in making this determination. Any evidence of licensure violations representing serious risk of harm to patients may be considered by the Department, as well as any record of criminal convictions representing a risk of harm to the safety or welfare of patients.

(i) Each adult day health care facility 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. Failure to pay the inspection fee shall result in non-renewal of the license for existing facilities and the refusal to issue an initial license 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. This fee shall not be imposed for any other type of inspection.

Recodified from 8:43F-2.2 and amended by R.1995 d.128, effective March 6, 1995.
See: 26 N.J.R. 4532(a), 27 N.J.R. 939(a).
Prior text at 8:43F-2.1, Certificate of Need, repealed.
Amended by R.1996 d.339, effective July 15, 1996.
See: 28 N.J.R. 2365(a), 28 N.J.R. 3556(a).
Amended by R.1998 d.579, effective December 7, 1998.
See: 30 N.J.R. 3633(a), 30 N.J.R. 4221(b).
Added (i).

8:43F-2.2 Newly constructed or expanded facilities

(a) The application for license for a newly constructed or expanded facility shall, pursuant to N.J.A.C. 8:43F-23, include written approval of final construction of the physical plant by:

Health Facilities Construction Services
Division of Health Facilities Evaluation
New Jersey State Department of Health
PO Box 367
Trenton, N.J. 08625–0367

(b) An on-site inspection of the construction of the physical plant shall be made by representatives of the Health Facilities Construction Services to verify that the building has been constructed in accordance with the architectural plans approved by the Department.

(c) Any adult day health care facility with a construction program shall submit plans to the Health Facilities Construction Services of the Department for review and approval prior to the initiation of construction.

Recodified from 8:43F–2.3 and amended by R.1995 d.128, effective March 6, 1995.
See: 26 N.J.R. 4532(a), 27 N.J.R. 939(a).

8:43F–2.3 Surveys and temporary license

(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 Division of Health Facilities Evaluation and Licensing of the Department shall be conducted at the Department's discretion 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 Division of Health Facilities Evaluation and Licensing of the Department when the deficiencies, if any, have been corrected, and the Health Facilities Inspection Program will schedule one or more resurveys of the facility prior to occupancy.

(b) A temporary license may be issued to a facility when the following conditions are met:

1. A preliminary conference (see N.J.A.C. 8:43F–2.2(c)) for review of the conditions for licensure and operation has taken place between the Licensing, Certification and Standards Program and representatives of the facility, who will be advised that the purpose of the temporary license is to allow the Department to determine the facility's compliance with N.J.S.A. 26:2H–1 et seq. and the rules pursuant thereto;

2. Written approvals are on file with the Department from the local zoning, fire, health, and building authorities;

3. 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;

4. Survey(s) by representatives of the Department indicate that the facility adheres to the rules in this chapter; and

5. Professional personnel are employed in accordance with the staffing requirements in this chapter.

(c) No facility shall admit patients to the facility until the facility has the written approval and/or license issued by the Licensing, Certification and Standards Program of the Department.

(d) 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 patient records and conferences with patients.

(e) A temporary license may be issued to a facility for a period of six months and may be renewed as determined by the Department.

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

(g) The temporary license shall not be assignable or transferable and shall be immediately void if the facility ceases to operate, if the facility's ownership changes, or if the facility is relocated to a different site.

Recodified from 8:43F–2.4 and amended by R.1995 d.128, effective March 6, 1995.
See: 26 N.J.R. 4532(a), 27 N.J.R. 939(a).
Amended by R.1996 d.339, effective July 15, 1996.
See: 28 N.J.R. 2365(a), 28 N.J.R. 3556(a).
Public Notice: Waiver of Temporary Licensing of Facilities.
See: 29 N.J.R. 5107(b).

8:43F–2.4 Full license

(a) A full license shall be issued on expiration of the temporary license, if surveys by the Department have determined that the facility is operated as required by N.J.S.A. 26:2H–1 et seq. and by the rules pursuant thereto.

(b) A license shall be granted for a period of one year or less as determined by the Department.

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

(d) The license shall not be assignable or transferable and shall be immediately void if the facility ceases to operate, if the facility's ownership changes, or if the facility is relocated to a different site.

(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 unless the licensure fee is received by the Department.

(f) The license may not be renewed if local rules, regulations, and/or requirements are not met.

Recodified from 8:43F–2.5 by R.1995 d.128, effective March 6, 1995.
See: 26 N.J.R. 4532(a), 27 N.J.R. 939(a).
Amended by R.1996 d.339, effective July 15, 1996.
See: 28 N.J.R. 2365(a), 28 N.J.R. 3556(a).

8:43F–2.5 Surrender of license

The facility shall notify each patient, the patient's physician, 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 Licensing and Certification Program of the Department within seven working days after the voluntary surrender, revocation, non-renewal, or suspension of license.

Recodified from 8:43F-2.6 by R.1995 d.128, effective March 6, 1995.
See: 26 N.J.R. 4532(a), 27 N.J.R. 939(a).

8:43F-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. and the rules in this chapter, waive sections of these rules if, in his or her opinion, such waiver would not endanger the life, safety, or health of patients or the public.

(b) A facility seeking a waiver of these rules shall apply in writing to the Director of the Licensing, Certification and Standards Program of the Department.

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

1. The specific rule(s) or part(s) of the rule(s) for which waiver is requested;

2. Reasons for requesting a waiver, including a statement of the type and degree of hardship that would result to the facility upon adherence;

3. An alternative proposal which would ensure patient safety; and

4. Documentation to support the request for waiver.

(d) The Department reserved the right to request additional information before processing a request for waiver.

Recodified from 8:43F-2.7 by R.1995 d.128, effective March 6, 1995.
See: 26 N.J.R. 4532(a), 27 N.J.R. 939(a).

8:43F-2.7 Action against a license

(a) If the Department determines that operational or safety deficiencies exist, it may require that all new 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) The Commissioner may order the immediate removal of patients from a facility whenever the Commissioner determines imminent danger to any person's health or safety.

(c) The provisions of this section shall apply to facilities with a temporary license and facilities with a full license.

Recodified from 8:43F-2.8 by R.1995 d.128, effective March 6, 1995.
See: 26 N.J.R. 4532(a), 27 N.J.R. 939(a).

8:43F-2.8 Hearings

(a) If the Department proposes to suspend, revoke, deny, or refuse to renew a license, the licensee or applicant may request a hearing which shall be conducted pursuant to the Administrative Procedure Act, N.J.S.A. 52:14B-1 et seq. and 52:14F-1 et seq., and the Uniform Administrative Procedure Rules, N.J.A.C. 1:1. If the Commissioner has ordered the immediate removal of all patients from a facility pursuant to N.J.A.C. 8:43F-2.8, the applicant may request an expedited hearing.

(b) Prior to transmittal of any hearing request to the Office of Administrative Law, the Department may schedule a conference to attempt to settle the matter.

Recodified from 8:43F-2.9 by R.1995 d.128, effective March 6, 1995.
See: 26 N.J.R. 4532(a), 27 N.J.R. 939(a).

SUBCHAPTER 3. GENERAL REQUIREMENTS

8:43F-3.1 Services provided

(a) The facility shall provide preventive, diagnostic, therapeutic, and rehabilitative services to patients who do not require 24-hour inpatient health care, in accordance with the rules in this chapter.

(b) The facility shall provide, at a minimum, dietary, nursing, patient activities, pharmaceutical, and social work services, directly in the facility.

(c) The facility shall provide dental, laboratory, medical, nutritional counseling, occupational therapy, physical therapy, speech-language pathology, and radiological services.

(d) The facility shall provide transportation services either directly or through contractual arrangements, to all patients who require transportation between the facility and the patient's home. No patient's total daily transportation time shall exceed two hours.

(e) Adult day health care services shall be provided for at least five consecutive hours daily, exclusive of transportation time, a minimum of five days a week.

(f) The facility shall provide at least one full-time, or full-time equivalent, staff member for every nine patient equivalents, calculated on the basis of the daily census. Additional staff members shall be provided when assessment of the acuity of patient need indicates that additional staff members are required, in accordance with the facility's patient care policies and procedures for determining staffing levels.

1. The facility shall maintain a daily record of patient attendance for each day on which services are provided.

(g) If a health care facility licensed by the Department provides adult day health care services in addition to other health care services, the facility shall adhere to the rules in this chapter and to the rules for licensure of facilities providing the other health care services.

(h) Except in an emergency, facilities shall not provide services for more than 12 hours during any calendar day of the year without prior written approval by the Department.

(i) The facility shall adhere to applicable Federal, State, and local laws, rules, regulations, and requirements.

8:43F–3.2 Ownership

(a) The ownership of the facility and the property on which it is located shall be disclosed to the Department. Proof of this ownership shall be available in the facility. Any proposed change in ownership shall be reported to the Director of the Licensing and Certification Program of the Department in writing at least 30 days prior to the change and in conformance with requirements for Certificate of Need applications.

(b) No facility shall be owned or operated by any person convicted of a crime relating adversely to the person's capability of owning or operating the facility.

8:43F–3.3 Submission and availability of documents

The facility shall, upon request, submit in writing any documents which are required by the rules in this chapter to the Director of the Licensing and Certification Program of the Department.

8:43F–3.4 Personnel

(a) The facility shall develop written job descriptions and ensure that personnel are assigned duties based upon their education, training, and competencies, and in accordance with their job descriptions.

(b) All personnel who require licensure, certification, or authorization to provide patient care shall be licensed, certified, or authorized under the appropriate laws or rules of the State of New Jersey.

(c) The facility shall maintain written staffing schedules. Provision shall be made for substitute staff with equivalent qualifications to replace absent staff members.

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

1. All personnel shall receive orientation at the time of employment and at least annual in-service education regarding, at a minimum, emergency plans and procedures and the infection prevention and control services.

8:43F–3.5 Policy and procedure manual

(a) A policy and procedure manual(s) for the organization and operation of the facility shall be developed, implemented, and reviewed at intervals specified in the manual(s). Each review of the 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. A written statement of the program's philosophy and objectives, and the services provided by the facility;

2. An organizational chart delineating the lines of authority, responsibility, and accountability for the administration and patient care services of the facility;

3. A description of mechanisms for referral of patients to other health care providers, in order to provide a continuum of care for the patient;

4. A description of the quality assurance program for patient care and staff performance;

5. Specification of the hours and days on which services are provided;

6. Policies and procedures for the maintenance of personnel records for each employee, including, at a minimum, the employee's name, previous employment, educational background, credentials, license number with effective date and date of expiration (if applicable), certification (if applicable), verification of credentials, records of physical examinations, job description, and evaluations of job performance; and

7. Policies and procedures, including content and frequency, for physical examinations upon employment and subsequently for employees and for other persons providing direct patient care services.

(b) The policy and procedure manual(s) shall be available and accessible to all patients, staff, and the public.

8:43F–3.6 Written agreements

The facility shall have a written agreement, or its equivalent, for services not provided directly by the facility. The written agreement, or its equivalent, shall specify that the facility retain administrative responsibility for services rendered and shall require that services be provided in accordance with the rules in this chapter.

8:43F–3.7 Reportable events

(a) The facility shall notify the Department immediately by telephone at 609–588–7726 (609–392–2020 after business hours), followed within 72 hours by written confirmation, of the following:

1. Interruption or cessation of services listed in the rules in this chapter;

2. Termination of employment of the administrator, and the name and qualifications of the administrator's replacement. If a new administrator cannot be designated within 72 hours, the Department shall be so notified in writing and the facility shall make arrangements for administrative supervision. A new administrator shall be appointed within 30 days;

3. Occurrence of epidemic disease in the facility;

4. All fires, all disasters, and all deaths resulting from accidents or incidents in the facility or related to facility services. The written confirmation shall contain information about injuries to patients and/or personnel, disruption of services, and extent of damages; and

5. All alleged or suspected crimes committed by or against patients, which shall also be reported at the time of occurrence to the local police department.

8:43F–3.8 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. The list of deficiencies from the last annual licensure inspection and certification survey report (if applicable), and the list of deficiencies from any valid complaint investigation during the past 12 months;

3. Policies and procedures regarding patient rights; and

4. The names and addresses of the members of the governing authority.

8:43F–3.9 Information reportable to State Board of Medical Examiners

(a) In accordance with the Professional Medical Conduct Reform Act, P.L.1989, c.300, the facility shall notify the Medical Practitioner Review Panel established by the New Jersey State Board of Medical Examiners if a practitioner who is employed by, is under contract to render professional services to, or who has privileges at the facility:

1. Voluntarily resigns from the staff if the facility is reviewing the practitioner's conduct or patient care or has

expressed, through any member of the medical or administrative staff, an intention to do so;

2. Voluntarily relinquishes any partial privileges to perform a specific procedure if the facility is reviewing the practitioner's conduct or patient care or has expressed, through any member of the medical or administrative staff, an intention to do so;

3. Has full or partial privileges summarily or temporarily revoked or suspended, permanently reduced, suspended or revoked, has been discharged from the staff or has had a contract to render professional services terminated or rescinded for reasons relating to the practitioner's incompetency, misconduct, or impairment;

4. Agrees to the placement of conditions or limitations on the exercise of clinical privileges or practice within the health care facility including, but not limited to, second opinion requirements, nonroutine concurrent or retrospective review of admissions or care, nonroutine supervision by one or more members of the staff, or the completion of remedial education or training;

5. Is granted a leave of absence pursuant to which the practitioner may not exercise clinical privileges or practice within the facility and if the reasons provided in support of the leave relate to any physical, mental, or emotional condition or drug or alcohol use, which might impair the practitioner's ability to practice with reasonable skill and safety; or

6. Is a party to a medical malpractice liability suit in which the facility is also a party and in which there is a settlement, judgment, or arbitration award.

(b) For the purposes of (a) above, "practitioner" means physician, medical resident or intern, or podiatrist.

(c) Notifications required by (a) above shall be provided within seven days of the date of the action, settlement, judgment or award and shall be submitted, with supporting documentation, on forms approved by the Department of Health for that purpose. The facility shall submit a completed supplemental form to the New Jersey State Board of Medical Examiners, if so requested by the Board, and to the Department's Health Facilities Evaluation and Licensing Program.

Repeal and New Rule, R.1995 d.128, effective March 6, 1995.
See: 26 N.J.R. 4532(a), 27 N.J.R. 939(a).

8:43F–3.10 Maintenance of records

(a) The following records shall be maintained by the facility:

1. A chronological listing of patients admitted and discharged, including the destination of patients who are discharged; and

2. Statistical data as required by the Department.

SUBCHAPTER 4. GOVERNING AUTHORITY

8:43F–4.1 Responsibility of the governing authority

(a) The facility shall have a governing authority which 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. Provision of a safe physical plant equipped and staffed to maintain the facility and services;

3. Adoption and documented review of written bylaws, or their equivalent, according to a schedule established by the governing authority;

4. Appointment, reappointment, assignment of privileges, and curtailment of privileges of health care professionals, and written confirmation of such actions;

5. Development and documented review of all policies and procedures, according to a schedule established by the governing authority;

6. Establishment and implementation of a system whereby patient and staff grievances and/or recommendations, including those relating to patient rights, can be identified within the facility. This system shall include a feedback mechanism through management to the governing authority, indicating what action was taken;

7. Determination of the frequency of meetings of the governing authority and its committees, or their equivalents, conducting such meetings, and documenting them through minutes;

8. Delineation of the duties of the officers of any committees, or their equivalent, of the governing authority. When the governing authority establishes committees or their equivalents, their purpose, structure, responsibilities, and authority, and the relationship of the committee or its equivalent to other entities within the facility shall be documented;

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

10. Approval of the medical staff bylaws or their equivalent.

SUBCHAPTER 5. ADMINISTRATION

8:43F–5.1 Appointment of administrator

The governing authority shall appoint an administrator who is a full-time employee of the facility. The administrator, or an alternate who shall be designated in writing to act in the absence of the administrator, shall be available on the premises of the facility during the hours when patient care services are being provided.

8:43F–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 the administration of, the managerial, operational, fiscal, and reporting components of the facility;

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

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.

SUBCHAPTER 6. PATIENT CARE POLICIES

8:43F–6.1 Policies and procedures

(a) Written patient care policies and procedures shall be established, implemented, and reviewed at intervals specified in the policies and procedures. Each review of the policies and procedures shall be documented. Policies and procedures shall include, but not be limited to, policies and procedures for the following:

1. Patient rights;

2. The determination of staffing levels on the basis of the daily census and on the basis of an assessment of the acuity of patient need;

3. The referral of patients to other health care providers, in order to provide a continuum of care for the patient;

4. Emergency care of patients, including notification of the patient's family; care of patients during an episode of communicable disease; and care of patients with tuberculosis which is not communicable following initiation of chemotherapy, or is nonpulmonary and therefore not transmissible;

5. Obtaining written informed consent;

6. Patient instruction and health education, including the provision of printed and/or written instructions and information for patients, with multilingual instructions as indicated;

7. The control of smoking in the facility in accordance with N.J.S.A. 26:3D–1 et seq. and N.J.S.A. 26:3D–7 et seq.;

8. Discharge, transfer, and readmission of patients, including criteria for each;

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

10. Exclusion of patients from the facility, and authorization to return to the facility, for patients with communicable disease.

8:43F–6.2 Admission and retention of patients

(a) Prior to admission of the patient, a member of the multidisciplinary team or a representative of a community health agency shall visit the patient's home and perform an assessment of the patient's home environment. The assessment shall be documented in the patient's medical record and shall include assessment of at least the following:

1. Living arrangements;

2. The patient's relationship with the patient's family;

3. Amenities and facilities available, such as heat, toilet and bathing facilities, and provisions for preparing and storing food;

4. Existence of environmental barriers, such as stairs, not negotiable by the patient; and

5. Access to transportation, shopping, religious, social, or other resources to meet the needs of the patient.

(b) The administrator or a designee shall conduct an interview with the patient and the patient's family prior to or at the time of the patient's admission. The interview shall include at least orientation of the patient to the facility's policies and services, hours and days on which services are provided, fee schedule, patient rights, and criteria for admission, treatment, and discharge. A summary of the interview shall be documented in the patient's medical record.

(c) A patient who manifests such a degree of behavioral disorder that he or she is a danger to himself or herself or others, or whose behavior interferes with the health or safety of other patients, shall not be admitted or retained.

(d) A patient suffering exclusively from substance abuse or misuse shall not be admitted to or retained in the facility.

(e) A patient under 16 years of age shall not be admitted.

(f) Patients who require wheelchairs shall be restricted to the first floor of the facility. A facility which has been granted any physical plant waiver by the Department shall not admit a patient requiring a wheelchair.

(g) Patients who require supervision or assistance with ambulation shall be restricted to the first floor in all facilities which are not of fire-resistive construction.

(h) If an applicant, after applying in writing, is denied admission to the facility, the applicant and/or the applicant's family shall be given the reason for such denial in writing, signed by the administrator, within 15 days of receipt of the written application.

8:43F–6.3 Involuntary discharge

(a) Written notification by the administrator shall be provided to a patient of a decision to involuntarily discharge the patient from the facility. The notice shall include the reason for discharge and the patient's right to appeal. A copy of the notice shall be entered in the patient's medical record.

(b) The patient 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 patient's medical record with the disposition or resolution of the appeal.

8:43F–6.4 Financial arrangements

(a) The facility shall:

1. Inform patients of the fees for services and supplies (where a fee is charged);

2. Maintain a written record of all financial arrangements with the patient and/or the patient's family, with copies furnished to the patient;

3. Assess no additional charges, expenses, or other financial liabilities in excess of the daily, weekly, or monthly rate included in the admission agreement, except:

i. Upon written approval and authority of the patient and/or the patient's family, who shall be given a copy of the written approval;

ii. Upon written orders of the patient's physician, stipulating specific services and supplies not included in the admission agreement;

iii. Upon 15 days' prior written notice to the patient and/or the patient's family of additional charges, expenses, or other financial liabilities due to the increased cost of maintenance and/or operation of the facility; or

iv. In the event of a health emergency involving the patient and requiring immediate, special services or supplies to be furnished during the period of the emergency;

4. Describe for the patient agreements with third-party payors and/or other payors and referral systems for patients' financial assistance; and

5. Describe sliding fee scales and any special payment plans established by the facility.

8:43F–6.5 Verbal and telephone orders

Verbal and telephone orders shall be written into the patient's medical record by the person accepting them and countersigned by the prescriber within 48 hours. Verbal and telephone orders shall be limited to emergency situations, as defined in the facility's policies and procedures.

8:43F–6.6 Interpretation services

The facility shall provide interpretation services, if the patient population is non-English-speaking and for patients who are blind or deaf.

8:43F–6.7 Notification of family

The patient's family shall be notified in the event that the patient sustains an injury, or an accident or incident occurs, immediately after the occurrence. Immediately following such notification, the notification shall be documented in the patient's medical record.

8:43F–6.8 Use of restraints

The facility shall not use any physical or chemical restraint.

8:43F–6.9 Patient follow-up

The facility shall establish and implement policies and procedures for follow-up of patients, in the event that a patient does not appear for services on scheduled days, and for documentation of the follow-up in the patient's medical record.

8:43F–6.10 Provision of bcds, lounges or recliners

The facility shall provide at least one bed, lounge, recliner, or equivalent for every 10 adult day health care patient equivalents, calculated on the basis of daily census.

8:43F–6.11 Assistance with activities of daily living

Assistance with activities of daily living shall be provided to patients who require such assistance.

8:43F–6.12 Security and accountability during transportation

The facility shall develop and implement plans for security and accountability for the patient and the patient's personal possessions while transportation services are being provided.

8:43F–6.13 Calibration of instruments

All instruments of measurement shall be calibrated in accordance with manufacturers' instructions.

SUBCHAPTER 7. PATIENT PLAN OF CARE

8:43F–7.1 Patient assessment

(a) Each patient shall have a written patient plan of care. The patient plan of care shall be developed on the basis of assessments of each service participating in the patient's care and shall be entered in the patient's medical record. The patient plan of care shall be initiated prior to or upon the patient's admission, and shall be developed as follows:

1. Health care practitioners in each of the services participating in the patient's care shall develop the portion of the patient plan of care which pertains to that service. Each portion of the patient plan of care shall include care to be provided based upon the patient assessment.

2. The patient plan of care shall include, but not be limited to, the following:

i. Diagnosis and prognosis;

ii. Orders for treatment or services, medications, activities of daily living, and diet;

iii. Goals of the care to be provided;

iv. Scheduled days of attendance;

v. The time intervals at which the patient plan of care will be reviewed;

vi. Anticipated time frame(s) for the accomplishment of the goals; and

vii. The measures to be used to assess the effects of treatment or services.

3. The patient plan of care shall be kept current and available to all personnel providing patient care.

(b) The patient and, if indicated, family members shall participate in the development of the patient plan of care, including the plans for discharge.

1. If the patient's participation in the development of the patient plan of care is medically contraindicated, as documented by a physician in the patient's medical record, a designated member of the multidisciplinary team shall review the patient plan of care with the patient prior to implementation, and the family shall be informed of the patient plan of care. These activities shall be documented in the patient's medical record.

8:43F–7.2 Implementation of patient plan of care

(a) Each health care practitioner participating in the patient's care shall provide services in accordance with the patient plan of care.

(b) Health care practitioners providing services to the patient shall establish criteria to measure the effectiveness and outcome of services provided and shall assess and reassess the patient to determine if services provided meet the established criteria. Assessment and reassessment shall be documented in the patient's medical record.

(c) Health care practitioners providing services to the patient shall participate as members of the multidisciplinary team in developing, implementing, reviewing, and revising the patient plan of care. Review and revision of the patient plan of care shall be documented in the patient's medical record.

SUBCHAPTER 8. MEDICAL SERVICES

8:43F–8.1 Designation of medical director

(a) The governing authority shall designate a physician to serve as medical director.

(b) The medical director shall not be counted in the staff:patient equivalent ratio.

8:43F–8.2 Medical director's responsibilities

(a) The medical director shall be responsible for the direction, provision, and quality of medical services provided to patients. The medical director shall be responsible for, but not be limited to, the following:

1. Developing and maintaining written objectives, policies, a procedure manual, an organizational plan, and a quality assurance program for the medical service;

2. Participating in planning and budgeting for the medical service;

3. Coordinating and integrating the medical service with other patient care services to provide a continuum of care for the patient; and

4. Developing, implementing, and reviewing written medical policies in cooperation with the physicians responsible for providing care to the patients.

(b) The medical director shall ensure that, for each patient, a physician and an alternate physician have been designated who can be contacted when necessary, including in the event of a medical emergency.

8:43F–8.3 Responsibilities of physicians

(a) The physician responsible for providing care to the patient shall provide the following information, which shall be included in the patient's medical record:

1. A signed, dated admission and medical history and a report of physical examination, including results of a chest X-ray, if performed. The history and physical examination shall be performed within 30 days prior to or upon admission;

2. Certification that the patient requires the type and intensity of care provided by the facility and is free of communicable disease;

3. Specification of the degree of patient mobility and specification of any assistive devices which the patient requires;

4. The medical portion of the patient plan of care;

5. Progress notes; and

6. All initial and subsequent orders for services to be provided to the patient, including frequency and modality of treatment.

(b) The facility shall have a mechanism to ensure that the physician shall participate in developing, implementing, reviewing, and revising the patient plan of care.

SUBCHAPTER 9. NURSING SERVICES

8:43F–9.1 Provision of nursing services

The facility shall provide nursing services to patients, directly in the facility.

8:43F–9.2 Designation of director of nursing services

A registered professional nurse shall be designated in writing as the director of nursing services and shall be on duty at all times when services are being provided. A registered professional nurse shall be designated in writing to act in the director's absence. Additional licensed nursing personnel and ancillary nursing personnel shall be provided in accordance with the facility's patient care policies and procedures for determining staff levels on the basis of an assessment of the acuity of patient need.

8:43F–9.3 Responsibilities of director of nursing services

(a) The director of nursing services shall be responsible for the direction, provision, and quality of nursing services provided to patients. The director of nursing services shall be responsible for, but not limited to, the following:

1. Developing and implementing written objectives, a nursing philosophy, policies, a procedure manual, an organizational plan, and a quality assurance program for the nursing service;

2. Participating in planning and budgeting for the nursing service;

3. Coordinating and integrating the nursing service with other patient care services to provide a continuum of care for the patient;

4. Assisting in developing and maintaining written job descriptions for nursing and ancillary nursing personnel, and assigning duties based upon education, training, competencies, and job descriptions;

5. Ensuring that nursing services are provided to the patient as specified in the nursing care plan, which shall be initiated upon the patient's admission, and that nursing personnel are assigned to patients in accordance with the facility's patient care policies and procedures for determining staffing levels on the basis of an assessment of the acuity of patient need; and

6. Participating in staff education activities and providing consultation to facility personnel.

8:43F–9.4 Responsibilities of licensed nursing personnel

(a) In accordance with the State of New Jersey Nursing Practice Act, N.J.S.A. 45:11–23 et seq., as interpreted by the New Jersey State Board of Nursing, and written job descriptions, licensed nursing personnel shall be responsible for providing nursing care, including, but not limited to, the following:

1. Care of patients through health promotion, maintenance, and restoration;

2. Care toward prevention of infection, accident, and injury;

3. Assessing the nursing care needs of the patient, preparing the nursing care plan based upon the assessment, providing nursing care services as specified in the nursing care plan, reassessing the patient, and revising the nursing care plan. Each of these activities shall be documented in the patient's medical record. A registered professional nurse shall assess the nursing needs of each patient, develop nursing diagnoses, and design the patient's plan of nursing care;

4. Teaching, supervising, and counseling the patient, family, and staff regarding nursing care and the patient's needs. Only a registered professional nurse shall initiate these functions, which may be reinforced by licensed nursing personnel;

5. Participating as part of the multidisciplinary team in developing, implementing, reviewing, and revising the patient plan of care; and

6. Writing clinical notes and progress notes.

8:43F–9.5 Nursing care services related to pharmaceutical services

(a) Nursing personnel shall be responsible for, but not limited to, ensuring the following:

1. All drugs administered are prescribed in writing and the order signed and dated by the prescriber. Drugs shall be administered in accordance with all Federal and State laws and rules by the following licensed or authorized nursing personnel:

i. Registered professional nurses;

ii. Licensed practical nurses who are trained in drug administration in programs approved by the New Jersey State Board of Nursing;

iii. Nurses with a valid temporary work permit issued by the New Jersey State Board of Nursing; and

iv. Student nurses in a school of nursing approved by the New Jersey State Board of Nursing, under the supervision of a nurse faculty member;

2. Drugs are not prepoured. Drugs shall be administered promptly after the dose has been prepared, and by the individual who prepared the dose, except when a unit dose drug distribution system is used;

3. The patient is identified prior to drug administration. Drugs prescribed for one patient shall not be administered to another patient;

4. A record of drugs administered is maintained. After each drug administration, the following shall be documented by the nurse who administered the drug: name and strength of the drug, date and time of administration, dosage administered, method of administration, and signature of the nurse who administered the drug;

5. All drugs are kept in locked storage areas. Drug storage and preparation areas shall be kept locked when not in use. Drugs requiring refrigeration shall be kept in a separate, locked box in the refrigerator, in a locked refrigerator, or in a refrigerator in the locked medication room. The refrigerator shall have a thermometer to indicate temperature in conformance with USP (United States Pharmacopoeia) requirements;

6. Needles and syringes are procured, stored, used, and disposed of in accordance with the laws of the State of New Jersey and amendments thereto. There shall be a system of accountability for the disposal of used needles and syringes which shall not necessitate the counting of individual needles and syringes after they are placed in the container for disposal; and

7. Drugs are stored and verified according to the following:

i. Drugs in Schedules III and IV of the Controlled Dangerous Substances Acts and amendments thereto shall be stored under lock and key. Drugs in Schedule II of the Controlled Dangerous Substances Acts and amendments thereto shall be stored in a separate, locked, permanently affixed compartment within the locked medication cabinet, medication room, refrigerator, or mobile medication cart. The key to the separate, locked compartment for Schedule II drugs shall not be the same key that is used to gain access to storage areas for other drugs (except that drugs in Schedule II in a unit dose drug distribution system shall be kept under double lock and key, but may be stored with other controlled drugs);

ii. The keys for the storage compartments for drugs in Schedules II, III, and IV shall be kept on the person of one of those persons listed in (a)1i through iv above; and

iii. A declining inventory of all drugs in Schedule II of the Controlled Dangerous Substances Acts and rules, regulations and amendments thereto shall be made at the termination of each tour of duty wherever these drugs are maintained. This record shall be signed by both the outgoing and incoming nurses listed in (a)1i through iv above. The following shall be recorded: name of the patient receiving the drug, prescriber's name, name and strength of the drug, date received from the pharmacy, date of administration, dosage administered, method of administration, signature of the licensed nurse who administered the drug, amount of drug remaining, amount of drug destroyed or wasted (when appropriate), and the signature of the nurse who witnessed the destruction or wasting of the drug (when appropriate).

SUBCHAPTER 10. PHARMACEUTICAL SERVICES

8:43F–10.1 Provision of pharmaceutical services

Pharmaceutical services shall be provided to patients, directly in the facility. If the facility has an institutional pharmacy, the pharmacy shall be licensed by the New Jersey State Board of Pharmacy and operated in accordance with the New Jersey State Board of Pharmacy Rules, N.J.A.C. 13:39, and shall possess a current Drug Enforcement Administration registration and a Controlled Dangerous Sub-

stance registration from the New Jersey State Department of Law and Public Safety.

Amended by R.1995 d.128, effective March 6, 1995.
See: 26 N.J.R. 4532(a), 27 N.J.R. 939(a).

8:43F-10.2 Designation of a pharmacist

(a) A pharmacist shall be designated who shall be responsible for the direction, provision, and quality of pharmaceutical services. The pharmacist shall be responsible for, but not limited to, the following:

1. Together with the pharmacy committee, developing and maintaining written objectives, policies, a procedure manual, an organizational plan, and a quality assurance program for the pharmaceutical service;

2. Participating in planning and budgeting for the pharmaceutical service;

3. Coordinating and integrating the pharmaceutical service with other patient care services to provide a continuum of care for the patient;

4. Assisting in developing and maintaining written job descriptions for pharmacy personnel, if any, and assigning duties based upon education, training, competencies, and job descriptions; and

5. Participating as part of the multidisciplinary team in developing, implementing, reviewing, and revising the patient plan of care.

8:43F-10.3 Pharmacy committee

(a) A pharmacy committee shall be established and shall include at least the medical director, the pharmacist, the director of nursing services, and the administrator.

(b) The pharmacy committee shall be responsible for, but not limited to, the development of policies and procedures. These policies and procedures shall govern evaluation, selection, obtaining, dispensing, storage, distribution, administration, use, control, accountability, and safe practices pertaining to all drugs used in the treatment of patients.

8:43F-10.4 Policies for drug administration

(a) The facility's policies and procedures shall ensure that the right drug is administered to the right patient in the right amount through the right route of administration and at the right time. Policies and procedures shall include, but not be limited to, the following:

1. Methods for procuring drugs on a routine basis, in emergencies, and in the event of disaster;

2. Policies and procedures, approved by the pharmacy committee and in accordance with these rules, regarding emergency kits and emergency carts, including the following:

i. Approval of their locations and contents;

ii. Determination of the frequency of checking contents, including expiration dates;

iii. Approval of the assignment of responsibility for checking contents; and

iv. A requirement that emergency kits be secure, but not be kept under lock and key;

3. Policies and procedures to ensure that all drugs are ordered in writing, that the written order specifies the name of the drug, dose, frequency, and route of administration, that the order is signed and dated by the prescriber, and that all drugs are administered in accordance with the laws of the State of New Jersey;

4. Policies and procedures for drug administration, including, but not limited to, establishment of times for administration of prescribed drugs, in accordance with the following procedure:

i. Removing an individual dose from a previously dispensed, properly labeled container (including a unit dose container);

ii. Verifying it with the prescriber's orders;

iii. Giving the individual dose to the patient;

iv. Seeing that the patient takes the medication, if oral; and

v. Recording the required information, including the method of administration;

5. If facility policy permits, policies and procedures regarding the self-administration of drugs, including, but not limited to, the following:

i. A requirement that self-administration be performed as follows:

(1) Removing a dose from a previously dispensed, properly labeled container (including a unit dose container);

(2) Verifying it with the directions on the label; and

(3) Taking orally, injecting, inserting, or otherwise administering the medication;

ii. A requirement that self-administration be permitted only upon a written order of the prescriber;

iii. Storage of drugs;

iv. Labeling of drugs;

v. Methods for documentation in the patient's medical record of self-administered drugs;

vi. Training and education of patients in self-administration and the safe use of drugs; and

vii. Establishment of precautions so that patients do not share their drugs or take the drugs of another patient;

6. Policies and procedures for documenting adverse drug reactions, medication errors, and drug defects. Allergies shall be documented in the patient's medical record and on its outside front cover;

7. Policies and procedures for ensuring the immediate delivery of stat. doses. Stat. (statim) means immediately;

8. If facility policy permits, policies and procedures for the use of floor stock drugs. "Floor stock" means a supply of drugs provided by the pharmacist to a service or unit in a labeled container in limited quantities, as approved by the pharmacy committee of the facility. A list shall be maintained of floor stock drugs and the amounts of such drugs stored throughout the facility;

9. Policies and procedures for discontinuing drug orders, including, but not limited to, policies and procedures for the following:

i. The length of time drug orders may be in effect, for drugs not specifically limited as to duration of use or number of doses when ordered; and

ii. Notification of the prescriber by specified personnel and within a specified period of time prior to the expiration of a drug order to ensure that the drug is discontinued if no specific renewal is ordered;

10. Policies and procedures regarding the purchase, storage, safeguarding, accountability, use, and disposition of drugs, in accordance with New Jersey State Board of Pharmacy Rules, N.J.A.C. 13:39, and the Controlled Dangerous Substances Acts and amendments thereto;

11. Policies and procedures for the procurement, storage, use, and disposition of needles and syringes in accordance with the laws of the State of New Jersey and amendments thereto. There shall be a system of accountability for the purchase, storage, and distribution of needles and syringes. There shall be a system of accountability for the disposal of used needles and syringes which shall not necessitate the counting of individual needles and syringes after they are placed in the container for disposal;

12. Policies and procedures regarding the control of drugs subject to the Controlled Dangerous Substances Acts and amendments thereto, in compliance with the New Jersey State Board of Pharmacy Rules, N.J.A.C. 13:39, and all other Federal and State laws and regulations concerning procurement, storage, dispensing, administration, and disposition. Such policies and procedures shall include, but not be limited to, the following:

i. Provision for a verifiable record system for controlled drugs;

ii. Policies and procedures to be followed in the event that the inventories of controlled drugs cannot be verified or drugs are lost, contaminated, unintentionally wasted, or destroyed. A report of any such incident shall be written and signed by the persons involved and any witnesses present; and

iii. In all areas of the facility where drugs are dispensed, administered, or stored, procedures for the intentional wasting of controlled drugs, including the disposition of partial doses, and for documentation, including the signature of a second person who shall witness the disposition; and

13. Specification of the information on drugs, their indications, contraindications, actions, reactions, interactions, cautions, precautions, toxicity, and dosage to be provided in each nursing area. Authoritative, current antidote information and the telephone number of the regional poison control center shall also be provided in each nursing area. Current Federal and State drug law information shall be available to the pharmaceutical service.

8:43F–10.5 Storage of drugs

(a) All drugs shall be kept in locked storage areas. Drug storage and preparation areas shall be kept locked when not in use. (The word "medication" is used interchangeably with the word "drug" in this subchapter. "Drug" means a substance as defined in the New Jersey State Board of Pharmacy Rules, N.J.A.C. 13:39.)

(b) All drugs shall be stored in accordance with manufacturers' instructions. Drugs requiring refrigeration shall be kept in a separate, locked box in the refrigerator, in a locked refrigerator, or in a refrigerator in the locked medication room, at or near the nursing area. The refrigerator shall have a thermometer to indicate temperature in conformance with USP (United States Pharmacopoeia) requirements.

(c) All drugs in Schedule II of the Controlled Dangerous Substances Acts and amendments thereto shall be stored in a separate, locked, permanently affixed compartment within the locked medication cabinet, medication room, refrigerator, or mobile medication cart. The key to the separate, locked compartment for Schedule II drugs shall not be the same key that is used to gain access to storage areas for other drugs.

(d) Drugs for external use shall be kept separate from drugs for internal use.

(e) At intervals specified in the policy and procedure manual, a pharmacist shall inspect all areas in the facility where drugs are dispensed, administered, or stored and shall maintain a record of such inspections.

(f) If the facility uses a unit dose drug distribution system ("Unit dose drug distribution system" means a system in which drugs are delivered to patient areas in single unit packaging. Each patient has his or her own receptacle, such as a tray, bin, box, cassette, drawer, or compartment, labeled

with his or her first and last name and containing his or her own medications. Each medication is individually wrapped and labeled with the generic name, trade name (if appropriate), strength of the drug, lot number or reference code, expiration date, and manufacturer's or distributor's name, and ready for administration to the patient.), the system must be implemented in accordance with the following:

1. At least one exchange of patient medications shall occur every three days. The number of doses for each patient shall be sufficient for a maximum of 72 hours. No more than a 72–hour supply of doses shall be delivered to or available in the patient care area at any time.

2. Cautionary instructions and additional information, such as special times of administration, regarding dispensed medications shall be transmitted to the personnel responsible for the administration of the medications.

3. If the facility repackages medications in single unit packages, the facility's policies and procedures shall indicate how such packages shall be labeled to identify the lot number or reference code and the manufacturer's or distributor's name.

4. Policies and procedures shall specify the drugs which will not be obtained from manufacturers or distributors in single unit packages and will not be repackaged as single units in the facility.

SUBCHAPTER 11. DIETARY SERVICES

8:43F–11.1 Provision of meals

The adult day health care facility shall provide a minimum of one meal per day to patients, directly in the facility. The meal shall supply at least one-third (⅓) of the daily caloric and protein requirements recommended by the Nutrition Board of the National Academy of Sciences, National Research Council, and shall contain three or more menu items, one of which is or includes a high quality protein food such as meat, fish, eggs, or cheese.

8:43F–11.2 Designation of dietitian

(a) The facility shall designate a dietitian to be responsible for the direction, provision, and quality of the dietary service. The dietitian shall be responsible for, but not limited to, the following:

1. Developing and implementing written objectives, policies, a procedure manual, an organizational plan, and a quality assurance program for the dietary service;

2. Participating in planning and budgeting for the dietary service;

3. Ensuring that dietary services are provided as specified in the dietary portion of the patient plan of care and are coordinated with other patient care services to provide a continuum of care for patients;

4. Assisting in developing and maintaining written job descriptions for dietary personnel, and assigning duties based upon education, training, competencies, and job descriptions;

5. Participating in staff education activities and providing consultation to facility personnel; and

6. Providing nutritional counseling.

8:43F–11.3 Responsibilities of dietitians

(a) In accordance with written job descriptions, dietitians shall be responsible for providing patient care, including, but not limited to, the following:

1. Assessing the dietary needs of the patient, preparing the dietary portion of the patient plan of care on the basis of the assessment, providing dietary services to the patient as specified in the dietary portion of the patient plan of care, reassessing the patient, and revising the dietary portion of the patient plan of care. Each of these activities shall be documented in the patient's medical record;

2. Participating as part of the multidisciplinary team in developing, implementing, reviewing, and revising the patient plan of care; and

3. Writing clinical notes and progress notes.

8:43F–11.4 Food service supervisor

The facility shall designate a food service supervisor who, if not a dietitian, functions with scheduled consultation from a dietitian. When meals are prepared in the facility, the food service supervisor shall be present in the facility.

8:43F–11.5 Requirements for dietary services

(a) The dietary service shall comply with the provisions of N.J.A.C. 8:24.

(b) A current diet manual shall be available to the dietary service personnel and to the nursing service personnel.

(c) Meals shall be planned, prepared, and served in accordance with, but not limited to, the following:

1. Menus shall be prepared with regard for the nutritional and therapeutic needs, cultural backgrounds, food habits, and personal food preferences of patients;

2. Written, dated menus shall be planned at least 14 days in advance for all diets. The same menu shall not be used more than once in any continuous seven day period;

3. Current menus with portion sizes and any changes in menus shall be posted in the food preparation area. Menus, with changes, shall be kept on file in the dietary service for at least 30 days;

4. Diets served shall be consistent with the diet manual and shall be served in accordance with physicians' orders;

5. Food shall be prepared by cutting, chopping, grinding, or blending to meet the needs of each patient;

6. Nutrients and calories shall be provided for each patient, as ordered by a physician, based upon current recommended dietary allowances of the Food and Nutrition Board of the National Academy of Sciences, National Research Council, adjusted for age, sex, weight, physical activity, and therapeutic needs of the patient;

7. Between-meal nourishments shall be provided and beverages shall be available at all times for each patient, unless medically contraindicated as documented by a physician in the patient's medical record;

8. Substitute foods and beverages of equivalent nutritional value shall be available to all patients;

9. Designated staff shall be responsible for observing meals refused or missed and documenting the name of the patient and the meal refused or missed;

10. Self-help feeding devices shall be provided;

11. All meals shall be attractive when served to patients;

12. All patients shall eat in a dining area with sufficient space to accommodate all patients simultaneously at each meal; and

13. A record shall be maintained for each patient, identifying the patient by name, diet order, and other information, such as meal patterns when on a calculated diet, and allergies. Such record shall be available in the dining area.

SUBCHAPTER 12. PHYSICAL THERAPY, OCCUPATIONAL THERAPY, AND SPEECH–LANGUAGE PATHOLOGY SERVICES

8:43F–12.1 Provision of physical therapy, occupational therapy, and speech-language pathology services

The facility shall provide physical therapy, occupational therapy, and speech-language pathology services.

8:43F–12.2 Designation of physical therapist, occupational therapist, and speech-language pathologist

(a) The facility shall designate a physical therapist, occupational therapist, and speech-language pathologist who shall be responsible for the direction, provision, and quality of the physical therapy, occupational therapy, and speech-language pathology service, respectively. The physical therapist, occupational therapist, and speech-language pathologist shall be responsible for, but not limited to, the following:

1. Developing and maintaining written objectives, policies, a procedure manual, an organizational plan, and a quality assurance program for the physical therapy, occupational therapy, and speech-language pathology service, respectively;

2. Participating in planning and budgeting for the physical therapy, occupational therapy, and speech-language pathology service, respectively;

3. Ensuring that services are provided as specified in the physical therapy, occupational therapy, and speech-language pathology portions of the patient plan of care, respectively, and are coordinated with other patient care services to provide a continuum of care for the patient;

4. Assisting in developing and maintaining written job descriptions for physical therapy, occupational therapy, and speech-language pathology personnel, respectively, and assigning duties based upon education, training, competencies, and job descriptions; and

5. Participating in staff education activities and providing consultation to facility personnel.

8:43F–12.3 Responsibilities of physical therapy, occupational therapy, and speech-language pathology personnel

(a) In accordance with the State of New Jersey Physical Therapy Practice Act, N.J.S.A. 45:9–37.11 et seq., for physical therapy personnel, and in accordance with the State of New Jersey Audiology and Speech–Language Pathology Practice Act, N.J.S.A. 45:3B–1 et seq., for speech-language pathology personnel, and in accordance with written job descriptions, each physical therapist, occupational therapist or speech-language pathologist shall be responsible for providing patient care, including, but not limited to, the following:

1. Assessing the physical therapy, occupational therapy, or speech-language pathology needs, respectively, of the patient, preparing the physical therapy, occupational therapy, or speech-language pathology portion, respectively, of the patient plan of care on the basis of the assessment, providing services as specified in the physical therapy, occupational therapy, or speech-language pathology portion, respectively, of the patient plan of care, reassessing the patient, and revising the physical therapy, occupational therapy, or speech-language pathology por-

tion, respectively, of the patient plan of care. Each of these activities shall be documented in the patient's medical record;

2. Participating as part of the multidisciplinary team in developing, implementing, reviewing, and revising the patient plan of care; and

3. Writing clinical notes and progress notes.

SUBCHAPTER 13. SOCIAL WORK SERVICES

8:43F-13.1 Provision of social work services

The facility shall provide social work services to patients, directly in the facility.

8:43F-13.2 Designation of social worker

(a) The facility shall designate a social worker who shall be responsible for the direction, provision, and quality of the social work service. The social worker shall be responsible for, but not limited to, the following:

1. Developing and implementing written objectives, policies, a procedure manual, an organizational plan, and a quality assurance program for the social work service;

2. Participating in planning and budgeting for the social work service;

3. Ensuring that services are provided as specified in the social work portion of the patient plan of care and are coordinated with other patient care services to provide a continuum of care for the patient;

4. Assisting in developing and maintaining written job descriptions for social work service personnel and assigning duties based upon education, training, competencies, and job descriptions; and

5. Participating in staff education activities and providing consultation to facility personnel.

(b) A social worker shall provide social work services in the facility for at least 30 minutes per week per patient equivalent, calculated on the basis of the daily census.

8:43F-13.3 Responsibilities of social workers

(a) In accordance with written job descriptions, each social worker shall be responsible for providing patient care, including, but not limited to, the following:

1. Assessing the social care needs of the patient, preparing the social work portion of the patient plan of care on the basis of the assessment, providing services, including counseling, as specified in the social work portion of the patient plan of care, reassessing the patient, and revising the social work portion of the patient plan of care. Each of these activities shall be documented in the patient's medical record;

2. Participating as part of the multidisciplinary team in developing, implementing, reviewing, and revising the patient plan of care; and

3. Writing clinical notes and progress notes.

(b) The social care assessment shall be initiated prior to or upon admission, after an initial interview with the patient and/or the patient's family. The social care assessment shall include a social history, including family background, and assessment of the patient's education, employment, interests, activities, organizational memberships, psychosocial functioning, and relationships with family and friends.

SUBCHAPTER 14. PATIENT ACTIVITIES SERVICES

8:43F-14.1 Provision of patient activities services

(a) The facility shall provide a planned, diversified program of patient activities to patients, directly in the facility.

(b) Patient activities staff shall arrange a diversity of programs to maintain patients' sense of usefulness and self-respect. Included shall be activities in each of the following categories:

1. Social, such as parties, club meetings, picnics, and other special events;

2. Physical, such as exercise, sports, dancing, and swimming;

3. Creative, such as crafts, poetry, drama, music therapy, art therapy, and gardening;

4. Educational and cultural, such as discussion groups, guest speaker programs, and concerts;

5. Spiritual, such as religious services;

6. Awareness, including, for example, cognitive and sensory individual and group stimulation for patients; and

7. Community-integrating, such as visits by community volunteers, visits by nursery school classes, exchange visits with other health care facilities, participation in senior citizen organization meetings or support group sessions, and participation in adopt-a-grandparent programs.

(c) The facility shall provide patient activities services for at least 10 hours per week for every 15 patient equivalents, calculated on the basis of the daily census.

(d) Patient activities programs shall take place in individual and group settings.

(e) Patients shall participate in patient activities programs regardless of the patients' financial status.

8:43F–14.2 Designation of patient activities director

(a) The facility shall designate a patient activities director who shall be responsible for the direction, provision, and quality of the patient activities service. The patient activities director shall be responsible for, but not limited to, the following:

1. Developing and implementing written objectives, policies, a procedure manual, an organizational plan, and a quality assurance program for the patient activities service;

2. Participating in planning and budgeting for the patient activities service;

3. Ensuring that services are provided as specified in the patient activities portion of the patient plan of care and are coordinated with other patient care services to provide a continuum of care for the patient;

4. Assisting in developing and maintaining written job descriptions for patient activities personnel, and assigning duties based upon education, training, competencies, and job descriptions;

5. Participating in staff education activities and providing consultation to facility personnel; and

6. Posting a current monthly patient activities schedule where it can be read by patients, staff, and visitors, and maintaining a record of such schedules for one year.

8:43F–14.3 Responsibilities of patient activities personnel

(a) In accordance with written job descriptions, each patient activities staff member shall be responsible for providing patient care, including, but not limited to, the following:

1. Assessing the patient activities needs of the patient, preparing the patient activities portion of the patient plan of care on the basis of the assessment, providing patient activities services as specified in the patient activities portion of the patient plan of care, reassessing the patient, and revising the patient activities portion of the patient plan of care. Each of these activities shall be documented in the patient's medical record;

2. Participating as part of the multidisciplinary team in developing, implementing, reviewing, and revising the patient plan of care; and

3. Writing clinical notes and progress notes.

SUBCHAPTER 15. DENTAL SERVICES, LABORATORY SERVICES, AND RADIOLOGICAL SERVICES

8:43F–15.1 Provision of dental services

(a) Dental services shall be provided to patients, including, but not limited to, examination, oral prophylaxis, and emergency dental care to relieve pain and infection.

(b) If dental services are provided in the facility, the dentist shall document in the patient's medical record all dental services provided, at the time services are provided.

8:43F–15.2 Provision of laboratory and radiological services

(a) Facilities providing laboratory services shall be licensed or approved by the Department, in accordance with N.J.A.C. 8:44 and 8:45.

(b) Facilities providing radiological services shall be licensed or approved by the New Jersey State Department of Environmental Protection, Bureau of Radiological Health, in accordance with N.J.A.C. 7:28.

Amended by R.1995 d.128, effective March 6, 1995.
See: 26 N.J.R. 4532(a), 27 N.J.R. 939(a).

SUBCHAPTER 16. EMERGENCY SERVICES AND PROCEDURES

8:43F–16.1 Emergency plans and procedures

(a) The facility shall develop written emergency plans, policies, and procedures which shall include plans and procedures to be followed in case of medical emergency, equipment breakdown, fire, or other disaster. Copies of the emergency plans shall be sent to municipal and county emergency management officials for their review.

(b) The facility shall maintain in the nursing area emergency equipment and an emergency medication kit approved by the pharmacy committee.

(c) Procedures for emergencies shall specify persons to be notified, process of notification and verification of notification, locations of emergency equipment and alarm signals, evacuation routes, procedures for evacuating patients, procedures for reentry and recovery, frequency of fire drills, and tasks and responsibilities assigned to all personnel.

(d) The emergency plans, including a written evacuation diagram specific to the unit that includes evacuation procedure, location of fire exits, alarm boxes, and fire extinguishers, and all emergency procedures shall be conspicuously posted throughout the facility. All employees shall be trained in procedures to be followed in the event of a fire and instructed in the use of fire-fighting equipment and patient evacuation as part of their initial orientation and at least annually thereafter.

(e) In the event that the facility is unable to provide services to patients as scheduled due to the occurrence of an emergency, the facility shall immediately notify these patients of the change in schedule.

8:43F-16.2 Drills and tests

(a) Drills of emergency plans shall be conducted at least four times a year and documented, including the date, hour, description of the drill, participating staff, and signature of the person in charge. The four drills shall include at least one drill for emergencies due to fire. The facility shall conduct at least one drill per year for emergencies due to another type of disaster, such as storm, flood, other natural disaster, bomb threat, or nuclear accident. All staff shall participate in at least one drill annually, and selected patients may participate in drills.

(b) The facility shall test at least one manual pull alarm each week of the year and maintain documentation of test dates, location of each manual pull alarm tested, persons testing the alarm, and its condition.

(c) Fire extinguishers shall be examined annually and maintained in accordance with manufacturers' and National Fire Protection Association (NFPA) requirements.

SUBCHAPTER 17. PATIENT RIGHTS

8:43F-17.1 Policies and procedures regarding patient rights

(a) The facility shall establish and implement written policies and procedures regarding the rights of patients. These policies and procedures shall be available to patients, staff, and the public and shall be conspicuously posted in the facility.

(b) The staff of the facility shall receive in-service education concerning the implementation of policies and procedures regarding patient rights.

(c) The facility shall comply with all applicable State and Federal statutes and rules concerning patient rights, including N.J.S.A. 52:27G-7.1 et seq. The State of New Jersey Office of the Ombudsman for the Institutionalized Elderly shall be notified of any suspected case of patient abuse or exploitation pursuant to N.J.S.A. 52:27G-7.1 et seq., if the patient is 60 years of age or older.

8:43F-17.2 Rights of each patient

(a) Patient rights, policies, and procedures shall ensure that, at a minimum, each patient admitted to the facility:

1. Is informed of these rights, as evidenced by the patient's written acknowledgement prior to or upon admission, and receives an explanation, in terms that the patient can understand, and a copy of the patient rights;

2. Is informed of services available in the facility, of the names and professional status of the personnel providing and/or responsible for the patient's care, and of fees and related charges, including the payment, fee, deposit, and refund policy of the facility and any charges for services not covered by sources of third-party payment or not covered by the facility's basic rate;

3. Is assured of care in accordance with the patient plan of care, is informed of the patient plan of care, unless medically contraindicated as documented by a physician in the patient's medical record, is informed of the risks associated with the use of any drugs and/or procedures, and has the opportunity to participate in the planning of the patient's care, to refuse medication and treatment, and to refuse to participate in experimental research;

4. Is informed of the alternatives for care and treatment;

5. Is transferred or discharged only for medical reasons or for the patient's welfare or that of other patients, upon the written order of the patient's physician, as documented in the patient's medical record, except in an emergency situation, in which case the administrator shall notify the physician and the family immediately and document the reason for the transfer in the patient's medical record. If a transfer or discharge on a nonemergency basis is requested by the facility, including transfer or discharge for nonpayment for services (except as prohibited by sources of third-party payment), the patient and the patient's family shall be given at least 30 days advance written notice of such transfer or discharge;

6. Has access to and/or may obtain a copy of the patient's medical record, in accordance with the facility's policies and procedures;

7. Is free from mental and physical abuse, free from exploitation, and free from the use of chemical and physical restraints. Drugs and other medications shall not be used for punishment or for convenience of facility personnel;

8. Is assured confidential treatment of the patient's records and disclosures, and shall have the opportunity to approve or refuse their release to any individual, except in the case of the patient's transfer to another health care facility or as required by law or third-party payment contract;

9. Is treated with courtesy, consideration, respect, and recognition of the patient's dignity, individuality, and right to privacy, including, but not limited to, auditory and visual privacy and confidentiality concerning patient treatment and disclosures. Privacy of the patient's body shall be maintained during toileting, bathing, and other activities of personal hygiene;

10. Is not required to perform work for the facility unless the work is part of the patient plan of care and is performed voluntarily by the patient. Such work shall be in accordance with local, State, and Federal laws and rules;

11. May associate and communicate privately with persons of the patient's choice and may join with other patients or individuals within or outside the facility to work for improvements in patient care;

12. Is allowed to conduct private telephone conversations;

13. Is assured of civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, or any attendance at religious services, shall be imposed upon any patient;

14. Is not the object of discrimination with respect to participation in recreational activities, meals, or other social functions because of age, race, religion, sex, nationality, or ability to pay. The patient's participation may not be restricted or prohibited, unless the patient consents and the restriction or prohibition is documented by the patient's physician in the patient's medical record;

15. Is not deprived of any constitutional, civil, and/or legal rights solely because of admission to the facility; and

16. Is encouraged and assisted to exercise rights as a patient and as a citizen, may voice grievances on behalf of the patient or others, and has the right to recommend changes in policies and services to facility personnel and/or to outside representatives of the patient's choice, free from restraint, interference, coercion, discrimination, or reprisal.

(b) The administrator shall provide all patients and/or their families with the name, address, and telephone number of the following offices where complaints may be lodged:

Division of Health Facilities Evaluation
New Jersey State Department of Health
CN 367
Trenton, New Jersey 08625
Telephone: (800) 792–9770

and

State of New Jersey
Office of the Ombudsman for the Institutionalized Elderly
CN 808
Trenton, New Jersey 08625
Telephone: (800) 624–4262

(c) The administrator shall also provide all patients and/or their families with the name, addresses, and telephone numbers of the following offices where information concerning Medicare coverage may be obtained:

Legal Assistance for Medicare Patients
c/o Community Health Law Project
530 Cooper Street
Camden, New Jersey 08102
Telephone: (609) 964–0030

or

7 Glenwood Avenue
East Orange, New Jersey 07017
Telephone: (201) 672–6073

(d) The telephone numbers listed in (a) through (c) above shall be conspicuously posted in the facility at every public telephone and on all bulletin boards used for posting public notices.

SUBCHAPTER 18. DISCHARGE PLANNING SERVICES

8:43F–18.1 Discharge plan

(a) The facility shall provide discharge planning services to patients.

(b) Each patient shall have a written discharge plan, which may be part of the patient plan of care.

(c) The discharge plan shall include at least an evaluation of the patient's needs, goals for discharge, and instructions given to the patient and/or the patient's family for care following discharge.

(d) The patient and, if indicated, family members shall participate in developing the plans for discharge.

8:43F–18.2 Discharge planning policies and procedures

(a) Written policies and procedures shall be established and implemented for discharge planning services, which shall describe:

1. The functions of the person or persons responsible for discharge planning services;

2. The time period for initiating, reviewing, and revising each patient's discharge plan;

3. Use of the multidisciplinary team in discharge planning; and

4. Criteria for patient discharge.

SUBCHAPTER 19. MEDICAL RECORDS

8:43F-19.1 Maintenance of medical records

(a) A current, complete medical record shall be maintained for each patient and shall contain documentation of all services provided.

(b) Written objectives, policies, a procedure manual, an organizational plan, and a quality assurance program for medical record services shall be developed and implemented.

(c) A record system shall be maintained in which the patient's complete medical record is filed as one unit in one location within the facility.

8:43F-19.2 Assignment of responsibility

Responsibility for the medical record service shall be assigned to a full-time employee who, if not a medical record practitioner, functions in consultation with a person so qualified.

8:43F-19.3 Contents of medical records

(a) The complete patient medical record shall include, but not be limited to, the following:

1. Patient identification data, including name, date of admission, address, date of birth, race, religion (optional), sex, referral source, payment plan, marital status, and the name, address, and telephone number of the person(s) to be notified in an emergency, and travel directions to the patient's home;

2. The patient's signed acknowledgement that the patient has been informed of, and given a copy of, patient rights;

3. An assessment of the patient's home environment, based upon a visit to the patient's home;

4. A summary of the admission interview;

5. Documentation of the medical history and physical examination, signed and dated by the physician;

6. Patient assessments developed by each service providing care to the patient;

7. A patient plan of care;

8. Clinical notes, which shall be entered on the day service is rendered;

9. Progress notes;

10. A record of medications administered, including the name and strength of the drug, date and time of administration, dosage administered, method of administration, and signature of the person who administered the drug;

11. A record of self-administered medications, if the patient self-administers medications;

12. Documentation of allergies in the medical record and on its outside front cover;

13. Documentation of dental, laboratory, and radiological services provided;

14. A record of referrals to other health care providers;

15. Documentation of consultations;

16. Any signed, written informed consent forms;

17. A record of any treatment, drug, or service offered by personnel of the facility and refused by the patient;

18. All orders for treatment, medication, and diets, signed by a physician. Physician orders for speech-language pathology, physical therapy, and occupational therapy services shall include specific modalities and the frequency of treatment;

19. The discharge plan; and

20. The discharge summary, in accordance with N.J.S.A. 26:8-5 et seq.

8:43F-19.4 Requirements for entries

(a) All orders for patient care shall be prescribed in writing and signed and dated by the prescriber, in accordance with the laws of the State of New Jersey.

(b) All entries in the patient medical record shall be legible and signed and dated by the person entering them.

8:43F-19.5 Medical records policies and procedures

(a) The facility shall establish and implement written policies and procedures regarding medical records including, but not limited to, policies and procedures for the following:

1. The protection of medical record information against loss, tampering, alteration, destruction, or unauthorized use. The patient's consent shall be obtained for release of medical record information.

2. The specific period of time within which the medical record shall be completed following patient discharge, and disciplinary action for non-compliance;

3. The transfer of patient information when the patient is transferred to another health care facility; and

4. The release and/or provision of copies of the patient's medical record to the patient and/or the patient's authorized representative. Such written policies and procedures shall include, but not be limited to, the following:

i. Establishment of a fee schedule for obtaining copies of the patient's medical record;

ii. Policies and procedures regarding patient access to the patient's medical record;

iii. Policies and procedures regarding availability of the patient's medical record to the patient's authorized representative if it is medically contraindicated, as documented by a physician in the patient's medical record, for the patient to have access to or obtain copies of the record; and

iv. Procedures to ensure that the patient's medical record is provided within 30 calendar days of the written request.

8:43F–19.6 Preservation, storage, and retrieval of medical records

(a) All medical records shall be preserved in accordance with N.J.S.A. 26:8–5 et seq.

(b) If the facility plans to cease operation, it shall notify the Department in writing, at least 14 days before cessation of operation, of the location where medical records will be stored and of methods for their retrieval.

SUBCHAPTER 20. INFECTION PREVENTION AND CONTROL SERVICES

8:43F–20.1 Administrator's responsibilities

(a) The administrator shall ensure the development and implementation of an infection prevention and control program.

(b) The administrator shall designate a person who shall be responsible for the direction, provision, and quality of infection prevention and control services. The designated person shall be responsible for, but not limited to, developing and maintaining written objectives, a policy and procedure manual, an organizational plan, and a quality assurance program for the infection prevention and control service.

8:43F–20.2 Infection control policies and procedures

(a) The facility shall establish an infection control committee which shall include the medical director and representatives from at least administration and the nursing service.

(b) The infection control committee shall develop, implement, and review, at least annually, written policies and procedures regarding infection prevention and control, including, but not limited to, policies and procedures regarding the following:

1. A definition of nosocomial infection;

2. A system for identifying and monitoring nosocomial infections;

3. In accordance with 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 patients or personnel having these infections, diseases, or conditions;

4. Infection control and isolation, in accordance with the Centers for Disease Control and Occupational Safety and Health Administration publication, "Enforcement Procedures for Occupational Exposure to Hepatitis B Virus (HVB) and Human Immunodeficiency Virus (HIV)", OSHA Instruction CPL 2–2.44A, August 15, 1988;

5. Aseptic technique, employee health, and staff training;

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

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

8. The prevention of decubitus ulcers;

9. 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; and

ii. Selection, storage, use, and disposition of single use and other patient care items; and

10. Collection, handling, storage, decontamination, disinfection, sterilization, and disposal of regulated medical waste and all other solid or liquid waste.

NOTE: Centers for Disease Control publications can be obtained from:

National Technical Information Service
U.S. Department of Commerce
5285 Port Royal Road
Springfield, VA 22161

or

Superintendent of Documents
U.S. Government Printing Office
Washington, D.C. 20402

(c) Each service in the facility shall develop written policies and procedures for the infection control program for that service.

8:43F–20.3 Infection prevention measures

(a) The facility shall follow all recommendations in the current editions of the following Centers for Disease Control publications, incorporated herein by reference, unless the infection control committee makes a documented exception for a specific guideline:

1. Guidelines for Prevention of Catheter-Associated Urinary Tract Infections;

2. Guidelines for Prevention of Intravascular Infections;

3. Guidelines for Prevention of Surgical Wound Infections;

4. Guidelines for Prevention of Nosocomial Pneumonia;

5. Guidelines for Handwashing and Hospital Environmental Control; and

6. Prevention and Control of Tuberculosis in Facilities Providing Long-Term Care to the Elderly.

(b) The facility shall document evidence of annual vaccination against influenza for each patient, in accordance with the recommendations of the Advisory Committee on Immunization Practices of the Centers for Disease Control most recent to the time of vaccination, unless such vaccination is medically contraindicated or the patient has refused the vaccine, in accordance with N.J.A.C. 8:43F–17.2(a)3. Influenza vaccination for all patients accepting the vaccine shall be completed by November 30 of each year. Patients admitted after this date during the flu season and up to February 1, shall, as medically appropriate, receive influenza vaccination prior to or on admission unless refused by the patient.

(c) The facility shall document evidence of vaccination against pneumococcal disease for all patients who are 65 years of age or older, in accordance with the recommendations of the Advisory Committee on Immunization Practices of the Centers for Disease Control most recent to the time of vaccination, unless such vaccination is medically contraindicated or the patient has refused offer of the vaccine in accordance with N.J.A.C. 8:43F–17.2(a)3. The facility shall provide or arrange for pneumococcal vaccination of patients who have not received this immunization, prior to or on admission unless the patient refuses offer of the vaccine.

Amended by R.1995 d.128, effective March 6, 1995.
See: 26 N.J.R. 4532(a), 27 N.J.R. 939(a).
Amended by R.1998 d.258, effective May 18, 1998.
See: 30 N.J.R. 39(a), 30 N.J.R. 1853(c).
Inserted new (a)6 , (b), and (c).

8:43F–20.4 Use and sterilization of patient care items

(a) Single use patient care items shall not be reused. Other patient care items which are reused shall be reprocessed and reused in accordance with manufacturers' recommendations.

(b) Sterilized materials shall be marked with an expiration date and shall not be used subsequent to the expiration date.

(c) Sterilized materials shall be packaged and labeled so as to maintain sterility and so as to permit identification of expiration dates.

(d) Expiration dates shall be assigned to sterilized materials in accordance with the following:

1. Double-wrapped muslin/paper wrappers shall be marked with an expiration date not to exceed one month following sterilization;

2. Heat-sealed paper/plastic wrappers shall be marked with an expiration date not to exceed one year following sterilization; and

3. Self-sealed packaging shall be marked with an expiration date not to exceed the manufacturer's recommendation.

8:43F–20.5 Care and use of sterilizers

(a) Sterilizers shall be kept clean.

(b) Sterilizer drains shall be flushed at least weekly, unless otherwise specified by the manufacturer, and a record of such action shall be maintained.

(c) At the completion of each sterilization load, the time, temperature, and pressure readings shall be checked and recorded.

(d) A record of each sterilization load, including the date, the load number, the contents of the load, and the expiration dates of the contents, shall be maintained for at least one year.

8:43F–20.6 Regulated medical waste

(a) Regulated medical waste shall be collected, stored, handled, and disposed of in accordance with applicable Federal and State laws and regulations.

(b) The facility shall comply with the provisions of N.J.S.A. 13:1E–48.1 et seq., the Comprehensive Regulated Medical Waste Management Act, and all rules and regulations promulgated pursuant to the aforementioned Act.

Amended by R.1995 d.128, effective March 6, 1995.
See: 26 N.J.R. 4532(a), 27 N.J.R. 939(a).

SUBCHAPTER 21. HOUSEKEEPING, SANITATION, AND SAFETY

8:43F–21.1 Provision of services

(a) The facility shall provide and maintain a sanitary and safe environment for patients.

(b) The facility shall provide housekeeping, laundry, and pest control services.

(c) Written objectives, policies, a procedure manual, an organizational plan, and a quality assurance program for housekeeping, sanitation, and safety services shall be developed and implemented.

8:43F–21.2 Housekeeping

(a) A written work plan for housekeeping operations shall be established and implemented, with categorization of cleaning assignments as daily, weekly, monthly, or annually within each area of the facility.

(b) Procedures shall be developed for selection and use of housekeeping and cleaning products and equipment.

(c) Housekeeping personnel shall be trained in cleaning procedures, including the use, cleaning, and care of equipment.

8:43F–21.3 Patient care environment

(a) The following housekeeping, sanitation, and safety conditions shall be met:

1. The facility and its contents shall be free of dirt, debris, and insect and rodent harborages;

2. Nonskid wax shall be used on all waxed floors;

3. All rooms shall be ventilated to help prevent condensation, mold growth, and noxious odors;

4. All patient areas shall be free of noxious odors;

5. Throw rugs or scatter rugs shall not be used in the facility;

6. All furnishings shall be clean and in good repair, and mechanical equipment shall be in working order. Equipment shall be kept covered to protect from contamination and accessible for cleaning and inspection. Broken or worn items shall be repaired, replaced, or removed promptly;

7. All equipment shall have unobstructed space provided for operation;

8. All equipment and materials necessary for cleaning, disinfecting, and sterilizing shall be provided;

9. Thermometers which are accurate to within three degrees Fahrenheit shall be maintained in refrigerators, freezers, and storerooms used for perishable and other items subject to deterioration;

10. Pesticides shall be applied in accordance with N.J.A.C. 7:30;

11. Articles in storage shall be elevated from the floor and away from walls;

12. All poisonous and toxic materials shall be identified, labeled, and stored in a locked cabinet or room that is used for no other purpose;

13. Combustible materials shall not be stored in heater rooms or within 18 feet of any heater located in an open basement;

14. Paints, varnishes, lacquers, thinners, and all other flammable materials shall be stored in closed metal cabinets or containers;

15. Unobstructed aisles shall be provided in storage areas;

16. A program shall be maintained to keep rodents, insects, vermin, and birds out of the facility;

17. Toilet tissue, soap, and towels or air dryers shall be provided in each bathroom at all times;

18. All solid or liquid waste which is not regulated medical 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 the New Jersey State Department of Health. Solid waste shall be stored in insectproof, rodentproof, fireproof, nonabsorbent, watertight containers with tight-fitting 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;

19. Garbage compactors shall be located on an impervious pad that is graded to a drain. The drain shall be unobstructed and connected to the sanitary sewage disposal system;

20. Plastic bags shall be used for solid waste removal. Plastic bags used for solid waste removal shall be designated by the manufacturer as "medium" or "heavy" weight or their equivalent;

21. Draperies, upholstery, and other fabrics or decorations shall be fire-resistant and flameproof;

22. Wastebaskets and ashtrays shall be made of noncombustible materials;

23. Latex foam pillows shall be prohibited;

24. The temperature of the hot water used for bathing and handwashing shall not exceed 110 degrees Fahrenheit (43 degrees Celsius);

25. Equipment requiring drainage, such as ice machines, shall be drained to a sanitary connection; and

26. The temperature in the facility shall be kept at a minimum of 72 degrees Fahrenheit (22 degrees Celsius) when patients are in the facility.

8:43F–21.4 Laundry services

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

1. The storage and transportation of laundry;

2. Collection of soiled laundry so as to avoid microbial dissemination into the environment, and placement in impervious bags or containers that are closed at the site of collection. Separate containers shall be used for transporting clean laundry and for transporting soiled laundry;

3. Storage of soiled laundry in a ventilated area separate from any other supplies. Soiled laundry shall not be stored, sorted, rinsed, or laundered in patient areas, bathrooms, areas of food preparation and/or storage, or areas in which clean laundry and/or equipment are stored; and

4. Protection of clean laundry from contamination during processing, transporting, and storage.

SUBCHAPTER 22. QUALITY ASSURANCE PROGRAM

8:43F–22.1 Quality assurance plan

The facility shall establish and implement a written plan for a quality assurance program for patient care. The plan shall specify a timetable and the person(s) responsible for the quality assurance program and shall provide for ongoing monitoring of staff and patient care services.

8:43F-22.2 Quality assurance activities

(a) Quality assurance activities shall include, but not be limited to, the following:

1. At least annual review of staff qualifications and credentials;

2. At least annual review of staff orientation and staff education;

3. Evaluation of patient care services, staffing, infection prevention and control, housekeeping, sanitation, safety, maintenance of physical plant and equipment, patient care statistics, and discharge planning services;

4. Evaluation by patients and their families of care and services provided by the facility;

5. Review of medication errors and adverse drug reactions by the pharmacy committee;

6. Audit of patient medical records (including those of both active and discharged patients) on an ongoing basis to determine if care provided conforms to criteria established by each patient care service for the maintenance of quality of care; and

7. Establishment of objective criteria for evaluation of the patient care provided by each service.

8:43F-22.3 Measures for corrections and improvements

The results of the quality assurance program shall be submitted to the governing authority at least annually and shall include at least deficiencies found and recommendations for corrections or improvements. Deficiencies which jeopardize patient safety shall be reported to the governing authority immediately. The administrator shall implement measures to ensure that corrections or improvements are made.

SUBCHAPTER 23. PHYSICAL PLANT

8:43F-23.1 Freestanding facilities

Construction standards for freestanding facilities for new buildings and alterations, renovations, and additions in existing buildings for freestanding adult day health care facilities shall comply with the New Jersey Uniform Construction Code, N.J.A.C. 5:23, Use Group Business (B).

8:43F-23.2 Facilities located within long-term care facilities

Construction standards for facilities within long-term care facilities for new buildings and alterations, renovations, and additions for adult day health care facilities in existing buildings which are part of long-term care facilities shall comply with the New Jersey Uniform Construction Code, N.J.A.C. 5:23, Use Group I-2 (Institutional).

8:43F-23.3 Plan review; fees

Prior to any construction, plans shall be submitted to the Department and review fees shall be paid, pursuant to N.J.A.C. 8:31-1.1.

SUBCHAPTER 24. FUNCTIONAL REQUIREMENTS

8:43F-24.1 Provision for the handicapped

Facilities shall be available and accessible to the physically handicapped pursuant to the New Jersey Uniform Construction Code, N.J.A.C. 5:23-7, Barrier Free Subcode.

8:43F-24.2 Functional service areas

(a) Each adult day health care facility shall provide the following service areas on site:

1. Administration services;

2. Employee facilities;

3. Housekeeping services;

4. Social work services;

5. Patient activities;

6. Nursing services and medical services;

7. Dietary services; and

8. Pharmaceutical services.

(b) Each adult day health care facility shall contain either on-site or through contract arrangement the following service areas:

1. Laboratory services;

2. Radiology services;

3. Occupational therapy;

4. Physical therapy;

5. Dental and emergency dental services;

6. Nutritional counseling;

7. Eye examination and eye glasses;

8. Speech-language pathology and audiology services; and

9. Laundry services.

8:43F-24.3 Administration and public areas

(a) The entrance shall be located at grade level and shall accommodate wheelchairs.

(b) The public area shall include:

1. Wheelchair storage;

2. Public toilets;

3. Public telephone(s); and

4. Drinking fountain(s).

(c) Interview space(s) for private interviews related to credit and admission shall be provided.

(d) General or individual office(s) for business transactions, records, administrative, and professional staffs shall be provided.

(e) Clerical space or rooms for typing, clerical work, and filing shall be provided.

(f) Multipurpose room(s) equipped for visual aids shall be provided for conferences, meetings, and health education purposes.

(g) General storage facilities for supplies and equipment shall be provided as needed for continuing operation.

8:43F–24.4 Employee facilities

Employee facilities, such as lockers, lounges and toilets, shall be provided for employees and volunteers.

8:43F–24.5 Housekeeping services

A janitor's closet shall be provided for each floor which shall contain a service sink and storage for housekeeping supplies and equipment.

8:43F–24.6 Social work services

The social work service area shall include office space for private interviewing and counseling, waiting space, record storage area and secretarial office space.

8:43F–24.7 Patient activities area

(a) A facility shall have a total of 30 square feet per person for patient activities and dining.

(b) Storage space shall be provided for recreational equipment and supplies.

(c) An office or area for the patient activities director shall be provided.

8:43F–24.8 Nursing service

(a) There shall be space for one chaise lounge, bed, or reclining chair for every 10 patients, based upon the daily census.

(b) There shall be one toilet and lavatory for every eight patients.

(c) Office space for nursing staff shall be provided.

(d) A storage area for equipment and supplies shall be provided.

(e) An examination room or private treatment space shall be provided and shall have a minimum floor area of 80 square feet, including an area for the storage of patient charts. Handwashing facilities and a counter or shelf space for writing shall be provided.

8:43F–24.9 Dietary services

(a) The construction, equipment and installation of food service facilities shall meet the requirements of the functional program. Services may consist of an on-site conventional food preparation system, a convenience food service system, a catering service or an appropriate combination thereof. The following facilities shall be provided to implement the food service selected:

1. A control station for receiving food supplies;

2. Storage facilities for food supply, including cold storage items;

3. Food preparation facilities as follows:

i. Conventional food preparation system with space and equipment for preparing, cooking and baking;

ii. Convenience food service system, such as frozen prepared meals, bulk packaged entrees, individually packaged portions, and contractual commissary services with space and equipment for thawing, portioning, cooking, and/or baking;

4. Handwashing facility(ies), located in the food preparation area;

5. Warewashing space, which shall be located in a room or an alcove separate from the food preparation and serving area;

6. Waste storage facility(ies), which shall be located in a separate room easily accessible to the outside for direct waste pickup or disposal;

7. Office(s) or desk space(s) for dietitian(s) or the dietary service manager;

8. Toilets for dietary staff, with handwashing facility(ies) immediately available; and

9. A janitor's closet located within the dietary department and containing a floor receptor or service sink and a storage area for housekeeping equipment and supplies.

8:43F–24.10 Pharmaceutical services

(a) The following shall be provided for pharmaceutical services:

1. A dispensing area with a handwashing facility;

2. Space for a locked storage cart; and

3. Space for a refrigerator.

8:43F-24.11 Laboratory services

(a) Laboratory services shall be provided within the medical day care facility or through contract arrangement with a hospital or laboratory service.

(b) If these services are provided on contract, the following laboratory facilities shall also be provided in the facility:

1. Laboratory work counter(s), with sink; and

2. Specimen collection facilities with a water closet and lavatory. Blood collection facilities shall have seating space, a work counter, and handwashing facilities.

8:43F-24.12 Radiology services

Radiology services shall be available. If provided on-site, a portable x-ray with film processing facilities may be used, if required by the program.

8:43F-24.13 Occupational therapy service

(a) If occupational therapy services are provided on site, the following areas shall be provided:

1. Office space;

2. Waiting space;

3. Activity areas;

4. Storage for supplies and equipment; and

5. Patients' dressing areas, showers, lockers and toilet room.

(b) The areas designated in (a) 1, 2, 4 and 5 above may be planned and arranged for shared use by physical therapy patients and staff, if the program reflects this sharing concept.

8:43F-24.14 Physical therapy service

(a) If physical therapy services are provided on site, the following spaces shall be provided:

1. Office space;

2. Waiting space;

3. Treatment area(s);

4. Exercise area;

5. Storage for clean linen, supplies and equipment; and

6. Patient dressing areas, showers, lockers, and toilet.

(b) The areas designated in (a) 1, 2, 5 and 6 above may be planned and arranged for shared use by occupational therapy patients and staff if the program reflects this sharing concept.

8:43F-24.15 Dental and emergency dental services

(a) If dental service is to be provided on-site, a dental chair with light and drill, and a lavatory shall be provided.

(b) If the program does not require a room, a portable chair may be used.

8:43F-24.16 Eye examination services

If eye examination services are provided on-site, a special purpose examination room shall be provided and designed and equipped to accommodate service.

8:43F-24.17 Speech and language pathology and audiology services

(a) If speech and language pathology and audiology services are provided on-site, the following shall be provided:

1. Office(s) for the therapist;

2. Space for evaluation and treatment; and

3. Space for equipment and storage.

8:43F-24.18 Nutritional counseling

Nutritional counseling may be provided in the dietitian's office or in a conference room, based on program requirements.

8:43F-24.19 Laundry service

(a) If laundry services are provided on-site, the following areas shall be provided.

1. A laundry processing room;

2. A soiled linen receiving, holding, and sorting room with handwashing facility;

3. Storage for laundry supplies;

4. A clean linen storage, issuing and holding room or area; and

5. A janitor's closet, containing a floor receptor or service and storage space for housekeeping equipment and supplies.

(b) If linen is processed off-site, the following areas shall be provided:

1. A soiled linen holding room or area; and

2. A clean linen receiving, holding, inspection, and storage room(s) or area.