

CHAPTER 47

**STANDARDS FOR PRIVATE LICENSED FACILITIES
FOR PERSONS WITH DEVELOPMENTAL
DISABILITIES**

Authority

N.J.S.A. 30:1-12, 30:1-15, 30:1-15.1 and 30:6D-1 et seq.

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Chapter Expiration Date

Chapter 47, Standards for Private Licensed Facilities for Persons with Developmental Disabilities, expires on September 17, 2006.

Chapter Historical Note

Chapter 47, Manual of Standards for Private Licensed Institutions for the Mentally Retarded, was adopted as R.1975 d.203, effective August 1, 1975. See: 7 N.J.R. 265(b), 7 N.J.R. 364(a).

Chapter 47, Manual of Standards for Private Licensed Institutions for the Mentally Retarded, was repealed and a new Chapter 47, Manual of Standards for Private Licensed Facilities for the Mentally Retarded, was adopted as R.1985 d.540, effective November 4, 1985. See: 16 N.J.R. 2902(a), 17 N.J.R. 2648(b).

Pursuant to Executive Order No. 66(1978), Chapter 47, Manual of Standards for Private Licensed Facilities for the Mentally Retarded, was readopted by R.1990 d.593, effective November 2, 1990. See: 22 N.J.R. 2915(a), 22 N.J.R. 3620(b).

Subchapter 2, Licensure Procedure, was repealed and a new Subchapter 2, Licensure, was adopted as R.1990 d.593, effective December 3, 1990.

Chapter 47, Manual of Standards for Private Licensed Facilities for the Mentally Retarded, was repealed and a new Chapter 47, Standards for Private Licensed Facilities for the Developmentally Disabled, was adopted as R.1995 d.545, effective October 16, 1995. See: 27 N.J.R. 2831(a), 27 N.J.R. 3938(a). Pursuant to Executive Order No. 66(1978), Chapter 47, Standards for Private Licensed Facilities for the Developmentally Disabled, expired on October 16, 2000.

Chapter 47, Standards for Private Licensed Facilities for Persons with Developmental Disabilities, was adopted as new rules by R.2001 d.317, effective September 17, 2001. See: Source and Effective Date.

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SUBCHAPTER 1. GENERAL PROVISIONS

10:47-1.1 Purpose and scope

(a) The purpose of this chapter is to provide for the protection of persons with developmental disabilities who require such supervision and to provide for overall improvement in the quality of life for individuals residing in private residential facilities for the developmentally disabled in New Jersey. The Health Care Facilities Planning Act, N.J.S.A. 26:2H-1 et seq., vests the responsibilities for licensing and regulation of health care facilities with the State Department of Health and Senior Services.

(b) N.J.S.A. 30:1-15, however, vests the New Jersey Department of Human Services with the responsibility for inspection of private residential facilities for persons with developmental disabilities as necessary, but at least once a year. These statutes also authorize the Commissioner of the Department of Human Services to set appropriate operating standards for these facilities. The standards set forth in this chapter are minimum operating standards for private facilities serving persons with developmental disabilities in the State of New Jersey.

10:47-1.2 Definitions

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

“Abuse” means any act or omission that deprives an individual of his or her rights or which has the potential to cause or causes actual physical injury or emotional harm or distress. Examples of abuse include, but are not limited to: acts that cause pain, cuts, bruises, loss of body function, sexual abuse, temporary or permanent disfigurement, death; striking with a closed or open hand; pushing to the ground or shoving aggressively; twisting a limb; pulling hair; withholding food; forcing an individual to eat obnoxious substances; use of verbal or other communication to curse, vilify, degrade an individual or threaten with physical injury. Planned use of behavioral intervention techniques which are part of an approved behavior modification plan or Individual Habilitation Plan shall not be considered to be abuse or neglect.

“Advance practice nurse,” also known as a nurse practitioner (see N.J.S.A. 45:11-46c), is defined in N.J.S.A. 45:11-23, and may, in addition to those tasks lawfully performed by a registered professional nurse, manage specific common deviations from wellness and stabilized long term care illnesses by initiating laboratory and other diagnostic tests and prescribing certain medications and devices. (See N.J.S.A. 45:11-49.)

“Age appropriate” means that aspect of normalization that reinforces recognition of an individual as a person of a certain chronological age. This includes, but is not limited to, an individual’s dress, behavior, use of language, choice of leisure and recreation activities, personal possessions and self-perception.

“Assessment” means the process of identifying a person’s developmental strengths and needs, and the conditions that impede and promote development. There are two levels of assessment: screening and evaluation.

“Aversive technique” means the presentation of stimuli or conditions to decrease the frequency, intensity or duration of maladaptive behavior by inducing distress, discomfort or pain, which may place the individual at some degree of risk of physical and/or psychological injury.

“Behavior disorder” means an abnormal action which may interfere with the individual’s activities of daily living.

“Behavior Management Committee” means a representative body of individuals who have clinical expertise and individuals who have administrative authority within the Division component or provider agency who review behavior plans and who make a judgment as to whether or not the plans are clinically/technically appropriate. Other behavior management issues may be referred to this committee. The committee acts as an advisory body to the Chief Executive Officer.

“Behavior objective” means one of a series of short range steps which are developmentally sequenced and directed toward the achievement of an established goal. Each behavioral objective specifies a single, learned response to be exhibited by the individual and the criterion against which progress is measured. The objective is developed and based upon knowledge of assessed developmental strengths and needs.

“Chief executive officer” means the person having administrative authority over, and responsibility for, a private residential facility licensed under this chapter.

“Developmental disability” means a severe, chronic disability of a person which:

1. Is attributable to a mental or physical impairment or combination of mental or physical impairments;
2. Is manifest before age 22;
3. Is likely to continue indefinitely;
4. Results in substantial functional limitations before the age of 22 in three or more of the following areas of major life activity, that is, self-care, receptive and expressive language, learning, mobility, self-direction and capacity for independent living or economic self-sufficiency; and

5. Reflects the need for a combination and sequence of special interdisciplinary or generic care, treatment or other services which are of lifelong or extended duration and are individually planned and coordinated.

“Developmental disability” includes, but is not limited to, severe disabilities attributable to mental retardation, autism, cerebral palsy, epilepsy, spina bifida and other neurological impairments where the above criteria are met.

“Director” means the Director of the Division of Developmental Disabilities.

“Division” means the Division of Developmental Disabilities.

“Exploitation” means any unjust or improper use of an individual or his or her resources for one’s profit, advantage, or gratification.

“Goal” means a long range outcome. Goals are generally expected to be achieved by an individual within one to five years; they are stated in measurable terms so that their attainment can be determined. Goals must be individually centered and written to reflect the intent and direction of the Individual Habilitation Plan. Goals are broad in nature, realistic, based upon assessed needs and capabilities and attained through the use of behavioral and/or service objectives.

“Habilitation” means the process of providing those comprehensive services that are deemed necessary to meet the needs of persons who are developmentally disabled in programs designed to achieve objectives of health, welfare and the realization of an individual’s maximum physical, social, psychological and vocational potential for useful and productive activities. Habilitation services may include, but are not limited to, the following:

1. Developing socially appropriate behaviors including sexual behaviors and interpersonal skills, and eliminating maladaptive behaviors;
2. Developing cognitive skills including, but not limited to, recognizing personal danger, telling time, managing money, making change, recognizing street and other signs, solving problems, etc.;
3. Developing recreation and leisure time skills;
4. Orienting to the community and training for mobility and travel;
5. Developing or remediating communication skills;
6. Developing appropriate activities of daily living such as grooming, dressing and self-care habits, such as toileting, eating and shaving; and
7. Training in assertiveness, and advocacy in dealing with citizenship, legal, family and/or social needs.

“Human Rights Committee” means a group comprised of professionals, individuals served, advocates and/or interested persons from the community at large who function as an advisory body to the CEO on issues directly or indirectly affecting the rights of individuals served.

“Individual Habilitation Plan (IHP)” means a written plan of intervention and action that is developed by the interdisciplinary team. It specifies both the prioritized goals and objectives being pursued by each individual and the steps being taken to achieve them. It may identify a continuum of skill development that outlines progressive steps and the anticipated outcomes of services. The IHP is a single plan that encompasses all relevant components, such as an education plan, a behavior modification plan, a program plan, a rehabilitation plan, a treatment plan and a health care plan. The complexity of the IHP will vary according to the needs, capabilities and desires of the person. In most instances, the IHP shall address all major needs identified. The major needs shall be prioritized. For an individual who makes only specific service requests, the IHP shall be a service plan which addresses only those specific requests.

“Imminent danger” means a situation which could reasonably be expected to cause a serious risk to the health, safety or welfare of an individual receiving services.

“Individual with developmental disabilities” (individual, person served) means that person with developmental disabilities residing in a licensed private facility for the developmentally disabled.

“Informed consent” means a formal expression, oral or written, of agreement with a proposed course of action by an individual who has the capacity, the information and the ability to render voluntary agreement on his or her own behalf or on behalf of another.

“Interdisciplinary Team (IDT)” means an individually constituted group responsible for the development of a single, integrated IHP. The team shall consist of the person receiving services, the legal guardian, the parents or family member (if the adult desires that the parent or family member be present), those persons who work most directly with the individual served, and professionals and representatives of the service areas who are relevant to the identification of the individual’s needs and the design and evaluation of programs to meet them.

“Inspecting agency” means the Department of Human Services, Division of Developmental Disabilities.

“Investigation” means the systematic inquiry into the factors which have contributed to an incident, allegation or complaint. An investigation may range from a brief examination of records and statements to a comprehensive collection and analysis of all pertinent evidence.

“Least restrictive” means a principle whereby the interventions in the lives of persons with developmental disabilities are carried out with a minimum of limitation, intrusion, disruption, or departure from commonly accepted patterns of living.

“License” means the authorization issued by the New Jersey Department of Health and Senior Services, pursuant to N.J.S.A. 26:2H-1 et seq. and N.J.A.C. 8:39-2.9, for a period of one year, to the legally responsible person or entity in the facility providing residential services to persons with developmental disabilities.

“Measurable” means there are established criteria which are observable and can be quantified via a data collection system.

“Neglect” means the failure of the facility staff to provide for or maintain the care and safety of individuals under his or her supervision, including, but not limited to, failure to provide and maintain proper and sufficient food, clothing, health care, shelter and/or supervision.

“Normalization” means a principle of making available to the persons receiving services the commonly accepted patterns and conditions of everyday life.

“Physical restraint” means physical contact with an individual, initiated by one or more staff members, which restricts freedom of movement either partially or totally. Physical restraint as herein defined may be implemented as:

1. A procedure intended to protect an individual from inflicting injury upon himself or herself, staff or other individuals; or
2. As a behavior reduction procedure intended to reduce the frequency of a maladaptive behavior including, but not limited to, self injurious or otherwise aggressive behavior.

“Pica” means the maladaptive behavior of ingesting inedible substances or objects, including, but not limited to, soil, toys, or paint chips.

“Psychoactive medication” means those chemical substances which exert a direct effect upon the central nervous system and which are utilized as part of a treatment plan to address psychiatric disorders, symptoms of psychiatric disorders or to influence and modify behavior. Specifically, the generic classes of psychoactive medication include, but are not limited to:

1. Neuroleptics, such as chlorpromazine;
2. Anti-depressants, such as imipramine;
3. Agents for control of mania and depression, such as lithium;
4. Sedatives, hypnotics to promote sleep, such as flurazepam hydrochloride;

5. Psychomotor stimulants, such as methylphenidate hydrochloride; and

6. Anti-convulsants, such as Carbamazepine.

“Regulated medical waste” means any solid waste generated in the diagnosis, treatment, immunization of human beings or animals, research pertaining thereto, or in the production or testing of biologicals listed in the following: cultures or stocks; pathological wastes; human blood and blood products; sharps; animal waste; isolation wastes; and unused sharps, in accordance with N.J.A.C. 7:26-3A.

“Service objective” means a significant desired outcome that cannot be achieved as a result of learning or training. It includes quantifiable but non-behavioral outcomes such as seizure reduction or maintenance of blood pressure within a stated range, and quality of life outcomes such as developing and maintaining social networks. It also includes outcomes dependent on the behavior of staff, such as provision of adaptive or mobility equipment, obtaining specialized assessments, or referral for alternative placement.

“Severe medical problem” means any acute or long term condition which warrants frequent nursing care or monitoring, including, but not limited to, nasogastric tube feedings, gastrostomy, colostomy, tracheostomy, intravenous therapy, decubitus ulcer, quadriplegia and poorly controlled diabetes.

“Unusual incident” means an event involving an individual served by the Division or employee involving indications or allegations of criminal actions, injury, negligence, exploitation, abuse, clinical mismanagement or medical malpractice, a major unforeseen event, for example, serious fire, explosion, power failure that presents a significant danger to the safety or well being of individuals served and/or employees; or a newsworthy incident.

“Volunteer” means an unpaid person who supports and supplements daily programs and services. A person may volunteer individually, or as a member of an organized group.

SUBCHAPTER 2. LICENSURE

10:47-2.1 Admissions to private facilities

No private facility for persons with developmental disabilities shall accept individuals until the facility has obtained a license issued by the Licensing, Certification and Standards office of the Department of Health and Senior Services. The facility shall not exceed its licensed capacity.

10:47-2.2 Surveys of facilities

Survey visits may be made to a facility at any time by authorized staff of the Department of Health and Senior Services or the Department of Human Services. Such visits may include, but not be limited to, the review of all facility documents, individuals' records and conferences with individuals and staff.

10:47-2.3 License

(a) A temporary license may be issued to a facility for a period of six months and may be renewed as determined by the Department of Health and Senior Services, based upon the achievement of a substantial degree of compliance with this chapter.

(b) A full license may be issued by the Department of Health and Senior Services, based upon compliance with this chapter.

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

SUBCHAPTER 3. ADMINISTRATION**10:47-3.1 Management and organizational standards**

The facility shall have available a copy of this chapter (N.J.A.C. 10:47) and other State and Federal regulations relevant to the function of the facility. This includes copies of all regulations cited within this chapter.

10:47-3.2 Inspection

(a) The facility shall allow the licensing agency or its representatives to inspect all aspects of a program's operations and to interview any staff member of, or any individual in the care of, the facility.

1. A facility shall make all information related to assessment of compliance with these requirements available to the licensing agency or its representative.

10:47-3.3 Waivers

(a) The facility shall be in compliance with all applicable provisions of Federal, State and local or municipal laws, regulations and codes unless a waiver for specific requirement(s) has been granted through a prior written agreement with the licensing agency. This agreement shall specify the particular requirement(s) to be waived, the duration of the waiver, and the terms under which the waiver is granted.

1. Waiver of requirements may be granted providing that such a waiver would present no danger to the health, safety, welfare, or rights of the individual and when strict enforcement of a requirement would place an undue burden upon the facility.

10:47-3.4 Mission statement

(a) The facility shall have a written mission statement specifying its philosophy, purposes, and program orientation, and describing both short and long-term goals. The statement should identify the types of services provided and the characteristics of the population to be served by the facility.

1. The statement of philosophy and goals shall be reevaluated at least annually.

10:47-3.5 Conflict of interest; provision of goods and services

The facility shall not permit public funds to be paid or committed to be paid to any corporation, firm, association, partnership, or business in which any of the members of the governing body of the facility, or the members of the immediate families of members of the governing body or executive personnel have any direct or indirect financial interest, or in which any of these persons serve as an officer or employee, unless the services or goods involved are provided at a competitive cost or under terms favorable to the facility.

10:47-3.6 Governing body; non-proprietary facilities

(a) In a non-proprietary facility, there shall be a board of directors, board of trustees, or other similar governing body responsible for the facility's management, control, and operation, the welfare of the individuals served and the formulation of administrative policy.

1. A non-proprietary facility shall have a governing body which includes representatives of the community in which the facility is located, representatives of the parents, and providers of services.
 - i. The names and addresses of all board members shall be supplied to the licensing and inspecting agencies.
 - ii. The professional background of each member shall be provided.
 - iii. Changes in membership shall be reported to the licensing and inspecting agencies annually.
2. The governing body shall elect any of the following to its membership: president or chairperson, vice president or co-chairperson, secretary, treasurer, or other members, based upon the governing needs of the facility. It shall have the power to appoint such officers and committees as it may require to assist in carrying out its functions.
 - i. The governing body shall conduct regular meetings and such special meetings as required.
 - ii. Minutes shall be recorded and readily available to representatives of the licensing and inspecting agencies.
3. The governing body of a facility shall designate a person to act as chief executive officer of the facility and shall delegate sufficient authority to such person necessary to manage the affairs of the facility effectively.
 - i. The chief executive officer, in conjunction with the governing body, shall be responsible for the general direction and establishment of policies concerning the

operation of the facility and welfare of the individuals served.

4. The governing body of a facility shall ensure that the facility:

i. Is in continual compliance and conformity with all relevant laws and/or regulations, whether Federal, State, local or municipal, affecting the operation of the facility;

ii. Is in continual compliance and conformity with the terms of all leases, contracts, or other legal agreements to which the facility is a party;

iii. Is maintained, staffed, and equipped in such a manner as to effectively implement the programs of the facility;

iv. Is adequately funded and fiscally sound. To this end, the governing body shall be responsible for:

(1) The review and approval of the facility's annual budget; and

(2) The review of an annual report completed by an independent auditor. The audit shall be made available upon request to any public agency which provides funds to the facility and the licensing agency; and

v. Consults with the licensing and inspecting agencies prior to making any substantial alteration in the program provided by the facility or the physical plant.

10:47-3.7 Governing body; proprietary facilities

(a) A proprietary facility operated by an owner, partnership, or corporation shall certify to the Division of Developmental Disabilities the names, addresses, occupations or professions of all the owners and the extent of financial interest of each.

(b) A proprietary facility shall have documents which fully identify its ownership. A corporation, partnership, or association shall identify its officers and shall have, where applicable, the charter; partnership agreement; constitution, articles of association; and/or bylaws of the corporation, partnership, or association.

10:47-3.8 Administrative procedures manual

(a) The facility shall assemble and maintain an administrative procedures manual which incorporates all of the written policies and procedures designed to implement the facility's objectives, and key procedures which address the implementation of applicable law and rules.

1. The administrative procedures manual shall describe the policies and procedures of the major operating units, and shall be available to all interested persons. Each procedure shall be designed in accordance with the principles of normalization, age appropriateness, least restriction and shall be consistent with the organizational structure and management philosophy of the facility.

2. The procedures shall be reviewed and updated as necessary but at least every five years.

3. All procedures shall identify the dates of issuance and review or revision.

4. Each policy and/or procedure shall provide:

i. A descriptive title which is unique as to permit easy reference and retrieval of each document;

ii. An explanation regarding the purpose of the document;

iii. A description of sequential steps required to successfully complete a task or action;

iv. Assignment of staff responsibilities at each step in the implementation; and

v. Reporting and recording requirements for each person involved.

5. A table of organization shall be incorporated in the administrative procedures manual to clearly identify lines of authority, responsibility and communication.

6. All staff shall be able to describe procedures that they routinely implement.

7. Policies and procedures shall be readily available and accessible for staff use.

(b) A written procedure shall be available that specifies one individual responsible for the overall operation of the facility at any specific time. The procedure shall provide a schedule for continuous administrative coverage, and responsibilities shall be clearly defined.

(c) A written procedure shall be available detailing requirements for appointment of a guardian in accordance with N.J.A.C. 10:43.

(d) A written procedure detailing round-the-clock accountability of individuals shall be implemented.

(e) A written procedure shall be available to delineate action to be taken in cases where an individual is discovered missing.

(f) A written policy shall be available that defines the use of mechanical restraints in accordance with N.J.A.C. 10:42. Such policies shall be reviewed by the Director for compliance with N.J.A.C. 10:42 prior to implementation.

(g) The facility shall have a Human Rights Committee, in accordance with N.J.A.C. 10:41-4.

(h) A written procedure shall be available which specifies the maintenance of an unusual incidents log and staff responsibilities regarding unusual incidents.

(i) There shall be a written procedure to ensure the investigation of each alleged mistreatment of an individual or an unusual incident or accident.

(j) Any unusual incident or accident (categories are found in the subchapter Appendix, incorporated herein by reference) shall be reported to the New Jersey Department of Health and Senior Services, Bureau of Licensing, and the appropriate Regional Office in the Division of Developmental Disabilities based upon the following time frames:

1. A+ incidents shall be reported immediately;
2. A incidents shall be reported the same working day during normal working hours. If the incident occurs after regular working hours, the incident shall be reported the next working day; and
3. All other reportable incidents shall be reported the next working day.

(k) A copy of the written investigative report, unless otherwise indicated, shall be forwarded to the Division of Developmental Disabilities within 10 working days. The report shall contain, but not be limited to, the following information:

1. The name of the alleged victim(s), date, and time of the incident;
2. Name(s) of the person(s) involved, including participants and witnesses;
3. A description of the incident, including any medical treatment administered;
4. Sanctions that were invoked when the allegation was substantiated; and
5. Any corrective actions taken to prevent a recurrence or to provide additional protection.

10:47-3.9 Abuse of minors

In the case of persons under the age of 18, allegations of abuse or neglect shall also be reported immediately to the local district office of the New Jersey Division of Youth and Family Services (see N.J.S.A. 9:6-8.10).

10:47-3.10 Abuse of dependent adults

In the case of individuals 60 years of age and over, allegations of abuse or neglect shall also be reported to the New Jersey Office of the Ombudsman (see N.J.S.A. 52:27q-7.1).

10:47-3.11 Quality assurance system

(a) A facility shall develop, and implement on a continuing basis, and internal administrative quality assurance system which shall ensure:

1. Compliance with pertinent Federal, State and local laws and regulations;

2. Effective implementation of the facility's internal policies and procedures; and

3. An annual summary encompassing the results of the requirements in (a)1 and 2 above including a corrective action plan.

10:47-3.12 Behavior management

(a) The facility shall establish rules of conduct which promote individual growth by incorporating procedures for reinforcement of positive behaviors and consequences for negative behaviors.

1. No medication shall be used for the convenience of staff, as a substitute for programs, as punishment, or in quantities that interfere with an Individual's Habilitation Plan (IHP).
2. Corporal punishment, physical and verbal abuse, neglect and exploitation shall be prohibited.
3. Seclusion and isolation (that is, the placement of an individual alone in a locked room) shall be prohibited.

10:47-3.13 Transportation

(a) The facility shall ensure that each individual is provided with transportation:

1. In order to implement the individual's IHP; and
2. For use in cases of emergency.

10:47-3.14 Admission policies

(a) The facility shall have written admission policies and criteria for admission which shall include:

1. Chronological age;
2. The level of developmental programming;
3. Other services offered;
4. A physical description of the facility; and
5. Fees for care.

(b) The written description of admission policies, criteria and fees shall be provided to all placement agencies and shall be available to the parent(s) or guardian of any individual referred for placement.

(c) An individual shall not be admitted unless his or her needs can be met by the facility's established programs.

(d) The facility shall establish and make available written procedures concerning admission, readmission, and discharge of an individual with developmental disabilities.

(e) The number of individuals admitted to a facility shall not exceed its licensed capacity nor its provision for adequate programming.

(f) The facility shall maintain a record of all admissions and discharges, including names and dates, for the previous 10 years.

(g) The following written reports shall be available upon admission:

1. Complete psychological examination conducted not more than three years prior to the admission of an individual;
2. Complete medical examination conducted within 48 hours before admission; and
3. Determination of an initial living unit and program assignment(s).

10:47-3.15 Pre-admission

(a) Individual records shall include the following data:

1. The full name and sex of the individual;
2. A copy of the individual's birth certificate or a written statement of the individual's birth date and birth place, including a copy of any guardianship determination made in accordance with N.J.S.A. 30:4-165.5;
3. Documentation of the current custody and legal guardianship; which shall include the name, address, telephone number of the parent(s) or guardian;
4. Consent forms signed by the parent(s) of a minor or court appointed guardian allowing the facility to authorize all necessary medical care, routine tests, immunization, and emergency medical or surgical treatment;
5. Documentation of the existence of a developmental disability prior to the age of 22 (for example, medical diagnosis, psychological evaluation, social history);
6. A social and developmental history;
7. A previous placement history;
8. Behavioral information, including, if applicable, the most recent psychological evaluation, current behavior plan and history of previous attempts to modify the behavior;
9. A psychiatric evaluation, if applicable;
10. A medication history and immunization history;
11. Documentation for known allergies;
12. Seizure records and/or neurological examination;
13. A history of serious illness, serious injury, or major surgery and all hospitalizations;
14. A certificate which certifies that the person is free from contagious disease within 48 hours prior to admission;
15. A summary of the latest physical examination, including Mantoux testing, Hepatitis B status and lead levels;

16. A current audiological evaluation, if available;

17. Vision testing, if available;

18. Dental information, if available;

19. An IHP from the sending agency indicating the individual's programmatic and service needs and corresponding recommendations; and

20. Education records and reports as required.

10:47-3.16 Individual records

(a) Individual records shall include the following data:

1. The date of admission;
2. The individual's social history and Medicaid numbers;
3. The individual's religious preference;
4. The name, address and telephone number of all personal physicians and dentists;
5. A physical examination by the physician within one week of admission which includes:
 - i. An examination for physical injury and disease;
 - ii. An assessment of the individual's general health; and
 - iii. Referrals to an appropriate medical specialist for further assessment and/or treatment;
6. Dental information, vision testing, and audiological evaluation, if not present in pre-admission data;
7. A prescribed medical program if required;
8. Physician's orders prescribing medication treatment and/or therapy;
9. Reports of clinical laboratory, X-ray, operation, and other diagnostic services;
10. Height and weight records;
11. A medically-prescribed diet, if required;
12. A medication administration record, including name and strength of drug, date and time of administration, dosage administered, route of administration and signature of the person administering the drug. (Initials may be used after the individual's full name, signature appears at least once on each page of the document);
13. Physician's periodic progress notes as required on the physical, emotional and behavioral status of the individual and course and results of treatment;
14. Progress notes of ancillary services including podiatry, physical therapy, optometry, speech and hearing, etc.;
15. The current Individual Habilitation Plan;

16. Previous reports of individual's social and behavioral progress to correspond to the current Individual Habilitation Plan; and

17. A record of the individual's personal property and funds.

10:47-3.17 Discharge record

(a) Individual records shall include the following discharge data:

1. The date of discharge, reason for discharge, and the name, telephone number, and address of the person or agency to whom the individual was discharged; and

2. A written discharge summary describing the individual's medical, behavioral and program needs, current programming goals and developmental progress, and recommendations for future programming to ensure an orderly transition to the new environment.

(b) The facility shall have a written policy concerning emergency discharge of an individual. For individuals receiving services from the Division of Developmental Disabilities, the policy on emergency discharge shall comply with the requirements of N.J.S.A. 30:4-107.1.

(c) The facility shall ensure that the individual's clothing accompanies him or her at the time of discharge.

10:47-3.18 Maintenance of records

(a) The facility shall maintain a central record for each individual, which shall include social information, health care, programming, and educational data from the time of admission until the time the individual leaves the facility.

1. Records shall be retained for a minimum of 10 years after the death or most recent discharge of the person. In the case of a discharged minor, such records shall be kept for 10 years following the last date of discharge or until the minor reaches the age of 23 years, whichever is the longer period of time. In the case of a deceased minor, the record shall be kept for 10 years following the date of death.

2. All active records shall be maintained on the premises and shall be complete, current and readily available for review by authorized persons.

3. Individual records shall be conspicuously and appropriately identified and maintained in a central records file.

4. All entries in the record shall be current, legible, dated, and authenticated by the signature and title of the person making the entry.

5. The facility shall provide a legend to explain any symbol or abbreviation used in an individual's record.

(b) The facility shall protect and maintain the confidentiality of all records in accordance with N.J.A.C. 10:41-2.

**APPENDIX
DDD CLASSIFICATION OF INCIDENT CATEGORIES**

TYPE	A+	A	B
ABUSE		<p>Alleged physical: major injury, person served</p> <p>Alleged sexual: to person served</p> <p>Serious abuse of a person served</p> <p>Substantiated</p>	<p>Alleged physical—any other</p> <p>Alleged verbal—to person served, including remarks intended to induce fear or to provoke a person served to maladaptive behaviors</p>
ADMINISTRATIVE	<p>Unexpected staff shortage: appearance of organized job action or causing threat to life and safety</p> <p>Mass disturbances of persons served, causing threat to life and safety</p> <p>Highly unusual incidents posing an immediate threat to life and safety, such as hostage-taking, bomb threats, catastrophe, etc.</p>	<p>Alleged criminal activity by employee/person served/provider, if it causes harm</p> <p>Any considered newsworthy</p> <p>Any incident reported to DOH, DEP, County Prosecutor, police or fire department or to DCA should they choose to conduct an investigation</p> <p>Any incident/operational breakdown that causes a threat to life and safety, such as an electrical blackout, telephone outage, natural disaster</p>	<p>Alleged criminal activity by employee/person served/provider, resulting in police involvement, and having the potential to cause harm</p> <p>Mass disturbances of persons served, other</p> <p>Spills, illegal dumping, etc.</p>
ASSAULT		<p>Major injury—employee, person served, any other</p> <p>Alleged sexual—employee, person served, any other</p>	<p>Moderate injury—employee, person served, any other</p> <p>Alleged sexual contact—nonconsensual— person served to person served</p> <p>Domestic violence</p>
CONTRABAND		<p>Drugs, organized distribution</p> <p>Weapons</p>	<p>Drugs, use or possession</p> <p>Alcohol for minors, persons served with a potential for pharmacological reaction</p> <p>Legally recognized items, e.g., fireworks, etc., which pose a threat to life, safety, or operations</p>
DEATH	<p>Sudden and unusual deaths, including suicides and homicides</p>		<p>Natural or expected deaths</p>
DISEASE/ILLNESS		<p>Serious outbreak, clustered illness</p> <p>Single incident of disease reportable to DOH</p>	