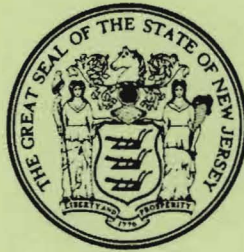


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MANUAL OF STANDARDS FOR NURSING HOMES



ADOPTED

NOVEMBER 1971

AMENDED

MARCH 1974

NEW JERSEY STATE DEPARTMENT OF HEALTH

TABLE OF CONTENTS

	Page
Introduction	iii
<u>Section One</u>	
<u>LICENSING REGULATIONS</u>	
101 Processing of Application for License	1-1
102 Transfer of Ownership	1-2
103 Temporary Permit	1-3
104 Duration of License; Fee for Issue or Renewal	1-4
<u>Section Two</u>	
<u>ADMINISTRATIVE MANAGEMENT</u>	
201 Governing Body	2-1
202 Administrator	2-1
203 Personnel Policies	2-2
204 Changes in Patient Status	2-3
205 Social Services	2-3
206 Transfer Agreement	2-3
<u>Section Three</u>	
<u>PATIENT CARE POLICIES</u>	
301 Medical and Nursing Care Policies	3-1
302 Implementation of Policies	3-2
<u>Section Four</u>	
<u>PHYSICIAN SERVICES</u>	
401 Supervision by Physician	4-1
402 Availability of Physicians for Emergency Care	4-2
<u>Section Five</u>	
<u>NURSING SERVICES</u>	
501 Nursing Service	5-1
502 Director of Nursing Service	5-2
503 Daily and Restorative Nursing Care	5-2
504 Equipment for Patient Care	5-3
505 Dietary Supervision	5-3
506 Nursing Care Plans	5-4
507 In-Service Education Programs	5-4

Section SixDIETETIC SERVICES

601	Dietary Supervision	6-1
602	Adequacy of Dietary Staff	6-2
603	Hygienic Practices	6-2
604	Adequacy of Diet; Therapeutic Diets	6-2
605	Quality of Food; Menu Planning	6-3
606	Preparation of Food	6-4
607	Maintenance of Sanitary Conditions	6-4

Section SevenPHARMACEUTICAL SERVICES

701	Administration of Pharmaceutical Services	7-1
702	Conformance with Physicians' Orders	7-2
703	Administration of Medications	7-3
704	Labeling and Storage of Medications	7-4
705	Control of Drugs Subject to the Controlled Substances Acts of 1970	7-5

Section EightPATIENT ACTIVITIES

801	Provisions for Patient Activities	8-1
802	Administration and Supervision of Recreational Program	8-1
803	Suggested Activities Programs	8-1
804	Visiting and Religious Attendance	8-2

Section NineTHERAPEUTIC SERVICES (Optional)

901	Medical Supervision	9-1
902	Physical Therapy	9-1
903	Occupational, Speech, Hearing Therapies	9-2

Section TenCLINICAL RECORDS

1001	Maintenance of Clinical Records	10-1
1002	Retention of Records	10-2
1003	Confidentiality of Records	10-2

	Page
<u>Section Eleven</u>	
<u>HOUSEKEEPING SERVICES</u>	
1101 Housekeeping Services	11-1
1102 Solid Wastes Handling	11-1
1103 Insect and Rodent Control	11-2
1104 Laundry and Linen Services	11-2
<u>Section Twelve</u>	
<u>PHYSICAL ENVIRONMENT</u>	
1201 Building	12-1
1202 Fire Protection and Safety	12-1
1203 Lighting and Ventilation	12-3
1204 Heating	12-3
1205 Sanitation	12-3
<u>Section Thirteen</u>	
<u>DAY CARE SERVICES (Optional)</u>	
1301 General Concept	13-1
1302 Identifiable Unit	13-1
1303 Medical Supervision and Patient Activities	13-2
1304 Administrative Responsibility	13-2
<u>APPENDIX</u>	
Chapters 136 and 138, Laws of New Jersey 1971, Health Care Facilities Planning Act	A1
Guide for Regulations on Patient or Resident Smoking	B1
Regulation on Extended Care Units in Long Term Care Facilities	C1
Standards for Compliance with Title VI of the Civil Rights Act of 1964	D1

INTRODUCTION

The responsibility for the establishment and enforcement of standards for the operation and licensure of long-term care facilities in New Jersey has been delegated to the Department of Health by the State Legislature.

To improve the operational efficiency of the departmental licensing program and to eliminate the need for maintaining separate manuals of standards for each classification of nursing facility providing various levels of patient care, long-term facilities shall be deemed to include governmental medical institutions, extended care facilities, skilled nursing homes, nursing homes, infirmary units of homes for the aged and residential school infirmaries.

In instances where full compliance with the standards contained herein shall be found not applicable, appropriate waivers shall be granted provided such waivers shall in no way jeopardize the health, safety and welfare of patients admitted to or cared for within the facility.

The highest level of patient care shall be the ultimate goal of each facility. The medical, nursing and paramedical personnel shall perform their duties in such a manner that each patient's total needs shall be met and his interests developed to the maximum of his potential. Each patient shall be recognized as an individual and his personal dignity shall be safe-guarded at all times.

These standards represent a broad range and variety of activities which each facility shall undertake in order to carry out the functions necessary to provide acceptable care patterns. Reference to these standards will enable the administrator of each facility to establish the nature and extent of its deficiencies, if any, with respect to any particular section and to assess the facility's need for improvement.

The standards contained herein shall be considered minimal and each facility is urged to make every effort to provide a maximum level of care which will adequately meet the overall needs of its particular patient census.

SECTION ONE

LICENSING REGULATIONS

Sections

- 101 Processing of Application for License
- 102 Transfer of Ownership
- 103 Temporary Permit
- 104 Duration of License; Fee for Issue or Renewal

101 PROCESSING OF APPLICATION FOR LICENSE

A. An office conference shall be scheduled by all new applicants interested in operating a long-term care facility.

1. Written local zoning approval shall be required prior to the inquiry conference.

2. Information to be available at the time of the conference shall include, but shall not necessarily be limited to, identification of sponsors, the name of the facility, the bed capacity and the services to be provided at the proposed facility.

3. The applicant shall be fully appraised of all State requirements for licensure and the standards for the operation of a long-term care facility.

4. Two copies of the application form shall be made available to each applicant. One copy, fully completed, shall be returned to the Department of Health for processing; the second copy should be retained on file in the facility.

B. The receipt of each application by the Department shall be acknowledged by letter.

1. The application shall be reviewed for completeness and full documentation of all required data.

2. Character, financial and State Police references shall be integral parts of each application review.

3. Applicant shall be advised in writing of any deficiency noted in the submitted application.

4. Final architectural plans for a new facility shall not be approved until such time as a fully completed application for operation has been received and approved in writing.

5. In instances where corporations and lessees are involved, a detailed statement of corporate relationships and ownership shall be included in the application. A copy of the lease arrangement shall be forwarded to the Department.

6. The application and plans submitted for processing shall become null and void if the construction of the long-term care facility is not initiated within one year of the date the application and final plans were approved. The time limitation may be extended for valid reasons by the Department.

102 TRANSFER OF OWNERSHIP

A. Any proposed change in ownership or corporate members structure shall be reported to the Department in writing thirty days prior to the change occurring.

B. The effective date of the change in ownership and operation shall be forwarded to the Department in writing in order to establish a date for licensing the new operation.

C. The license shall not be transferable or assignable when the facility has been sold, leased or otherwise transferred to another person, partnership, association, corporation or other entity, except with the written approval of the Department.

1. The new operator shall submit an application for a license to operate the facility.

2. A Temporary Permit shall be issued to the new applicant to operate the facility upon approval of the application.

3. A Full License shall be issued following a determination of substantial compliance with minimum standards.

NOTE Some situations in which a change in ownership shall be considered in effect are:

1. Transfer of title and property by a proprietor to another person, company or government entity.

2. The addition, removal or substitution of a partner in an existing partnership or changes in corporate stock members.

3. The merger of an incorporated licensee with an incorporated institution which is not licensed and the non-participating institution is the surviving corporation.

4. The consolidation of two or more corporate licensees with the resulting consolidation creating a new corporate entity.

5. The incorporation of an unincorporated licensee.

6. The operation of all or part of a licensed facility by a lessee.

7. The establishment of a relationship between the licensee and another company whereby the parent company or a subsidiary managing firm is created with the new company exercising authority for fixing policies for the operation of the licensee.

103 TEMPORARY PERMIT

A. A Temporary Permit shall be issued to a long-term care facility for approximately the first six months of operation.

B. The issuance of a Temporary Permit shall be dependent upon compliance with the following conditions:

1. An office conference with the owner, Administrator and Director of Nursing Service for a comprehensive review of the overall operation of a long-term care facility.

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

3. Written approval of the water supply and sewage disposal system.

4. Written approval of the automatic fire detection and/or sprinkler system from the Office of the State Fire Marshal.

5. A final on-site inspection visit indicating that a new facility has been constructed in accordance with the final architectural plans approved by the Department.

6. An administrator licensed under the provisions of N.J.S.A. 26:H-27, 26:2H-28 (Chapter 356, P.L. 1968) and all rules applicable to administration is adopted by the Department.

7. Availability of nursing personnel in compliance with the established departmental nursing patterns.

C. The Temporary Permit shall be displayed in a conspicuous area within the facility.

104 DURATION OF LICENSE; FEE FOR ISSUE OR RENEWAL

A. A license to operate a long-term care facility in New Jersey shall be valid for one year from date of issue.

B. A fee shall be paid upon the issuance or renewal of a license.

<u>No. Beds</u>	<u>Rate</u>
1 - 99	@ \$50
100 - 199	@ \$100
200 - 299	@ \$150
300 - 399	@ \$200
400 - 999	@ \$250

C. The license certificate issued by the Department for the operation of a long-term care facility shall be posted in an area open to the general public.

SECTION TWO

ADMINISTRATIVE MANAGEMENT

Sections

- 201 Governing Body
- 202 Administrator
- 203 Personnel Policies
- 204 Changes in Patient Status
- 205 Social Services
- 206 Transfer Agreement

201 GOVERNING BODY

A. There shall be a governing body which shall assume full legal responsibility for the overall operation of the facility.

1. The ownership of the long-term care facility shall be fully disclosed to the Department of Health.

2. The governing body shall be held responsible for compliance with all applicable laws and regulations.

B. If an organized body is not available, the individual owner or owners of the long-term care facility shall be held legally responsible for the conduct of the facility and compliance with applicable laws and regulations.

202 ADMINISTRATOR

A. Every long-term care facility, whether a free standing structure or a distinct part of a structure, shall be operated under the supervision of an Administrator licensed pursuant to N.J.S.A. 26:H-27, 26:2H-28 (Chapter 356, P.L. 1968) and in keeping with the following provisions.

B. The facility shall have a licensed administrator who shall be either the proprietor or employed by the facility on a full or part-time basis and shall be responsible for the administrative and supervisory functions at the facility to assure that it is operated and maintained at all times in full conformity with Departmental standards for licensure.

C. An individual, competent and authorized to act in the absence of the licensed administrator, shall be designated at all times.

D. The Department shall be notified in writing within 48 hours of any change in licensed administrators.

E. If the service of a licensed administrator is terminated, a new licensed administrator shall be designated within 48 hours. In instances where a new licensed administrator is not immediately available, the Department shall be so notified in writing and the facility shall make arrangements for licensed administrative supervision on a consultant basis. Unless extenuating circumstances exist, it is anticipated that a new licensed administrator shall be appointed within 30 days.

F. In a facility where a licensed administrator has both administrative and other functions, such as nursing responsibilities, the facility shall maintain time schedules which delineate clearly the specific hours spent by the individual in each function.

203 PERSONNEL POLICIES

A. Written personnel policies and practices shall be established.

1. Policies established by the facility shall be reviewed with all new employees and copies of such policies shall be made available to each employee.

2. Current employee records, including a resume of each person's training and experience, shall be maintained in the facility.

3. Work assignments shall be consistent with each employee's job description.

4. Personnel policies and practices should be in accord with those in effect in other institutions in the area in order to employ and retain competent personnel.

B. A health program shall be established for all personnel employed in the facility.

1. All regular paid personnel shall be given within two weeks of employment a physical examination, including a chest x-ray or Tine test and stool cultures if a history of typhoid fever is elicited.

2. A physical examination including chest x-ray or Tine test shall be repeated annually on all regular paid personnel.

3. Personnel who show signs of respiratory infections, skin lesions, diarrhea and other communicable diseases shall be excluded from work to return only after approval by a physician.

4. Personnel absent from duty because of any reportable* communicable disease, infection or exposure thereto, shall be excluded from the facility until examined by a physician designated for such purpose and certified by him to the Administrator as not suffering from any condition that may endanger the health of the patients or employees.

204 CHANGES IN PATIENT STATUS

A. Written policies and procedures shall be established for notifying responsible persons, sponsors or next of kin in the event of significant changes in patient's status, patient charges, billings, or other relevant administrative matters.

B. Patients may be transferred to another facility or discharged with an order from the physician and/or upon prior notification of next of kin or sponsor.

C. Verbal or printed information describing the care and services provided in a facility shall be accurate.

205 SOCIAL SERVICES

A. Services should be provided for instituting the necessary action to resolve a patient's medically related social, financial or emotional problem.

B. The facility should have information available on the various community resources and services provided.

206 TRANSFER AGREEMENT

A. There shall be a written transfer agreement between the facility and a hospital(s) for the transfer of patients requiring hospital care.

1. The agreement should be with a hospital close enough to the facility to make transfer of patients feasible.

2. The transfer shall provide for continuity of patient care.

(*) "Reportable Diseases" and "Regulations Concerning Isolation of Persons Ill or Infected with a Communicable Disease and Restrictions of Contacts With Such Communicable Disease", State Sanitary Code, New Jersey State Department of Health. January 1, 1966 or as amended.

B. The transfer agreement shall provide for an interchange of medical and other pertinent information necessary or useful in the care and treatment of patients transferred between the institutions.

1. The agreement shall establish responsibility for the prompt exchange of patient information to enable each institution to determine its ability to provide the required care and services to the patient.

2. Medical information transferred between the institutions shall include, but shall not necessarily be limited to, current medical findings, diagnosis, summary of course of treatment, rehabilitation potential and the applicable nursing, dietary and restorative aspects of care.

3. The agreement shall provide for the transfer of any or all personal effects and pertinent information relating to such items.

SECTION THREE

PATIENT CARE POLICIES

Sections

- 301 Medical and Nursing Care Policies
- 302 Implementation of Policies

301 MEDICAL AND NURSING CARE POLICIES

A. There shall be written policies approved by the Administrator and/or owner to govern the nursing care and related medical and other services provided in the facility.

1. The policies developed shall reflect awareness of and provisions for meeting the total needs of the patients.

2. The policies shall be developed with the assistance of a group of professional personnel, including one or more physicians, one or more professional nurses and other health personnel providing specialized services to the patients.

B. The patient care policies shall be reviewed annually.

C. The patient care policies shall include the following:

1. Admission, transfer and discharge policies, categories of patients accepted and not accepted by the facility.

2. Physician services.

3. Nursing services.

4. Dietetic services.

5. Restorative services.

6. Pharmaceutical services, the establishment of a pharmacy and therapeutic committee.

7. Diagnostic services.

8. Emergency care of patients, care of patients during a communicable disease episode, critically ill or mentally disturbed patients.

9. Dental services.

10. Social services.
11. Patient activities
12. Clinical records.
13. Transfer agreements.
14. Such additional policies as deemed applicable to a particular facility.

302 IMPLEMENTATION OF POLICIES

A. The Administrator shall be responsible for implementing the established patient care policies.

B. The Administrator may delegate the responsibility to a medical staff, a physician or a registered professional nurse.

PHYSICIAN SERVICES

Sections

- 401 Supervision by Physician
- 402 Availability of Physicians for Emergency Care

401 SUPERVISION BY PHYSICIAN

A. The medical care of every patient in a facility shall be under the supervision of a physician licensed to practice medicine or osteopathy in the State of New Jersey.

B. The medical evaluation of the patient shall be based upon a physical examination performed within the facility and recorded within 48 hours of admission.

C. The patient's overall program of care shall include his immediate and long term needs and shall cover the following:

1. Orders for medications, treatments and restorative services.
2. Prescribed diet.
3. Special activities and procedures for the health and safety of the patient.
4. Attention to special needs of the patient such as foot care, sight, speech and hearing problems.
5. Plans for continuing care.

[D. Each patient's total program of care shall be reviewed and revised at least monthly. A physician, however, may designate in writing an extended interval not to exceed three months if in his opinion the condition of the patient so warrants. A more frequent review shall be determined by the patient's condition and need changes.

E. Medication orders written by the physician shall be in effect for the specified number of days indicated in the established stop order policies unless an extended period is indicated, in writing, by the physician.]

F. Orders for treatments and restraints shall be in writing and shall be specific in nature.

G. Telephone orders from the physician shall be accepted by licensed personnel. Such orders shall be immediately reduced to writing on the appropriate clinical record by the nurse receiving them and shall be counter-signed by the physician within 30 days or sooner as required under Section 7 on Pharmaceutical Services.

H. There shall be written documentation in the patient's clinical record to indicate each visit made by the physician.

I. Each patient or his sponsor shall designate a personal physician to the extent feasible.

402 AVAILABILITY OF PHYSICIANS FOR EMERGENCY CARE

A. The facility shall have provisions made for one or more licensed physicians to be available for emergency medical care when the patients' attending physicians are not immediately available.

B. There shall be written procedures established for patient care in an emergency.

SECTION FIVE

NURSING SERVICES

Sections

- 501 Nursing Service
- 502 Director of Nursing Service
- 503 Daily and Restorative Nursing Care
- 504 Equipment for Patient Care
- 505 Dietary Supervision
- 506 Nursing Care Plans
- 507 In-Service Education Programs

501 NURSING SERVICE

A. The facility shall provide 24-hour nursing services, 7 days per week, adequate to meet the nursing needs of all patients.

1. There shall be a sufficient number of nursing personnel to provide a minimum of two and three-quarter hours of care for each patient during a 24-hour period (effective March 1, 1974).

2. Of the total nursing personnel, the ratio of registered professional nurse hours to auxiliary nursing hours shall not be less than 1 to 5, with 25% credit for licensed practical nurse hours.

3. Registered or licensed nursing personnel shall be provided around-the-clock on a daily basis. Such personnel shall be currently registered or licensed to practice nursing in New Jersey.

4. There shall be no less than one registered professional nurse on the day tour of duty, seven days each week.

5. There shall be available at all times at least two nursing personnel to act effectively in the event of fire or other emergency.

6. Professional and licensed nurse personnel shall be distributed on each tour of duty in order to insure that the quality of care required by the patient census is provided.

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7. The amount of nursing time provided for direct patient care shall be limited to nursing duties.

B. The nursing service shall be under the direction of a registered professional nurse qualified by education and/or experience to assume the responsibility for the total nursing service program.

502 DIRECTOR OF NURSING SERVICE

A. The director of nursing service shall be on duty principally during the day on a full time basis.

B. There shall be a registered or licensed nurse assigned the authority to act for the director on the evening and night tours of duty when the director is not available.

503 DAILY AND RESTORATIVE NURSING CARE

A. There shall be an active program of restorative nursing established and directed toward assisting each patient to achieve and maintain his highest level of self-care and independence.

1. Restorative nursing care shall be continued as medically prescribed upon admission to the long term care facility.

2. Nursing personnel shall be instructed in restorative nursing procedures and shall practice them in their daily care of patients.

3. Patients shall be assisted in carrying out prescribed activities.

B. A daily program of care shall be established to meet the total nursing needs of patients on a 24-hour basis.

1. Each patient shall receive treatments, medications and diet as prescribed by the physician.

2. Proper care shall be provided so that each patient is kept comfortable, clean and well-groomed.

3. Nursing care shall be directed toward the prevention of decubiti in patients who are bedfast.

4. Patients who remain in chairs or wheelchairs for extended periods of time shall be returned to bed for regular rest intervals.

5. Each patient shall be protected from accident and injury by the adoption of acceptable safety measures.

6. Patients shall not be restrained unless the specific protective measure shall be ordered in writing by the physician.

7. Patients shall be treated with kindness and respect at all times.

504 EQUIPMENT FOR PATIENT CARE

A. First aid supplies and equipment shall be readily available in the facility.

B. Adequate supplies and equipment shall be available to provide for the proper treatment and care of all patients.

C. Equipment which is to be reused shall be sterilized by autoclaving or chemicals after each use.

D. Individual equipment for the personal care of patients shall be retained at the bedside.

1. Individual equipment shall be cleaned thoroughly after each use.

2. Reusable equipment shall be sterilized following discharge of the patients from the facility.

505 DIETARY SUPERVISION

A. Nursing personnel shall be fully aware of the dietary needs of each patient on the nursing unit.

1. Patients shall be served the diet prescribed by the physician.

2. Patients requiring help in eating shall be assigned to nursing personnel promptly upon delivery of meals to the unit.

3. Adaptive self-help devices which will contribute to the patient's independence in eating should be provided if beneficial to the patient.

4. Any deviation from the normal food and fluid intake by any patient shall be promptly reported to the nurse in charge of the unit.

5. Patient's refusal or inability to ingest adequate food and fluids shall be recorded and the physician notified.

A. There shall be a written nursing care plan for each patient in the facility.

1. The plan shall include the social, physical, emotional and spiritual needs of the patient.

2. The plan shall be based on the nature of illness, the treatment prescribed, the long and short-term goals and other pertinent information.

3. The plan shall include the specific nursing care procedures needed and the best method in which this can be accomplished for each patient.

4. The patient's personal preferences shall be given due consideration.

B. The nursing care plans shall be available for use by all nursing personnel on the unit.

C. The nursing care plans shall be reviewed and revised as needed in order to appropriately reflect changes in the patient's condition.

D. Relevant nursing information from the patient's nursing care plan shall be included with other medical information when the patient is transferred to another facility.

507 IN-SERVICE EDUCATION PROGRAMS

A. There shall be a continuing in-service education program established for all nursing personnel.

1. Planned programs shall be conducted as frequently as necessary to accommodate changes in the nursing staff.

2. A job-training and orientation program shall be provided for all new nursing personnel.

B. Skill training for non-professional nursing personnel shall include demonstration, practice and supervision of basic nursing procedures.

C. Opportunities should be provided for all levels of nursing staff to attend courses in restorative nursing and other educational programs related to the care of the long-term care patient.

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D. A written record of in-service education programs provided within the facility shall be maintained. The method of instruction used, staff participation and an evaluation of the program should be included.

E. Regularly scheduled meetings of the nursing service department should be held to discuss the overall patient care provided, nursing service problems, administrative policies and the analyze the quality of nursing care actually rendered to the patients.

DIETETIC SERVICES

Sections

- 601 Dietary Supervision
- 602 Adequacy of Dietary Staff
- 603 Hygienic Practices
- 604 Adequacy of Diet; Therapeutic Diets
- 605 Quality of Food; Menu Planning
- 606 Food Preparation
- 607 Maintenance of Sanitary Conditions

601 DIETARY SUPERVISION

A. Dietetic services shall be under the direction of a qualified individual designated by the administrator.

1. The person delegated the overall responsibility for the total food service of the facility should be a professional dietitian.

2. If the person delegated the responsibility is not a professional dietitian, the person should have prior experience in food service preparation and shall be provided with consultation from a professional dietitian or other person with suitable training.

3. Persons with suitable training are graduates of baccalaureate degree programs with majors in food and nutrition.

B. The person in charge of the dietetic services in a facility shall:

1. Participate in regular conferences with the administrator and director of nursing service.

2. Make recommendations concerning the quantity, quality and variety of foods purchased.

3. Orient, train and supervise the dietary personnel.

4. Provide recommendations to the administrator regarding dietary personnel.

C. Facilities having contracts with commercial food management firms for dietetic services shall require that the firm maintain the standards outlined herein.

602 ADEQUACY OF DIETARY STAFF

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A sufficient number of dietary personnel shall be employed with hours on duty scheduled to meet the food service needs of the patients.

1. Food service personnel shall be trained to perform assigned duties and shall participate in selected in-service education programs.

2. Work assignments and duty schedules shall be posted.

603 HYGIENIC PRACTICES

Food service personnel shall practice hygienic techniques in food handling at all times.

1. Personnel shall wear clean washable garments, hair nets or clean caps.

2. Handwashing facilities shall be readily available.

604 ADEQUACY OF DIET; THERAPEUTIC DIETS

A. The food and nutritional needs of the patients shall be met in accordance with physician's orders.

1. The diet shall be prescribed by the attending physician in writing.

2. The following shall be used as a guide for daily food allowances:*

a. Milk: two or more cups

b. Meat group: two or more servings of beef, veal, pork, lamb, poultry, fish, eggs - (3-4 eggs per week are recommended) occasionally dry beans, nuts or dry peas may be served as alternatives

c. Vegetable and fruit group: four or more servings; a citrus fruit or other fruit or vegetable important in Vitamin C; a dark green or deep yellow vegetable for Vitamin A,

(* "Recommended Dietary Allowance", 7th Edition, 1968 (or as revised), National Academy of Sciences, Printing and Publishing Office, 2101 Constitution Avenue, NW, Washington, D.C. 20418 (\$1.75)

at least every other day; other fruits and vegetables including potatoes

- d. Bread and cereal group: four or more servings of whole grain, enriched or restored
- e. Other foods to round out meals and snacks, to satisfy individual appetites and to provide additional calories.

B. Therapeutic diets shall be prepared and served as prescribed by the attending physician.

1. Therapeutic diets shall be planned, prepared and served with supervision or consultation from a professional dietitian.

2. The person responsible for therapeutic diets in the absence of a professional dietitian shall have sufficient knowledge of food values to make appropriate substitutions when necessary.

605 QUALITY OF FOOD; MENU PLANNING

A. At least three meals or their equivalent shall be served daily at regularly scheduled times.

1. There shall be no more than a 14-hour span between an evening meal and breakfast.

2. Between-meal and bedtime snacks of nourishing quality shall be provided.

3. If a four or five meal plan is used, the nutritional value provided shall be equivalent to the recommended daily food guide.

B. Menus shall be planned in advance and sufficient food shall be prepared to meet the nutritional needs of all patients.

1. Menus shall be written at least one week in advance.

2. The current week's menu shall be available in the dietary department.

3. Menus shall provide a sufficient variety of foods served in adequate amounts at each meal.

4. Menus shall be varied for the same days of each week and shall be adjusted for seasonal changes.

5. Records of menus as served shall be filed and maintained for 30 days.

6. Supplies of staple foods for a minimum of a 1-week period and a supply of perishable foods for a minimum 2-day period shall be maintained on the premises.

606 PREPARATION OF FOOD

A. Foods shall be prepared to conserve nutritive value, flavor and appearance.

1. Foods shall be served in an attractive manner and at the proper temperatures to patients.

2. Food shall be cut, chopped or ground to meet the individual patient's needs.

3. Substitutes shall be available and shall be offered to all patients who refuse the food served at meal times.

B. A file of tested recipes, adjusted for appropriate yield, shall be maintained in the facility.

C. Table service should be available for all patients who could benefit from congregate dining.

1. Trays provided for bedfast patients shall be equipped with firm supports.

2. Tray stands of proper height and sturdiness shall be provided for patients who are able to be out of bed for limited time only.

607 MAINTENANCE OF SANITARY CONDITIONS

A. Sanitary conditions shall be maintained at all times in the storage, preparation and distribution of food.

1. Effective procedures shall be followed consistently in the cleaning of all equipment and work areas.

2. Waste shall be retained in leak-proof non-absorbent containers with close fitting covers and shall be disposed of in a manner which will prevent transmission of disease, a nuisance, a breeding place for flies and rodents.

3. Waste containers shall be cleaned thoroughly, inside and out, when necessary.

4. Dry or staple food items shall be stored off the floor in a well ventilated room.

B. Handwashing facilities, including hot and cold running water, soap dispenser and disposable paper towels shall be readily available.

C. Applicable provisions concerning food handling and storage, dishwashing, etc. should be in compliance with the Retail Food Establishment Code of New Jersey, State Department of Health, 1965 or as amended.

SECTION SEVEN

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PHARMACEUTICAL SERVICES

Sections

- 701 Administration of Pharmaceutical Services
- 702 Conformance with Physicians' Orders
- 703 Administration of Medication
- 704 Labeling and Storage of Medications
- 705 Control of Drugs Subject to the Controlled Substances Acts of 1970

701 ADMINISTRATION OF PHARMACEUTICAL SERVICES

A. There shall be written methods and procedures established to facilitate the procuring, dispensing and administering of pharmaceuticals and biologicals. These shall be reviewed annually by the Pharmacy and Therapeutics Committee composed of physicians and pharmacists.

1. If the facility has a pharmacy department, a licensed pharmacist in the State shall be employed to administer the pharmacy.

2. When there is no pharmacy department, the facility shall make provisions for obtaining drugs from a licensed community or institutional pharmacy.

a. The services of a consultant pharmacist shall be provided.

b. The consultant pharmacist shall visit the facility on a continuing basis and shall provide the administrator with a monthly written report of his findings.

3. Only supplies of non-legend drugs may be maintained as stock and administered by order of a physician.

4. A written policy shall be established indicating the procedure for obtaining pharmaceuticals and biologicals.

B. An emergency medication kit approved by the Pharmacy and Therapeutics Committee shall be provided at or near the nurses' station. The emergency kit shall have a breakable seal placed in such a manner that it will readily indicate that the kit has been opened. This kit shall be maintained, restocked and

resealed by the consultant pharmacist. All medications shall be injectables with the exception of aromatic ammonia spirits, amyl nitrite (inhalant) and nitroglycerine tablets.

The following items are suggested as minimal for an acceptable emergency kit:

Adrenalin Chloride 1:1000/1 c.c.	4 amps.
Aminophyllin (IV) 250 mg/10 c.c.	2 amps.
Amyl Nitrite Perles 0.3 c.c.	2 perles
Aramine Bitartrate 10 mg/c.c., 10 c.c.	1 vial
Atrophine Sulfate 0.4 mg/cc, 20 c.c.	1 vial
Calcium Gluconate 10 c.c.	1 amp.
Cedlanid-D 0.2 mg/cc, 4 c.c.	1 amp.
Coramine 250 mg/cc, 5 c.c.	2 amps.
Dextrose 50% 50 c.c.	1 amp.
Isuprel 1:5000, 5 c.c.	1 amp.
Levophed Bitartrate 2 mg/cc, 4 c.c.	2 amps.
Lorafan Tartrate 1 mg/cc, 10 c.c.	1 vial
Magnesium Sulfate 10%, 20 c.c.	1 amp.
Neosynephrine 10 mg/cc, 1 c.c.	4 amps.
Pronestyl HCl 100 mg/cc, 10 c.c.	1 vial
Quinidine Gluconate 80 mg/cc, 10 c.c.	1 vial
Sodium Bicarbonate 3.75 Gm., 50 c.c.	1 amp.
Water for Parenterals 30 c.c.	1 vial

1 Tourniquet	1 pair Sterile Gloves
1 50cc Syringe (Disposable)	1 30cc Syringe (Disposable)
2 Files	1 Airway medium oral
1 Resutube	4 Alcohol Sponges (Pre-wrapped)
6 2x2 Gauze Pads	1 Knife Blade & Handle (Disposable)
6 3x3 Gauze Pads	1 Tongue Blade-padded (Disposable)
6 4x4 Gauze Pads	1 Sterile Levin Tube (Disposable)
3 2cc Sterile Syringes (Disposable)	
3 5cc Sterile Syringes (Disposable)	
2 25cc Sterile Syringes with #25 Gauge Needles attached (Disposable)	
1 #18 Gauge Needle - 1½"	2 #21 Gauge Needles - 1¼"
1 #18 Gauge Needle - Angiocath	
1 #21 Gauge Needle - Scalpvein	
2 #20 Gauge Needles - 3" Intracardiac	
6 #26 Gauge Needles - ½" (Disposable)	

702 CONFORMANCE WITH PHYSICIANS' ORDERS

A. All medications administered to patients shall be ordered in writing by a physician, except that oral orders shall be given only to a licensed nurse immediately reduced to writing, signed by the nurse and shall be countersigned by the physician at the time of his next visit.

B. Medication orders not specifically limited by the physician as to the number of days supply or number of doses to be administered shall be automatically stopped in accordance with established written stop-order policies.

The following shall be considered a guideline minimal for a stop-order policy:

Analgesics	- 2 weeks
Antianemia	- 1 month
Antibiotics	- 5 days
Antiemetics	- 3 days
Antihistamines	- 2 weeks
Antineoplastics	- 1 week
Barbiturates	- 1 month
Cardiovascular drugs	- 1 month
Cathartics	- 1 month
Cold preparations	- 5 days
Cough preparations	- 5 days
Dermialogicals	- 1 week
Diuretics	- 1 month
Hormones	- 1 month
Hypnotics	- 1 month
Narcotics	- 5 days
Psychotherapeutics	- 1 month
Sedatives	- 1 month
Spasmolytics	- 2 weeks
Sulfonamides	- 5 days
Vitamins	- 1 month

C. The patient's attending physician shall be notified of the stop-order policy promptly for renewal of such orders to insure continuity of the patient's therapy.

D. Each patient's medication orders shall be reviewed at least monthly. A physician, however, may designate, in writing, an extended interval not to exceed three months if in his opinion the condition of the patient so warrants. A more frequent review shall be determined by the patient's condition and need changes.

E. Medications shall be released to patients on discharge only on the written authorization of the attending physician.

703 ADMINISTRATION OF MEDICATIONS

A. All medications shall be administered to patients by licensed nursing personnel.

1. Medications shall be prepared, administered and recorded by the same nurse.

2. Medications administered shall be properly recorded on the patient's clinical record and shall include each dosage given, method

of administration, time and the initials and full signature of the nurse.

B. The nursing station shall be provided with the items necessary for the proper administration and recording of medications and treatments.

C. Medication prescribed for one patient shall not be administered to any other patient except in extreme emergency.

D. Self-administration of medications by patients shall be prohibited, except for nitroglycerine tablets and aerosol medications, with written authorization by the physician.

E. Medication errors shall be reported immediately to the patient's physician, entered on the patient's clinical record and on an appropriate incident record.

F. The supply of needles and syringes used to administer medications to the patients shall be retained in a locked area and properly destroyed after use.

G. Current medication reference texts shall be available at each nursing station. Any of the following texts shall be considered acceptable:

American Hospital Formulary Service
American Drug Index
Facts and Comparisons
Modern Drug Encyclopedia and Therapeutic Index
Pharm Index (Bi-Monthly supplements)
Physician Desk Reference

704 LABELING AND STORAGE OF MEDICATIONS

A. All medications shall be properly labeled and shall be kept in a locked medication room or cabinet

1. The label of each patient's individual medication container shall clearly indicate the date of issue, patient's full name, physician's name, prescription number, name and strength of drug, expiration date of all time-dated drugs and name, address and telephone number of pharmacy issuing the drug. It is advisable that the manufacturer's name and lot or control number of the medication also appear on the label.

2. Medication containers having soiled, damaged, incomplete or makeshift labels shall be returned to the issuing pharmacist for relabeling.

3. The key to the medication room or cabinet shall be kept on the person of the licensed nurse authorized to administer medications on each tour of duty.

B. A separately locked, securely fastened box or drawer within the medicine cabinet shall be provided for Schedule II drugs as provided under the Controlled Substances Acts of 1970. Narcotic drugs shall be retained under a double lock at all times.

C. Schedule III, IV and V drugs as indicated by the Controlled Substances Acts of 1970 shall be kept under double lock.

D. Medicine cabinets shall be well lighted and shall be of sufficient size to permit storage without crowding.

E. Biologicals and other thermolabile medications shall be stored in a medication refrigerator located at or near the nursing station.

F. Poisons and medications for "external use only" shall be stored in a locked cabinet and kept separate from other medications.

G. Medications held for disposal or destruction shall not be retained for more than 30 days.

1. Out-dated medications unlabeled containers, containers with illegible labels and other unused drugs shall be disposed of or destroyed on the premises by the consultant pharmacist with the charge nurse as witness.

2. Unused and/or discontinued drugs that are covered by the Controlled Substances Act of 1970 shall be disposed of or destroyed in accordance with those Acts.

705 CONTROL OF DRUGS SUBJECT TO THE CONTROLLED SUBSTANCES ACTS OF 1970

A. There shall be full compliance with all Federal and State laws and regulations relating to the procurement, storage, dispensing, administration and disposal of all medications subject to the Controlled Substances Acts of 1970 and other legend drugs.

B. An individual record shall be maintained for each type and strength of medications subject to the aforementioned Acts. The following information shall be recorded: date, time administered, name of patient, dose, route of administration, physician's name, signature of the person administering the dose and the balance of the medication remaining.

C. A record of the verification of inventories of the controlled medications shall be made by both nurses (in-coming and out-going) at the time of each tour change. Provision shall be made for established procedures to be followed in the event that the inventories cannot be verified. A report of all such incidents shall be written and signed by both nurses and further investigation shall be made by the consultant pharmacist and/or administrator.

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D. Suitable provisions shall be established for procedures to be instituted for controlled medications which may be lost, contaminated or destroyed. Such incidents shall be documented by the nurse involved and witnesses, if present at the time, with a follow-up investigation to be made by the consultant pharmacist and/or administrator.

PATIENT ACTIVITIES

Sections

- 801 Provisions for Patient Activities
- 802 Administration and Supervision of Recreational Program
- 803 Suggested Activities Programs
- 804 Visiting and Religious Attendance

801 PROVISIONS FOR PATIENT ACTIVITIES

A. An activities program shall be established as an adjunct to an active treatment program. It shall be directed towards restoration of patients to self-care and resumption of normal activities.

[B. The activities provided shall be suited to the needs and interests of all patients. Ambulatory, chairbound and bedfast patients should be included in the planned programs.]

802 ADMINISTRATION AND SUPERVISION OF RECREATIONAL PROGRAM

A. The administrator shall appoint an individual who shall be responsible for the overall recreational program of the facility.

B. Community social and recreational facilities shall be utilized to the fullest extent possible. Community groups shall be encouraged to plan programs in the facility.

C. Patients should be encouraged, but not compelled, to participate in group activities. Suitable activities should be provided for those patients who are unable to leave their rooms.

D. An adequate variety of supplies and equipment shall be provided to satisfy the individual interests of the patients.

E. Nursing staff shall be instructed in the value of an activities program for overall effective patient care and shall cooperate with and participate in activities provided within the facility.

803 SUGGESTED ACTIVITIES PROGRAMS

A. Activities which provide group involvement and participation are excellent opportunities for socialization and remotivation. The following suggestions may be incorporated into the recreational program planned for the patients.

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1. Birthday and holiday parties
 2. Group reading
 3. Rhythm bands
 4. Song fests
 5. Group and panel discussions
 6. Special projects
 7. Group games
 8. Films

B. Patients who have special talents or hobbies should be provided with the necessary supplies to continue their interests.

C. A variety of arts and crafts should be available. Patients should be encouraged to participate in those activities which will provide therapeutic benefits.

1. Clay modeling, ceramics
2. Painting, pencil, watercolor and charcoal drawing
3. Handwork of all types
4. Puzzles
5. Games, chess, checkers, cards
6. Books, magazines

804 VISITING AND RELIGIOUS ATTENDANCE

A. Patients shall be permitted frequent visits by friends and relatives.

1. Visiting hours shall be posted in the facility.
2. Visiting hours shall be flexible and shall provide for evening as well as afternoon visits.

B. Patients who are physically able to do so shall be assisted in attending religious services of their choice.

C. Patients shall have their requests to be visited by their clergymen honored. A suitable area shall be provided at such times to insure privacy.

SECTION NINE

THERAPEUTIC SERVICES
(OPTIONAL)

Sections

- 901 Medical Supervision
- 902 Physical Therapy
- 903 Occupational, Speech, Hearing Therapies

901 MEDICAL SUPERVISION

A. The specialized therapy services provided to patients in a facility shall be under the direction of a physician.

1. The anticipated goals for each patient shall be indicated by the physician.

2. Therapy services shall be provided only upon the written order of the physician.

3. The modalities, diagnostic tests, procedures and activities recommended by the therapists as necessary or appropriate to the patient's therapeutic regime and the frequency of prescribed treatments shall be approved by the physician.

B. Written reports of evaluative and diagnostic tests performed and the specific treatments administered to patients shall be retained in the patients' clinical records. Progress notes shall be kept current.

C. The qualified therapists providing therapeutic services to the patients shall cooperate with the medical and nursing staff in developing a total and continued plan of care for the patients.

D. The therapists shall participate in the on-going educational programs established for the nursing and ancillary personnel in the facility.

E. Therapeutic services required by patients in the facility shall have priority over ex-patients receiving continued services or those patients in the out-patient service.

902 PHYSICAL THERAPY

A. The physical therapy unit shall comply with the standards adopted for such a specialized service area.

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1. A qualified physical therapist may provide bedside treatments to inpatients in a facility having no separate unit providing that such treatment is prescribed by the physician and is given under conditions affording adequate privacy for the patients.

2. Commonly used ambulation equipment, such as parallel bars, handrails, walkers, etc., should be available for patient use.

3. Facilities which do not provide a physical therapy service should institute an active program of restorative nursing care.

B. The physical therapy treatments prescribed by the physician shall be administered by or under the direct supervision of a qualified physical therapist.

1. A qualified physical therapist is a person who is registered in New Jersey.

2. Such additional qualified therapists and trained aides shall be available as are necessary to meet the patient and program needs.

C. When supervision by a qualified therapist is less than full time, the therapy shall be provided on a planned basis and shall be frequent enough to insure sufficient review of individual treatment plans and progress.

903 OCCUPATIONAL, SPEECH, HEARING THERAPIES

A. Therapeutic occupational therapy shall be given or supervised by a therapist who is registered by the American Occupational Therapy Association or who is a graduate of an approved therapy program and in the process of meeting registration requirements.

1. The therapist should assist the physician in evaluating the patient's level of function by appropriate diagnostic and prognostic tests.

2. The patient should be guided in the use of therapeutic creative and self-care activities to improve range of function.

B. Testing and therapy for speech and hearing difficulties shall be administered or supervised by a qualified therapist who meets the educational and work requirements for certification by the American Speech and Hearing Association.

1. Patients with speech, hearing or language disorders should be evaluated in cooperation with the physician.

2. The proper persons within the facility should be advised of the patients' need for rehabilitative services or devices to improve speech and/or hearing defects.

C. The specialized services provided in occupational therapy, speech and hearing may be utilized by ex-patients and out-patients providing that priority is given to patients within the facility.

SECTION TEN

CLINICAL RECORDS

Sections

- 1001 Maintenance of Clinical Records
- 1002 Retention of Records
- 1003 Confidentiality of Records

1001 MAINTENANCE OF CLINICAL RECORDS

A. A separate clinical record shall be established for each patient and shall include:

1. Identification and summary sheet indicating the patient's name, social security number, marital status, age, sex, home address and religion; names, addresses and telephone numbers of referral agency or hospital from which admitted; personal physician, dentist and next of kin or other responsible person; admitting diagnosis; final diagnosis, condition on discharge or disposition in case of demise.

2. An initial medical evaluation including medical history, physical examination, diagnosis and estimation of restoration potential signed and dated by physician.

3. Whenever possible, hospital summary discharge sheet, a written report from the prior attending physician or a transfer form used under a transfer agreement with a hospital.

4. Medical orders signed by the physician and indicating medications, treatments, diet, restorative and special procedures prescribed for the well-being and safety of the patient.

5. Progress notes describing significant changes in the patient's condition written by the physician at the time of each visit.

6. Signed nurses' notes containing pertinent observations made by licensed nursing personnel.

7. Medication and treatment record including all medications, treatments and special procedures administered and the signatures of the responsible nursing personnel.

8. Signed laboratory and x-ray reports.

9. Consultation reports signed by the consultant and noted by the attending physician.

10. Dental reports.

11. Social service notes (if service is provided).

12. Physical therapy treatments administered and progress notes written and signed by the qualified therapist.

B. All entries on the patient's clinical record shall be current, dated and signed by the physician, nurse or therapist, where applicable.

C. The clinical record of a deceased patient shall be fully completed promptly. It shall include:

1. Written reports of visits made by the physician during the critical stages of illness.

2. Written documentation of death pronouncement by the physician.

3. Complete nurses' notes containing all necessary and pertinent information documenting the patient progress during the illness and apparent demise, notification of physician and next of kin.

4. Written record of the disposition of the remains.

1002 RETENTION OF RECORDS

A. Medical records shall be preserved, either in the original or by microfilm, for a period of not less than 10 years following the most recent discharge of the patient or until the discharged patient reaches the age of 23, whichever is the longer period. X-ray films shall be retained for a period of five years.

B. Written policies shall be established for the retention and safe keeping of patients' clinical records for the required length of time and in the event that the facility discontinues operation.

1003 CONFIDENTIALITY OF RECORDS

A. All information contained in the clinical records shall be confidential and shall be accessible to authorized persons only and under the supervision of the administrator and/or Director of Nursing Service.

SECTION ELEVEN

HOUSEKEEPING SERVICES

Sections

- 1101 Housekeeping Services
- 1102 Solid Wastes Handling
- 1103 Insect and Rodent Control
- 1104 Laundry and Linen Services

1101 HOUSEKEEPING SERVICES

A. The administrator of the facility shall provide housekeeping services which shall be adequate to maintain clean, safe and orderly surroundings for patients and personnel.

B. A work plan for cleaning operations shall be categorized as to daily, weekly, monthly or annual assignment for each room space, windows, etc.

C. Housekeeping personnel shall be trained in acceptable procedures of cleaning.

D. Safety aspects of good housekeeping practice shall be followed by all personnel.

E. Adequate cleaning equipment and compounds shall be provided for all housekeeping procedures required within the facility.

1102 SOLID WASTES HANDLING

A. Solid wastes handling shall prevent air borne contamination, vermin attraction and odor production.

1. Single-service plastic waste receptacle liners or moisture proof paper bags with special holders shall be used.

2. Containers for wastes shall have closely fitting lids.

3. Garbage and trash containers shall be cleaned periodically.

B. Outside storage of either garbage or rubbish shall be in tightly covered, easily cleanable containers positioned on a rack at least twelve inches off the ground for a single rack of cans.

1103 INSECT AND RODENT CONTROL

A. The facility shall be maintained free from insects and rodents at all times.

B. Control services shall be provided by a reputable pest control firm on a monthly basis.

C. All windows and doors shall be screened.

1. Screens shall fit tightly and shall be kept in good repair.

2. Screen doors shall be self-closing, open outward and shall not be kept propped open.

D. Garbage and trash shall be stored in areas separate from those used for the storage and preparation of food.

1104 LAUNDRY AND LINEN SERVICES

A. The linen supply retained in the facility shall be adequate to insure the proper care and comfort of the patients.

B. Soiled linen shall be stored in a well ventilated area.

C. If the laundry is located within the facility, this area shall be properly protected and operated in accord with established practices.

SECTION TWELVE

PHYSICAL ENVIRONMENT

Sections

- 1201 Building
- 1202 Fire Protection and Safety
- 1203 Lighting and Ventilation
- 1204 Heating
- 1205 Sanitation

1201 BUILDING

A. Standards for design and construction shall conform to those promulgated by the U.S. Public Health Service and the New Jersey Supplementary Standards for Construction of Long Term Care Facilities. These standards shall apply to all new construction whether a complete new long term care facility or an addition to an existing institution.

B. Approval granted for the construction of a new long term care facility or an addition to an existing licensed facility shall be null and void unless actual construction begins within one year of the date of such approval. In the event that such applicant or licensee does not begin construction within the specified time but intends to do so at a later date, plans must be resubmitted for approval.

C. The licensee, prior to making any alterations or improvements to an existing facility, shall submit plans and specifications to the Department for approval before commencing such work.

1202 FIRE PROTECTION AND SAFETY

A. Fire protective measures provided throughout the facility shall be in compliance with applicable sections of NFPA Standards No. 101, Life Safety Code, 1967 Edition.

B. Provision shall be made for immediate contact with the local fire department in case of a fire, preferably by direct alarm.

C. A written report of a fire or any other unusual event shall be forwarded as soon as possible to the Department.

D. Employees shall be instructed in the use of fire fighting equipment and in the rapid evacuation of the building.

1. Instruction shall be planned on a regular basis to accommodate changes in personnel. Under no circumstances shall such instruction be given less than annually.

2. Simulated drills shall be held at irregular intervals on all tours of duty. These shall be conducted on each shift at least three times a year.

3. A record shall be maintained of staff performance, results of each drill held and the corrective measures taken to resolve any difficulties encountered.

E. A written fire emergency and evacuation plan shall be formulated and posted on each nursing unit and in strategic areas throughout the facility.

1. The written procedure shall specify the persons to be notified, location of alarm signals and fire extinguishers, evacuation routes, procedures for evacuating helpless patients, frequency of fire drills and the assignment of specific tasks and responsibilities to the personnel on each shift.

2. The plan shall be developed with the assistance of State or local fire and safety officials.

3. All personnel shall be trained to perform their assigned tasks.

F. Adequate and appropriate fire extinguishers shall be readily accessible in all areas of the facility. These shall be checked annually and shall be labeled with the date of the last inspection.

G. All incidents and accidents occurring to a patient, employee, visitor or other person shall be fully investigated and documented. A written report of unusual incidents and accidents shall be forwarded to the Department.

H. Appropriate regulations and safety measures shall be instituted to eliminate possible fire hazards from smoking by patients, visitors or personnel.

I. Oxygen cylinders shall be stored in a well ventilated area and shall be secured against toppling. Tanks of compressed gases shall not be covered with cotton or plastic material at any time.

J. The building shall be maintained in good repair and kept free of all hazards at all times.

K. Reports of inspections of the building made by the fire

control authority having jurisdiction in the area shall be on file in the facility.

L. If the facility is not of fire resistive construction blind, non-ambulatory or physically handicapped persons should be housed on the first floor.

1203 LIGHTING AND VENTILATION

A. Artificial lighting shall be by electricity only.

B. Adequate and satisfactory lighting levels shall be maintained in all areas of the facility.

C. All patients' rooms, corridors, bathrooms and stairways shall be provided with night lights.

D. All areas used by patients and personnel shall be provided with proper ventilation.

E. An emergency electrical system shall be provided.

1204 HEATING

A. The heating and air-conditioning systems shall be capable of maintaining adequate temperatures and providing freedom from drafts.

B. The heating plant shall be capable of maintaining a minimum temperature of 75 degrees Fahrenheit during the coldest weather.

1205 SANITATION

A. The water supply shall be of safe and sanitary quality suitable for drinking purposes and shall be obtained from a water supply which conforms with the policies of the State Department of Health.

B. An adequate supply of hot water shall be available for patients at all times. Temperature of hot water at plumbing fixtures used by patients shall be automatically regulated by control valve and shall not exceed 110^o Fahrenheit (110 degrees Fahrenheit).

C. Sewage shall be disposed of in accordance with the requirement of the local ordinances and the standards of the local and State Department of Health.

SECTION THIRTEEN

DAY CARE SERVICES
(OPTIONAL)

Sections

- 1301 General Concept
- 1302 Identifiable Unit
- 1303 Medical Supervision and Patient Activities
- 1304 Administrative Responsibility

1301 GENERAL CONCEPT

The purpose of a day care unit is to provide intermittent type nursing and medical care for a patient in a long-term care facility where overnight stay is not required. In providing such services, facilities and services for day care patients shall not deter or conflict in any way with in-patient services. The intent of a day care unit shall be to provide a temporary in-patient program for persons who require medical and nursing care on a continuing basis and who for some reason cannot be provided such care during the day in a home or family setting. If overnight stay is contemplated, the patient shall be treated as an in-patient admission. In this regard, the following guidelines for this optional program shall be followed.

1302 IDENTIFIABLE UNIT

- A. An identifiable unit shall be provided for day care services in the facility. The size of the unit will depend upon the program of the facility.
- B. The unit shall be staffed separately and shall have at least a licensed nurse and nurse's aide on duty during the patient's stay in the unit.
- C. There shall be a bed provided in the identifiable unit for each day care patient.
- D. There shall be toilet and handwashing facilities provided in the identifiable unit.
- E. Day care patients may utilize the dining facilities of the long-term care facility providing they do not interfere with in-patient activities.
- F. All long-term, medical, nursing and dietary requirements shall be applicable to the day care unit.

- A. Patients admitted to the unit shall be by written approval of the attending physician.
- B. The patient's attending physician or house physician shall be available in an emergency.
- C. The unit shall maintain separate patient and clinical records which shall include:
 - 1. Written physician orders for medications and treatments.
 - 2. Progress notes, pertinent nurse's notes and records of drugs and medications.
 - 3. Physician's orders for physiotherapy, occupational therapy or recreational therapy as may be indicated.
- D. All drugs and medications shall be kept under lock and key in keeping with applicable requirements and all patient's drugs shall be by individual prescription and shall remain in the unit until the termination of day care services.

1304 ADMINISTRATIVE RESPONSIBILITY

The long-term care home shall assume full responsibility for the care and treatment of a patient while an occupant of the day care unit.

CHP-D1
Aug. 71



New Jersey State
Department of Health
John Fitch Plaza, P. O. Box 1540
Trenton, New Jersey 08625

CHAPTERS 136 & 138, LAWS OF NEW JERSEY 1971 HEALTH CARE FACILITIES PLANNING ACT

(Chapter 136)
(NJSA 26:2H-1 et seq.)

(Chapter 138)
(NJSA 26:2H-8)

Approved May 10, 1971

An Act concerning the licensing and regulation of health care facilities, transferring certain powers and duties from the Department of Institutions and Agencies to the State Department of Health, and to amend "An act concerning hospital service corporations and regulating the establishment, maintenance and operation of hospital service plans, and supplementing Title 17 of the Revised Statutes by adding thereto a new chapter entitled 'Hospital Service Corporations,'" approved June 14, 1938 (P.L.1938, c. 366).

BE IT ENACTED by the Senate and General Assembly of the State of New Jersey:

1. It is hereby declared to be the public policy of the State that hospital and related health care services of the highest quality, of demonstrated need, efficiently provided and properly utilized at a reasonable cost are of vital concern to the public health. In order to provide for the protection and promotion of the health of the inhabitants of the State, the State Department of Health, which has been designated as the sole agency in this State for comprehensive health planning under the "Comprehensive Health Planning and Public Health Services Amendments of 1966" (Federal Law 89-749), as amended and supplemented, shall have the central, comprehensive responsibility for the development and administration of the State's policy with respect to health planning, hospital and related health care services, and all public and private institutions, whether State, county, municipal, incorporated or not incorporated, serving principally as boarding, nursing or maternity homes or other homes for the sheltered care of adult persons or as facilities for the prevention, diagnosis, or treatment of human disease, pain, injury, deformity or physical condition, shall be subject to the provisions of this act.

2. The following words or phrases, as used in this act, shall have the following meanings, unless the context otherwise requires:

a. "Health care facility" means the facility or institution whether public or private, engaged principally in providing services for health maintenance organizations, diagnosis or treatment of human disease, pain, injury, deformity or physical condition, including, but not limited to, a general hospital, special hospital, mental hospital, public health center, diagnostic center, treatment center, rehabilitation center, extended care facility, skilled nursing home, nursing home, intermediate care facility, tubercu-

losis hospital, chronic disease hospital, maternity hospital, out-patient clinic, dispensary, home health care agency, boarding home or other home for the sheltered care of adult persons and bioanalytical laboratory or central services facility serving one or more such institutions but excluding institutions that provide healing solely by prayer.

b. "Health care service" means the preadmission, out-patient, in-patient and post-discharge care provided in or by a health care facility, and such other items or services as are necessary for such care, which are provided by or under the supervision of a physician for the purpose of health maintenance organizations, diagnosis or treatment of human disease, pain, injury, disability, deformity or physical condition, including, but not limited to, nursing service, home care nursing and other paramedical service, ambulance service, service provided by an intern, resident in training or physician whose compensation is provided through agreement with a health care facility, laboratory service, medical social service, drugs, biologicals, supplies, appliances, equipment, bed and board, but excluding services provided by a physician in his private practice or by practitioners of healing solely by prayer.

c. "Construction" means the erection, building, or substantial acquisition, alteration, reconstruction, improvement, renovation, extension or modification of a health care facility, including its equipment, the inspection and supervision thereof; and the studies, surveys, designs, plans, working drawings, specifications, procedures, and other actions necessary thereto.

d. "Board" means the Health Care Administration Board established pursuant to this act.

e. "Government agency" means a department, board, bureau, division office, agency, public benefit or other corporation, or any other unit, however described, of the State or political subdivision thereof.

f. "State Health Planning Council" means the existing State Health Planning Council formed under the provisions of Federal Law 89-749, as amended and supplemented.

g. "Comprehensive area-wide health planning agency" means an officially recognized health planning agency formed under the provisions of Federal Law 89-749, as amended and supplemented.

h. "Area planning council" means a voluntary, non-profit organization composed of persons representative of hospitals, nursing homes, and consumers of medical care

services, formed for the purpose of planning the health facilities in a definite geographical area which is recognized by the commissioner through referral of applications for certificate of need as provided by this act.

i. "Department" means the State Department of Health.

j. "Commissioner" means the State Commissioner of Health.

3. The commissioner shall recognize the State Health Planning Council, the comprehensive area-wide health planning agencies and area planning councils as the recommending agencies in carrying out the purpose of this act. The State Health Planning Council shall act as the coordinating agency for the comprehensive area-wide health planning agencies and area planning councils in all matters, including but not limited to, comprehensive studies of requirements in various areas of the State for health care facilities.

4. There shall be in the State Department of Health, a Health Care Administration Board which shall consist of 13 members, 11 of whom shall be appointed by the Governor with the advice and consent of the Senate, and representative of medical and health care facilities and services, labor, industry and the public at large, and two of whom shall be ex-officio members. The State Commissioner of Health and the Commissioner of Insurance or their designated representatives, shall be ex-officio voting members of the board and shall serve on the board during their respective terms of office. Of the original members appointed to the board, four shall be appointed for terms of 3 years, four for terms of 2 years, and three for terms of 1 year. Following the expiration of the initial terms, members of the board shall be appointed for terms of 4 years. Any vacancy occurring in the membership of the board shall be filled in the same manner as the original appointment, but for the unexpired term only. The board shall meet at least quarterly and at such other times as its rules may prescribe or as in its judgment, may be necessary. The appointive members of the board shall serve without compensation but shall be reimbursed for necessary expenses incurred in the performance of their duties.

5. a. The commissioner, to effectuate the provisions and purposes of this act, shall have the power to inquire into health care services and the operation of health care facilities and to conduct periodic inspections of such facilities with respect to the fitness and adequacy of the premises, equipment, personnel, rules and bylaws and the adequacy of financial resources and sources of future revenues.

b. The commissioner, with the approval of the board, shall adopt and amend rules and regulations in accordance with the Administrative Procedure Act P.L.1968,c.410 (C.52:14B-1 et seq.) to effectuate the provisions and purposes of this act, including but not limited to: (1) the establishment of requirements for a uniform State-wide system of reports and audit relating to the quality of health care provided, health care facility utilization and costs; (2) certification by the department of schedules of rates, payments, reimbursement, grants and other charges for health care services as provided in section 18; and (3) standards and procedures relating to the licensing of health care facilities and the institution of additional health care services.

c. The commissioner may enter into contracts with any government agency, institution of higher learning, voluntary nonprofit agency, or appropriate planning agency or council; and such entities are authorized to enter into contracts with the commissioner to effectuate the provisions and purposes of this act.

d. The commissioner may provide consultation and assistance to health care facilities in operational techniques, including but not limited to, planning, principles of management, and standards of health care services.

e. At the request of the commissioner, health care facilities shall furnish to the Department of Health such reports and information as it may require to effectuate the provisions and purposes of this act, excluding confidential communications from patients.

f. The commissioner may institute or cause to be instituted in a court of competent jurisdiction proceedings to compel compliance with the provisions of this act or the determinations, rules, regulations and orders of the commissioner.

6. The commissioner shall designate an appropriate organizational unit in the State Department of Health to carry out the provisions and purposes of this act, which shall be under the supervision of a person who shall be appointed by and receive the compensation fixed by the commissioner, subject to appropriations made therefor.

7. No health care facility shall be constructed or expanded, and no new health care services shall be instituted after the effective date of this act except upon application for and receipt of a certificate of need as provided by this act. No agency of the State or of any county or municipal government shall approve any grant of funds for, or issue any license to, a health care facility which is constructed or expanded, or which institutes a new health care service, in violation of the provisions of this act.

8. No certificate of need shall be issued unless the action proposed in the application for such certificate is necessary to provide required health care in the area to be served, can be economically accomplished and maintained, and will contribute to the orderly development of adequate and effective health care services. In making such determinations there shall be taken into consideration (a) the availability of facilities or services which may serve as alternatives or substitutes, (b) the need for special equipment and services in the area, (c) the possible economies and improvement in services to be anticipated from the operation of joint central services, (d) the adequacy of financial resources and sources of present and future revenues, (e) the availability of sufficient manpower in the several professional disciplines, and (f) such other factors as may be established by regulation. The commissioner shall cause appropriate surveys and studies to be made concerning the need for health care facilities and keep current records and statistics thereon by designated areas or regions of the State.

Chapter 138

In the case of an application by a health care facility established or operated by any recognized religious body or denomination the needs of the members of such religious body or denomination for care and treatment in accordance

with their religious or ethical convictions may be considered to be public need.

9. Certificates of need shall be issued by the commissioner in accordance with the provisions of this act and based upon criteria and standards therefor promulgated by the commissioner. The commissioner shall establish minimum needs for health care facilities in each area or region, and any applicant requesting a certificate of need who falls within such minimum needs, and who otherwise complies in all respects with this act and the criteria and standards established pursuant thereto shall be issued such certificate.

No such certificate shall be denied without the approval of the board and prior to the determination by the board, the applicant shall have been granted opportunity for hearing; and no decision shall be made contrary to the recommendations of the State Health Planning Council unless the council and the applicant shall have been granted opportunity for hearing. The department shall arrange within 60 days for fair hearings on all such cases and the commissioner or his designee shall furnish the board, the council and the applicant in writing his recommendations and reasons therefor. The board within 30 days shall make its determination.

10. Application for a certificate of need shall be made to the department, and shall be in such form and contain such information as the department may prescribe. The department shall charge a nonreturnable fee, not less than \$20.00 and not more than \$250.00 for the filing of an application for a certificate of need as it shall from time to time fix in rules or regulations. Upon receipt of an application, copies thereof shall be referred by the department to the appropriate planning agencies or councils for review.

These appropriate agencies and councils shall provide adequate mechanisms for full consideration of each application submitted to them and for developing recommendations thereon. Such recommendations, whether favorable or unfavorable, shall be forwarded to the commissioner within 60 days of the date of referral of the application. A copy of the recommendations made shall be forwarded to the applicant.

Recommendations concerning certificates of need shall be governed and based upon the principles and considerations set forth in section 8 hereof.

No member, officer or employee of any planning body shall be subject to civil action in any court as the result of any act done or failure to act, or of any statement made or opinion given, while discharging his duties under this act as such member, officer, or employee, provided he acted in good faith with reasonable care and upon proper cause.

11. A certificate of need shall be valid for 1 year from the date of issue, except that the commissioner may renew the certificate for further periods where the applicant has shown to the satisfaction of the commissioner by adequate proof that substantial progress towards completion of the project has been demonstrated.

12. a. No health care facility shall be operated unless it shall: (1) possess a valid license issued pursuant to this act, which license shall specify the kind or kinds of health care

services the facility is authorized to provide; (2) establish and maintain a uniform system of cost accounting approved by the commissioner; (3) establish and maintain a uniform system of reports and audits meeting the requirements of the commissioner; and (4) prepare and review annually a long range plan for the provision of health care services, which plan shall be compatible with the State Health Plan established pursuant to the "Comprehensive Health Planning and Public Health Services Amendments of 1966" (Federal Law 89-749) as related to medical health services, health care services, and health manpower.

b. (1) Application for a license for a health care facility shall be made upon forms prescribed by the department. The department shall charge such nonrefundable fees, not less than \$50.00 and not more than \$250.00 for the filing of an application for a license and any renewal thereof, as it shall from time to time fix in rules or regulations. The application shall contain the name of the health care facility, the kind or kinds of health care service to be provided, the location and physical description of the institution, and such other information as the department may require. (2) A license shall be issued by the department upon its findings that the premises, equipment, personnel, including principals and management, finances, rules and bylaws, and standards of health care service are fit and adequate and there is reasonable assurance the health care facility will be operated in the manner required by this act and rules and regulations thereunder.

c. A license issued before the effective date of this act to a health care facility for its operation, upon the first renewal date thereafter, may be extended for a 1 year period of time, provided the facility then meets the requirements for licensure at the time said license was issued and submits an acceptable plan to meet current requirements at the end of said period of time.

13. In addition to authority granted to the department by this act or any other law, the department after serving the licensee with specific charges in writing, may assess penalties and collect the same within the limitations imposed by this act, deny, place on probationary or provisional license, revoke or suspend any and all licenses granted under authority of this act to any person, firm, partnership, corporation or association violating or failing to comply with the provisions of this act, or the rules and regulations promulgated hereunder.

Notice of the assessment of penalties, revocation, suspension, the placing on probationary or provisional license or denial of a license together with a specification of charges shall be served on the applicant or licensee, personally or sent by certified mail to the address of record and the notice shall set forth the particular reasons for the assessment, denial, suspension, the placing on probationary or provisional license or revocation of the license. Such assessment, denial, suspension, the placing on probationary or provisional license, or revocation shall become effective 30 days after mailing, unless the applicant or licensee, within such 30-day period shall meet the requirements of the department or shall file with the department a written answer to the charges and give written notice to the department of its desire for a hearing in which case the assessment, denial, suspension, the placing on probationary

or provisional license, or revocation may be held in abeyance until the hearing has been concluded and a final decision rendered.

The department shall afford the licensee an opportunity for a prompt hearing on the question of the assessment of penalties, the issuance, suspension or the placing on a probationary or provisional license, or revocation of the license. The procedure governing such hearings shall be in accordance with the rules and regulations of the department. Either party may be represented by counsel of his own choosing, and shall have the right to subpoena witnesses and to compel their attendance on forms furnished by the department.

The commissioner shall arrange for prompt and fair hearings on all such cases, render written decisions stating conclusions and reasons therefor upon each matter so heard, and is empowered to enter orders of denial, suspension, placing on probationary or provisional license or revocation consistent with the circumstances in each case, and may assess penalties and collect the same within the limitations imposed by this act.

14. Any person, firm, partnership, corporation or association who shall operate or conduct a health care facility without first obtaining the license required by this act, or who shall operate such health care facility after revocation or suspension of license, shall be liable to a penalty of \$50.00 for each day of operation in violation hereof for the first offense and for any subsequent offense shall be liable to a penalty of \$100.00 for each day of operation in violation hereof. Any person, firm, partnership, corporation or association who shall be found guilty of violating any rule or regulation adopted in accordance with this act as the same pertains to the care of patients and neglects to rectify same within 7 days after receiving notice from the department of such violation or who neglects to commence, within 7 days, such repairs to his licensed establishment after receiving notice from the department that hazardous or unsafe condition exists in or upon the structure in which the licensed premises is maintained shall be subject to a penalty of not less than \$10.00 or more than \$100.00 for each day that he is in violation of such rule or regulation. If, within 1 year after such violation such person, firm, partnership, corporation or association is found guilty of the same violation such penalties as hereinbefore set forth shall be doubled, and if there be a third violation within such time, such penalties shall be tripled. In addition thereto the department may, in its discretion, suspend the license for such time as it may deem proper.

Any person, firm, partnership, corporation or association who shall, except in cases of an emergency, maintain more patients in his premises than he is licensed so to do, shall be subject to a penalty in an amount equal to the charge collected from such patient or patients plus \$25.00 for each extra patient so maintained.

15. Whenever a boarding home for sheltered care, boarding house or rest home or facility or institution of like character, not licensed hereunder, by public or private advertising or by other means holds out to the public that it is equipped to provide postoperative or convalescent care for persons mentally ill or mentally retarded or who are suffering or recovering from illness or injury, or who are

chronically ill, or whenever there is reason to believe that any such facility or institution, not licensed hereunder, is violating any of the provisions of this act, then, and in such case, the department shall be permitted reasonable inspection of such premises for the purpose of ascertaining whether there is any violation of the provisions hereof. If any such boarding home for sheltered care, boarding house, rest home or other facility or institution shall operate as a private mental hospital, convalescent home, private nursing home or private hospital in violation of the provisions of this act, then the same shall be liable to the penalties which are prescribed and capable of being assessed against health care facilities pursuant to this act.

Any person, firm, association, partnership or corporation, not licensed hereunder, but who holds out to the public by advertising or other means that the medical and nursing care contemplated by this act will be furnished to persons seeking admission as patients, shall cease and desist from such practice and shall be liable to a penalty of \$100.00 for the first offense and \$500.00 for each subsequent offense, such penalty to be recovered as provided for herein.

16. The penalties prescribed and authorized by this act shall be recovered in a summary civil proceeding, brought in the name of the State in the Superior Court, a County Court or a county district court pursuant to the Penalty Enforcement Law (N.J. S. 2A:58-1 et seq.).

The commissioner may, in his discretion and subject to rules and regulations, accept from any licensee an offer in compromise in such amount as may in his judgment be proper under the circumstances in lieu of any suspension of any license by the commissioner. Any sums of money so collected by the commissioner shall be paid forthwith into the State Treasury for the general purposes of the State. In no case shall the penalty be compromised for a sum less than \$250.00 for the first offense and \$500.00 for the second and each subsequent offense; provided, however, that any penalty of less than \$250.00 or \$500.00, as the case may be, may be compromised for a lesser sum.

The department may maintain an action in the name of the State to enjoin any person, firm, partnership, association or corporation from continuing to conduct, manage or operate a health care facility without a license, or after suspension or revocation of license, or in violation of rules and regulations promulgated hereunder.

17. All orders or determinations under this act shall be subject to review by a court of competent jurisdiction in accordance with the Rules of Court.

18. a. No government agency and no hospital service corporation organized under the laws of the State shall purchase, pay for or make reimbursement or grant-in-aid for any health care service provided by a health care facility unless at the time the service was provided, the health care facility possessed a valid license or was otherwise authorized to provide such service.

b. Payment by government agencies for health care services provided by a health care facility shall be at rates established by the commissioner, based on elements of costs approved by him.

c. The Commissioner of Health in consultation with the Commissioner of Insurance shall determine and certify the

costs of providing health care services, as reported by health care facilities, which are derived in accordance with a uniform system of cost accounting approved by the Commissioner of Health. Said certification shall specify the elements and details of costs taken into consideration.

d. Payment by hospital service corporations, organized under the laws of this State, for health care services provided by a health care facility shall be at rates approved as to reasonableness by the Commissioner of Insurance with the approval of the Commissioner of Health. In establishing such rates, the commissioners shall take into consideration the total costs of the health care facility.

19. All of the functions, powers and duties of the State Board of Control, the Commissioner of Institutions and Agencies and the Department of Institutions and Agencies and its Hospital Licensing Board related to administration of laws governing and concerning boarding homes for the sheltered, care of children and adult persons, private mental hospitals, convalescent homes, private nursing homes and private hospitals, and relating to the planning, construction and licensing of health care facilities as defined in this act and the power to receive, allocate, expend, and authorize the expenditure of Federal moneys available for health care facility construction and renovation are hereby transferred and assigned to, assumed by and devolved upon the State Department of Health. To effectuate such transfer there shall also be transferred such officers and employees as are necessary, all appropriations or reappropriations, to the extent of remaining unexpended or unencumbered balances thereof, whether allocated or unallocated and whether obligated or unobligated, and all necessary books, papers, records and property. All rules, regulations, acts, determinations and decisions in force at the time of such transfer and proceedings or other such matters undertaken or commenced by or before the Department of Institutions and Agencies or the Hospital Licensing Board pertaining to the planning, construction, licensing and operation of such health care facilities, and the administration of Federal moneys for health care facility construction, and renovation pending at the time of such transfer, shall continue in force and effect until duly modified, abrogated or completed by the Department of Health.

20. Employees of the present Bureau of Community Institutions in the Department of Institutions and Agencies responsible for administration of laws governing and concerning boarding homes for the sheltered care of adult persons, private mental hospitals, convalescent homes, private nursing homes and private hospitals are hereby transferred to the State Department of Health. Persons so transferred shall be assigned such duties as the State Commissioner of Health shall determine.

21. All functions, powers, duties, records, and property of the Department of Institutions and Agencies, and personnel of the Bureau of Medical Facilities Construction and Planning relating to receipt of money from the Federal Government for the purpose of making payments for construction of hospitals, including public health centers and related facilities within the State, and for an inventory and survey in connection therewith under or pursuant to any Federal law providing for the payment of such moneys as established and authorized by the provisions of c.83,

P.L. 1947 (C.30:1-19 et seq.), are hereby transferred to the State Department of Health.

22. The Hospital Licensing Board created pursuant to P.L. 1947, c.340, s.7 (c.30:11-6) is hereby abolished. Upon the establishment of the Health Care Administration Board, all the functions, powers and duties of the Hospital Licensing Board, transferred to and vested in the Department of Health pursuant to section 19 of this act, shall be assumed by and devolved upon the Department of Health, to be exercised by the said Health Care Administration Board. Pending the appointment of members, establishment and convening of said Health Care Administration Board, all the functions, powers and duties thereof shall be exercised by the department.

23. With respect to the functions, powers and duties of the State Board of Control, the Commissioner of Institutions and Agencies and the Department of Institutions and Agencies, which are herein transferred and vested in the Department of Health, whenever in any law, rule, regulation, contract, document or otherwise, reference is made to the State Board of Control or the Department of Institutions and Agencies the same shall be deemed to mean and refer to the Department of Health, and reference to the Commissioner of Institutions and Agencies in connection therewith shall be deemed to mean and refer to the Commissioner of Health.

24. If any clause, sentence, paragraph, subsection or section of this act shall be adjudged by any court of competent jurisdiction to be invalid, the judgment shall not affect, impair or invalidate the remainder thereof, but shall be confined in its operation to the clause, sentence, paragraph, subsection or section thereof directly involved in the controversy in which this judgment shall have been rendered.

25. Section 1 of c.366, P.L. 1938 (C.17:48-1) is amended to read as follows:

1. A hospital service corporation is hereby declared to be any corporation organized, without capital stock and not for profit, for the purpose of establishing, maintaining and operating a non-profit hospital service plan. A hospital service plan is hereby defined as a plan whereby health care services are provided by a hospital service corporation or by a health care facility with which the corporation has a contract for such health care services to persons who become subscribers under contracts with the corporation. Health care services provided by a hospital service corporation shall include health care provided (a) through a health care facility which is maintained by a State or any of its political subdivisions; (b) through a health care facility licensed by the Department of Health; (c) through such other health care facilities as shall have been designated by the Department of Health for health care services; (d) through health care facilities located in other states, which are subject to the supervision of such other States provided that such last mentioned health care facilities, if they were located in this State, would be eligible to be licensed or designated by the Department of Health; (e) through non-profit hospital service plans of other States approved by the Commissioner of Insurance.

26. Section 7 of c.366, P.L. 1938 (C.17:48-7) is amended to read as follows:

7. Any hospital service corporation may enter into contracts with health care facilities for the rendering of health care services to any of its subscribers only with licensed health care facilities.

Rates of payment by such hospital service corporation pursuant to written contract with a hospital or institution for the services contracted thereunder may be in the form of a level per diem amount established for the particular hospital or institution for each day of health care services and prior to payment, shall be approved as to reasonableness by the Commissioner of Insurance following certification made pursuant to section 18 of the Health Care Facilities Planning Act (P.L. 1971,c - 136). The maximum rate of payment to eligible hospitals and institutions not under contract with such hospital service corporation shall not exceed the particular hospital's or institution's regular charges to the general public for the same services and shall be set forth in the certificate issued by such hospital

service corporation to any subscriber. The basis and extent of payment, if any, by such hospital service corporation under agreement with nonprofit hospital service plans of other states shall be subject to the approval of the Commissioner of Insurance.

27. Nothing in this act shall be construed to deprive any person of any tenure, rights or of any right or protection provided him by Title 11 of the Revised Statutes, Civil Service, or under any pension law or retirement system.

28. This act shall be known and may be cited as the "Health Care Facilities Planning Act."

29. This act shall take effect at the beginning of the eighth biweekly pay period following enactment except that all arrangements and actions necessary and appropriate to enable this act to become fully operative on such date shall be made as promptly as possible as though this act were effective and operative immediately.

STATE OF NEW JERSEY
DEPARTMENT OF HEALTH

GUIDE FOR REVISED REGULATIONS ON PATIENT
OR RESIDENT SMOKING

The following guide for revised regulations on patient or resident smoking, adopted by the State Board of Control on October 30, 1968, and effective on that date, are applicable to all medical and residential institutional facilities licensed by the Department. These regulations replace those previously approved by the Department on April 24, 1968 and have been made a part of the Manuals of Standards for licensed institutional facilities.

1. As provided in the rules of the National Fire Codes, smoking regulations shall be adopted and shall include the following minimal provisions:
 - a. Smoking shall be prohibited in any room, ward, or compartments where inflammable liquids, combustible gases, or oxygen are used or stored in any other hazardous locations. Such areas shall be posted with NO SMOKING signs.
 - b. Smoking by patients or residents classified as not responsible shall be prohibited.
 - c. Ashtrays of noncombustible material and safe design shall be provided in all areas where smoking is permitted.
 - d. Metal containers with self-closing cover devices shall be provided in all areas where smoking is permitted. The most rigid discipline with regard to prohibition of smoking may not be nearly so effective in reducing incipient fires from surreptitious smoking as the open recognition of smoking. Proper education and training of the staff and attendants in the ordinary fire hazards and their abatement is unquestionably essential. The problem is a broad one, variable with different types of arrangements and buildings, and the effectiveness of rules of procedures, necessarily flexible, depends in large part upon the management.

2. Since the removal of cigarette vending machines does not seemingly decrease smoking or the smoking hazard, they should be retained or replaced, but have affixed to each a prominent sign emphasizing the dangers of smoking in a medical or residential facility. Sales in medical facilities should be limited to vending machines or coffee shops, not carts.
 3. Educational programs for personnel, patients or residents, employing pictures, pamphlets and lectures should be instituted.
 4. Physicians, nurses, and other personnel should be instructed not to smoke in the lobby, in the corridors, or in the presence of patients or residents.
 5. Smoking areas for physicians, employees, visitors, residents and ambulatory patients should be designated.
 6. Smoking by patients in bed shall be permitted by order of the physician and under regulations promulgated for the safety and welfare of the patient. In all cases, the bedside table should have an ashtray large enough to retain a smoking cigarette however it may fall after it burns.
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STATE OF NEW JERSEY

DEPARTMENT OF HEALTH

REGULATION ON EXTENDED CARE UNITS FOR MANUAL OF
STANDARDS FOR LONG-TERM CARE FACILITIES

The following regulation, adopted by the State Board of Control on November 23, 1966 with an effective date of December 1, 1966, is applicable to all licensed long-term care facilities in the State.

A long-term care facility, as defined in this Manual, shall be permitted to operate an extended care unit in the same manner as it operates a patient nursing unit.

The extended care unit may be part of the long-term care facility structure, but shall be organized as an identifiable unit. Prior to transfer of patient nursing unit beds to extended care beds, approval of the Department of Health.

If extended care beds are not utilized for extended care patients, these beds may be utilized for regular nursing home care patients.

The extended care unit shall meet all applicable construction and operation requirements of the State of New Jersey for long-term care facilities and the Conditions of Participation for Extended Care Facilities under the Social Security Act Amendments of 1965.

For purposes of this regulation, a long-term care facility is defined as a nursing home, public medical institution, or nursing unit of a home for the aged.

GUIDELINES FOR COMPLIANCE OF NURSING HOMES AND SIMILAR FACILITIES WITH TITLE VI OF THE CIVIL RIGHTS ACT OF 1964

Section 601 of Title VI of the Civil Rights Act of 1964 provides:

"No person in the United States, shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance."

Nursing homes or similar facilities¹ which are in compliance with Title VI of the Civil Rights Act are characterized by an absence of separation, discrimination² or other distinction on the basis of race, color, or national origin in any activity conducted by, for, or in the institution affecting the care and treatment of residents.

Compliance with Title VI requires adherence to the following policies and practices.

I. Admission to the Nursing Home:

- a. All residents are admitted to the facility without discrimination and no inquiries are made regarding race, color, or national origin prior to admission. The nursing home utilizes its referral sources in a manner which assures an equal opportunity for admission to persons without regard to race, color, or national origin in relation to the population of the service area or potential service area. Where there is a significant variation between the racial or ethnic composition of the resident census and available population census data for the service area or potential service area, the nursing home has responsibility to determine the reason for such variation and take whatever action may be necessary to correct any discrimination.

¹The term "nursing home" as used in this document applies to "extended care facilities, skilled nursing homes and intermediate and domiciliary care homes and similar facilities."

²The word "discrimination" as used throughout this document shall be understood to mean "discrimination on account of race, color, or national origin" as used in Section 601, Title VI of the Civil Rights Act of 1964, Public Law 88-352, approved July 2, 1964.

- b. Admission is not restricted to members of any group or order which discriminates.
- c. Nursing home policies regarding deposits, extension of credit and other financial matters are applied uniformly and without regard to race.
- d. Information regarding the price and availability of accommodations is uniformly made available to all without regard to race, color, or national origin.

2. Records:

Records are maintained uniformly without discrimination for all residents. Identification by race, color and national origin on records is not considered to be discriminatory and may be used to demonstrate compliance with Title VI.

3. Services and Physical Facilities Provided by the Nursing Home:

- a. Residents' privileges and care services such as medical and dental care, nursing, laboratory services, pharmacy, physical, occupational and recreational therapies, social services, volunteer services, dietary service, and house-keeping services are provided on a nondiscriminatory basis.
- b. Physical facilities including lounges, dining facilities, lavatories and beauty and barber shops are provided and used without discrimination.
- c. Rules of courtesy are uniformly applied without regard to race, color or national origin in all situations including face-to-face contact and written records and communications.
- d. Assignment of staff to residents is not governed by the race, color, or national origin of either resident or staff.
- e. Nursing homes which formerly had dual facilities (buildings, waiting rooms, entrances, dining facilities, etc.) have a particular responsibility to demonstrate that such facilities are no longer being operated in a discriminatory manner.

4. Room Assignment and Transfers:

- a. Residents are assigned to rooms, wards, floors, sections, buildings and other areas without regard to race, color, or national origin. Such assignment will result in a degree of multi-racial occupancy of multi-bed accommodations which reflects the proportion of minority use of the facility.
- b. Residents are not asked whether they are willing to share accommodations with persons of a different race, color, or national origin. Requests from residents for transfer to other rooms in the same class of accommodations are not honored if based on racial or ethnic considerations. Exceptions may be made only if the attending physician or nursing home administrator certifies in writing that in his judgement there are valid medical reasons or special compelling circumstances in the individual case. However, such certifications may not be used to permit segregation as a routine practice in the facility.

5. Attending Physicians' Privileges:

Privileges of attending residents in the nursing home are granted to physicians and other health professionals without discrimination.

6. Notification of Availability of Services and Nondiscrimination Policy:

- a. The nursing home has adopted and where appropriate provided its residents, employees, attending physicians and others providing services to residents, with copies of written statements which set forth the nursing home's nondiscrimination policies and practices. These policies are included in any publication of staff regulations or public information brochures, kept current and periodically reviewed with employees.
- b. The nursing home effectively conveys to the community, to hospitals and other referral sources, its nondiscriminatory policy and the nature and extent of services available.

7. Referrals:

Nursing home referrals, including but not limited to referrals to other facilities and care programs, are made in a manner which does not result in discrimination.

Revised and Issued by:
Office for Civil Rights
Department of Health, Education
and Welfare

Leon E. Panetta, Director
November 1969