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State of New Jersey
Department of Institutions and Agencies
Trenton

Bureau of Community Institutions

MANUAL OF STANDARDS
FOR
NURSING HOMES

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REGULATION SHELE

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F O R E W O R D

The nursing home provides a vital community service. Substituting as it does for the actual home of the person who requires continuous medical and nursing care, it fills a specific need which is met by no other type institution and renders a public service of great importance.

To provide for the orderly development of nursing homes and to insure adherence to reasonable standards looking toward safe and adequate treatment of patients, the State Legislature has delegated to the Department of Institutions and Agencies the responsibility for the establishment and enforcement of basic standards.

The prospective applicant should be thoroughly familiar with all such requirements and should be able to give assurance that standards can and will be maintained at all times.

THE PROBLEMS OF OPERATION

Good patient care is dependent upon the provision of varied services and facilities. Good medical coverage, an adequate and stable nursing staff, efficient domestic employees, essential equipment and safe buildings all contribute to the total welfare of the patient. But since the institution becomes the patient's actual home, it is equally important that the atmosphere be home-like and that the patient is recognized as an individual whose personal interests are to be maintained and developed, and whose personal dignity is to be safeguarded.

QUALITIES OF THE OPERATOR

Great responsibilities fall upon the operator of a nursing home. To meet them successfully, the operator should be experienced in nursing home operation or related fields of work, emotionally stable, in good physical and mental health, discreet, tactful, and a person of integrity, sobriety and good character.

It is important also that the applicant be motivated by a real interest in older people as individuals and a desire to safeguard their interests.

Finally, the applicant should be in a position to underwrite the cost of necessary financial improvements and the expense of employment of essential personnel through the difficult period of early operation. The applicant should also have the ability to operate the home on a businesslike basis so as to merit the confidence of all persons with whom business dealings are essential.

If the applicant has the experience, characteristics and resources described above, it should be possible to operate the nursing home at a high standard so that it reflects credit upon the operator and becomes a valuable resource of the community.

In the case of a nursing home owned by a corporation or partnership, the foregoing is applicable to the individual who has responsibility for management.

The Department is to be notified promptly of change of managers and forms will be provided for the filing of information regarding the new appointee.

STANDARDS OF OPERATION

As a first step, the prospective applicant should study carefully all sections of the following standards to secure a basic understanding of nursing home requirements. Any question which may arise should be carefully noted.

An appointment should then be made with representatives of the Bureau of Community Institutions for a preliminary conference so that the proposed operation can be fully discussed and questionable points clarified.

At this conference the prospective operator will be advised of further steps to be taken and will be given application forms which should be filled out in duplicate and returned as soon as possible to the Department for processing. It should be noted that the issuance of an application form is in no way a guarantee that the application will be accepted or a license given.

NOTE: Wherever the words "the Department" or "this Department" appear in this manual, they indicate the DEPARTMENT OF INSTITUTIONS AND AGENCIES.

SECTION ONE

SPECIAL REGULATIONS FOR NEW NURSING HOMES

(The following requirements apply to all new operations, whether new structures, properties proposed for conversion to nursing homes, or additions to existing licensed premises. They do not apply to existing licensed facilities or to applicants who purchase existing nursing homes and apply for license.)

1. Properties proposed for license shall provide and maintain an unobstructed view of at least 20 feet from any adjacent building and at least 15 feet from public sidewalks. No addition nor other structure shall be built which would lessen the distances set forth.

This regulation shall apply to patient rooms, recreation rooms, and dining areas.

2. No more than 4 patients shall be housed in any one room regardless of its size.
3. No room which is so isolated from the point of central nursing that constant supervision cannot be maintained will be approved for patient occupancy.
4. Corridors leading from patient rooms to exits, recreation facilities and all other related patient service areas shall be at least 4 feet in width.
5. Suitable handrails shall be provided on each side of corridors and stairways utilized by patients.
6. Buildings which have, on any one floor, rooms at different levels, shall be approved for patient use on one level only, unless the other level, or levels, are self-contained units with separate bath and recreation facilities and with at least one exit with direct access to the exterior of the building. The only exception to the above will be made when the various levels can be joined by a ramp, the pitch of which shall not exceed 1 foot in height to each 10 lineal feet.
7. At least one fully equipped utility room, with a minimum area of 75 square feet, shall be provided in each nursing unit. For efficient operation, a nursing unit should contain no less than 10 beds.
8. Adequate storage space must be provided on each floor for wheel chairs, walkers, bedside rails, and other essential patient equipment.

9. Kitchens shall be of adequate size to insure efficient operation and food service. As a guide, it is suggested the kitchen of a nursing home with 30 capacity should be 400 square feet, and 500 square feet for a capacity of 100.
10. Nurses' stations shall be so located that they do not impede normal corridor traffic. The station shall be centrally located and shall be equipped with desk, running water, locked cabinet for medications, chart and record equipment, and storage space.
11. No room shall be approved for patient occupancy unless it meets all specifications of this Manual.
12. All multiple rooms shall be equipped with non-portable cubicle screening.
13. There shall be a non-portable call system available to each patient which shall provide both a visual and audible signal to nursing personnel responsible for areas so equipped.
14. There shall be, on each floor occupied by patients, a recreation and dining area (which may be in combination) and which shall meet the requirement of 20 square feet for each bed approved on such floor.
15. The Department shall reserve the right to approve the name of any institution proposed by any new applicant and to reject any designation or name which is deemed to be unsuitable or misleading to the public. Specifically, the name of a private nursing home shall in no way imply facilities and services offered that are not part of the institution's program or that it is sponsored and supported by the community in which it is located.

SECTION TWO

OPERATING MANUAL FOR NURSING HOMES (See also Section One)

A. NURSING HOME DEFINED

A nursing home is a community facility providing continuous medical and nursing care to chronic, convalescent and infirm patients in a homelike atmosphere. It serves as a substitute for the patients' own homes, furnishing facilities and comforts normally found in a home but providing in addition such specialized services, equipment and safety features required for safe and adequate care of patients at all times.

B. OBJECTIVES OF A NURSING HOME

1. To provide good medical and nursing care on a continuing basis for persons suffering from long term illnesses and afflictions.
2. To preserve the dignity of individuals suffering from debilitating, progressive and terminal illnesses.
3. To recreate feeling of security by the use of recreational and occupational therapies.
4. To stimulate as far as possible the rehabilitation of each patient.
5. To add to the information concerning treatment of chronic disease.

C. PATIENT DEFINED

A "patient" is defined as a person admitted to the nursing home because of illness and for whom there is planned continuing medical treatment, including nursing care, directed toward improvement in health, or for whom palliative medical measures are required though improvement in health or recovery cannot be expected.

D. ADMISSION POLICY

Patients suitable for admission to a nursing home include the infirm, chronically ill, and convalescent.

The registered professional nurse* in charge should carefully screen patients to be admitted to guarantee that the needed care and treatment is available.

It is advisable that an effort be made to select patients who will constitute a homogeneous group.

*See footnote page 8 for definition.

E. ORGANIZATION AND ADMINISTRATION

An owner or manager should be familiar with budgetary controls, methods of effective and economical purchase and other functions normally assigned to such an officer. He should be familiar with the broad policies affecting modern patient care, capable of overall planning and supervision, and competent to interpret the needs, progress and goals of the institution.

It is desirable that the owner or manager have a background of institutional administration and experience. The operator should be emotionally stable, in good physical and mental health, a person of integrity and good character, and have a liking for older people.

The qualities now specified for the operator in the "Foreword" of the Manual of Standards shall be made applicable as well to a manager if there is a person acting in such capacity.

Every new applicant for a license or a newly appointed manager shall be required to submit a medical certificate from a licensed practicing physician in New Jersey that he or she is physically and mentally able to operate or manage a nursing home, as the case may be.

With respect to present licensees who operate or manage a nursing home or managers who operate a nursing home on behalf of a licensee, such medical certificate shall be furnished when requested by the Department.

In the event that a licensee, operator or manager is unable to provide a medical certificate as required above, such licensee shall immediately appoint a manager or operator who shall be required to furnish such medical certificate prior to entering into his or her duties as such.

In instances where an owner or operator is personally unable to assume active charge of a nursing home, a manager shall be appointed.

An application made by an existing nursing home operator to expand his present facility or to secure a license for an additional nursing home facility may be denied if it appears that the operator-applicant has not demonstrated ability to operate the existing facility satisfactorily and in compliance with established standards for at least one year last past.

This policy shall not be construed so as to prevent the replacement of a structure which in itself is deemed to be unsatisfactory or which in any way has contributed to substandard patient care or safety.

F. DISPLAY OF LICENSE

The license or approval certificate issued by the Department for the operation of any facility shall be posted as to be conspicuously displayed to the public in a public area. Public area is to be interpreted as a lobby or entrance hall, or public lounge, in contrast to the administrator's office, admitting office, or other areas which are not visited by the public in general.

G. PERSONNEL POLICIES

1. The owner or manager shall set up adequate personnel procedures and keep appropriate records for all employees.
2. Rules and regulations, personnel policies and procedures, with which each employee shall be familiar, shall be established and promulgated for the guidance of the personnel.
3. All regular, paid personnel should have pre-employment physical examinations and it is desirable that such examinations include chest x-ray and Wassermanns. Since the health of the employees is directly related to the program of the home, it is strongly advised that regular annual physical examinations be a matter of routine practice.
4. Personnel absent from duty because of any reportable communicable disease, infection or exposure thereto, shall be excluded from the nursing home until examined by a physician designated for such purpose and shall be certified by him to the operator as not suffering any condition that may endanger the health of the patients or employees.
5. In order to attract and retain competent employees, personnel practices should be in accord with those of other institutions in the area.

H. MEDICAL CARE

To insure the best possible care and treatment program for patients, medical policies should be formulated to include those here set forth:

1. Every patient in a nursing home shall be under the care of a physician licensed to practice medicine in New Jersey.
2. The medical services provided shall in turn limit admission to those for whom service is available.
3. All medical orders shall be signed by the attending physician.

4. A medical examination shall be made and recorded on the records of the nursing home within 48 hours after admission.
5. There shall be provision for specialists' services, laboratory and x-ray work as needed. In rare instances, the large nursing home may wish to provide x-ray equipment. However, it is strongly advised that this service be secured by formal arrangement with a local hospital since it is not practical or efficient in the average nursing home.
6. A physician shall be called in emergencies, when patient is in extremis, and shall pronounce death.
7. Death certificate stubs or copies of death certificates shall be kept on file.

Bodies of deceased persons shall not be released to the undertaker until death has been certified by the physician.
8. Provision should be made for regular dental care as well as dental service in an emergency.
9. Patients should be permitted free choice of a physician.
10. The nursing home operator shall be responsible for making an arrangement with a doctor to be available for emergencies.
11. The operator shall also establish a procedure for securing a doctor and effecting the transfer of a patient to a hospital or other facility as promptly as needed.
12. All patients shall be seen at least every two months by a physician and a progress note entered, the only exception being that a physician may designate, in writing, the periodic intervals (longer than two months) at which in his opinion the patient should be examined.

I. RECORDS

Good maintenance of medical records is a protection both to the patient and to the nursing home. There are several methods of maintaining satisfactory records. If the home desires, individual folders or bound books may be used. If bound books are used, individual sections shall be set up for each patient. In any event, the following records shall be maintained and kept available for review at any time by representatives of the Department of Institutions and Agencies.

1. Medical Records
 - a. History and physical on admission
 - b. Progress notes
 - c. Written orders signed by a physician for all medications and treatments
 - d. Signed record of any x-ray or laboratory findings

2. Nurses' Records

Pertinent data relating to general condition of patients, special treatments and special medications shall be recorded. This can be done by maintaining individual patient charts or by Day and Night Report Record. In all instances, a detailed report is required on acutely ill, temporarily disturbed, and terminal cases.

A card index or other similar system should be used as a safeguard in the dispensing of medications.

3. Narcotic and Hypnotic Record

All such drugs shall be recorded on an individual patient prescription. It is suggested that an index be used to identify each patient.

4. Patient Register (Furnished by the Department)

5. Clothing Record

This shall include all personal articles belonging to patient.

6. Incident Reports

7. Personnel Records

J. DIAGNOSTIC FACILITIES

1. X-ray

Provision shall be made for diagnostic service as needed by formal arrangement with a community hospital.

2. Clinical Laboratory

Provision shall be made for diagnostic service as needed by formal arrangement with a laboratory legally authorized to give such service on an out-patient basis.

K. NURSING SERVICE

1. In all nursing homes there should be a sufficient number of nursing personnel to provide a minimum of two and one-half hours of care for each patient during a 24-hour period.

2. Of the total nursing personnel, the ratio of registered professional nurses* to subsidiary employees should not be less than 1 to 5**.
3. In instances where the total nursing personnel is great enough in number to require the employment of two or more registered professional nurses such nurses shall be distributed to provide maximum coverage.
4. All nursing homes should provide supervision throughout the 24 hours of each day by registered professional nurses. However, because of the shortage of such personnel and the inability of very small nursing homes to employ them, the following temporary minimum standard has been adopted for the present and must be met in any nursing home no matter how small that home may be:
 - a. Patient care shall be under the direction of a registered professional nurse at least 8 hours of each day. (In a small home where there is only one professional nurse, a second relief professional nurse must be employed to cover the days when the regular nurse is off duty and preferably the same relief nurse should be employed each week for that purpose).
 - b. In every nursing home there shall be a registered professional nurse to assume the duties and responsibilities of the "charge nurse". If the licensee is a registered professional nurse she may, if she so desires, assume these responsibilities, providing that she has sufficient time available.

*A registered professional nurse is defined as a nurse who is a graduate of an accredited school of professional nursing, giving a course of at least two years, and who has been licensed (registered) by State examination, or by original waiver.

**The above ratios are to be used as a guide but a number of factors will influence the number of total nursing personnel needed. Among these are: the degree of helplessness of patients, the physical layout and facilities provided by the structure, the need for occupational and recreational programs to prevent physical and emotional regression of patients, and the age, physical condition, training, and ability of the nursing staff itself.

5. Every nursing home, regardless of size, shall have on duty or available at all times, at least two persons able to act effectively in the event of fire or other emergency. In those instances where only one person is actually assigned to a tour of duty, the second person or persons shall be available on the premises or if not, preferably within 300 feet of the nursing home. In such instances, there shall be a mechanical alert system (other than normal telephone service) to summon such second person or persons.

6. Duties of the Charge Nurse

The charge nurse will assume responsibility for patient care and should be responsible for:

- a. Approval of all nursing care personnel employed.
 - b. Orientation and supervision of all personnel concerned with patient care.
 - c. Assignment of all nursing personnel to suitable tours of duty.
 - d. Decision, or advice to the licensee, as to the suitability of individual patients admitted to make certain that the nursing home is able to provide the type of care needed. Decision or advice as to the need of transferring from the nursing home those patients who, for one reason or another, cannot be properly cared for.
 - e. Planning and handling of special diets.
 - f. Performance of such technical procedures for which other personnel have not had sufficient training.
 - g. Maintenance of good morale among patients and nursing personnel.
 - h. Suggestions concerning development of the program in the nursing home.
7. In any nursing home, no matter how small, some member of the nursing personnel shall be on active duty at all times and under no circumstances may patients be left unattended.
 8. Other Principles to be Followed
 - aa. Nursing personnel should not be required to take time off from their duties for non-nursing service.

- b. Nursing home policies and nursing care procedures should be established and made available to the nursing personnel in writing.
- c. Every effort shall be made to provide sufficient nursing personnel and other necessary personnel on all shifts to eliminate the need for a night nurse to prepare patients for breakfast before 7 A. M. or for day nurses to prepare patients for bed before 7 P. M. if the individual patient's health and preference make it possible for him to retire at a later time.
- d. The nursing home should avoid an unreasonable schedule concerning hours at which patients are prepared for the day and expected to retire at night. Those individuals who are physically able to enjoy some form of early evening recreation or diversion should be permitted to do so.

L. STORAGE OF DRUGS, MEDICATIONS, ETC.

- 1. All drugs shall be dispensed from a central medicine supply area which shall be lighted and located outside of traffic areas.
- 2. Biologicals requiring cold storage shall be refrigerated.
- 3. All medicinal preparations shall be clearly labeled.
- 4. Handling of Narcotics

There shall be compliance with Federal and State regulations governing narcotics. (See page 11)

5. Handling of Hypnotics

There shall be compliance with State regulations governing hypnotics.

- a. Hypnotics shall be prescribed by a licensed physician to the individual patient and a complete record shall be kept.
- b. It is strongly advised that no large stock supply of hypnotics be kept on hand and that hypnotics be purchased on individual prescription of small amounts to avoid accumulation.

FEDERAL AND STATE REGULATIONS REGARDING NARCOTICS
REPRODUCED FOR GUIDANCE OF LICENSEES
(See Item 4, Page 10)

A. PURCHASE AND DISPOSAL

1. All narcotic drugs are to be purchased by individual prescription. The drug so obtained cannot legally be administered to any other patient.
2. Any portion of a narcotic drug prescription, the use of which has been permanently discontinued (the patient gone from the home), is to be sealed in its original container and held for return to the office of the Federal Bureau of Narcotics.
3. No discontinued narcotic drugs are to be retained in the nursing home longer than six months. The Bureau of Community Institutions, Department of Institutions and Agencies, is to be notified by the nursing home each time drugs are returned to the Bureau of Narcotics.

B. SURRENDERED DRUGS

All nursing homes or institutions located in counties of Bergen, Passaic, Sussex, Essex, Hudson, Hunterdon, Middlesex, Morris, Somerset, Union and Warren, otherwise known as Northern New Jersey, should direct all surrendered drugs to the District Supervisor, 90 Church Street, New York, New York. All others in Southern New Jersey should direct surrendered drugs to the District Supervisor, U. S. Bureau of Narcotics, 605 U. S. Customs House, Philadelphia 6, Pennsylvania, in the manner outlined above.

Narcotic drugs to be surrendered should first be properly inventoried on Treasury Department Form #142 in quadruplicate, and signed where indicated by a person in authority. The package of drugs should then be delivered or shipped (the mails may not be used) charges prepaid, direct to the office of the District Supervisor, U. S. Bureau of Narcotics, 90 Church Street, New York, New York.

Forms #142 and/or accompanying documents should not be enclosed in the package but mailed separately. All four copies of form #142 should be mailed or delivered to the District Supervisor.

An acknowledgement of receipt of the shipment will be made on one copy of the inventory (form #142) and returned to the shipper. Forms #142 may be obtained by writing to the U. S. Bureau of Narcotics, 90 Church Street, New York, New York, or at any of the branch offices in Newark, New Jersey, and Paterson, New Jersey.

C. EXCEPTION

In rare instances, a nursing home may be supplied with narcotic drugs by a physician who has obtained a tax-free stamp for exclusive use in the nursing home. In this instance, the physician assumes responsibility for the inventory of stock supply. A nurse may be assigned to act as his agent in dispensing from stock to the nursing unit.

D. ADMINISTRATION

1. No narcotic drug is to be administered without a properly executed order by the physician. Such order should be specific, giving the exact frequency with which the drug can be repeated.
2. Every effort should be made to avoid the use of long standing orders without signed confirmation.

E. STORAGE

1. All narcotic drugs are to be kept in a locked metal box, bolted to the shelf, and in a well illuminated locked medicine cabinet. The keys are to be carried by the nurse in charge on each tour of duty.
2. No other drugs are to be kept in the narcotic box.
3. All narcotic drugs are to be kept in their original containers.

F. RECORDS

1. The record of administration of narcotic drugs shall be kept on an individual basis. (See Sample I - page 13)
2. The record of administration shall be made by the nurse who gave the drug immediately after it is given.
3. Narcotics on hand are to be checked at the end of each tour of duty by both nurses responsible.
4. When a prescription is renewed, the amount received is to be entered on the record and the number added to the amount still on hand if any remains.
5. The record of drugs administered from stock supply is to be kept according to Sample II. (See page 14)

SAMPLE I

Name of Patient

Physician

Drug Date Received : Amount Received

Date of Administration	Dosage	Hour of Administration	Nurse	Amount on Hand
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SAMPLE II

Name of Drug

Name of Patient	Physician	Date	Hour	Dosage	Nurse	Amount on Hand

M. NURSING CARE FACILITIES GUIDE

To insure efficient nursing care the patient areas should be set up in nursing units. A complete nursing unit contains the following:

1. Hospital beds with Gatch frames (for bed patients) and a bedside chair for each bed. Beds spaced at least three feet apart. However, only the spaces unobstructed by doors, windows, radiators, etc., are suitable for placement of beds. There must be a minimum of 3 feet on each side of beds for proper attendance by personnel and for placement of necessary bedside tables and chairs.
2. Individual bedside cabinets. Individual toilet equipment shall be stored in cabinets of all patients requiring bedside care. In addition to cabinets, closets or storage space should be provided for storage of personal belongings.
3. Built in cubicles, adjustable curtains or movable screens in rooms with two or more beds.
4. Signal system. Adequate electric outlets for lighting, heating, heating pads, etc.
5. Utility room for each nursing unit (hopper, hand sink, non-pressure sanitizer, work table, cabinets). A non-pressure sanitizer is defined as "not operated by steam under pressure".
6. Tables, or other suitable equipment shall be provided to hold food trays of patients who require such service.
7. A sufficient number of bed rails shall be provided for use of all patients in need of such protection.
8. Nurses' station (desk, available running water, cabinet with lock for medications).
9. Nursing equipment - treatment trays, clinical thermometers, ice caps, hot water bags, etc.
10. Wheel chairs and stretchers.
11. Linen storage space.
12. Provision shall be made for single room accommodation which shall be designated as a "quiet room". Such accommodation shall be used for the care of patients during critical or terminal illnesses or to provide privacy for a temporarily disturbed or poorly adjusted patient.

13. The ratio suggested for toilet and bath facilities to beds is as follows:

- a. Baths (shower or tub): 1-20
- b. Toilets : 1-12
- c. Lavatories : 1-12

In some instances it may be necessary to provide additional toilet and bath facilities for men and women.

N. PRINCIPLES OBSERVED IN THE CARE OF THE SICK

1. Formal arrangements shall be made for the transfer to a general hospital of patients with any condition requiring hospital care unless acceptable facilities are available within the institution.
2. Transfer to a hospital or sanitarium of patients suffering with mental illness, active tuberculosis or other communicable disease.
3. Immediate examination and appropriate treatment by a physician of patients who have had accidents and a recording in the physician's progress notes of such injuries and treatments. A report of any such incident shall be forwarded to the Bureau of Community Institutions.
4. Every precaution shall be taken to prevent patients from locking themselves in rooms and bathrooms.

O. ACCIDENT PREVENTION

1. Every reasonable and essential means of avoiding accidents shall be provided.
2. Adequate protective devices and practices shall be developed and carried out.
3. Immediate investigation of the cause of any accident shall be instituted and corrective measures adopted.
4. Periodic inspection shall be made of all physical facilities, equipment and machinery to determine whether hazards exist and if maintenance is safe.
5. Establishment of a formal safety plan.
6. Smoking may be permitted only where proper facilities are provided. Smoking shall not be permitted in sleeping quarters, except at such times as supervision is provided.
7. If an electrical panel board is located on any floor used by patients, the door of the panel board shall be equipped with a lock.

P. RECREATIONAL AND DIVERSIONAL ACTIVITIES

Although the primary function of a nursing home is the medical and nursing care of long-term patients, this care should not be limited to the physical aspects only. Diversion and recreation are essential in meeting the emotional as well as the physical needs of the patients.

1. The nursing home has a definite responsibility to provide some form of diversion for all patients. A careful evaluation of each patient will indicate the type of diversion best suited to the individual.
2. Every nursing home, no matter how small and regardless of the degree of infirmity of its people, shall have a recreation area or areas accessible to all patients. For those patients unable to use the recreation areas, some diversional activity should be provided at the bedside.

Q. SOCIAL NEEDS AND ACTIVITIES

1. The nursing home must meet the religious needs of its patients on an individual basis and the clergy of the community is always willing and able to give suggestions and assistance.
2. Since it is of paramount importance to help the patient to keep contact with his family and the community, rigidity in the arrangement of visiting hours should be avoided. Flexibility in visiting periods usually results in shorter and more frequent visits. Such visits are less tiring to the patient and encourage greater continuity in family and other relationships.

R. FOOD AND FOOD SERVICE

1. The food provided must meet the basic nutritional requirements as recommended by the Department.
2. Food should be well prepared and three well-balanced meals per day served on a regular schedule.
3. There should be a lapse of at least 10 hours between breakfast and supper.
4. At least one hot dish shall be served at two of the three meals. Coffee, tea, or other beverages shall not be construed to be a hot dish.
5. In situations where it is absolutely necessary to serve the evening meal before 5:00 P. M., provision must be made for the regular serving of additional nourishment before the patients are asleep for the night.

6. Food served shall be adjusted to meet the physical needs of the patients and provision should be made for special diets when prescribed by a physician.
7. The kitchens shall be adequately equipped to serve properly prepared food.
8. Kitchens, pantries and all storage space shall be free from vermin and maintained in sanitary condition at all times.

S. SANITATION

1. The nursing home and its equipment shall be kept in a sanitary condition at all times.
2. An adequate and continuous supply of hot water shall be available at all times for bathing, dishwashing laundry, general cleaning, etc.
3. Water supply shall be of safe and sanitary quality, suitable for drinking purposes. If the institution is not serviced by public water supply and sewage disposal system, written approvals of these services shall be secured from the local health department. If a local service is not available, approval shall be secured from the district office of the State Department of Health, Division of Environmental Sanitation. Information concerning the officers and location of the district health offices will be furnished by the Bureau of Community Institutions upon request.
4. Suitable facilities shall be provided for collection, storage and disposal of garbage.
5. Incineration facilities shall be provided for the disposal of infected dressings and other wastes. Other refuse shall be stored and removed from premises in a manner which does not create a nuisance and is consistent with approved hygienic practice.
6. Every precaution shall be taken to guard against the presence of flies and other insects and vermin.
7. Toilet and hand washing facilities shall be provided for employees. No toilet room shall open directly into the food preparation area.
8. Soiled linen shall not be transported through food preparation and storage areas. Soiled linen shall be collected and handled in a sanitary manner.
9. Toilet equipment used in the care of patients shall not be sterilized in the kitchen.

10. In nursing homes where floors may be unsatisfactory due to unevenness or to absorption qualities, such areas shall be covered wall-to-wall with linoleum or some equivalent non-absorbent material. This applied to all patient rooms, utility rooms, bathrooms, and to kitchens. (Reception areas, recreation rooms, and dining rooms may be exempted if floors in such areas are well maintained, and present no particular problems.)

T. HEATING

The heating plant shall be adequate for maintaining a temperature of 75 degrees Fahrenheit during the coldest weather.

U. LIGHTING

1. Artificial lighting shall be by electricity only.
2. The individual rooms used for sleeping purposes by patients shall have sufficient natural light and suitable artificial lighting.
3. All rooms used by patients, including hallways and stairways, shall be lighted by natural light or electricity at all times.
4. All patient rooms, corridors, bathrooms, and stairways shall be equipped with proper night lights.
5. Battery type emergency lights shall be available at all times.
6. At least one permanently installed electric outlet shall be accessible at each patient bed.
7. Every patient room shall be equipped with lighting facilities which will permit the furnishing of adequate light for the treatment and handling of a single patient without disturbing the remaining patients in the same room and no patient room shall be dependent merely upon single or multiple over-head lighting.
8. Individual bed lamps shall be provided for every patient who is in such physical condition that he can benefit by such equipment.

V. LAUNDRY

1. Every home should make provision for regular laundering of personal clothing of patients.
2. If laundry is done on premises, ample equipment shall be available.

3. An adequate supply of bed linen shall be available for use at all times.

W. HOUSEKEEPING

1. All rooms in the nursing home shall be kept clean and orderly. Regular cleaning shall be done by the housekeeping staff.
2. Every effort should be made to keep the nursing home as attractive and comfortable as possible.

SECTION THREE

BUILDING MANUAL FOR NURSING HOMES (See also Section One)

A. GENERAL CONSIDERATIONS

A suitable structure is essential to safe and efficient operation of a nursing home. Real care should be exercised in selecting a structure which appears readily adaptable to the requirements of this Manual and which provides such patient capacity as to insure sound financial operation.

Under no circumstances should a building be purchased or leased until plans have been reviewed by the Bureau of Community Institutions and tentative approval of the structure given.

B. LOCATION OF THE NURSING HOME

The location of the proposed home is important. Preferably, it should not be in a congested area but, on the other hand, it should be easily accessible from centers of population.

The availability of a public water supply and public sewage disposal system is also important, for non-public facilities of this type must be individually approved.

C. LIMITATION OF OCCUPANCY

No structure licensed as a nursing home may be utilized for any other purpose. This regulation shall not be retroactive; neither shall it be construed to eliminate housing quarters of the owner or his family, the manager, or other staff members.

D. PRELIMINARY EVALUATION OF PROPOSED STRUCTURE

The prospective applicant should make a preliminary evaluation of the proposed building giving special attention to the following factors:

1. The suitability of the structure for good patient care.
(See pages 24 to 26)

In this connection, appraisal will be made of the adequacy of space available for patient housing and recreation, plumbing, facilities for proper nursing service, food preparation and other details essential to efficient operation.

2. The fire protection measures required for safe housing of patients. (See pages 26 to 34)

3. The extent of renovations necessary to provide adequate facilities and fire protection.
4. The estimated patient capacity. (See page 24) Final capacity will be determined at the time of actual licensing.

E. LOCAL APPROVALS AND SCALE FLOOR PLANS OF PROPOSED STRUCTURE

If, in the opinion of the applicant, the building proposed for use is satisfactory (or could be made satisfactory) the following should be secured:

1. Local approvals should be secured in writing and filed with the Department of Institutions and Agencies. The following local approvals are necessary:

- a. Zoning Authority

A written statement attesting that the proposed use of the structure is not in conflict with zoning regulations.

- b. Building Inspector

A written statement attesting to the structural safety of the building.

- c. *Fire Department

A written statement from local fire authorities to the effect that, in their opinion, the building is satisfactory for the proposed occupancy.

- d. Local Health Department

A written statement attesting that the building and its facilities meet local health requirements.

- e. Water Supply and Sewage Disposal

If the building is not serviced by a public water supply and public sewage disposal system, the local health department shall be requested to inspect these services and submit a written statement of approval which shall be filed with the Bureau of Community Institutions. If such local inspection and approval is not available, inspection of such facilities shall be made by the proper District State Health Office of the State Department of Health. (Information regarding location of such district offices can be secured from the Bureau of Community Institutions.)

*The Department of Institutions and Agencies reserves the right to require fire protection measures which may go beyond the requirements of municipalities.

2. Scale floor plans of the proposed structure

- a. The applicant should secure a scale floor plan of the basement and each floor of the building. Best results will be secured when plans are drawn by a registered architect.
- b. Such plans should be secured in duplicate so that a copy may be placed on file with the Department of Institutions and Agencies. In addition to the plans, photographs showing at least three sides of the building should be secured.
- *c. When an applicant for nursing home license presents architectural plans or sketches for Departmental approval or when a licensed operator seeks approval of plans or sketches for an addition to an existing licensed facility or for renovation within an existing licensed facility, such approval, when given, shall be null and void unless actual construction begins within a period of one year. In the event that such applicant or licensee does not begin construction within the time specified and intends to do so at a later date, such plans and sketches must be resubmitted for approval.

F. OFFICE CONFERENCE

When the scale plans and local approvals have been secured, an appointment should be made in advance with representatives of the Bureau of Community Institutions to discuss both the building under consideration and the other matters affecting proper operation of the home.

At this conference floor plans of the building will be reviewed and every possible assistance given to the prospective operator to plan the structure for efficient patient care.

In the event that renovations are essential, recommendations will be outlined in writing. Such renovations should be planned and supervised by a registered architect and shall not deviate from the recommendations outlined by this Department unless written approval is secured.

G. INSPECTION OF BUILDING

An inspection of the property may be made by representatives of the Department after local approvals have been filed. Upon completion of renovations the applicant shall be given written notification that the work has been completed in accord with specifications of the Department.**

*Regulation adopted July 26, 1961.

**No further structural changes may be made without pre-approval of the Department.

An inspection of the premises will then be made and if completed work appears satisfactory, the building will be approved.

The applicant should understand that approval of the structure does not, in itself, constitute permission to accept patients. Such permission will be based in part upon other factors such as adequacy of personnel, equipment, etc.

H. ADAPTABILITY OF STRUCTURE

The structure shall provide for the proper care and comfort of patients.

1. Patient Rooms

- a. All patients' rooms shall be located in areas providing direct natural light and ventilation.
- b. All rooms occupied by patients shall have direct access to corridors and toilet facilities without the necessity of passage through rooms of other patients, kitchen or dining areas, recreation rooms, reception rooms, etc.
- c. There must be a minimum of 3 feet on each side of beds for proper attendance by personnel and for placement of necessary bedside tables and chairs. Only the spaces unobstructed by doors, windows, radiators, etc., are suitable for placement of beds.
- d. As noted in the OPERATING MANUAL (page 15) adequate single room accommodation must be provided for all patients in critical condition.
- e. Any substandard room which has been approved as a quiet room only shall not be included in the capacity of the nursing home and shall not be used for any other than the intended purpose.

2. Recreation Space

- a. Suitable recreation space should be provided so that patients may have the advantage of recreation outside their sleeping areas.
- b. Suitable sitting room should be provided for each floor where patients are housed. However, in instances where elevator service is provided, individual exceptions to this requirement may be made if circumstances warrant.

3. Plumbing

- a. There shall be adequate hand washing, bathing and toilet facilities on each floor used for patients. In addition, provision of additional plumbing necessary to provide good care for patients of each sex may be required.
- b. Proper toilet facilities shall be provided for personnel.
- c. As noted in the OPERATING MANUAL (page 15) each nursing unit should be provided with a utility room containing hopper, hand sink, utensil sterilizer, work table, and cabinets.

4. Nurses' Station

Adequate and well located space shall be allowed for the supervising nurse, and her station should include a desk, available running water and locked cabinets for medications. (See page 15 of the OPERATING MANUAL.)

5. Storage Space

Sufficient enclosed space, adequately lighted, shall be available for proper storage of linens, drugs, supplies and patients' clothing.

6. Lighting

Artificial lighting shall be by electricity only.

7. Heating

The heating plant shall be adequate to maintain a temperature of 75 degrees Fahrenheit during the coldest weather.

An electrical emergency switch for the oil burner shall be provided on the first floor and not permitted in the basement area itself.

8. Screens

The institution shall be equipped with screening for all windows adequate to keep the quarters free of insects at all times.

9. Kitchen

The kitchen shall be acceptably located and shall be of sufficient size to sustain proper food service.

10. Laundry

The laundry shall be separate from the kitchen and other working areas of the nursing home and shall have an entrance which does not require transportation of soiled linen through food preparation and food storage areas.

I. BUILDING MAINTENANCE

Both the interior and the exterior of a nursing home must be maintained in good condition at all times to insure an attractive appearance, to provide a pleasant atmosphere, and to safeguard against deterioration of the premises. Surrounding grounds should also be maintained in a neat and orderly manner at all times.

J. FIRE PROTECTION

Buildings of fireproof construction are to be preferred. In buildings of ordinary construction, patients may not be housed above the second floor.*

The operator should make every effort to secure the interest and cooperation of the local fire department in planning for protection of the nursing home, in the instruction of employees in use of fire fighting equipment and means of evacuation of the building, in checking fire extinguishers and insuring their proper placement. The advice of local officials often proves of great value.

1. Fire Detection System

Every existing nursing home shall be required by January 1, 1961, to have completely installed and in operation a fire detection system of a type approved by the State Fire Marshal. No such installation shall be made without written approval of the Fire Marshal.

(The Fire Marshal will undertake at once an examination of fire detection systems already installed in nursing homes to determine whether they are acceptable.)

*Bedridden and helpless patients should preferably be housed in the first floor quarters.

2. Horizontal Zoning

To provide horizontal fire zoning, all floors above the first floor of any non-fireproof building which is occupied by patients, and which exceeds 3000 square feet in area, shall be divided into separate areas by barriers of at least one-hour fire-resistance rating. Specifications on materials which provide such rating may be obtained from the Fire Insurance Rating Organization of New Jersey, Newark. All doors provided in such barriers shall have a fire-resistance rating of at least one hour, shall be equipped with a positive latch, and with a self-closing device so installed that the door or doors may normally be held open but will close automatically (or may be released manually) to self-closing action. Such doors shall also be tight-fitting. If possible, such doors should be at least 42 inches wide to permit the passage of a bed. Doors in fire-resistance barriers, to meet the one-hour rating requirement, must be:

- a. Metal doors, or
- b. Solid wood doors of the flush type not less than 1 3/4 inches thick, or
- c. Metal-covered doors. Where doors are to be protected by metal cover, sheet steel not less than #28 U. S. gauge shall be used and such sheet steel must be securely fastened by bolts or screws.

Such doors should preferably have a panel for clear vision and all such panels shall have clear wired glass.

3. Exit Stairways

- a. Two satisfactory and easily available means of egress, remote from each other and preferably at opposite ends of the building, must be provided from each floor occupied by patients and these should lead directly to the exterior of the building. Such stairways and hallways leading to the exterior shall be kept free and clear of obstructions at all times.
- b. All exit doors to such stairways shall be clearly marked.
- c. In any nursing home approved for occupancy by 30 or more patients, the two main exits on the first floor shall open outward.
- d. No stairway referred to as a "winder" will be accepted as satisfactory.

- e. In the event that a fire escape is necessary to provide acceptable egress, it shall be constructed in conformity with standards of the Department. (See pages 33 and 34 for such specifications).

4. Stair Enclosures

- a. All stairways leading from the first to the second floor shall be properly enclosed to prevent upward spread of smoke, flame and fumes.* Such enclosures may be erected at either the first or second floor but first floor enclosures are usually preferred.
- b. In instances where owners or personnel are housed above the second floor, their quarters shall also be protected by stair enclosures or shut-offs, and a second means of egress shall be provided from such quarters.
- c. Enclosures shall have a one-hour fire-resistance rating. They may be constructed of 3/4 inch gypsum plaster on metal lath on each side of 2 x 4 wood studs, or equivalent, or of wired glass in metal framework. All construction proposed as "equivalent" shall approved by the Department. In enclosures there shall be no movable transoms or movable interior windows and all transoms and interior windows shall be of wired glass in metal frame.
- d. Doors in enclosures shall be:
 - (1) Metal doors, or
 - (2) Metal covered doors,** or
 - (3) Solid wooden doors of the flush type not less than 1 3/4 inches thick.

Such doors should be at least 36 inches wide. Any glass in such doors shall be transparent wired glass. All such doors shall be self-closing, shall be tight-fitting, shall open in the direction of egress and shall be equipped with positive latches. Double doors are undesirable since in such installations fire regulations call for one such door to be kept latched in a closed position and compliance with this regulation frequently interferes with normal traffic.

*In fireproof buildings occupied above the second floor upper floors must be similarly protected.

**Where doors are to be protected by metal covering, sheet steel not less than #28 U. S. gauge shall be used and such sheet steel must be securely fastened by bolts or screws.

- e. Landings adjacent to all doors in stair enclosures should be at least the width of the door.

5. Dumbwaiter and Laundry Chutes

- a. All dumbwaiters, laundry chutes or other vertical openings which are not fireproof shall be enclosed with $3/4$ inch gypsum plaster on metal lath on each side of the studs, or equivalent. The top of the opening should be sealed with material having a fire resistance rating of not less than one hour.
- b. All doors in such shafts shall be metal, or metal covered*, or solid wood doors of the flush type not less than $1\ 3/4$ inch nominal thickness and all such doors shall be tight-fitting and equipped with self-closing devices.
- c. If the foregoing protective measures are not feasible, dumbwaiter shafts and laundry chutes should be properly sealed at each floor (with material equivalent in fire resistance to the floor construction) and abandoned, or the space converted to other purposes.

6. Elevator Shafts

Elevator shafts shall be fireproof, or shall be protected in accord with regulations listed for stairway enclosures and enclosure for dumbwaiters and laundry chutes.

7. Basements

- a. Doors at the head of basement stairways shall be:
 - (1) Metal doors, or
 - (2) Metal covered doors, or
 - (3) Solid wood doors of the flush type not less than $1\ 3/4$ inch nominal thickness.

Metal coverings for doors shall be of sheet steel, not thinner than #28 U. S. gauge, securely attached on the basement side with bolts or screws. Such doors shall be tight-fitting, of the self-closing type and equipped with positive latch.

*Where doors are to be protected by metal covering, sheet steel not less than #28 U. S. gauge shall be used and such sheet steel must be securely fastened by bolts or screws.

- b. Basement ceilings shall be protected with metal lath and plaster, or equivalent construction approved by the Department, except in cases where such ceilings are already covered with plaster (on wood lath) in good condition. In all cases hollow partitions shall be effectively fire-stopped with material of at least one-hour resistance rating. Side walls and ceilings enclosing basement stairways shall be protected in the same manner as basement ceilings.*
- c. Paint and other highly inflammable material should preferably be stored outside the building but minimum supplies may be kept in basements if stored in closed metal cabinets or containers.
- d. Basements shall be kept in good order and reasonably clear of excess furniture and equipment, and shall never be used for indiscriminate storage. However, neat stocks in original containers will be permitted in basement storerooms.
- e. All basement electrical wiring shall be in BX cable or equivalent and all outlets shall be of approved type.
- f. All ashes shall be kept in metal containers.
- g. Smoke pipes from heaters to chimneys shall not pass within 18 inches of ceilings even though the ceiling may have been protected with metal lath and plaster. (If it is not possible to remove the smoke pipe 18 inches from such ceiling, other adequate protective measures will be recommended by the Department.)
- h. In all new installation of oil furnaces and equipment, tanks should be located outside the building. In cases where oil burning equipment has already been installed in properties, the vent pipe and fill pipe should be located outside the building.

*Provisions of this paragraph may be waived by the Department if all heating units, motors and similar hazardous devices are isolated in ventilated rooms of non-combustible construction having a fire resistance rating of not less than one hour, and providing that doors to such rooms have a similar rating.

- i. All unnecessary combustible partitions within the basement should be removed.

8. Electrical Wiring

- a. There shall be no temporary wiring in the institution except approved appliances equipped with heavy duty cord in good condition.
- b. The operator shall, on or before January 1st of each year, submit a written statement by a qualified electrician that the electrical circuits and wiring are satisfactory. His report should include the date of inspection and should give assurance that circuits are not overloaded, that all wiring and permanent fixtures are in good condition and that all portable electrical appliances, including lamps, are equipped with heavy duty cord in good condition.
- cc. The operator is responsible for the maintenance of satisfactory standards in the above respects at all times.

9. Kitchens

- a. Since kitchens constitute hazardous areas, they shall be isolated insofar as possible, from other quarters. Doors leading to adjacent areas shall swing in one direction only, shall be self-closing, tight-fitting, and equipped with positive latch.
- b. Such doors shall be:
 - (1) Metal doors, or
 - (2) Metal covered doors*, or
 - (3) Solid wood doors of the flush type not less than 1 3/4 inches thick.
- c. Kitchen exhaust fans and metal ducts shall be kept free of grease and dirt at all times, and metal ducts from such fans shall extend at least 2 feet beyond the building. Areas around kitchen ranges shall be kept free of grease at all times.

*Where existing doors are to be protected by metal covering, sheet steel not less than #28 U. S. gauge shall be used and such sheet steel must be securely fastened in place with bolts or screws.

- d. In the event that metal hoods and exhaust ducts are installed directly over kitchen ranges, construction standards of the National Board of Fire Underwriters shall be complied with. (Pamphlet 91).

10. Laundry

Because of the type equipment involved, the laundry constitutes a hazardous area which should be segregated and protected with materials of one-hour fire resistance rating unless equipment is limited to ordinary household types.

11. Fire Extinguishers

- a. There shall be an adequate number of fire extinguishers in the basement and on each floor of the building, all of which should bear the seal of the Underwriters' Laboratories.
- b. Extinguishers should be conspicuously hung and kept easily accessible and all shall be re-charged and inspected in accord with the Manufacturer's specifications. Each shall be labeled to show the date of such inspection and re-filling.
- c. The following types of extinguishers should be provided:
 - (1) In kitchen areas (because of the danger of grease fires), extinguisher should be a 5-lb. CO₂ or 4½-lb. dry chemical.
 - (2) In the basement area, extinguisher should be a 5-lb. CO₂ if oil is used as a fuel. If coal is used, soda-and-acid extinguishers are recommended.
 - (3) Generally throughout the house, 2½ gal. pressure-operated cartridge type extinguishers should be provided.

12. Incinerator

Where it is planned to install an incinerator in any nursing home, fire protection of at least 3-hour fire-resistance rating shall be provided on the entire shaft and all openings.

13. Instruction of Personnel

The operator shall be responsible for instruction of all personnel in fire prevention, in use of fire protection equipment and devices, and for development of procedures to be followed in event of emergency. Such instruction should be given all employees prior to their assignment to duty and should be repeated at necessary intervals.

14. Fire Escape Specifications*

a. Wood Fire Escapes

- (1) Outside stringers must be of the closed type, 3 inches by 12 inches, and there must not be less than 3 string pieces. Treads must be 2 inches by 10 inches, not less than 48 inches in the clear and properly supported on pieces 2 inches by 4 inches well spliced to stringers.
- (2) All platforms must be supported by uprights not less than 4 inches by 4 inches, properly braced.
- (3) The fire escape should be directly accessible from the interior and so arranged as to make clear the direction of egress.
- (4) All exit doors to fire escapes shall be clearly marked.
- (5) Fire escape stairways should lead away from the building and not run alongside.
- (6) All doors leading to fire escape shall swing outward and should lead to a platform, level with the door, and the width of the platform shall not be less than 48 inches square.
- (7) Runways, stairs and all landings shall not be less than 48 inches in the clear to permit the carrying of helpless patients, and all shall be equipped with a suitable hand rail braced at every third tread and with an intermediate guard rail.
- (8) The rise of steps must not exceed $7\frac{1}{2}$ inches. The treads of steps must not be less than $9\frac{1}{2}$ inches exclusive of nosing.

*SPECIAL NOTE: Plans for all fire escapes must be approved by the Department of Institutions and Agencies prior to any actual construction and must show in detail all buildings adjacent to fire escapes.

- (9) No run of steps shall have more than 17 risers unless an intermediate platform is provided.
- (10) No counter-balanced fire escape is acceptable but all shall be permanently fixed in place.
- (11) All fire escapes shall have concrete footings extending at least 3 feet below grade.

b. Steel Fire Escapes

- (1) Steel fire escapes shall provide the same characteristics of the wooden fire escapes.
- (2) Such escapes shall have no member less than 1/4 inch thick. Where such escapes are fastened to building, bolts must run clear through wall and any member passing through wall must be protected against corrosion. All stairs, platforms, landings, and balconies must be constructed to sustain a live load of at least 100 pounds per square foot with a factor of safety of 6, also a concentrated load of 200 pounds at the center of each tread.

c. Existing Fire Escapes

No fire escape will be accepted if it does not meet the presently specified regulations.

(Present exemptions for existing fire escapes are eliminated.)

SECTION FOUR

LAWS GOVERNING THE LICENSING OF PRIVATE HOSPITALS,
CONVALESCENT HOMES AND NURSING HOMES IN NEW JERSEY
(HOSPITAL LICENSING ACT)

An Act requiring the licensing, inspection and regulation of private mental hospitals, convalescent homes, private nursing homes and private hospitals, creating a hospital licensing board, providing for regulations, enforcement procedures, and penalties for the violation thereof.

30:11-1 LICENSE REQUIRED; APPLICATION; RULES AND REGULATIONS;
PUBLIC POLICY

It is declared to be the public policy of this State to provide for the development, establishment and enforcement of basic standards for the care and treatment of individuals in private mental hospitals, convalescent homes, private nursing homes and private hospitals as defined herein and for the construction, maintenance and operation of such institutions in such a manner as to insure safe and adequate treatment of all such individuals in said private mental hospitals, convalescent homes, private nursing homes and private hospitals. No private nursing home, private mental hospital, convalescent home or private hospital for the care, treatment, or nursing of persons mentally ill, mentally deficient or mentally retarded, acutely ill or chronically ill, or who are crippled, convalescent, infirm or in any way afflicted, shall operate within this State except upon license first had and obtained for that purpose from the department, upon application made therefor as hereinafter provided. No such license shall be granted by the department, unless the commissioner shall be satisfied that the institution in question is adequately prepared to furnish the care and service to be provided by it. Nothing herein contained shall be so construed as to interfere with the powers of the State Board of Medical Examiners to license medical practitioners in New Jersey.

30:11-1 Application for the license required by this section shall be made upon forms furnished by the department, shall set forth the location of the home or hospital, the person in charge thereof, and the facilities for caring for persons who may seek treatment therein. The applicant shall be required to furnish evidence of its ability to comply with minimum standards for nursing and hospital care, financial ability to successfully operate the institution for which the license is sought, and of the good moral character of the person in charge thereof.

private hospitals as defined herein and for the construction, maintenance and operation of such institutions in such a manner as to insure safe and adequate treatment of all such individuals in said private mental hospitals, convalescent homes, private nursing homes and private hospitals. No private nursing home, private mental hospital, convalescent home or private hospital for the care, treatment, or nursing of persons mentally ill, mentally deficient or mentally retarded, acutely ill or chronically ill, or who are crippled, convalescent, infirm or in any way afflicted, shall operate within this State except upon license first had and obtained for that purpose from the department, upon application made therefor as hereinafter provided. No such license shall be granted by the department, unless the commissioner shall be satisfied that the institution in question is adequately prepared to furnish the care and service to be provided by it. Nothing herein contained shall be so construed as to interfere with the powers of the State Board of Medical Examiners to license medical practitioners in New Jersey.

Upon receipt of an application for license and the license fee, the Department of Institutions and Agencies shall cause an investigation to be made of the applicant and the hospital facilities and shall issue a license if it is found that said applicant is of good moral character and facilities comply with the provisions of this act, the regulations of the department and the minimum standards established for the operation of a private mental hospital, convalescent home, private nursing home or private hospital. The license shall not be transferable or assignable except with the written approval of the department and shall be posted in a conspicuous place on the licensed premises as prescribed by the regulations of the department. The State Board of Control of the Department of Institutions and Agencies, with the advice of the hospital licensing board, shall adopt, amend, promulgate and enforce such rules, regulations, and minimum standards of nursing and hospital care with respect to the different types of hospitals, convalescent homes and nursing homes to be licensed hereunder as may be reasonably necessary to accomplish the purposes of this chapter. Such rules, regulations and minimum standards when adopted shall be binding upon all licensees and applicants for license under this chapter.

Any private hospital, convalescent home, private mental hospital, or private nursing home which is in operation at the time of promulgation of any applicable rules or regulations or minimum standards under this act shall be given a reasonable time, not to exceed 6 months from the date of such promulgation, within which to comply with such rules and regulations and minimum standards, or subsequent amendments or supplements thereto.

30:11-2 DURATION OF LICENSE; FEE FOR ISSUE OR RENEWAL.

A license to operate a private mental hospital, private nursing home or private hospital shall be valid for 1 year from date of issue, and, upon issuance or renewal of such license, the commissioner shall collect, respectively, a fee of \$25.00, which shall be paid into the General State Fund and the cost of administration of this chapter shall be provided for in the annual appropriation law.

30:11-3 REVOCATION OR SUSPENSION OF LICENSE; HEARING.

The State Board of Control, after hearing, may deny, revoke or suspend any and all licenses granted under authority of this chapter to any person, firm, corporation or association violating the provisions of this chapter, or the rules and regulations promulgated hereunder.

Prior to the revocation, suspension or denial of any license hereunder, the department, if requested, shall afford the licensee an opportunity for a prompt and fair hearing before the department on the question of the issuance, suspension or revocation of the

license. The procedure governing such hearing shall be in accordance with the rules and regulations of the department adopted by and with the consent of the hospital licensing board. Either party may subpoena witnesses and compel their attendance on forms furnished by the department.

Notice of revocation, suspension or denial of a license shall be sent to the applicant or licensee by registered mail and the notice shall set forth the particular reasons for the denial, suspension or revocation of the license. Such denial, suspension or revocation shall become effective thirty days after mailing, unless the applicant or licensee, within such thirty-day period shall meet the requirements of the department or shall give written notice to the department of its desire for a hearing, in which case the denial, suspension or revocation shall be held in abeyance until the hearing has been concluded and a final decision rendered.

The Commissioner of the Department of Institutions and Agencies is hereby empowered to arrange for prompt and fair hearings on all such cases and to render written decision stating conclusions and reasons therefor upon each matter so heard, and to enter orders of denial, suspension or revocation consistent with the circumstances in each case.

30:11-3.1. INSPECTION OF PREMISES; APPROVAL OF STRUCTURAL CHANGES.

The department shall make or cause to be made such inspections of the premises of the licensee from time to time as it may deem necessary to be assured that the licensee is at all times complying with the provisions of this chapter, with the rules and regulations promulgated hereunder and with the minimum standards of nursing and hospital care established by virtue of the authority of this chapter. The licensee, prior to making any alterations, additions or improvements to its facilities or prior to the construction of new facilities shall, before commencing such work, submit plans and specifications to the department for preliminary inspection and approval or recommendations with respect thereto.

30:11-4 PENALTY FOR OPERATION WITHOUT LICENSE.

Any person, firm, corporation or association who shall operate or conduct a private mental hospital, convalescent home, private nursing home or private hospital without first obtaining the license required by this chapter, or who shall operate such private nursing home, convalescent home or private hospital after revocation or suspension of license shall be liable to a penalty of \$25.00 for each day of operation in violation hereof for the first offense and for any subsequent offense shall be liable to a penalty of \$50.00 for each day of operation in violation hereof. The State Board of Control, with the approval of the Attorney General, is hereby authorized and empowered to compromise and settle claims for money penalties in appropriate circumstances

where it appears to the satisfaction of the board that payment of the full penalty will work severe hardship on any individual not having sufficient financial ability to pay the full penalty but in no case shall the penalty be compromised for a sum less than \$500.00 for the first offense and \$1,000.00 for the second offense.

The penalties authorized by this section shall be recovered in a civil action, brought in the name of the State of New Jersey in the County Court of any county, which court shall have jurisdiction of all actions to recover such penalties. Money penalties, when recovered, shall be payable to the Department of Institutions and Agencies for its use in connection with the administration of this chapter.

The department may, in the manner provided by law, maintain an action in the name of the State of New Jersey for injunction against any person, firm, association or corporation continuing to conduct, manage or operate a private nursing home, convalescent home or private hospital without a license, or after suspension or revocation of license.

The practice and procedure in actions instituted under authority of this section shall conform to the practice and procedure in the court in which the action is instituted.

Whenever a 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 post-operative 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 require any form of personal attention, 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 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 hereof then same shall be liable to the penalties prescribed herein.

30:11-5 (Repealed)

30:11-6 HOSPITAL LICENSING BOARD; APPOINTMENT; TERM.

The State Board of Control, subject to the approval of the Governor, shall appoint a hospital licensing board which shall consist of the Commissioner of the Department of Institutions and Agencies, the State Director of Health, the president of the State Board of Medical Examiners, 2 hospital administrators of recognized ability and 5 qualified persons, 2 of whom shall represent the interests of the public at large, 1 of whom shall have special qualifications and training in the field of nursing and 2 of whom

shall be selected from among the owners and administrators of the several private nursing homes. The board shall be representative of the aforementioned groups and shall be appointed for terms of 6 years except when appointed to complete an unexpired term. Members whose terms expire shall hold office until appointment of their successors. They shall serve without compensation but shall be reimbursed for actual expenses incurred in the performance of their official duty.

30:11-7 HOSPITAL LICENSING BOARD; DUTIES.

The hospital licensing board shall have the following responsibilities and duties:

- a. To consult and advise with the State Board of Control of the Department of Institutions and Agencies in matters of policy affecting the administration of this chapter and in the development of rules, regulations and minimum standards of nursing and hospital care as provided for herein.
- b. To review and make recommendations with respect to such rules, regulations and minimum standards authorized hereunder prior to their promulgation by the State Board of Control.

The Board shall meet not less than once each year and, in addition, as often as shall be required to conduct the business of the Board and to assist and advise in the administration of the duties and responsibilities imposed by this chapter.

30:11-8 PRIVATE MENTAL HOSPITAL, PRIVATE NURSING HOME, CONVALESCENT HOME AND PRIVATE HOSPITAL DEFINED.

A private mental hospital, private nursing home, convalescent home or private hospital, for the purpose of this chapter, is defined as any institution, whether operated for profit or not, which is not maintained, supervised or controlled by an agency of the Government of the State or of any county or municipality, and which maintains and operates facilities for the diagnosis, treatment or care of 2 or more nonrelated individuals, who are patients as defined herein, and who are suffering from acute or chronic illness, mental illness, mental retardation, mental deficiency, injury or deformity, or where obstetrical, convalescent or other medical or nursing care is rendered.

The word "hospital" as used herein shall not be deemed to include first-aid stations for emergency medical or surgical treatment where no continuous bed care or protracted treatment is contemplated or performed.

As used in this chapter a "patient" is a person who is suffering from mental illness, mental deficiency, mental retardation, an acute or chronic illness or injury, or who is crippled, convalescent or infirm, or who is in need of obstetrical or other medical or nursing care. Infirm is construed to mean that the individual is in need of assistance in bathing, dressing or some type of supervision.

As used herein, a "boarding house" shall be construed to be a family home or larger structural unit in which, for compensation, persons are given room and board including or not including, as the case may be, heat, light, toilet and bathroom facilities; and in which there is no agreement between operator and boarder to give personal care or special attention.

Any private mental hospital, private nursing home, convalescent home or private hospital, as well as institutions operated and maintained by any agency of the government of any county or municipality which shall apply for and receive Federal funds under the provisions of Public Law 725 of the 79th Congress, Chapter 958, 2d Session, shall be required to comply, as a condition precedent to receiving such funds, with the rules and regulations and the minimum standards of nursing and hospital care provided for in section 30:11-1 of the Revised Statutes.

30:11-9 EXCEPTIONS AND EXEMPTIONS.

Nothing in this act or in chapter eleven of Title 30 of the Revised Statutes shall give the licensing authority or agency herein provided for the power or authority to require any hospital to practice or permit sterilization of human beings, euthanasia, birth control or any other similar practice contrary to the dogmatic or moral beliefs of any well established religious body or denomination, nor shall any of the provisions thereof vest authority or be construed to vest authority in the Department of Institutions and Agencies or in the licensing authority or agency herein provided for to deny any application for license or approval as may be required by this act or said chapter on the sole ground that adequate hospital or nursing home facilities are already available in the vicinity or area for which the license or approval is sought.

Nothing in this act or in chapter eleven of Title 30 of the Revised Statutes shall be so construed as to give authority to supervise or regulate or control the remedial care or treatment of individual patients who are adherents of any well recognized church or religious denomination which subscribes to the act of healing by prayer and the principles of which are opposed to medical treatment and who are resident in any home or institution

operated by a member or members, or by an association or corporation composed of members of such well recognized church or religious denomination; provided, that such home or institution admits only adherents of such church or denomination and is so designated; nor shall the existence of any of the above conditions alone militate against the licensing of such a home or institution; and provided further, that such home or institution shall comply with all rules and regulations relating to sanitation and safety of the premises and be subject to inspection therefor.

Nothing herein contained shall modify or repeal any laws, rules, and regulations governing the control of communicable diseases.

30:11-10

The provisions of article 3 of chapter 4 of Title 30 of the Revised Statutes, except as concerning or pertaining to the investigation and determination of legal settlement and indigence of patients, shall apply to duly licensed private mental hospitals for the care and treatment of the mentally ill, mentally deficient and mentally retarded and every license issued hereunder shall be the licensee's authority to receive and hold a person duly admitted or committed pursuant to law.

Private Mental Hospitals were included in the above statute by Chapter 161, P. L. 1956, effective November 28, 1956.

30:11-6 was amended by Chapter 243, P. L. 1962, approved February 28, 1963.