

CHAPTER 47**STANDARDS FOR PRIVATE LICENSED FACILITIES
FOR THE DEVELOPMENTALLY DISABLED****Authority**

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

Source and Effective Date

R.1995 d.545, effective October 16, 1995
See: 27 N.J.R. 2831(a), 27 N.J.R. 3938(a).

Executive Order No. 66(1978) Expiration Date

Chapter 47, Standards for Private Licensed Facilities for the Developmentally Disabled, expires on October 16, 2000.

Chapter Historical Note

All provisions of Chapter 47, formerly titled "Manual of Standards for Private Licensed Institutions for the Mentally Retarded," became effective August 1, 1975 as R.1975 d.203. See: 7 N.J.R. 265(b), 7 N.J.R. 364(a). Chapter 47 was repealed and replaced with new rules as "Manual of Standards for Private Licensed Facilities for the Mentally Retarded" by R.1985 d.540, effective November 4, 1985. See: 16 N.J.R. 2902(a), 17 N.J.R. 2648(b). Pursuant to Executive Order No. 66(1978), Chapter 47 was readopted by R.1990 d.593, effective November 2, 1990. See: 22 N.J.R. 2915(a), 22 N.J.R. 3620(b). Subchapter 2, formerly "Licensure Procedure," was repealed and replaced with new rules and retitled "Licensure" by R.1990 d.593, effective December 3, 1990. Chapter 47 was repealed and replaced with new rules and retitled "Standards for Private Licensed Facilities for the Developmentally Disabled" by R.1995 d.545, effective October 16, 1995. See: Source and Effective Date. See, also, section annotations.

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SUBCHAPTER 1. GENERAL PROVISIONS**10:47-1.1 Purpose and scope**

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

ing and regulation of health care facilities with the State Department of Health.

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

10:47-1.2 Definitions

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

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

“Age appropriate” means that aspect of normalization that reinforces recognition of an individual as a person of a certain chronological age. This refers to an individual’s dress, behavior, use of language, choice of leisure and recreation activities, personal possessions and self-perception. This is reflected in the degree of self-determination of the individual and the way in which the individual is perceived and treated by others.

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

“Atypical pica” means mouthing behavior, without ingestion.

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

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

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

“Behavior Management Committee (BMC)” means a team composed of professional, clinical and administrative staff, some of whom are knowledgeable in behavior modification, for the purpose of reviewing recommendations for use of aversive techniques to ensure clinical appropriateness and consistency with clinical practice. In accordance with N.J.A.C. 10:47-7, no more than one third of the members of the Behavior Management Committee are members of the facility’s Human Rights Committee.

“Certified lead safe” means any structure complying with the Federal Standard for lead content (HUD Guidelines, see 55 CFR 14556) and deemed lead safe by the Division’s Lead Control Supervisor or the local health department.

“Chief executive officer” means the administrator of a non-proprietary facility or the manager of a proprietary facility.

“Class I Risk” means the risk level of individuals who are at a low risk of lead poisoning due to blood lead levels less than or equal to 19 micrograms per deciliter (mcg/dl).

“Class II Risk” means individuals with blood lead levels greater than or equal to 20 mcg/dl but less than 30 mcg/dl.

“Class III Risk” means individuals with a blood lead level greater than or equal to 30 mcg/dl but less than 40 mcg/dl.

“Class IV Risk” means individuals with a blood lead level greater than or equal to 40 mcg/dl but less than 70 mcg/dl.

“Class V Risk” means individuals with a blood lead level greater than or equal to 70 mcg/dl.

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

1. Is attributable to a mental or physical impairment or combination of mental or physical impairments;
2. Is manifest before age 22;
3. Is likely to continue indefinitely;

4. Results in substantial functional limitations in three or more of the following areas of major life activity, that is, self care, receptive and expressive language, learning, mobility, self-direction and capacity for independent living or economic self sufficiency; and

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

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

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

“Division” means the Division of Developmental Disabilities.

“Drug holiday” means a periodic tapering and subsequent discontinuation of a drug to test the need for its continued use.

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

“Flagged” means prominently marked on the cover of the individual’s record.

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

“Habilitation” means the process of providing those comprehensive services necessary to meet the needs of persons who are developmentally disabled. Habilitation services and programs are designed to develop, maintain and/or maximize the individual’s independence, socialization, communication and vocational skills. Habilitation services may include, but are not limited to, the following:

1. Developing socially appropriate behaviors including sexual behaviors and interpersonal skills, and eliminating maladaptive behaviors;
2. Developing cognitive skills including, but not limited to, recognizing personal danger, telling time, managing money, making change, recognizing street and other signs, solving problems, etc.;
3. Developing recreation and leisure time skills;

4. Orientation to the community and training for mobility and travel;

5. Developing communication skills or remediating communication deficits;

6. Developing appropriate grooming, dressing and self-care skills, such as toileting, eating and shaving;

7. Enhancing the physical and mental health of persons served. The services should deal with prevention, maintenance and corrective needs;

8. Training in assertiveness, and advocacy in dealing with citizenship, legal, family and/or other social needs

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

“Imminent danger” means a situation which could reasonably be expected to cause death or serious harm to individuals served or staff before the danger can be eliminated through corrective action.

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

“Informed consent” means the non-coerced agreement of a competent adult, or the guardian of an incompetent adult or minor, to a specific medical or behavioral technique.

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

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

“Investigation” means the systematic inquiry into the factors which have resulted in a report of an unusual incident.

“Lead poisoning” means a toxic condition, with or without symptoms, which results from absorption of lead into the body by means of ingestion or inhalation.

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

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

“Measurable” means observable and quantifiable via a data collection system.

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

“Normalization” means making commonly accepted patterns and conditions of everyday life available to persons with developmental disabilities. Age appropriateness and least restrictive setting are two key aspects of normalization.

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

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

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

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

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

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

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

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

“Unusual incident” means an exceptional or extraordinary occurrence involving an individual, staff member or program operation which has resulted in or may lead to a serious or harmful consequence.

“Volunteer” means an unpaid person who supports and supplements facility programs and services.

SUBCHAPTER 2. LICENSURE

10:47-2.1 Admissions to private facilities

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

10:47-2.2 Surveys of facilities

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

10:47-2.3 License

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

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

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

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

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

10:47-3.2 Inspection

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

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

10:47-3.3 Waivers

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

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

10:47-3.4 Mission statement

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

1. The statement of philosophy and goals shall be re-evaluated at least annually.

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

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

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

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

1. A non-proprietary facility shall have a governing body which includes representatives of the community in which the facility is located, representatives of the parents, and providers of services.

- i. The names and addresses of all board members shall be supplied to the licensing and inspecting agencies.

- ii. The professional background of each member shall be provided.

- iii. Changes in membership shall be reported to the licensing and inspecting agencies as they occur.

2. The governing body shall elect from its membership a president or chairperson, vice president, secretary, treasurer. It shall have the power to appoint such officers and committees as it may require to assist in carrying out its functions.

- i. The governing body shall conduct regular meetings and such special meetings as required.

- ii. Minutes shall be recorded and readily available to representatives of the licensing and inspecting agencies.

3. The governing body of a facility shall designate a person to act as chief executive officer of the facility and

shall delegate sufficient authority to such person necessary to manage the affairs of the facility effectively.

i. The chief executive officer, in conjunction with the governing body, shall be responsible for the general direction and establishment of policies concerning the operation of the facility and welfare of the individuals served.

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

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

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

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

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

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

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

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

10:47-3.7 Governing body; proprietary facilities

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

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

10:47-3.8 Administrative procedures manual

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

1. The administrative procedures manual shall describe the policies and procedures of the major operating units, and shall be available to all interested persons.

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

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

4. Each policy and/or procedure shall provide:

i. A descriptive title;

ii. A statement of purpose;

iii. Standards of expected performance, including a description of sequential steps required;

iv. Assignment of staff responsibilities at each level of the operation, if applicable; and

v. Reporting and recording requirements, if applicable.

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

6. All staff shall be able to describe the key elements of each policy and procedure for which they are responsible.

7. Policies and procedures shall be readily accessible for staff's reference and use in complying with procedure.

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

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

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

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

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

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

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

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

(j) Any unusual incident or accident shall be reported to the Department of Health, Bureau of Licensing, and the Division of Developmental Disabilities within 24 hours, and a copy of the written investigative report, unless otherwise indicated, forwarded to the Division of Developmental Disabilities within 10 working days. The report shall contain, but not be limited to, the following information:

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

10:47-3.9 Abuse of minors

In the case of minors, allegations of abuse shall also be reported immediately to the local district office of the Division of Youth and Family Services or the office of Child Abuse Control (see N.J.S.A. 9:6-8.10).

10:47-3.10 Abuse of dependent adults

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

10:47-3.11 Quality assurance system

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

1. Compliance with pertinent Federal, State and local laws and regulations; and
2. Effective implementation through the monitoring of the facility's internal policies and procedures.

10:47-3.12 Behavior management

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

1. No medication shall be used for the convenience of staff, as a substitute for programs, as punishment, or in quantities that interfere with an Individual's Habilitation Plan (IHP).

2. Corporal punishment, physical and verbal abuse, neglect and exploitation shall be prohibited.

3. Individuals served shall not discipline other individuals served except as part of an organized self-government program, for which written policies are formulated.

4. Seclusion and isolation (that is, the placement of an individual alone in a locked room) shall be prohibited.

10:47-3.13 Reports

(a) Special reports to the licensing and inspecting agencies shall include, but not be limited to:

1. Report of any fire or major property damage;
2. Any unusual prevalence or outbreak of contagious communicable disease;
3. Quarterly admission and discharge reports;
4. Accident reports, incorporating corrective measures adopted; and
5. Changes in key administrative staff, as identified by the licensing agency, including the professional background on new staff.

10:47-3.14 Visiting

The facility shall provide opportunities for an individual to visit with parent(s), guardian, family, or significant others, with due regard for personal privacy in accordance with the facility's published visitation policy.

10:47-3.15 Transportation

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

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

10:47-3.16 Waking and sleeping

The facility shall provide a reasonable schedule concerning the hours the individuals shall rise and retire in accordance with their developmental level.

10:47-3.17 Admission policies

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

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

(b) The written description of admission policies, criteria and fees shall be provided to all placement agencies and

shall be available to the parent(s) or guardian of any individual referred for placement.

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

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

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

(f) The facility shall maintain a record of all admissions and discharges, including names and dates, for the previous 12 month period.

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

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

10:47-3.18 Pre-admission

(a) Individual records shall include the following data:

1. The full name and sex of the individual;
2. A copy of the individual's birth certificate or a written statement of the individual's birth date and birth place, including a copy of any guardianship determination made in accordance with N.J.S.A. 30:4-165.5;
3. Documentation of the current custody and legal guardianship; which shall include the name, address, telephone number of the parent(s) or guardian;
4. Consent forms signed by the parent(s) of a minor or court appointed guardian allowing the facility to authorize all necessary medical care, routine tests, immunization, and emergency medical or surgical treatment;
5. Documentation of the existence of a developmental disability prior to the age of 22 (for example, medical diagnosis, psychological evaluation, social history);
6. A social and developmental history;
7. A previous placement history;
8. Behavioral information, including, if applicable, the most recent psychological evaluation, current behavior plan and history of previous attempts to modify the behavior;
9. A psychiatric evaluation, if applicable;

10. A medication history and immunization history;
11. Documentation for known allergies;
12. Seizure records and/or neurological examination;
13. A history of serious illness, serious injury, or major surgery and all hospitalizations;
14. A certificate which certifies that the person is free from contagious disease;
15. A summary of the latest physical examination, including Mantoux testing, Hepatitis B status and lead levels;
16. A current audiological evaluation, if available;
17. Vision testing, if available;
18. Dental information, if available;
19. A summary of the individual's programmatic and service needs and corresponding recommendations; and
20. Education records and reports.

10:47-3.19 Individual records

(a) Individual records shall include the following data:

1. The date of admission;
2. The individual's social history and medicaid numbers;
3. The individual's religious preference;
4. The name, address and telephone number of all personal physicians and dentists;
5. A physical examination by the physician within one week of admission which includes:
 - i. An examination for physical injury and disease;
 - ii. An assessment of the individual's general health; and
 - iii. Referrals to an appropriate medical specialist for further assessment and/or treatment;
6. Dental information, vision testing, and audiological evaluation, if not present in pre-admission data;
7. A prescribed medical program;
8. Physician's orders prescribing medication treatment and/or therapy;
9. Reports of clinical laboratory, X-ray, operation, and other diagnostic services;
10. Height and weight records;
11. A medically-prescribed diet, if required;

12. A medication administration record, including name and strength of drug, date and time of administration, dosage administered, route of administration and signature of the person administering the drug. (Initials may be used after the individual's full name, signature appears at least once on each page of the document);

13. Physician's periodic progress notes on the physical, emotional and behavioral status of the individual and course and results of treatment;

14. Progress notes of ancillary services including podiatry, physical therapy, optometry, speech and hearing, etc.;

15. The current Individual Habilitation Plan;

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

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

10:47-3.20 Discharge record

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

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

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

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

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

10:47-3.21 Maintenance of records

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

1. Records shall be retained for a minimum of 10 years after discharge or until the individual reaches the age of 23, whichever is longer.

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

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

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

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

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

SUBCHAPTER 4. PERSONNEL AND STAFF TRAINING

10:47-4.1 Policies

(a) Personnel practices shall comply with all applicable Federal, State, and local laws, ordinances, rules and regulations pertaining to employment, including civil rights, retirement plans, social security, wages and hours, workmen's compensation and tax withholding.

(b) The facility shall make every effort to recruit and maintain persons whose personal, professional and technical qualifications will lead to the attainment of the facility's goals.

(c) The facility shall not employ any person whose health, educational achievement, emotional or psychological make-up impairs his or her ability to properly protect the health, safety or psychological well-being of the individuals served.

(d) All employees shall be documented as medically determined to be free of communicable and infectious diseases before the start of official duties and as necessary thereafter, in accordance with New Jersey Department of Health and Center for Disease Control standards.

(e) The facility shall be responsible to obtain professional services required for the implementation of the Individual Habilitation Plan, when these services are not provided by employees of the facility.

(f) The facility shall have written evidence that all professionals providing services to the facility, by direct employment or on a fee for service basis, whether working directly with the individuals being served or providing consultation to employees of the facility, are appropriately qualified, certified, and/or licensed to provide the service(s) rendered.

(g) The facility shall have written personnel policies and procedures that shall be provided to all staff members and available to all persons seeking employment.

(h) The facility shall have complete written job descriptions for each job title within the facility. Each employee shall be given a copy of his or her job description.

(i) The facility shall have a written policy for the supervision and evaluation of all employees.

(j) Professional program staff must work directly with individuals with developmental disabilities and with paraprofessional, nonprofessional and other professional program staff working with individuals being served.

(k) Staff shall have the ability to communicate with the individuals for whom they are responsible.

(l) Direct care staff shall have the skills and abilities to provide any direct assistance required by individuals for whom they are responsible.

10:47-4.2 Personnel records

(a) The facility shall have a personnel file for each employee, containing:

1. The application for employment and/or resume;
2. Reference letters from former employer(s) and personal references or notation of telephone contacts with such references;
3. Medical examinations;
4. Documentation that upon employment the employee received a two-step Mantoux tuberculin skin test with five tuberculin units of purified protein derivative. The only exceptions shall be employees with documented negative two-step Mantoux skin test results (zero to nine millimeters of induration) within the last year, employees with a documented Mantoux skin test result (10 or more millimeters of induration), employees who have received appropriate medical treatment for tuberculosis, or when medically contraindicated. Results of the Mantoux tuberculin skin tests administered to new employees shall be acted upon as follows:
 - i. If the first step of the Mantoux tuberculin skin test result is less than 10 millimeters of induration, the second step of the two-step Mantoux test shall be administered one to three weeks later.
 - ii. If the Mantoux test is significant (10 millimeters or more of induration), a chest x-ray shall be performed and, if necessary, followed by chemoprophylaxis or therapy.
5. A copy of any professional credentials/certifications;
6. A copy of the employee's written job description;
7. Annual performance evaluations and/or personnel actions or other appropriate materials, reports, and notes relating to employment with the facility; and

8. The employee's hiring and termination dates.

(b) The facility shall maintain the personnel file of an employee during their tenure and for a period of five years after termination.

10:47-4.3 Staff training

(a) The facility shall provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently.

(b) Before assuming their normal duties, new employees shall receive an orientation to acquaint them with:

1. The organization's philosophy, goals, programs, and practices;
2. An overview of developmental disabilities and the special needs of the individuals being served, for example, medical or behavioral problems requiring specific, tailored attention;
3. The facility's rules governing employment;
4. Information concerning payroll and fringe benefits;
5. Tasks and responsibilities of the specific position the employee is expected to fill;
6. Abuse, neglect, and unusual incident reporting and investigating procedures; and
7. The facility's emergency and safety procedures.

(c) Direct service staff shall be accompanied by experienced workers on initial tours of duty for at least a period of two weeks or such time as these staff person(s) are able to safeguard the health and safety of individuals being served by the facility.

(d) Within 120 calendar days of employment, each employee shall receive in-service training which shall address, at a minimum:

1. Training in the principles of normalization;
2. Review of all policies and procedures not covered during orientation which are relevant to the employee's job;
3. Acceptable behavior management techniques, including crisis management and restraint usage, if applicable;
4. Standard First Aid Training based on the American Red Cross curriculum;
5. Cardio-Pulmonary Resuscitation;
6. Care of individuals with hepatitis;
7. Detecting signs of illness or dysfunctions that warrant medical or nursing intervention; and

8. Basic skills to meet health needs and problems of the individual with developmental disabilities.

(e) The facility shall provide ongoing training to staff which focus on skills and competencies directed toward the developmental, behavioral, and health needs of the individual being served. These areas include, but are not limited to, training in:

1. The use of specialized feeding techniques and devices;
2. The procedures and safe use of ambulation devices;
3. The teaching techniques, assistance and care of individuals with seizure disorders and physical disabilities;
4. The techniques used in orientation and mobility training for individuals with visual impairments and blindness; and
5. The use of alternative communication devices used by individuals in their care.

(f) All staff shall be able to demonstrate the skills and techniques necessary to:

1. Intervene when an individual exhibits an inappropriate behavior; and
2. Implement the program plans for each individual for whom they are responsible.

(g) Facility training records shall be maintained and include the following:

1. The curriculum and training plan;
2. A record of attendance which includes the dated signature of the trainer and the trainee; and
3. An employee's record indicating all training sessions attended.
 - i. The employee's record shall include a section on mandated training.

10:47-4.4 Staff ratios

(a) The facility shall have a minimum of direct care personnel as follows:

1. The on-duty ratio for the day shift shall be at least one to 8.5.
 - i. Facilities sending individuals out of the living units for a major portion of the day need not provide coverage during the period of time which the individuals are absent.
2. The on-duty ratio for the evening shift shall be at least one to 8.5.
3. The on-duty ratio for the night shift shall be at least one to 17.

- i. The facility shall ensure that each individual has ready access to a responsible, awake staff member throughout the night.

(b) Nursing personnel shall be available to deliver the prescribed medical and nursing care.

1. The facility shall have at least one registered nurse on staff.

2. A facility which serves individuals with severe medical problems shall have a minimum of one licensed practical or registered nurse to every 60 individuals served on each shift from 7:00 A.M. to 11:00 P.M.

- i. In addition, each facility shall have a minimum of one registered nurse present on each shift from 7:00 A.M. to 11:00 P.M. to supervise nursing services.

(c) The facility shall have available qualified professional staff through direct employment and/or services provided through written agreement with outside vendors to carry out and monitor the various professional programs and/or services in accordance with the stated goals and objectives of each individual program plan.

1. The staffing ratios shall be based on the needs of the individuals served.

10:47-4.5 Volunteer services

(a) A facility which has volunteers working directly with individuals shall have a written policy pertaining to the use of volunteers, which shall include the methods of recruitment, training and supervision of volunteers.

1. Volunteers may supplement but shall not be used in lieu of paid employees.

- i. The facility shall not depend upon volunteers to perform direct care services.

2. Where volunteers are utilized, the facility shall provide:

- i. Mantoux screenings as required for employees;

- ii. Direct supervision of volunteers at all times by an experienced staff member;

- iii. An orientation and training program that includes the philosophy, goals, programs and practices of the facility; and

- iv. Training in the performance of specific tasks performed by the volunteer.

(b) The facility shall develop and distribute procedures for volunteers.

(c) A facility which accepts students for field placements shall have a written policy describing student placements and responsibilities. Copies should be provided to each student and to his or her school.

1. The facility shall ensure that students are supervised directly by an appropriate, qualified staff member acting as a liaison between the facility and the school making placements, unless other appropriate arrangements are made.

SUBCHAPTER 5. PROTECTING INDIVIDUALS' RIGHTS

10:47-5.1 General provisions

(a) The facility shall have a written statement of policies and procedures that protects the civil and legal rights of all individuals in accordance with N.J.S.A. 30:6D-4.

1. The facility shall ensure that each person admitted is fully informed of their rights and responsibilities and is advised of all rules and regulations governing their conduct while at the facility.

i. Information shall be provided prior to, or at the time of, admission or, in the case of a person already in the facility, upon adoption or amendment to existing rights policies, and receipt of such information shall be acknowledged by the individual in writing.

ii. In case of a mentally incompetent person, receipt of such information shall be acknowledged by the individual's guardian.

2. The facility shall inform each individual, parent (if the individual is a minor), or legal guardian, of the medical condition, developmental and behavioral status, attendant risks of treatment, and of the right to refuse treatment.

3. The facility shall promote participation of parents (if the individual is a minor) and legal guardians in the process of developing and implementing the IHP.

(b) The facility shall assure the civil and legal rights of all individuals with developmental disabilities in accordance with N.J.S.A. 30:6D. These rights shall include, but are not limited to:

1. The opportunity to register and vote at elections;
2. The opportunity to exercise religious freedom;

i. Religious services and instruction shall be arranged consistent with the individuals interests.

ii. Licensees and/or staff shall not impose their religious beliefs on individuals under their care.

3. The opportunity to receive and send unopened correspondence and, upon request, to obtain assistance in the writing and reading of such correspondence;

4. The opportunity for private visitations and private telephone conversations with interested parties, without prior notice to the facility, during such reasonable hours as may be established by the facility;

5. Reasonable opportunities for interaction with members of the opposite sex; and

6. The confidential handling of personal and medical problems.

(c) In addition to the rights specified in (b) above, the facility shall allow and encourage individuals to exercise their rights as citizens of the United States, including the right to file complaints, and the right to due process.

(d) The facility shall not compel individuals to perform services for the facility. The facility shall compensate individuals who are working for the facility at prevailing wages, commensurate with their abilities.

10:47-5.2 Personal funds

(a) The facility shall establish and maintain a system that:

1. Assures a detailed accounting of each individual's personal funds entrusted to the facility on behalf of individuals;

2. Precludes any commingling of individuals funds with facility funds or that of any other person; and

3. Assures that the individual's financial records are available on request to the individual, parents (if the individual is a minor) or legal guardian.

(b) The facility shall develop a policy that permits and encourages the possession and use of money by individuals who are determined capable by the interdisciplinary team.

1. The facility shall provide training in the use of money to individuals in accordance with their needs and abilities, and establish the amount of money an individual may possess in accordance with their needs and abilities which then shall be recorded in the Individual Habilitation Plan.

10:47-5.3 Clothing and personal possessions

(a) The facility shall provide:

1. Age appropriate and seasonal clothing which is properly fitted;

2. Clothing that is clean and in good repair;

3. Clothing that is not shared with other individuals; and

4. An adequate supply of clothing to allow for laundering.

(b) The facility shall maintain an annual inventory of each person's clothing.

(c) The facility shall ensure that individuals have the right to retain and use personal possessions.

1. The facility shall ensure that individuals have access to their personal possessions.

(d) Provisions shall be made for the protection of the individuals' personal possessions.

1. The facility shall maintain an annual inventory of each person's personal possessions.

(e) The facility shall provide storage space to include drawers and closets for personal possessions and in-season clothing in each individual's room.

10:47-5.4 Privacy

(a) The facility shall provide each individual with the opportunity for personal privacy, to include, but not limited to:

1. The free use of all common living areas within the home without infringing on the privacy of others;
2. The opportunity to communicate, associate and meet privately with individuals of their choice; and
3. The opportunity for privacy during treatment and care of personal needs.

(b) The facility shall provide for individual privacy in all living areas including toilets, baths or showers.

Case Notes

Paralyzed patient was not eligible for power wheelchair and laptop computer where those devices were not medically necessary for diagnosis or treatment of disease. V.P. v. Division of Medical Assistance and Health Services, 96 N.J.A.R.2d (DMA) 56.

10:47-5.5 Personal hygiene

(a) The facility shall provide for the basic hygienic needs of the individuals served. Individuals shall be helped to attain maximum independence in caring for their needs. The following shall be assured:

1. Baths or showers shall be provided daily;
2. Individuals who soil shall bathe and change immediately;
3. Individuals shall brush their teeth at least twice a day and provisions shall be made for the cleaning of dentures;
4. Individuals shall shampoo their hair at least twice a week, or more frequently if necessary;
5. Toe nails and finger nails shall be cut as needed;
6. Men shall have the opportunity to shave daily;
7. Individual toilet articles such as hairbrush, comb, toothbrush, toothpaste, razor, soap, shampoo, washcloth

and towel, shall be supplied to each individual and kept in a separate receptacle.

- i. The use of common wash cloths, towels, and other toilet articles shall be prohibited.
- ii. Toilet articles shall be individually labeled and stored in a sanitary manner.
- iii. Toothbrushes shall be stored in a manner to prevent cross contamination;

8. Feminine hygiene protection shall be provided as needed; and

9. Every person who does not eliminate appropriately and independently shall be engaged in a toilet training program, unless medically contraindicated.

SUBCHAPTER 6. HEALTH SERVICES

10:47-6.1 General medical and health care

(a) At least one physician, licensed to practice in New Jersey, shall assume overall responsibility for the direction and provision of medical and health care.

(b) Arrangements shall be made with a community hospital for the acceptance of any person requiring inpatient or outpatient hospital services. Services shall include emergency, diagnostic, and/or treatment services.

1. Written approval for treatment in emergency situations shall be obtained from the legal guardian or competent adult at the time of admission.

2. Written approval for routine hospital treatment shall be obtained from the legal guardian, or from the competent adult individual before treatment is rendered to that individual.

(c) Arrangements shall be made to provide specialized laboratory services.

(d) Primary immunizations shall be given, as required, upon admission and reimmunizations as recommended on a regular basis for diphtheria, tetanus, pertussis, polio, measles, and other diseases as identified consonant with acceptable medical practices and New Jersey Department of Health regulations in accordance with N.J.A.C. 8:57.

(e) Provision shall be made for the isolation of persons with a communicable disease and the prevention of its spread in accordance with N.J.A.C. 8:57.

1. Communicable diseases shall be reported to State and local health authorities and the inspecting agency in accordance with N.J.A.C. 8:57.

2. Private accommodations shall be provided for observation and/or for temporary isolation until transfer is made.

3. The Mantoux Skin Test for tuberculosis shall be given every three years, with subsequent follow-up chest x-rays for positive reactors.

(f) Written procedures shall be prominently posted for staff members to follow in the event of a medical emergency.

(g) Health services staff shall be trained in the facility's procedures for medical emergencies.

(h) First aid supplies shall be available and accessible to all staff.

(i) Other than first aid, no medication or treatment shall be administered by employees of the facility except on written order of a licensed physician.

10:47-6.2 Physician services

(a) A physician licensed in the State of New Jersey shall perform examinations and administer and/or prescribe treatment as needed for preventive, routine and emergency medical care.

(b) Each individual shall receive a physical examination annually. The physical examination shall include the following:

1. Vision and hearing shall be grossly evaluated for persons with observed problems, visual acuity and audiology studies shall be performed as clinically indicated;

2. The stool shall be tested for occult blood annually after age 50 for persons of average risk for colon-rectal cancer; and

3. An annual breast examination shall be recorded for all adult women. Mammography and cervical cytology shall be performed in accordance with standards recommended by the American Cancer Society, unless the physician documents that the tests are medically contraindicated. (American Cancer Society, 1599 Clifton Road NE, Atlanta, Georgia 30329)

(c) For each individual who has a prescribed medical program, the physician shall evaluate and, as necessary, revise each program at least every three months.

1. Physician's orders for medication and medical treatment shall be updated as necessary but at least every 90 days.

(d) Specialists' services in all pertinent fields of medicine shall be provided. The following medical specialties are recommended:

1. Pediatrics;

2. Psychiatry, including child psychiatry if applicable;

3. Urology;

4. Gynecology;

5. Neurology;

6. Neurosurgery;

7. Orthopedic surgery;

8. Physiatry;

9. Internal medicine;

10. General surgery;

11. Anesthesiology;

12. Ophthalmology;

13. Otorhinolaryngology;

14. Dermatology;

15. Radiology;

16. Pathology; and

17. Podiatry.

(e) When referring an individual to a specialist or hospital for services, the physician or designee shall ensure that copies of all necessary medical records are forwarded to the specialist.

10:47-6.3 Nursing services

(a) Nursing services shall be provided in accordance with N.J.A.C. 13:37.

(b) All physician orders shall be noted, signed and dated by a licensed nurse.

(c) A licensed professional nurse shall assess each individual's health status on a quarterly basis and record their findings in the individual's record.

10:47-6.4 Dental services

(a) A licensed dentist shall provide:

1. Routine and preventive dental care, including, but not limited to:

i. An annual dental examination;

ii. Prophylaxis;

iii. Dental x-rays; and

iv. Repair of teeth;

2. Prosthetic dentistry, for individuals in need;

3. Oral surgery, when necessary; and

4. Periodontal services, when necessary.

(b) Where applicable, all sterilization techniques shall be properly performed on dental equipment by trained employees.

10:47-6.5 Pharmaceutical services

(a) The facility shall provide pharmaceutical services under the direction of a New Jersey licensed pharmacist, in accordance with N.J.A.C. 13:39.

(b) The facility shall provide pharmaceutical services, both dispensing and consultant, either directly or through written contractual agreements.

(c) The facility shall have written policies and procedures, describing the methods for obtaining, dispensing, storing, administering, and usage of medications. The policies and procedures shall be reviewed and updated annually.

(d) The facility shall have a policy and a procedure for the use of "as needed" (PRN) orders.

(e) The facility shall comply with Federal and State rules and regulations governing the order, storage, dispensing, administration, recording and disposal of medications.

(f) All medications shall be ordered in writing and the order immediately sent to the dispensing pharmacy. In emergencies, the physician may order medication either by directly telephoning the dispensing pharmacy or by dictating a telephone order to a licensed professional nurse.

(g) Medications shall be distributed by either a unit dose or an individual prescription system.

1. All medication shall have the label affixed by the pharmacy, in accordance with N.J.A.C. 13:39.

2. When medication is prescribed "as needed" (PRN), the prescription label shall include the following:

i. The individual's name, date, name of medication, dosage, specification of interval between dosages, maximum amount to be given during a 24 hour period, a stop date, and under what conditions the PRN medication shall be administered.

3. Discontinued and outdated medications and containers with worn, illegible, or missing labels shall be returned to the dispensing pharmacy within 30 days for proper disposal or disposed of by the facility in accordance with N.J.A.C. 13:39-9.6(a)13.

(h) The facility shall have a system of accountability for drug administration that identifies each medication to the point of administration.

1. Medications shall be administered by authorized employees to the right patient, in the right amount, through the right route and at the right time.

2. Medications prescribed for one individual shall not be administered to another.

3. Each dose of medication administered shall be recorded in the medication administration record immediately after administration.

4. The administration of PRN medication shall be documented in the medication administration record and communicated to the oncoming shift.

5. Medication errors shall be reported in writing in accordance with the facility's written procedures. In addition, the physician shall be notified immediately.

(i) All adverse drug reactions shall be reported to the attending physician immediately and a description of the incident shall be included in the individual's record.

(j) The facility shall provide a locked storage area for all medications.

1. All medications shall be kept in a locked cabinet, closet or medication cart.

2. Storage areas shall be locked at all times except when medications are being prepared for administration or placed into storage.

3. Poisons and external preparations (including eye and ear medications) shall be stored separately from internal medications.

4. A refrigerator shall be provided for medications requiring refrigeration.

i. The refrigerator shall be maintained at a temperature between 36 degrees Fahrenheit and 45 degrees Fahrenheit.

ii. Medications stored in multi-use refrigerators shall be kept in a locked box and properly labelled.

(k) Aseptic techniques shall be maintained in the handling of instruments, surgical supplies, syringes and needles.

(l) Needles and syringes shall be stored, used, and disposed of in accordance with N.J.A.C. 7:26-3A.

(m) A record shall be maintained of the purchase, storage, and disposal of needles and syringes.

10:47-6.6 Psychoactive medication

(a) The facility shall have a written policy governing the use of psychoactive medication.

(b) Psychoactive medication shall be used based upon current medical practice, for a psychiatric disorder or to manage a severe problem behavior, as follows:

1. For treatment of psychiatric disorders, the medication shall be prescribed for the purpose of reducing or eliminating the symptoms of a psychiatric disorder which is diagnosed by a psychiatrist using the DSM-IV. The medication shall be used in conjunction with other forms of treatment for the disorder. (DSM-IV can be obtained from the American Psychiatric Association, 1900 K Street, Washington, DC 20005.)

2. For behavior management, the psychoactive medication shall be prescribed for the purpose of managing a severe problem behavior when no specific psychiatric diagnosis has been made. The use of psychoactive medi-

cation shall not to be considered the sole modality to address the behavior but shall be supplemented by appropriate interventions, for example, environmental modifications, staff training, individual management strategies and/or behavior management techniques.

(c) When a psychiatric condition is not diagnosed and a psychoactive medication is being recommended for behavior management, the Behavior Management Committee and the chairperson of the Human Rights Committee shall review and recommend their approval of the medication prior to implementation.

1. Review by the full Human Rights Committee, with medical input, shall occur within 30 days of implementation.

(d) Psychoactive medication shall only be used after less restrictive alternatives have failed.

(e) Informed written consent shall be required for each generic class of psychoactive medication.

(f) All individuals receiving psychoactive medication shall be informed, in a manner and to the extent appropriate to their age and level of functioning, of the generic class of psychoactive medication proposed, the purpose, the dosage, and possible side effects of the medication. Steps to inform each individual shall be documented in their record.

(g) Individuals receiving psychoactive medication shall be personally examined by the prescribing physician prior to the initial administration.

(h) Except in emergencies, psychoactive medication shall always be prescribed in writing prior to its administration. Telephone orders shall be permitted in an emergency and countersigned by the physician within 24 hours.

(i) Short-acting injectable psychoactive medication used in emergencies shall be administered only by a licensed physician or professional nurse.

1. The individual shall be monitored continuously by a staff person trained to observe potential adverse effects.

2. The physician ordering the intramuscular psychoactive medication shall examine the individual within a 48 hour time period.

(j) "As needed" or "PRN" usage of psychoactive medications shall be prohibited.

(k) Persons receiving services shall be maintained on the lowest possible effective dosage of psychoactive medication.

(l) All psychoactive medication shall be monitored by the prescribing physician for clinical effectiveness.

1. The Medical Director shall establish the frequency for monitoring the psychoactive medication. Psychoactive medication monitoring shall be conducted at least quarterly.

(m) When using lithium, the physician shall:

1. Complete a history, physical examination, and laboratory assessment of the individual prior to prescribing the medication;

2. Monitor blood levels in accordance with the Physician's Desk Reference current at the time of administration; and

3. Only prescribe lithium to individuals 12 years and over.

(n) The use of psychoactive medication shall be incorporated in the individual's habilitation plan.

1. The IDT shall review the use of psychoactive medication at least twice a year. The review shall occur more frequently if:

i. There is no apparent improvement;

ii. The individual is negatively affected by the medication;

iii. No drug holiday has been considered; and

iv. Other concerns associated with the medication are noted.

2. The results of the review shall be documented in the individual's record. Concerns of the IDT shall be referred to the Medical Director, Behavior Management Committee and/or Human Rights Committee.

(o) When an individual requires chemical restraint on more than four occasions during any 30 day period, the facility shall hold an IDT meeting to discuss the appropriateness of the individual's program at the facility. This meeting shall be held within 24 hours of the fourth incident requiring restraint.

10:47-6.7 Medical records

(a) An accurate, complete and up to date medical record shall be maintained for each individual. This record shall include:

1. A list of all current diagnoses, which shall be located in an identified area of the record;

2. A list of all significant past illnesses, surgeries and trauma, which shall be located in an identified area of the record;

3. A prescribed medical program or health status review by nursing personnel;

4. An annual physical examination;

5. An immunization record;

6. List of known allergies;
7. Vision examination every three years;
8. Report of annual dental examination or accurate dental records;
9. Physician's orders;
10. Physician's periodic progress notes on the physical, emotional, and behavioral status of the individual;
11. Nurse's and clinical notes;
12. Reports of clinical laboratory x-ray, surgical, or other diagnostic services;
13. Height and weight records; and
14. A medication administration record.

10:47-6.8 Lead control

(a) A lead control program shall be developed in each facility which shall ensure that all individuals served shall be protected from the harmful effects of lead poisoning.

(b) Because pica and atypical pica are forms of maladaptive behavior, a behavior modification plan shall be considered by the interdisciplinary team as part of the Individual Habilitation Plan (IHP) of each individual who exhibits pica or atypical pica behavior. If a behavior modification plan is not recommended, the team shall document the justification in the IHP. The team shall follow the provisions of N.J.A.C. 10:47-7.5 in developing a behavior modification plan.

(c) Diagnosis of pica, atypical pica, and/or history of pica must appear in a visible area in the IHP (preferably on the cover sheet).

(d) The records of individuals who exhibit pica behavior or atypical pica behavior shall be "flagged" until such time as the individual's name is moved to the Inactive Lead Registry.

(e) A Lead Control Coordinator shall be identified at each facility to oversee and direct the lead control program. This person shall, as part of his or her duties, be responsible to:

1. Develop and maintain a Lead Registry in accordance with N.J.A.C. 10:47-6:8(q);
2. Immediately advise the Lead Control Supervisor in the Division of Developmental Disabilities, by telephone, when an individual's test results indicate that (s)he is in Class II or above;
3. Assure that orientation/refresher courses in lead control are scheduled as necessary for all involved staff;
4. Prepare and forward to the Lead Control Supervisor in the Division of Developmental Disabilities a quarterly report of lead control activities, in accordance with N.J.A.C. 10:47-6.8(r);

5. Advise the Lead Control Supervisor of all planned abatement projects; and
6. Develop operational procedures for the lead program within the facility.

(f) Every residence utilized by an individual who is listed on the Active Lead Registry or who has a history of Class II lead results shall be tested for lead content by the Division of Developmental Disabilities' Lead Control Supervisor or designee.

(g) Unless tested for blood lead within three months prior to admission, each newly admitted individual to residential placement shall be tested within 10 working days and the results documented in his or her record.

1. Following the testing, if blood lead level is elevated, or the individual exhibits pica or atypical pica behavior, the individual's name shall be entered into the Lead Registry and his or her case followed up as required in N.J.A.C. 10:47-6.8(k).

(h) If an individual who is listed on the Active Lead Registry or who has a history of lead levels in Class II or above is to be discharged to another Division placement, the facility shall:

1. Test each individual for Blood Lead prior to transfer, unless such testing has already completed within three months of the transfer date; and
2. Assure that the individual's record is appropriately "flagged" to reflect the presence of pica or atypical pica behavior.

(i) Individuals listed on the Lead Registry who are returning to the service component from an extended home visit of 30 or more days shall be tested for blood lead.

(j) Individuals who are exhibiting pica or atypical pica behavior or who have been diagnosed with lead poisoning shall have blood lead monitoring as follows:

1. Individuals identified as exhibiting atypical pica behavior shall be tested for blood lead at least every two years, if results are within Class I. Otherwise testing shall be completed according to the protocol in (j)2ii through vi below.
2. Individuals identified as exhibiting pica behavior shall be tested for blood lead at least annually.
 - i. If blood lead level is Class I, testing shall continue on an automatic yearly basis.
 - ii. If blood lead level is Class II, testing shall be completed every six months until the results are within Class I for three consecutive tests. The testing schedule shall then follow the Class I schedule.
 - iii. If blood lead level is Class III, testing shall be completed every three months until the results are

within a lower class for three consecutive tests. The testing schedule shall then follow the lower class schedule.

iv. If blood lead level is Class IV, testing shall be completed monthly and hospitalization is recommended unless certified by a physician that this is otherwise medically contraindicated. Additional testing shall be done at the discretion of the attending physician. Once the blood lead level decreases to a lower class for three consecutive tests, testing shall then follow the lower class schedule.

v. If blood lead level is Class V, hospitalization is mandatory unless certified by a physician that this is otherwise medically contraindicated. Testing shall be completed at least weekly.

vi. When an individual's test results fluctuate, he or she shall be tested according to the requirements for the class of greater risk. After his or her test results have consistently remained in a class of lesser risk for one year, he or she shall be tested according to the requirements of that class.

(k) Any individual with a history of or current classification of Class II or higher shall reside in an environment certified to be lead safe, in accordance with this chapter.

(l) Any individual who exhibits pica behavior, has a Class II or higher blood lead classification, or has a lead poisoning history who is currently residing or receiving a day program in a leaded environment shall be tested quarterly.

1. If blood lead levels remain consistently at Class I for 18 months, testing may revert to an annual schedule.

(m) The record of an individual remaining in Class I without significant fluctuations for a period of two years may be removed from the Active Lead Registry and retained in a history file, upon certification from the Interdisciplinary Team and the Lead Control Coordinator that the individual's pica or atypical pica behavior has been extinguished.

(n) The record of any individual exhibiting atypical pica behavior may be removed from the Active Lead Registry and placed in the Inactive Lead Registry if the blood lead results remain in Class I for four years (two test results) regardless of continuation of atypical pica behavior.

(o) The Lead Registry shall consist of two records, containing the following information:

1. The Active Lead Registry shall include individuals with pica or atypical pica behavior, as well as individuals with lead poisoning. A separate record for each individual shall contain the following information:

i. The individual's name, date of birth, individual's residence (cottage or unit) and any transfers, including dates;

ii. Test values for blood lead, with the date of each test and classification of lead level utilizing the classification designation in N.J.A.C. 10:47-1.2, Definitions; and

iii. The specific treatment program for lead poisoning, where treated, and the date of treatment.

2. The Inactive Lead Registry shall include individuals with a history of pica, atypical pica behavior or lead poisoning and individuals with atypical pica behavior who have had two Class I blood lead test results. A separate record for each individual shall include:

i. The individual's name, date of birth, and individual's residence;

ii. A previous testing history; and

iii. A certification of cessation of pica or atypical pica behavior or documentation of Class I results as required in N.J.A.C. 10:47-6.8(m) or (n).

(p) The Lead Control Coordinator in the facility shall submit to the Lead Control Supervisor in the Division a quarterly report containing the following information:

1. New admissions to the Lead Control Registry, including the following information:

i. The individual's name, number, date of birth and cottage (if appropriate); and

ii. Test results (if completed) with dates;

2. Transfer of individuals from the Active Lead Registry to the Inactive Lead Registry with dates of transfer;

3. Test results for individuals on the Active Lead Registry tested during the quarter, including:

i. The individual's name, date of birth, number, and cottage (if appropriate);

ii. The date of the blood test and the date results received (if known);

iii. The lead level and class in accordance with N.J.A.C. 10:47-1.2; and

iv. The date of next blood test (if known);

4. Transfer of individuals within the facility (from cottage to cottage); and

5. Individuals in the Lead Registry discharged from the facility;

(q) The facility shall ensure that preventative measures to protect individuals on the Lead Registry shall be implemented. These measures shall include, but not be limited to:

1. The environment shall be tested and leaded objects shall be secured or removed;

2. All staff who work with the individual shall be alerted to the individual's condition and prudent increased supervision shall be provided in order to offset further ingestion of leaded or other dangerous materials; and

3. Other persons who may have temporary care of the individual shall be informed of the individual's pica or atypical pica tendencies and shall be advised to take reasonable precautions to protect the individual.

SUBCHAPTER 7. HABILITATION SERVICES

10:47-7.1 Individual Habilitation Plan

(a) Within 30 days of admitting a developmentally disabled individual, the facility shall develop an Individual Habilitation Plan (IHP).

(b) Each person's IHP shall be developed by the Interdisciplinary Team (IDT).

1. One member of the IDT shall be designated the plan coordinator.

(c) The IDT shall elicit and respect the individual's or guardian's preferences.

(d) Where the individual's rights are restricted, they shall be documented in the IHP.

1. The IHP shall indicate when restrictions may be lessened or rights restored.

2. A review date, not to exceed 90 days, shall be established.

3. The individual or guardian shall be advised of their right of appeal, in accordance with N.J.A.C. 10:48-1.

(e) An IHP shall be based upon an assessment of the individual's capabilities.

1. The results of screenings and evaluations shall be used in the development of the IHP.

2. Findings shall be recorded in terms that are clearly understood by all participants.

i. The results of each assessment shall be interpreted to the individual and/or to the parents/guardian.

3. The assessment process shall be adapted to the age, cultural background, language, ethnic origin and means of communication used by the individual and the family.

i. Assessment should be conducted in a setting familiar to the individual.

4. Each individual's assessment shall be reviewed and updated at least annually.

(f) The IHP shall address the person's development in the following areas, as appropriate:

1. Physical development and health;

2. Dietary needs;

3. Sensorimotor development;

4. Affective development;

5. Social skills;

6. Communication skills;

7. Auditory functioning;

8. Cognitive development;

9. Adaptive behaviors or independent living skills necessary for the individual to be able to function in the community;

10. Recreation and use of leisure time; and

11. Vocational skills.

(g) Each IHP shall be reviewed and revised as needed, but at least annually.

(h) The scheduling of the IDT meeting shall facilitate the participation of the individual, and his or her family members or other persons who represent the individual.

(i) The IHP shall include at least the following:

1. A cover page;

2. A summary of assessment information;

3. A summary of progress toward previous IHP goals and objectives;

4. The identification of individual's preferences, capabilities and needs;

5. Goals;

6. Behaviorally stated, measurable, sequential objectives;

7. Clearly stated method(s) of achieving each objective;

8. The identification of IDT members and persons responsible for ensuring the delivery of services/programs described in the plan;

9. A listing of all current and planned services/programs and their dates of initiation, frequency, and anticipated duration;

10. Barriers to meeting the individual's needs;

11. Guardianship status; and

12. The signatures of all IDT members in attendance at the meeting.

(j) The IHP shall be part of the individual's record, as defined in N.J.A.C. 10:41, and shall be subject to the confidentiality provisions of that chapter.

(k) The individual or his or her parent or guardian shall be provided a copy of the IHP.

(l) Each agency serving the individual shall receive a copy of the IHP.

(m) Any recommendation in the IHP may be appealed in accordance with N.J.A.C. 10:48.

(n) Behavior management plans shall be part of the IHP, in accordance with N.J.A.C. 10:47-7.5.

(o) The current IHP shall be filed in the individual's record.

1. A copy of the current IHP shall be accessible to all staff working with the individual. The IHP shall contain progress notes by each discipline providing service to the individual.

2. The plan coordinator shall review the IHP as needed, but at least quarterly, comment on progress notes recorded and verify implementation through direct observation.

i. The findings shall be documented in the progress note section of the IHP.

(p) Any proposed changes in the IHP shall be recommended in writing to the plan coordinator.

1. All changes in the IHP shall be communicated to the team members.

2. If the plan coordinator determines that proposed changes result in significant differences in the IHP, he or she shall schedule a meeting of the IDT.

(q) Prior to discharge, the IDT shall meet with representatives responsible for the individual's programming after discharge.

10:47-7.2 Individual training

(a) Training in activities of daily living shall be provided to each individual, based on assessed needs.

(b) Mealtime training shall be provided to all individuals in need, to maintain or increase their level of independence and social skills.

(c) Individuals shall be trained to exercise maximum independence in hygiene and grooming practices.

(d) Individuals shall be trained to:

1. Select and purchase their own clothing as independently as possible, preferably using community stores;

2. Select their daily clothing;

3. Dress themselves;

4. Change their clothes to suit the activities in which they engage; and

5. Maintain (launder, clean, mend) their own clothing as independently as possible.

(e) All individuals shall receive training in family life/sexuality education, unless the IDT determines that the person could not benefit from such training.

(f) There shall be a daily activity schedule in each living unit that indicates individual programmatic and leisure time activities.

1. The schedule shall reflect periods of free time which shall not exceed three continuous hours.

2. Individuals shall participate in indoor and outdoor activities daily, on a year-round basis, in accordance with the interests, needs, and abilities of the individuals.

(g) Multiple handicapped and non-ambulatory persons housed in other than medical surgical units shall:

1. Spend a major portion of their waking day outside their bedroom areas; and

2. Be rendered mobile through various methods and devices (such as training, surgery, wheelchair).

(h) Individuals shall be assigned chores in the living units commensurate with their interests and abilities, to enhance feelings of self-respect and develop skills necessary for independent living.

1. Chores shall not be in conflict with other scheduled habilitative activities.

(i) Individuals who are determined capable by the IDT shall be trained in the free and unsupervised use of communication processes including, but not limited to:

1. Skills related to the use of the telephone.

i. A sufficient number of telephones for the individuals' use shall be available.

2. Social skills related to the use of written correspondence.

10:47-7.3 Education

(a) The facility shall make arrangements for a formal education program for all individuals between the ages of three and 21, in accordance with N.J.A.C. 6:28.

(b) The facility shall provide a copy of a clearly defined educational curriculum to the individual, his or her parent(s) and guardian.

10:47-7.4 Adult training and vocational services

(a) The facility shall provide a continuum of programs to all individuals.

1. Training and services shall be appropriate to the age and abilities of each individual.

(b) The facility shall provide job training for individuals capable of vocational placement in the community.

(c) The facility shall comply with State and Federal regulations regarding compensation for services rendered including 29 CFR 525, N.J.S.A. 34:11-56A, and N.J.A.C. 12:56.

10:47-7.5 Psychological services

(a) Psychological services shall be provided, either by employees of the facility or through community based providers.

(b) Psychological services shall include the use of non-aversive and/or aversive techniques to modify behavior. They shall be grouped according to the presumed level of aversiveness as follows:

1. Level I shall include non-aversive techniques that include, but are not limited to: differential reinforcement of alternate behavior, communication behavior, higher rates of behavior, lower rates of behavior, and incompatible behavior; stimulus control/change; sensory stimulation; pointed praise; relaxation training; correction with verbal prompts; extinction; and time out from positive reinforcement, not to exceed five minutes.

2. Level II shall include techniques that are presumed to be mildly aversive and/or restrictive in nature, including but not limited to: correction utilizing physical prompts; response cost; negative practice; and time out from positive reinforcement not to exceed 15 minutes.

3. Level III shall include techniques that are presumed to be more aversive and/or restrictive than Level II techniques and which place the person at increased risk which include but are not limited to: aversive stimulation, manual restraint, meal modification, mechanical restraint, overcorrection with or without positive practice, response cost including personal properly or community activities, sensory masking, time out utilizing any techniques not found in Levels I and II, and time out from positive reinforcement in a designated room.

10:47-7.6 Behavior management procedure manual

(a) The facility shall develop a behavior management procedure manual which describes treatment modalities for individuals manifesting behavior problems.

1. Where a behavior management plan is indicated, such plan shall be approved by the IDT and shall be incorporated in the IHP, prior to implementation.

(b) To receive authorization to implement behavior management plans using aversive techniques, the facility shall submit its behavior management procedure manual to the Office of the Director, for review by a committee appointed by the Director, Division of Developmental Disabilities for approval. Approval shall be based upon the requirements contained in this chapter.

(c) After approval of the facility's behavior management procedure manual, subsequent approvals for each behavior management plan shall comply with the following:

1. Level I and Level II techniques shall have received approval of the individual's IDT;

2. In addition to approval of the individual's IDT, the plan for use of Level III techniques shall receive prior review and approval of the Behavior Management Committee, the Human Rights Committee, the chief executive officer (CEO), and medical certification from a physician;

3. If a behavior management program employs techniques on more than one level of aversiveness, the approval procedures applied shall be those for the most aversive level;

4. Individually prescribed programs using aversive techniques shall require complete annual review and approval. Implementation of the current program may continue during the approval process; and

5. Seclusion (placing a person alone in a locked room) shall be prohibited except as specifically authorized by the Director, in accordance with N.J.A.C. 10:47-7.7, Time out rooms.

(d) The use of aversive techniques in willful violation of provisions of these regulations shall be construed as physical, psychological and/or verbal abuse.

10:47-7.7 Time out rooms

(a) This rule shall apply to all provider agencies under contract with or regulated by the Division.

(b) This rule shall apply only to the use of a room which is designed and utilized exclusively for time out purposes. All other time out procedures, such as those carried out at a person's work station, or temporarily withdrawing an individual from an activity, or sending a person to his or her bedroom shall follow the provisions of N.J.A.C. 10:47-7.5.

(c) Time out rooms shall only be utilized as an aversive behavior modification technique which is part of an approved behavior modification plan. The least restrictive means to manage a person's behavior shall be employed. A physician shall certify that the use of a time out room is not medically contraindicated.

(d) A time out room shall not be used by any provider agency without specific prior authorization of the Division

Director, in accordance with the requirements of this rule, and the following:

1. Approval for a time out room shall be granted only if the provider agency has procedures for the use of a time out room in its approved behavior modification manual.

2. Time out rooms shall not be used for the convenience of staff or as a substitute for programming.

3. The use of a locked room shall be prohibited. Under no circumstances shall an individual be locked unattended in any room.

4. A time out room shall be utilized only where the general program environment provides positive reinforcement for appropriate behavior.

(e) For the purposes of this rule, the following terms shall have the following meanings:

1. Contingent release means releasing an individual from the time out room only upon the display of the desired effect.

2. Desired effect means a predetermined positive behavioral criteria which is individually determined and defined in the written behavioral plan, for example, two minutes of quiet.

3. Physical distress means the individual is having difficulty breathing, is choking, has vomited, appears to be in pain, is bleeding, unconscious, discolored, has swelling of the points of stress or has cold and discolored extremities. These and other similar manifestations (fainting, turning blue) shall be investigated to insure the safety of the individual.

4. Time in environment means the environment the individual is in when not in the time out room. This must be enriched with reinforcement to provide a contrast between the time in and time out environment.

5. Time out means removing an individual from the opportunity for positive reinforcement.

6. Time out room means one type of time out procedure which involves the use of a room set aside for the exclusive purpose of providing a place where the person is removed from the possibility or opportunity for positive reinforcement for a brief period of time. The individual is prevented from exiting by the continuous presence of staff.

(f) No individual receiving services shall be permitted to place or assist in the placement of a person in a time out room.

(g) Physical standards for time out rooms shall be as follows:

1. The room shall be free from reinforcement;

2. The minimum size of the room shall be 50 square feet;

3. Ceiling height shall not be less than 7 feet;

4. The room shall be free from any obvious safety hazards;

5. There shall be adequate natural or artificial ventilation and lighting in the room at all times. Lighting shall be equivalent to that rendered by a 75 watt light;

6. Lighting shall be protected to prevent tampering by the individual;

7. There shall be no light switch in the time out room;

8. In order to facilitate individual observation, the room shall be designed with a window in the door or a viewing port and/or parabolic mirror(s). Materials used in the viewing area shall be unbreakable or adequately protected;

9. All electrical outlets shall be made inoperable or inaccessible. Cages or exposed outlets shall be prohibited;

10. Door latches shall be prohibited except for devices which are so designed as to require a staff member to operate the device at all times. The device shall be designed so that, if a staff member leaves, the device would immediately disengage to allow the individual to exit the time out room. (For example, an inverted hasp);

11. Except for carpeting on the floor or padding on the walls, no other furnishing shall be provided. If carpeting or padding is used, it shall have a one hour fire rating; and

12. The door to the time out room shall be metal or solid core and shall open outward.

(h) The approval process shall be as follows:

1. An agency/facility that intends to construct or renovate a room to be used for time out shall notify the Division Director in writing;

2. If the agency/facility does not have an approved behavior modification manual, that manual shall be submitted for approval; and

3. An on-site inspection of the room and approval by authorized Division staff shall be required before the room may be used as a time out room.

(i) Upon approval, the Division Director shall:

1. Provide the facility with written notice that the use of the time out room is permitted; and

2. Provide a copy of the approval notice to the Division components having a need to know (Licensing and Inspections, Community Services, Special Residential Services, Guardianship and Residential Services).

(j) If the request is disapproved, the Division Director shall inform the facility in writing and specify reasons for that decision.

(k) Use of a time out room shall conform to the following:

1. Any use of a time out room shall be based upon the development of a behavior plan in accordance with N.J.A.C. 10:47-7.5.

2. The agency shall have internal procedures which set forth the safeguards contained in this rule.

3. Placement of an individual into a time out room shall be accomplished only by personnel who have received in-service training in the use of the room, its purposes and its limitations. A record of personnel trained to do so shall be maintained by the facility or component which operates the time out room.

4. The individual shall be continuously observed while in the time out room.

5. Staff may prevent the exit of an individual from a time out room. Exit shall be prevented by holding a door shut (not locked) or by use of a mechanical device attached to the door which requires the staff's presence at all times to employ the device.

6. Only one individual shall be in a time out room at one time.

7. Mechanical restraints, as defined in N.J.A.C. 10:42, shall not be used in conjunction with a time out room.

8. Safeguarding equipment, as defined in N.J.A.C. 10:42, may be used in conjunction with a time out room.

9. Use of time out shall be periodically reviewed by the Human Rights Committee of the component or agency.

(l) Duration of time out shall conform to the following:

1. The duration of time out shall be individually determined and added to the behavior plan.

2. The duration of time out shall be the shortest time period to produce the desired effect.

3. Generally, a duration of one to 15 minutes is sufficient to produce the desired effect.

4. The maximum allowable duration shall be one hour.

i. There may be extraordinary situations which create an exception to the one hour maximum duration. The one hour maximum shall be exceeded only:

(1) If the one hour duration is not long enough to produce a documented reduction in the target behavior;

(2) During the first two weeks of implementation of time out; and

(3) A member of the BMC shall monitor no less than weekly.

5. If the one hour limit is exceeded during the first two weeks of implementation:

i. The maximum aggregate time in a time out room within a 24-hour period must not exceed six hours.

ii. The description, frequency and intensity of the behavior which precludes the individual from being released from time out shall be documented.

iii. The number of times the duration exceeds one hour shall be documented.

iv. The duration of each use of the time out room which exceeds one hour shall be documented; and

v. The frequency and intensity of the target behavior shall be documented.

6. For continuation of use of the time out room after the initial four week period, regardless of the length of time spent in a time out room, all of the following shall have occurred:

i. A decrease in the amount of time an individual spends in time out over the four week period;

ii. A decrease in the frequency and/or intensity of the behavior precluding the individual from being released from time out;

iii. A decrease in the frequency and/or intensity of the target behavior; and

iv. An increase in the percentage of time an individual is in the Time In environment vs. Time Out environment over the four week period.

(m) Criteria for release from the time out room follow:

1. Contingent release is the release of choice, unless circumstances require non-contingent release (for example, the individual is in physical distress).

i. If the person appears to be in physical distress, he or she shall be released immediately and given appropriate care.

2. The criteria for release from the time out room shall be individually determined and written in the individual's behavior management plan.

3. The time period of appropriate behavior required for release from the time out room shall be assessed continually by staff.

(n) The procedure used to assist an individual to the time out room shall be specified and written in the behavior management plan. Staff shall be trained in the procedure. The amount of time between the occurrence of the target

behavior and the entrance to the time out room shall be documented, and the efficacy of the procedure shall be assessed continually.

10:47-7.8 Behavior management committee

(a) The behavior management committee shall review, approve and recommend all behavior management plans using Level III. The CEO shall make the final decision and assume responsibility for whatever course of action is pursued. The CEO shall document substantive reasons when proceeding against the advice and recommendation of the Behavior Management Committee.

(b) The composition and operation of the behavior management committee shall be as follows:

1. The Committee shall consist of not less than five nor more than 15 members;
2. The Committee shall be comprised of no more than one third common membership of the Behavior Management and Human Rights committees of a facility;
3. The members of the Behavior Management Committee shall be appointed by the CEO;
4. A chairperson shall be appointed by the CEO;
5. The Behavior Management Committee shall meet within 30 days of determination of a need for a behavior management plan;
6. Attendance by at least 50 percent of membership shall constitute a quorum; and
7. Members shall abstain from voting on any issue that might constitute a conflict of interest.

(c) The Behavior Management Committee's responsibilities shall include:

1. Reviewing behavior management plans to determine whether or not they are clinically/technically appropriate and comply with the agency's manual;
2. Serving as a resource to the IDT;
3. Reviewing individual programs involving Level III techniques and recommend approval/disapproval in writing to the CEO. If the plan is disapproved, the reason(s) shall be specified;
4. Completing a review of all programs using Level III techniques at 30 day intervals for the first 90 days and at least every 90 days thereafter; and
5. Reviewing other issues involving behavior management as referred.

(d) Any change in membership shall be reported to the Director within 30 days.

(e) The minutes of each committee meeting shall be available for review by persons authorized by the Director.

(f) The CEO, committee members and any observers shall receive copies of the minutes.

10:47-7.9 Use of Level III techniques

(a) In addition to the other requirements of this chapter, the use of Level III techniques shall also require the informed, written non-coerced consent of the individual, if a competent adult, or of the parent/guardian of a minor, or of the guardian of an incompetent adult.

(b) In securing an informed consent, those individuals whose consent is sought shall be apprised:

1. Of unsuccessful attempts to use less aversive techniques to reduce the maladaptive behavior;
2. Of reasons for recommending the use of aversive techniques as the least restrictive method;
3. Of alternate techniques that might be used to change the maladaptive behavior and the reasons for choosing the planned technique;
4. Of the benefits and potential risks associated with the use of the aversive technique;
5. Of the potential risk to the individual or others if the technique is not implemented; and
6. Of the right to disapprove implementation of these techniques or to withdraw approval at any time.

(c) When informed consent for the use of Level III techniques is either denied or subsequently withdrawn, or no response is received within 10 working days and the CEO determines that the refusal or delay is in violation of the individual's right to treatment, the CEO shall refer the matter to the Director for further consideration and possible judicial action.

10:47-7.10 Medical certification in cases of physical risk

Techniques which present an element of physical risk to the individual shall require prior written certification from a State licensed physician that the individual's medical condition does not preclude their use.

10:47-7.11 Emergency mechanical restraint

The facility's use of emergency mechanical restraint shall comply with the requirements of N.J.A.C. 10:42, Emergency Mechanical Restraints.

10:47-7.12 Recreation

(a) The facility shall provide an active social and therapeutic recreation program for the development and training of each individual, consistent with his or her interests and capabilities.

(b) The recreation program shall include provisions for co-educational activities appropriate to the individuals' ages and developmental levels.

(c) Individuals shall be given the opportunity to use recreational resources and participate in recreational activities within the community.

1. Cooperative recreation activities shall be held with other facilities, community programs, and community organizations for all individuals who can benefit from them, as determined by the IDT, and as indicated in the IHP.

2. The facility shall arrange the transportation and supervision required for the use of community resources.

(d) The facility shall conduct a survey of each individual's recreational needs and interests annually. The results shall be documented in the individual's record.

(e) Recreation staff shall be apprised of and involved in the development, review and implementation of each individual's IHP.

10:47-7.13 Social services

(a) The facility shall provide social services to all individuals served and, to their families, as appropriate.

(b) Social services shall include, but shall not be limited to:

1. The coordination of all admissions and discharges between agencies, individuals and families;

2. Contact with the family and/or guardian regarding the individual's IHP, health status or other pertinent information;

3. Individual and group counselling for individuals who can benefit, as documented in the IHP;

4. Participation in the IDT process; and

5. Writing clinical and/or progress notes periodically, which notes shall include:

i. Progress in any therapy or counselling;

ii. Any family contacts; and

iii. Any information relating to the admission or discharge of the individual.

10:47-7.14 Rehabilitation services

(a) The facility shall provide speech pathology and audiology services, in accordance with N.J.S.A. 45:3B-1 et seq., to all individuals who can benefit. Speech pathology and audiology services shall include, but shall not be limited to:

1. Audiological evaluations/screenings on admission, and as clinically indicated thereafter;

2. Provision of, and training for, alternate means of communication, such as sign language and communication boards;

3. Language stimulation training;

4. Speech therapy; and

5. Dysphasic evaluations and subsequent training.

(b) The facility shall provide physical therapy services, in accordance with N.J.S.A. 45:9-37.11 et seq., to all individuals who can benefit, as documented in the IHP.

(c) The facility shall provide occupational therapy services to all individuals who can benefit. Occupational therapy services shall include, but shall not be limited to:

1. Evaluation and training in the use of adaptive devices; and

2. The provision of training to include eye/hand coordination, sensory motor skills, fine and gross motor skills.

10:47-7.15 Adaptive equipment

(a) The facility shall have written policies and procedures that assure adaptive equipment is acquired, maintained, repaired, replaced, and used appropriately.

(b) Individuals who are not ambulatory shall be provided with an appropriate wheelchair, as determined by the attending physician.

(c) Braces, walkers, crutches, splints, special chairs and any other physical therapy equipment shall be provided to and used by individuals as prescribed.

(d) Mechanical supports used to achieve proper body position, balance or alignment shall be designed and applied under the supervision of a professional staff member designated by the CEO. The use of mechanical supports shall be documented in the individual's record.

(e) Hearing aids shall be provided and used as prescribed by the physician.

(f) Eyeglasses and/or other optical devices shall be provided and used as prescribed by the physician.

(g) Dentures or other dental devices shall be provided and used as prescribed.

(h) Other devices recommended by professionals shall be provided and used as prescribed.

(i) All equipment shall be maintained in good repair.

(j) All equipment shall be made of materials which can be cleaned and sanitized. A schedule for cleaning equipment shall be maintained.

SUBCHAPTER 8. DIETARY SERVICES

10:47-8.1 Dining environment

(a) The facility shall promote a pleasant and home-like environment in the dining room. Dining room accommodations within living units shall be separated from other areas.

1. Dining rooms shall be equipped with tables, chairs, eating utensils and dishes designed to meet the developmental needs of each individual.

i. Equipment for special training and feeding requirements shall be available and used.

2. The facility shall provide staff and supervision in the dining rooms to promote self-help training and assure each individual receives their prescribed diet and eats in a manner consistent with his or her own developmental level.

3. Staff shall ensure that each individual eats in an upright position, unless otherwise specified by the IDT or a physician.

4. Individuals shall not be routinely served meals in their bedrooms.

10:47-8.2 Nutritional services

(a) Each individual shall receive a well balanced diet, including modified and specially prescribed diets.

(b) Unless otherwise specified by the individual's medical needs, the diet shall be prepared in accordance with the latest edition of the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. Diets shall be adjusted for age, sex, disability and activity when necessary.

(c) A registered dietician shall be employed on a full-time, part-time or consultant basis to oversee nutritional services.

(d) The facility shall offer substitute food and beverages to all individuals who refuse the food served at meal times. Such substitutes shall be of equivalent nutritional value.

(e) Foods used for primary reinforcers as part of a behavior management plan shall be in accordance with the individual's nutritional status and needs.

(f) Unless medically contraindicated, snacks shall be provided for individuals who desire them.

1. Snacks shall be listed on the menu and included in the caloric breakdown for each day.

(g) Individuals shall not be denied meals or snacks except upon a written order of a physician as part of their IHP.

10:47-8.3 Meal service

(a) Each individual shall be provided at least three nutritionally balanced meals daily.

(b) Meals shall be served during the morning, noon and evening time periods.

1. The time span between the evening meal and breakfast the next day shall not exceed 14 hours.

(c) Food shall be wholesome, prepared in the form that meets the medical and dietary needs of each individual and attractively served. Foods shall be served:

1. In appropriate portions;

2. At appropriate temperatures;

i. Food temperatures shall comply with N.J.A.C. 8:24-3.2.

ii. Temperatures shall be taken and documented before transporting, upon arrival, and prior to serving;

3. In a form consistent with the developmental level of the client; and

4. With appropriate utensils.

(d) Food returned from an individual's plate shall be discarded.

10:47-8.4 Food service and menu planning

(a) Each facility shall have one person responsible for food service and menu planning.

1. In the absence of a full-time professional dietician, a person experienced in food service management shall be responsible for the daily management of the food service program. Where the food service manager is not a dietician, regular visits by a professional dietician shall be provided to ensure that therapeutic diets are served as prescribed by physicians and to assist in the educational programs established for personnel.

i. The food service manager shall be certified in food safety and sanitation through a course of instruction approved by the State Department of Health.

ii. A written contract which is in compliance with this subchapter shall be available for services provided by a food service company.

2. The facility shall have written policies and procedures describing the food service operation.

(b) Menus shall be prepared at least one week in advance and copies retained on file for a period of one month. Menus shall:

1. Be prepared with regard for the nutritional and therapeutic needs, cultural backgrounds, food habits and personal food preferences of the individuals;

2. Provide a variety of foods at each meal;
3. Differ for the same days of each week and be adjusted for seasonal changes; and
4. Include the portion sizes for menu items.

(c) All food substitutions shall be of equal nutritional value and shall be indicated on the menu.

(d) Current menus shall be posted in the food preparation area and all dining areas.

10:47-8.5 Food sanitation

(a) The food service manager shall ensure that kitchens and areas used for food preparation, storage, serving and clean-up of all meals shall be maintained in accordance with N.J.A.C. 8:24, Retail Food Establishments.

(b) All employees shall wear clean outer garments, shall be personally neat and clean in their habits, well-groomed, and shall keep their hands meticulously clean when handling food, drink, utensils or food preparation equipment.

1. Food handlers shall not wear excessive jewelry, or items that may fall into the food during preparation or serving.
2. Food handlers shall not smoke or chew tobacco in food preparation areas and/or service areas. They shall do so only in identified smoking areas and they shall wash their hands before returning to work.
3. Pets shall not be permitted in any area where food or drink is handled, stored, prepared and/or served.
4. Food service staff shall be trained in all aspects of food management including, but not limited to:
 - i. Portion control;
 - ii. Therapeutic diets;
 - iii. Cross contamination;
 - iv. Sanitation; and
 - v. Food temperatures.

(c) Kitchens used for meal preparation in a facility shall be provided with the necessary equipment for the preparation, storage, serving, and cleanup of all meals, as follows:

1. All equipment shall be maintained in working order;
2. All equipment, countertops, preparation areas, and utensils used for eating, drinking, preparation, and serving of food shall be kept clean, in good condition, and free of chips and cracks;
3. All utensils used for eating, drinking, preparation and serving of food or drink shall be washed after each use in accordance with N.J.A.C. 8:24; and

4. When dishwashers are not used, serving dishes, glasses, and flatware shall be placed on clean racks to air dry and shall not be dried by the use of towels or cloths of any kind.

(d) Storage and refrigeration of food shall comply with N.J.A.C. 8:24.

1. Prepared food stored in a refrigerator or in a dry storage area shall be kept protected, dated, and labelled if not in the original container.

2. All refrigeration units shall be provided with an accurate thermometer, and the product storage temperature should not exceed 45 degrees Fahrenheit.

3. All freezer units shall be provided with an accurate thermometer and products shall be kept well frozen, in accordance with the standards of the New Jersey Department of Health.

SUBCHAPTER 9. PHYSICAL ENVIRONMENT

10:47-9.1 General requirements

(a) The facility grounds shall be maintained free of any hazards to health or safety.

(b) The facility shall ensure that all structures on the grounds are maintained in good repair and do not present a danger to health or safety.

1. All structures shall meet the requirements of the New Jersey Uniform Construction Code, N.J.A.C. 5:23.

2. Automatic fire suppression systems shall be installed in all Use Group Category I buildings, structures or portions thereof.

3. Walls, ceilings, and floors of all areas accessible shall be decorated and furnished or covered for their intended use.

4. Safety windows or safety screens shall be installed where needed for the protection of individuals.

5. Walls and ceilings shall be free of asbestos hazards.

6. The facility shall not use lead based paint for any purpose, nor purchase any equipment, furnishing or decorations surfaced with lead based paint.

(c) The living environment shall be appropriate for the individual's mental level, chronological age, physical disability and behavior, ranging from open and permissive to maximum protection.

1. The living unit shall be structurally designed to accommodate the physical and programmatic needs of all individuals.

2. Individuals of different ages, developmental levels, and social needs shall not be housed in close physical proximity, unless such assignment is planned to promote the growth and development of all those assigned.

(d) Individual personal preferences shall be considered when choosing decorations and furnishings in the living areas.

(e) Individuals shall be allowed to decorate their living areas.

(f) All furnishings shall be maintained in good repair.

(g) The facility shall provide sufficient and appropriate storage facilities.

1. The facility shall have securely locked storage areas for all potentially harmful materials. Keys to storage areas shall be available only to staff members.

2. Locked closets shall be provided for storage of housekeeping supplies and equipment.

(h) The facility shall provide space for educational programming which is separate from living areas and is clean, well-maintained, free of hazards, and conducive to program goals.

(i) All stairways and hallways shall be kept free and clear of obstructions at all times.

1. All stairways shall be adequately illuminated with electric lights controlled by switches at the top and bottom of the stairs.

2. Stairways shall be provided with well secured hand rails on both sides.

3. Stair treads shall have a non-skid surface.

4. All stairways leading from the first floor to floors occupied by individuals shall be enclosed in accordance with B.O.C.A. National Building Code, Article 8, Section 816.92. (B.O.C.A., West Flossmoor Road, Country Club Hills, Illinois 60478-5795)

(j) All rooms including hallways and stairways shall be lighted by natural light or electricity.

1. Nightlights shall be provided in bathrooms, hallways, stairways and other passage ways.

2. An auxiliary generator or battery type lighting shall be available for emergency purposes in accordance with B.O.C.A. National Building Code, Article 8 Section 824.0.

3. The facility shall provide adequate lighting of exterior areas (building and grounds) to ensure the safety of individuals, staff and authorized visitors during the night.

(k) The temperature shall be maintained within a normal comfort range, not less than 68 degrees Fahrenheit or greater than 81 degrees Fahrenheit, through the use of heating, air conditioning or other means.

(l) The heating, ventilating and air conditioning system shall comply with all local and State codes and rules.

1. The facility shall take precaution to ensure that the heating system, including hot water pipes, are insulated to protect the safety of individuals.

10:47-9.2 Bedrooms

(a) The facility shall:

1. Ensure that each bedroom in the facility has a floor area of at least 70 square feet for each occupant;

2. Not use any room with a ceiling height of less than seven feet six inches as a bedroom;

3. Not permit more than four individuals to occupy a designated bedroom; and

4. Ensure that individuals over five years of age do not share a bedroom with a member of the opposite sex unless legally married; and

5. Ensure that each bedroom has a window which provides natural light.

(b) Each individual shall have his or her own bed. The bed shall be at least thirty inches wide, solidly constructed and appropriate to the individual's height. The bed shall have a clean, comfortable, non-toxic, fire retardant mattress which is maintained in good repair.

1. Cots and other portable beds shall be prohibited.

2. The mattress covering shall be moisture proof, when the individual's condition requires.

(c) The facility shall ensure that clean sheets, pillows, pillow cases, and blankets are provided in accordance with seasonal needs.

1. Sheets and pillow cases shall be changed at least weekly, but more frequently if necessary.

(d) All bedrooms shall be at ground level or above and conveniently located to bathing and toilet facilities.

1. All bedrooms shall open to corridors.

(e) The facility shall provide each individual their own dresser or other storage space for private use in the bedroom area. Off-seasonal clothing may be stored outside the bedroom area.

10:47-9.3 Bathrooms

(a) The facility shall have a minimum of one wash basin with hot and cold water, one flush toilet and one bathtub or shower with hot and cold water for every ten individuals.

1. Bathrooms shall be located to permit access without disturbing other individuals during sleeping hours.

2. Each bathroom shall be properly equipped with toilet paper, disposable towels, soap, and other items required for personal hygiene.

i. Waste receptacles shall be located near the hand-washing facilities.

3. Each bathroom shall contain secured mirrors visible to the individuals, and safety devices necessary to meet their needs.

4. Toilets, sinks, bathtubs and showers shall be maintained in good operating condition, kept clean and free of objectionable odors.

10:47-9.4 Laundry services

(a) The facility shall provide regular laundering of individual clothing.

(b) The laundry room shall be separate from the kitchen and other working areas, and shall be arranged to prevent the cross contamination of clean and soiled laundry.

(c) Handwashing facilities shall be accessible to the laundry area.

(d) The walls, floors and ceilings of the area shall be clean and maintained in good repair.

1. Equipment surfaces that come into contact with laundry shall be disinfected.

(e) All soiled laundry shall be stored, transported, collected, and delivered in a laundry bag, basket or covered cart as appropriate.

1. Laundry bags, baskets and carts shall be maintained in good repair, kept clean, and identified for use with either clean or soiled laundry.

(f) Contaminated soiled laundry shall be bagged and processed separately.

(g) Soiled and clean laundry shall be kept separate.

(h) Clean laundry shall be protected from contamination during processing, storage, and transporting.

(i) The facility shall have a supply of sheets, pillow cases, towels, and washclothes equal to at least two times the number of individuals served.

(j) The facility shall have a supply of blankets equal to at least two times the number of individuals served.

SUBCHAPTER 10. LIFE SAFETY

10:47-10.1 Fire safety

(a) The facility shall have an annual fire inspection conducted by a State or local fire official.

1. A written statement or certificate shall be on file at the facility stating that the building(s) are satisfactory for occupancy and meet the minimum requirements of the New Jersey Uniform Fire Safety Act, and rules promulgated in accordance with that Act.

2. Deficiencies noted during the inspection shall be corrected within time limits established by the State or local enforcement agency.

(b) An automatic fire detection and alarm system shall be installed in accordance with Article 1716 and 1717 of the B.O.C.A. National Building Code, and the National Fire Protection's Association standard number 71 and 72A through 72E. (National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02269.) The automatic fire detection and alarm system shall be comprised of the following:

1. Smoke detectors

- i. In each bedroom;
- ii. In living and dining rooms;
- iii. In all hallways;
- iv. In recreation areas; and
- v. At the top of all stairs.

2. Thermal detectors

- i. In the kitchen (135 fixed); and
- ii. In the furnace area (190 fixed).

3. A manual pull station within five feet of each exit;

4. Signalling devices as needed to be audible in all areas throughout the building;

5. Emergency standby power capable of operating the system for four continuous minutes after 24 hours on emergency power; and

6. A.C. power which shall be on a dedicated branch circuit. The circuit disconnection means shall be accessible to authorized personnel and shall be clearly marked "fire alarm circuit."

(c) Any area used for the storage of combustible supplies and equipment shall be separated from other parts of the building by fire resistant construction approved by the State or local fire official.

(d) Carpeting shall meet the requirements of the B.O.C.A. National Building Code Table 1421.7.

(e) Curtains and drapes shall be made of fire retardant materials.

(f) The boiler and heating room shall be separated from the rest of the building and enclosed with one hour rated material.

(g) Portable fuel burning space heaters and electric space heaters shall not be used in any facility. Fireplaces which are used shall be equipped with tempered glass enclosures and cleaned at least annually.

(h) Non-ambulatory individuals shall not be placed in bedrooms above the first floor of any facility.

(i) Individuals shall not be placed in bedrooms above the second floor, unless the bedroom is provided with a comprehensive automatic sprinkler system.

(j) The telephone number of the local fire department serving the facility shall be posted at each telephone.

(k) All passages leading to fire exits shall be properly illuminated by natural or artificial light 24 hours a day.

1. Signs bearing the word, "EXIT" in plain legible letters shall be placed at each exit opening.

i. Additional signs shall be placed in corridors, where necessary, to indicate the direction of exit.

ii. Letters shall be at least six inches in height.

2. Letters of internally illuminated exit signs shall be at least four and one-half inches in height.

3. All exit and directional signs shall be clearly legible by electric illumination when natural light fails.

(l) Two separate means of egress leading directly to the exterior of the building of each floor occupied by individuals shall be provided.

1. Means of egress must be kept free of obstructions at all times.

2. Plans for all stairways and their specifications shall be approved by the fire official prior to construction, in accordance with N.J.A.C. 5:23 and N.J.A.C. 5:18.

3. Existing fire escapes shall be examined annually by the fire official and repairs completed as recommended.

(m) Doors shall be outward opening and equipped with self-closing and positive latching devices.

1. Doors shall be placed so that traffic to and from any room shall not be through bedrooms, kitchens, or bathrooms.

2. All closets, bedrooms and bathrooms equipped with locks shall be provided with doors that can be readily opened from both sides.

(n) Basements may be used for storage, laundry, heating, and water supply equipment and other utilities.

(o) Basements may be used as activity rooms if they are dry, warm, adequately illuminated with natural or artificial light and separated from laundry, heating, and other hazardous equipment.

1. Two means of egress shall be provided if a basement is used as an activity room.

(p) Basements shall be kept in good order, clear of excess furniture and equipment, and shall not be used for indiscriminate storage.

1. Doors at the head of basement stairways shall be constructed in accordance with N.J.A.C. 5:23.

2. Basement ceilings shall be protected with material in accordance with N.J.A.C. 5:23.

3. Side walls and ceiling enclosing basement stairways shall be protected with material in accordance with N.J.A.C. 5:23.

4. Paint and other highly flammable material should be stored outside residential buildings.

5. Combustible partitions shall be prohibited.

(q) Installation of oil furnaces and equipment shall be in accordance with N.J.A.C. 5:23.

1. In cases where oil burning equipment has already been installed in properties, the vent pipe and fill pipe shall be located outside the building.

(r) Electrical wiring shall be in accordance with National Electrical Code, available from the National Fire Protection Association, One Batterymarch Park, P.O. Box 9101, Quincy, MA 02269-9101.

(s) On or before January 1 of each year, the licensee shall obtain a written statement by a registered electrical inspector that the electrical circuits and wiring are satisfactory.

1. The electrical inspector's report shall include:

i. The date of inspection;

ii. Assurance that circuits are not overloaded;

iii. A statement that all wiring and permanent fixtures are maintained in good condition; and

iv. A statement that all portable electrical appliances, including lamps, are equipped with heavy duty cord and maintained in good condition.

2. Temporary wiring shall be prohibited.

3. Extension cords or "octopus" outlets shall be prohibited.

(t) Safeguards shall be taken to prevent fires caused by smoking, including, but not limited to, the following:

1. Smoking shall not be permitted in the bedrooms;
2. The facility shall provide non-combustible ashtrays of safe design in areas where smoking is permitted;
3. Smoking shall be prohibited in any room or compartment where flammable liquids, combustible gases, or oxygen are used or stored; and
4. "NO SMOKING" signs shall be posted in all smoke-free areas.

(u) The facility shall provide an adequate number of fire extinguishers in the basement and on each floor of every building, in accordance with the recommendation of the National Fire Protection Association Standard Number 10, available from the NFPA, One Batterymarch Park, P.O. Box 9101, Quincy, MA 02269-9101.

1. All fire extinguishers shall bear the seal of the Underwriter's Laboratories. (Available from Publications Stock, 333 Princeton Road, Northbrook, IL 60062)

2. Extinguishers shall be recharged and inspected in accordance with the manufacturer's specifications.

- i. Each extinguisher shall be labelled to show the date of such inspection and refilling.

3. One portable fire extinguisher shall be placed next to each fire alarm box.

- i. All other fire extinguishers shall be placed as directed by the fire official.

4. The following types of fire extinguishers shall be provided:

- i. A 20 BC rating in kitchen areas where a domestic range is used;

- ii. A hood and duct suppression (extinguishing) system, with both automatic and manual actuation, in kitchen areas where a commercial range is used. There should be an automatic fuel shut off;

- iii. A 4A: BC fire extinguisher with a 40 BC rating in the basement area; and

- iv. A two and one-half gallon air pressurized water type extinguisher or a 2A ABC dry chemical extinguisher with a 40 BC rating throughout the building.

(v) All personnel and individuals shall be trained in: fire prevention; the use of fire protection equipment and devices; and procedures to be followed in the event of an emergency. The training shall be given to all employees prior to their duty assignment and should be reviewed at 12 month intervals.

(w) Every facility shall have a written plan for the evacuation of the individuals to safe areas away from the building, in the event of fire or any other type of disaster, as follows:

1. All employees shall be instructed in their duties under this plan;

2. A diagram of each floor indicating location of fire extinguishers and the means of egress for each individual shall be prominently posted on each floor; and

3. The facility shall provide an emergency lighting system.

(x) Fire alarm systems shall be checked weekly by an employee designated by the licensee. A record shall be maintained showing the date checked, the name of the person checking the system, and any findings.

(y) The facility shall conduct a fire drill at least once a month in every building in which individuals are housed or services provided.

1. The drills shall be unannounced and held at various hours of the day and night.

2. A record shall be maintained of the date of the drill, time required for evacuation, the number of staff and individuals participating in the drill, a brief synopsis of what occurred during the drill and the signature and title of the staff person completing the report.

3. Arrangements shall be made to have a fire drill supervised by the local fire department at least annually.

(z) A formal, monthly fire inspection shall be conducted by an employee who is knowledgeable regarding fire prevention and safety.

1. A record shall be kept with the date of the inspection and any hazards or deficiencies noted.

2. The record shall be annotated by the licensee to indicate the date on which each hazard or deficiency was corrected.

(aa) Kitchen areas shall be isolated, insofar as possible, from other quarters by one hour fire rated construction.

1. Doors leading to adjacent areas shall swing in one direction only, shall be self-closing, tight-fitting, and equipped with a positive latch.

2. Such doors shall be constructed in accordance with B.O.C.A. National Building Code, Article 1400, Section 1415 and Table 1415.

(bb) Kitchen exhaust fans, filters, and metal ducts shall be kept free of grease and dirt at all times, and metal ducts from such fans shall extend at least two feet beyond the building.

1. Areas around kitchen ranges shall be kept free of grease at all times.

2. Kitchens containing commercial cooking appliances, deep fryers, grills, etc. shall have approved kitchen exhaust system (rangehood) complete with an automatic

fire suppression system in accordance with B.O.C.A. National Building Code, Article 17, Section 1702.20 and B.O.C.A. Basic National Mechanical Code.

10:47-10.2 Sanitation

(a) All buildings and facilities shall meet all State and local health requirements.

(b) There shall be a sufficient supply of hot and cold water at all times, which shall be provided in accordance with N.J.A.C. 8:43-15.6 and N.J.A.C. 8:24.

(c) The facility shall provide for the collection, storage and disposal of solid, recyclable, and regulated medical, as well as toxic and hazardous waste materials, in accordance with N.J.A.C. 7:26.

1. A sufficient number of containers to hold all garbage and rubbish containing food waste shall be provided.

2. All waste water shall be discharged into a municipal or public sanitary sewage system, when such system is available.

i. If a private sewage system is necessary, the type, size, location, construction, and major repairs or alterations shall be approved by the State or local health jurisdiction.

3. Regulated medical waste must be transported and disposed of in accordance with N.J.A.C. 7:26-3A.

(d) The facility shall provide convenient toilet and hand washing facilities for employees.

(e) The facility shall ensure that the grounds and buildings are kept free from all vermin.

1. All windows and doors, except fire exit doors, shall be provided with screens or insect repelling devices.

2. Safety precautions shall be observed in all rodent and insect control programs. Properly licensed pest control services should utilize integrated pest management (IPM) in accordance with Executive Order No. 113(199), using the least hazardous methods possible.

i. Any application of pesticides shall be in accordance with N.J.A.C. 7:30.

10:47-10.3 Transportation

(a) Any vehicle used in transporting individuals, whether such vehicle is operated by a staff member or other person acting on behalf of the facility, shall be properly registered, inspected, and insured in accordance with New Jersey State Motor Vehicles laws and rules.

(b) Any staff member, or other person acting on behalf of the facility served, shall be properly licensed to operate the class of vehicle used in transporting individuals, and such license status should be routinely updated.

(c) The number of persons in any vehicle shall not exceed the certified capacity.

(d) The facility shall provide supervision in any vehicle used by the facility to transport individuals.

(e) Vehicles used to transport individuals with physical disabilities shall be adapted to their needs.

(f) An adequately stocked first aid kit (with a list of contents), a fire extinguisher and flares or reflectors shall be kept in each vehicle, and shall include:

1. Antiseptic;
2. Sterile rolled gauze bandage (Kerlix);
3. Sterile gauze or Telfa pads;
4. Adhesive or surgical tape;
5. Scissors;
6. Adhesive bandages (band-aids) or ribbon tape; and
7. Triangular bandage.

(g) The following additional transportation arrangements shall be required for facilities serving non-ambulatory individuals:

1. A ramp device to permit entry and exit of an individual from the vehicle shall be provided for all vehicles, except automobiles, used to transport non-ambulatory individuals. A hydraulic lift may be used, provided a ramp is also available in case of emergency.
2. In all vehicles, wheelchairs shall be securely fastened to the floor.
3. The arrangement of the wheelchairs shall provide aisle space and shall not impede access to the exit doors of the vehicle.