

State of New Jersey.
Department of Institutions and Agencies,
Trenton, New Jersey

Bureau of Community Institutions.

M A N U A L O F S T A N D A R D S
F O R
P R I V A T E H O S P I T A L S.

NOTE:

THE INSERTED PAGES LIST NEW OR
REVISED REGULATIONS.
ANYTHING IN THE REGULAR MANUAL
WHICH IS INCONSISTENT WITH THESE
REGULATIONS SHOULD BE DISREGARDED.

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C O N T E N T S

Page

SECTION I	DEFINITIONS, INTERPRETATIONS, CLASSIFICATIONS AND LICENSING POLICIES.....	1
A.	Hospitalization.....	1
B.	Private Hospital.....	1
C.	Licensee.....	1
D.	Classification of Institutions.....	1
E.	Inspection.....	3
F.	Exceptions and Exemptions.....	3
G.	Separate Licenses Required.....	4
H.	Fees.....	4
I.	Revocation or Suspension of License.....	5
J.	Posting of License.....	5
K.	Terms of License.....	5
L.	Notice of Intention to Close or Transfer Ownership of Institution.....	5
M.	Information Not To Be Disclosed.....	5
SECTION II	ADMINISTRATIVE REGULATIONS.....	6
A.	Non-Proprietary.....	6
B.	Proprietary and Profit.....	7
C.	Code of Ethics.....	8
SECTION III	PHYSICAL PLANT.....	9
A.	Site.....	9
B.	Buildings.....	9
SECTION IV	FOOD PREPARATION AND HANDLING.....	13
A.	Food and Food Service.....	13
SECTION V	PERSONNEL.....	14
A.	Personnel Practices.....	14
B.	Training.....	14
C.	Departmentalization.....	14
D.	Working and Living Conditions.....	15
E.	Incentives.....	15
F.	Nursing Staff.....	15
G.	Others.....	16
SECTION VI	MEDICAL STAFF.....	17
A.	Organization.....	17
B.	By-Laws, Rules and Regulations.....	17
C.	The Staff Conference.....	18
D.	Availability of Professional Personnel.....	18
E.	Medications and Treatment.....	19
F.	Referral and Follow-up of Patients.....	19

	Page
SECTION VII	RECORDS AND REPORTS.....20
A.	Records and Reports Other Than Financial.....20
B.	Medical Library.....21
C.	Accounting and Auditing.....21
D.	Applications for Federal Grant-in-Aid.....21
E.	Voluntary Reporting by Hospitals.....21
SECTION VIII	SPECIAL REGULATIONS FOR MATERNITY SERVICES AND CHILD ADOPTION.....22
SECTION IX	SPECIAL REGULATIONS FOR PSYCHIATRIC SERVICES...24
SECTION X	SPECIAL REGULATIONS FOR NEW HOSPITALS AND EXISTING HOSPITALS PLANNING ADDITIONS.....25
SECTION XI	REGULATIONS FOR HANDLING NARCOTIC AND HYPNOTIC DRUGS.....32
SECTION XII	REGULATIONS FOR COMBUSTIBLE AREAS AND FIRE RETARDANT PAINT.....35
SECTION XIII	STANDARDS FOR FORMULA ROOMS AND FORMULA PREPARATION.....41
SECTION XIV	REGULATION TO PERMIT ARTIFICIAL LIGHTING AND VENTILATION FOR NURSERIES, RECOVERY ROOMS, AND INTENSIVE CARE UNITS IN HOSPITALS.....48
SECTION XV	REGULATION TO PERMIT CARPETING IN LICENSED AND APPROVED FACILITIES.....49
SECTION XVI	REGULATIONS FOR SPECIAL HOSPITAL CLASSIFICA- TION.....51
SECTION XVII	REGULATION ON EXTENDED CARE UNITS FOR MANUAL OF STANDARDS FOR PRIVATE HOSPITALS.....54
SECTION XVIII	APPROVAL OF STRUCTURAL CHANGES.....55
SECTION XIX	FIRE PROTECTION AND SAFETY REGULATIONS FOR EXISTING HOSPITAL FACILITIES.....56
SECTION XX	POLICY STATEMENT ON EMERGENCY AUXILIARY POWER FOR EXISTING HOSPITAL FACILITIES.....58
SECTION XXI	REGULATIONS ON PATIENT SMOKING.....59
—————	
APPENDIX I	NEW JERSEY HOSPITAL LICENSING ACT..... 1

SECTION ONE

DEFINITIONS, INTERPRETATIONS, CLASSIFICATIONS AND LICENSING POLICIES

A. Hospitalization

Hospitalization within the meaning of the Hospital Licensing Act is defined as the reception and care of persons for continuous periods which usually are longer than twenty-four hours, for the purpose of giving advice, diagnosis or treatment bearing on the physical or mental health of such person.

B. Private Hospital

A private hospital is defined as any institution whether operated for profit or not, which is not maintained, supervised or controlled by an agency of the government of the State or any county or municipality and which maintains and operates facilities for the diagnosis, treatment or care of two or more non-related individuals suffering from illness, injury or deformity or where obstetrical, convalescent, out-patient department or other medical or nursing care is rendered for periods exceeding 24 hours.

C. Licensee

The licensee is the corporation, association, partnership or individual operating an institution and on whom rests the responsibility for maintaining approved standards.

Any agency of the government or any county or municipality which shall apply for and receive Federal funds under the provisions of Public Law 725 of the 79th Congress, Chapter 958, Second Section, shall be required to comply with the rules and regulations and the minimum standards of nursing and hospital care provided for in Section 30:11-1 of the revised statutes as a condition precedent to receiving such funds.

Any hospital which has received financial aid from the Federal government for construction and which, as a condition to receipt of such funds, has agreed to provide accommodations for special types of patients (*chronic, psychiatric, etc.*) shall continue to maintain such special accommodations as a condition to license.

D. Classification of Institutions

Separate standards have been developed for institutions in the following categories which take into consideration the type of care provided, legal requirements and physical characteristics of the institution comprising each group.

For the purpose of the administration of the Hospital Licensing Act, private hospitals shall be classified generally as follows:

1. Non-proprietary or Non-profit

Any hospital owned and operated by a corporation, association, religious or other organization, no part of the net earnings of which is applied, or may lawfully be applied, to the benefit of any private shareholder or individual.

2. Proprietary or Profit

Any hospital owned and operated by an individual, partnership or corporation, the net proceeds of which are subject to distribution for the benefit of such individual, corporation or shareholders.

Under the above categories hospitals shall be further classified as follows:

a. General Hospitals

Any hospital for in-patient medical, surgical or obstetrical care of which not more than 50% of the total patient days during the year are customarily assignable to any or either of the following categories of cases; chronic, convalescent and rest, drug and alcoholic, epileptic, mentally deficient, nervous, mental and tuberculosis.

b. Special Hospitals

A hospital providing care for one of the following types of patients; cardiac, eye-ear-nose and throat, maternity, orthopedic, skin and cancer as well as other hospitals providing similar specialized types of care commonly given in general hospitals. The term excludes mental, tuberculosis and chronic disease hospitals.

c. Mental Hospitals

A hospital for the diagnosis, care and treatment of nervous and mental illness but excluding institutions caring only for the mentally deficient.

d. Tuberculosis Hospitals

A hospital for the diagnosis and treatment of tuberculosis, excluding preventoria.

e. Chronic Disease Hospitals

A hospital the primary purpose of which is medical treatment and care of chronic illness, including the degenerative diseases, and which furnishes hospital treatment and care, administered by or under the direction of persons licensed to practice medicine in New Jersey.

The term excludes tuberculosis, mental hospitals and nursing homes.

f. Communicable Disease Hospitals

A hospital the primary purpose of which is the medical treatment and care of contagious diseases.

E. Inspection

Inspection of the physical plant and equipment by the Department of Institutions and Agencies through its duly authorized officers, agents or employees, shall be made during usual working hours of the day or by appointment, except in emergency when inspection may be made at any time.

Every building, institution or establishment for which a license has been issued shall be periodically inspected by one or more duly appointed representatives of the State Department of Institutions and Agencies under the rules and regulations which are presented in this manual.

F. Exceptions and Exemptions

The following exceptions and exemptions are provided under the Hospital Licensing Act:

1. The word "hospital" as used herein shall not be defined to include first aid stations or doctors' offices for emergency medical or surgical treatment where no continuous bed care or protracted treatment is contemplated or performed.
2. The Department of Institutions and Agencies does not have the power or authority to require any hospital to:
 - a. Practice sterilization of human beings.
 - b. Practice euthanasia, birth control or any other similar

practice contrary to the dogmatic moral beliefs of any well established religious body or denomination.

- c. Deny any application for license or approval on the sole ground that adequate hospital or nursing home facilities are already available in the vicinity or area for which license is sought.
- d. Supervise or regulate or control the remedial care or treatment of individual patients who are adherents of any well recognized church or religious denomination which subscribes to the art of healing by prayer and the principles of which are opposed to medical treatment and who are resident in any home or institution operated by a member or members or by an association or corporation composed of members of such well recognized church or religious denomination.
- e. Modify or change any laws, rules or regulations governing the control of communicable diseases.

G. Separate Licenses Required

Separate licenses are required for separate institutions even though they are operated under the same management provided, however, that the separate licenses are not required for separate buildings on the same or adjoining grounds.

H. Fees

Each application for a license to operate a private hospital or nursing home within the meaning of this Act shall be accompanied by a fee of \$25.00. No such fee shall be refunded but shall be credited to the cost of investigating the application for license. All licenses issued hereunder shall be renewed annually upon payment of a like fee. All fees received by the State Department of Institutions and Agencies under the provisions of this Act shall be paid into the State treasury to the credit of the Department for the purpose of carrying out the general provisions of this Act.

No license granted hereunder shall be assignable or transferable and shall be immediately void if a hospital ceases to operate or its ownership changes.

I. Revocation or Suspension of License

The State Department of Institutions and Agencies is authorized to suspend or revoke a license issued hereunder on any of the following grounds:

1. Violation of any provisions of the Statute or the rules and regulations issued pursuant thereto.
2. Permitting, aiding or abetting the commission of any illegal act in said Institution.
3. Conducting practices contrary to accepted procedure and detrimental to the welfare of the patient.
 - a. Each and every hospital licensed to operate under the laws of the State of New Jersey shall adhere strictly to, and comply with all existing legislation with respect to abortions; any departure from the best accepted practice in this regard shall subject the hospital to revocation of its license.

J. Posting of License

The license shall be conspicuously posted on the premises.

K. Terms of License

No license provided herein shall be granted for a term exceeding one year.

L. Notice of Intention to Close or Transfer Ownership of the Institution

The institution should give notice to the Department of Institutions and Agencies of at least 30 days, of any intention to close or transfer ownership of the institution.

M. Information Not To Be Disclosed

Information received by the Department of Institutions and Agencies through inspection authorized under this Act shall be confidential.

Nothing contained herein shall be construed to interfere with existing legislation or the established rights and privileges of the public prosecutor and litigants having access to hospital records, nor shall anything said herein be construed to interfere in any way with the orderly legal process of obtaining access to such records.

SECTION TWO

ADMINISTRATIVE REGULATIONS

A. Non-Proprietary

1. Governing Board

There shall be a Board of Directors, Board of Trustees or other similar body in each institution which shall be the supreme authority in the hospital responsible for its management, control and operation including the appointment of a qualified medical staff, the conservation and use of hospital monies and the formulation of administrative policy.

- a. It shall be composed of at least five representative residents in the area served by the institution or as many more additional members, who need not be such residents, as are required to effect efficient direction, provided, however, that any hospital operated by a religious body or organization may have a governing body as its supreme authority which may be composed and organized of officials or members of such religious bodies or organizations and in accordance with the practice or rule thereof notwithstanding lack of residence in the area served by the institution.
- b. The governing body shall consist of, at least, a president or chairman, vice president, secretary and treasurer. It shall have the power to appoint such officers and committees as it may require to assist in carrying out its functions.
- c. It shall conduct regular meetings and such special meetings as are required.

2. Administrative Officer

All institutions shall have an administrative officer, superintendent or director who shall be selected by the governing body to serve under its direction and be responsible for carrying out its policies. Hospitals operated by religious organizations shall conform to the accepted procedure of such religious group. The religious authority under which the hospital operates shall be responsible for its direction and supervision so that the policies of such religious organization may be effectively served.

- a. The administrative officer shall have charge of and be responsible for the administration of the institution.
- b. All institutions shall certify under their corporate seal, to the Department of Institutions and Agencies, the name and address of their administrative officer within 15 days after his or her appointment.

B. Proprietary and Profit

1. Ownership and Control

The owner, partners, or in the case of private corporations, the board of trustees of a proprietary hospital shall carry out the same functions reserved for the governing body of a non-profit proprietary institution. Such person or Board shall be the ultimate authority in the hospital responsible for the formulation of its policies, management, control and operation including the appointment of its medical staff, the establishment of rules and regulations required for the proper care of patients and such other duties and responsibilities as are necessary to carry out the purpose of the institution.

a. The owner, partner or the board of trustees of any privately incorporated hospital shall certify to the Department of Institutions and Agencies the names, addresses, occupations or professions of the owners.

(1) In the case of a privately incorporated hospital the same information shall be certified for the persons acting as incorporators and the board of trustees.

(2) Any changes in the ownership or the identity of the person or persons acting as the ultimate authority in an institution shall be reported to the Department of Institutions and Agencies within 30 days of the date on which such change occurred.

2. Administrative Officer

All proprietary institutions shall have an administrative officer, superintendent or director. He shall be selected by the person or persons exercising the ultimate authority in each institution.

a. He shall be responsible for carrying out the policies of the owners and for the over-all administration of all departments and branches in the institution even to the assignment of duties to the resident physicians, except that questions solely medical in nature; such as the diagnosis, care and treatment of patients, shall be a matter for medical determination.

- b. All institutions shall certify to the Department of Institutions and Agencies the name and address of their administrative officer within 15 days following the date of appointment.

3. Business Name, Partnership, Charter

Every proprietary hospital shall have a copy of its business name, partnership arrangement or charter and corporation papers certified from the public records, together with all by-laws and amendments thereto and shall file them with the Department of Institutions and Agencies.

- C. Code of Ethics

Each hospital shall be expected to operate within existing and recognized codes of ethics. The Department of Institutions and Agencies will distribute copies of recognized codes of ethics on request or at the time its representatives conduct the inspection of individual hospitals.

SECTION THREE

PHYSICAL PLANT

A. Site

It is desirable that the site of any hospital be reasonably accessible to the center of community activities and conform to local zoning regulations.

1. Public transportation should be available within a reasonable distance, especially if an out-patient service is to be maintained.
2. The site should not be near insect breeding areas and should be relatively free from unusual noise, smoke, dust and unpleasant odors.

B. Buildings

1. Fire protection

- a. All buildings which house patients must be approved by the local authorities and the National Board of Fire Underwriters for fire protection. Such approval must be submitted in writing to the Department of Institutions and Agencies which reserves the right to make the final decision.
- b. Buildings of fireproof construction are to be preferred but whether the building to be used is of fireproof construction or not, the Department of Institutions and Agencies reserves the right to require that the following conditions be fulfilled:
 - (1) Adequate fire-stops, smoke doors and fireproof shafts shall be provided.
 - (2) Sleeping and sitting rooms shall open directly to the outside air.
 - (3) At least two separate exits shall be provided from each floor.
 - (4) Outside fire escapes shall be provided where necessary, conform to local requirements and have the approval of the Department of Institutions and Agencies.
 - (5) Fire extinguishers shall be provided and made available in the basement and on each floor. They shall be tested at least annually.

- c. All electrical work shall comply with the National Electricity Code and standards of the National Board of Fire Underwriters.
- d. Storage and handling of X-ray film shall be in accordance with the regulations of the National Board of Fire Underwriters.
- e. Precautions to be taken in the operating room - Safety measures shall be provided in accordance with the operating room Safe Practice Code, "RECOMMENDED SAFE PRACTICE FOR THE USE OF COMBUSTIBLE ANESTHETICS IN HOSPITAL OPERATING ROOMS" adopted in 1944 by the National Fire Protection Association.
- f. Explosive gases and combustible substances shall be stored in fireproof rooms.
- g. There shall be provisions for notifying the local fire department immediately in case of fire either by direct alarm or by telephone and a written report of such happening shall be sent to the Department of Institutions and Agencies.
- h. Designated employees shall be instructed, at least annually or as often as necessary, in the fire protection facilities of the institution, in the use of the fire fighting apparatus and in methods of removing patients from the building.

2. Construction of the Plant

- a. The physical plant shall be adapted to the public service to be performed and conform to local building and plumbing requirements.
- b. The physical plant shall be kept in good repair.
- c. All new construction and major structural alterations shall be subject to the prior approval of the Department of Institutions and Agencies.

3. Heating

The hospital shall be equipped with heating appliances of a capacity sufficient to maintain in all rooms of the building used for patients, a temperature of 70 degrees Fahrenheit during the coldest weather.

4. Ventilation

The physical plant shall be ventilated adequately at all times.

5. Lighting

- a. Artificial lighting shall be by electricity unless special permission is granted by the Department of Institutions and Agencies for the use of some other kind of illumination.
- b. There shall be adequate and satisfactory lighting provided at all times.
- c. There shall be emergency lighting provided for exclusive use in the operating room.

6. Adequate toilet and bathing facilities shall be provided.

7. A bed must be provided for each patient and a sufficient supply of clean bedding and bed linen shall be kept on hand at all times.

8. The hospital plant should provide segregated areas and facilities for such specialized services as operating room, maternity department (*including delivery room, nursery and formula room*), and pediatric service. Whenever possible, the out-patient department should also be separate from the in-patient quarters and facilities.

- a. Small hospitals not equipped with X-ray or laboratory services shall make formal arrangement with some qualified specialist, hospital, or laboratory for such services.

9. Bed Space - The following minimum standards are suggested as guides:

- a. At least 65 square feet for each patient bed in the psychiatric and chronic disease wards shall be provided with at least three feet between beds.
- b. The rooms or wards for maternity, medical and surgical patients shall have an average of 72 square feet for each bed and a minimum of three feet between beds.
- c. There shall be at least 15 square feet of floor space for each bassinet with six inches between bassinets.
- d. There shall be a minimum of 20 square feet for each crib and a minimum of at least one foot between cribs.

- e. The suspect nursery shall have an average of 25 square feet for each infant.
- f. Tuberculosis beds shall have at least 80 square feet and be either four feet apart or have partitions.
- g. Isolation beds for contagious cases shall be in separate units.

10. Sanitation

a. Sewage

Sewage shall be discharged into a municipal sewerage system where such system is available. Sewage shall be disposed of in accordance with the requirements of the local ordinances and the standards of the local health department. Methods of sewage disposal must conform to the policies of the State Department of Health.

b. Garbage Disposal

Suitable facilities shall be provided for collection and disposal of garbage.

c. Water Supply

Water supply shall be of safe and sanitary quality suitable for drinking purposes and shall be obtained from a water supply system location, construction and operation to conform with the policies of the State Department of Health.

d. Screens

The building must be adequately supplied with screens, to be fly free at all times.

e. Incineration Facilities

Incineration facilities shall be provided for disposal of infected dressings, surgical and other obstetrical wastes. Other refuse shall be stored and removed from the premises in a manner which does not create a nuisance and is consistent with approved hygienic practice.

f. Adequate vermin and insect control must be maintained at all times.

May 14, 1965

TO: ALL LICENSED HOSPITALS

RE: USE OF CARPETING IN HOSPITALS

Periodically, the Bureau of Community Institutions has received inquiries regarding the use of carpeting in certain areas of hospitals. Since this particular subject is not covered by the Manual of Standards for Private Hospitals, the Hospital Licensing Board reviewed the use of carpeting in hospitals at its meeting on April 8, 1965.

The Licensing Board recommended that a circular letter be sent to all hospitals pointing out the stand of the U.S. Public Health Service and advising hospitals that they should be guided by these policies in their future planning. The recommendation of the Hospital Licensing Board was subsequently approved by the State Board of Control.

The position taken by the U.S. Public Health Service on this matter is reproduced below:

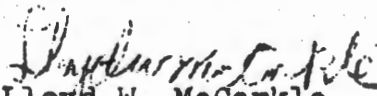
"The regulations require that floors in patient areas shall be smooth and easily cleaned and in addition shall meet flame spread requirements for interior finishes. According to the information available to us, carpet material in use today does not comply with the preceding requirements and shall not be approved for installation in hospital areas used by patients. We see no objection to the use of carpets in administrative department if isolated by suitable fire barriers from patient areas, and the administration department does not serve as a means of exit from the patient areas.

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We have permitted a limited number of carpet installations in Hill-Burton projects in the past few years. These are primarily intended for purposes of observation and investigation. There is a difference of opinion among many medical authorities as to the suitability of carpeting from the standpoint of sanitation and a number of studies are under way which may help to bring about more common agreement in this area. Also, we are trying to get similar studies under way relating to carpet fire hazards to provide us with better guidelines in this area of responsibility. If more experience and definitive information indicates the need for modification of this policy, you will be so advised."

Sincerely yours,


Lloyd W. McCorkle
Commissioner

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SECTION FOUR

FOOD PREPARATION AND HANDLING

A. Food and Food Service

The preparation of food, planning of menus, supervision of food service and other related activities shall be under the direction of a dietitian or other qualified person. The American Dietetic Association has established qualifications which may be used as a guide in selecting such personnel.

1. Preparation

The equipment shall include such facilities as are needed to prepare hot, well balanced meals in sufficient quantity to serve as many patients as the institution accommodates.

2. Storage, Handling and Serving

Food and foodstuffs at hospitals shall be stored, handled and served in compliance with the provisions of Section 24:15-1 to 12, New Jersey Revised Statutes and the regulations adopted thereunder and shall be in compliance with sanitary requirements of the local Board of Health pertaining to restaurants.

SECTION FIVE

PERSONNEL

A. Personnel Practices

1. The Administrator shall set up adequate personnel procedures and keep appropriate records for all employees.
2. Rules and regulations, personnel policies and procedures with which each employee shall be familiar shall be established and promulgated for the administrative and technical guidance of the personnel in each division of the hospital.
3. All regular paid personnel should be given pre-employment examinations consisting of a general physical examination including a chest X-ray and stool cultures if a history of typhoid fever is elicited. A physical examination including chest X-ray should be repeated annually on all such personnel. Other personnel who show signs of other respiratory infections, skin lesions, diarrhea and other communicable diseases should be excluded from work to return only after a check-up by a physician.
4. Personnel absent from duty because of any reportable communicable disease, infection or exposure thereto, shall be excluded from the hospital until examined by a physician designated for such purpose and shall be certified by him to the Administrator as not suffering any condition that may endanger the health of the patients or employees.

B. Training

There shall be adequate provisions and appropriate supervision given to the training of interns, student nurses¹, auxiliary workers and volunteers.

C. Departmentalization

1. The organization of the hospital, as far as possible, should be departmentalized under the direction of department heads or supervisors.

¹ Student nurse supervision and training should be in accordance with rules promulgated by the New Jersey Board of Nursing under Chapter 262, Title 45, 11-23 and 45, 11-44 of the New Jersey Revised Statutes.

STATE OF NEW JERSEY
Department of Institutions and Agencies

REGULATIONS ON
PHYSICAL EXAMINATIONS FOR HOSPITAL PERSONNEL

The following amended regulations on physical examinations for hospital personnel, adopted by the State Board of Control on April 24, 1968 and effective that date, shall be applicable to all existing licensed and approved hospitals in the State. These regulations replace those previously approved by the Department and have been made a part of the Manual of Standards for Private Hospitals. Full compliance shall be mandatory by April 24, 1970.

All regular paid personnel shall be given pre-employment examinations consisting of a general physical examination including a chest x-ray or Tine test and stool cultures if a history of typhoid fever is elicited. A physical examination including chest x-ray or Tine test shall be repeated annually on all such personnel. Other personnel who show signs of other respiratory infections, skin lesions, diarrhea and other communicable diseases shall be excluded from work to return only after a check-up by a physician.

Recommended by the Hospital Licensing Board on April 5, 1968.
Approved by the State Board of Control on April 24, 1968.

2. Hospitals should assign separate personnel to the Maternity Service and, as far as practicable, to other specialized departments such as the operating room, pediatric service and the out-patient and in-patient departments.
3. Coordination - A procedure should be instituted to make it possible for the employee to have contact with the hospital administrator. It is desirable that this form of contact be made through the personnel department or interviewers designated by the hospital administrator.

D. Working and Living Conditions

1. Every effort should be made to make working conditions attractive.
2. Attention should be given to such items as adequate food service, sufficient recreational facilities and appropriate regulations regarding hours of work, leaves of absence and vacations. Attention should also be given safety and health of all employees especially to the development of adequate medical and nursing service on a non-fee basis.
3. Residence and quarters - There shall be adequate and conveniently arranged facilities for housing all resident personnel.

E. Incentives

1. Definite policies regarding transfers and lines of promotion should be established.
2. A merit rating system should be inaugurated.
3. The development of a pension plan should be considered from the standpoint of both the obligation of the hospital to the employee and as a means of promoting employment stability.

F. Nursing Staff

1. Organization

- a. The director of nursing shall be responsible to the hospital administrator for administering all details of the nursing service and/or the school of nursing. She shall be a graduate professional nurse eligible for registration in the State of New Jersey and shall have such special training and qualifications as may be necessary.

- (1) The director of nursing shall be responsible for selecting an adequate staff for the department of nursing.
 - (2) Under the general supervision of the director there shall be an assistant director, if necessary, and such supervisors, head nurses, graduate professional nurses, practical nurses, student nurses and auxiliary workers as are required.
- b. The department of nursing shall be organized to provide complete and efficient nursing care to each patient and the authority, responsibility and the functions of each nurse shall be clearly defined.
 - c. In all hospitals there shall be a registered nurse on duty at all times and such additional nurses as may be necessary.
 - d. All practical nurses and auxiliary workers and volunteers performing nursing service functions shall be under the supervision of a registered professional nurse. Their duties shall be clearly defined and they shall be instructed in all duties assigned to them.

G. Others

Other professional and semi-professional personnel not specifically covered herein shall be responsible either to the administrator or the head of services as required.

STATE OF NEW JERSEY
DEPARTMENT OF INSTITUTIONS AND AGENCIES
BUREAU OF COMMUNITY INSTITUTIONS

REGULATION FOR PROFESSIONAL NURSE COVERAGE IN SELF-CARE UNITS

On January 9, 1964 the Hospital Licensing Board recommended adoption of a policy outlining requirements for nurse coverage in self-care units of various sizes. This policy was confirmed by the State Board of Control.

Following are the minimum requirements for self-care units:

Requirements for nurse coverage in self-care units will depend on the services required on the patient census. As minimum requirements, where the average number of patients is 20 or above, the following pattern is considered adequate:

1. Day Shift - 1 Professional Nurse plus
1 licensed practical nurse
or nurse's aide.
2. Evening Shift - 1 Professional Nurse plus 1
part-time practical nurse or
nurse's aide.
3. Night Shift - Professional Nurse or 1 licensed
practical nurse.

For smaller units, professional nursing supervision can be combined with an adjacent unit to the extent that nursing services are provided on a basis equivalent to that afforded in the above larger units.

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SECTION SIX

MEDICAL STAFF

A. Organization

1. The medical staff of each hospital shall organize itself into a professional group or body in order to properly care for the sick and injured, to insure continued professional efficiency, to adequately govern itself and its members, to encourage the educational activities of the institution and its staff, to audit its own professional work and otherwise cooperate with the governing body and the administrator.
2. The organization shall have duly constituted officers such as a president, vice-president and secretary with authority to appoint as many committees as are necessary to carry out the work of the organization.

B. By-laws, rules and regulations shall be formulated in conformity with the by-laws of the hospital, setting up the plan of organization. It is suggested that the "By-Laws of the Medical Staff" approved by the New Jersey Medical Society and the American Hospital Association be used as a guide, but the following should be included as a minimum.

1. Qualifications for membership on the medical staff shall consist of:
 - a. Graduation from an approved professional school granting a degree of Doctor of Medicine.
 - b. Graduation from an approved dental school with the degree of Doctor of Dental Surgery.
 - c. Graduation from an approved school of Osteopathy with the degree of Doctor of Osteopathy.
 - d. Licensing shall be in conformity with New Jersey Revised Statutes Title 45, Chapter 9: 1-27 governing the practice of medicine and surgery.
2. Recommendations to governing body regarding privileges to physicians.
3. Where possible, hospitals should present a detailed outline of the medical staff organization into categories, divisions, departments, specifying responsibilities.
4. Prohibition of unethical conduct.

5. Plans for maintaining complete medical records.
6. Provision for pre-operative diagnosis.
7. Responsibilities of surgeon-in-charge of operations.
8. Requirement that physicians' orders be in writing.
9. Provision for regular monthly meetings and such special meetings as are required.
10. Placement of final decision on hospital administrator for admissions.
11. Requirement for consultation in all necessary cases.
12. Proper consents before surgery.
13. Election of officers and appointment of committees.
14. Keeping of minutes.
15. Standing orders.

Nothing in the above section shall limit the privilege of the medical staff to formulate such additional rules and regulations which it may feel will facilitate adequate medical care of patients provided they are not inconsistent with it.

C. The Staff Conference

1. Staff conferences should be held at least monthly, preferably at a regular time and place. The staff conference should be directed toward increasing the efficiency of the medical staff, developing medical knowledge and promoting clinical research. The conference agenda should be forwarded to all members beforehand.
2. Active staff members should be required to attend at least fifty per cent of the meetings unless excused for legitimate reasons.

D. Availability of Professional Personnel

1. A licensed physician shall be available and on call for emergencies at all times.
2. Professional personnel shall be available in adequate numbers, properly organized and with adequate supervision.

E. Medication and Treatment

Medication or treatment in hospitals may be given only on the order of a person authorized and professionally qualified to give such an order.

F. Referral and Follow-up of Patients

There shall be a definite policy for the referral of a patient who needs a community service upon his discharge from the hospital, for example, public health nursing services, convalescent home, etc.

SECTION SEVEN

RECORDS AND REPORTS

A. Records and Reports Other Than Financial

I. Medical Reports

- a. Each hospital shall have accurate and complete medical records properly written and filed in an acceptable manner. These records shall consist at least of:

- (1) Admission and provisional diagnosis
- (2) History
- (3) Physical findings
- (4) Physician's progress notes
- (5) Record of operation and treatments
- (6) Report of specimens examined, X-ray findings, laboratory results, etc.
- (7) Nurses notes
- (8) Consultations
- (9) Physician's orders
- (10) Record of discharge or death, autopsy and post-mortem report
- (11) Final diagnosis

These records shall be kept up to date, and completed within a reasonable length of time after the discharge or death of the patient. Following completion they shall be properly stored and kept for a period of at least 25 years.

- b. The records of the hospital shall include as a minimum:

- (1) Record of admissions and discharges
- (2) Case and clinical records
- (3) Daily census
- (4) Register of births
- (5) Narcotic register in records
- (6) Deaths

(7) Autopsies

(8) Consultations

- c. The above records, within the limits of existing laws, shall be available for inspection at all times within business hours by the Department of Institutions and Agencies through its duly authorized officers, agents and employees.

2. Annual Reports

A summary annual report of the activities of the hospital on the form provided by the Department of Institutions and Agencies shall be filed with the Department within three months of termination of each calendar year.

3. There shall be adequate supervision and care of records.

B. Medical Library

It is recommended that all hospitals maintain a medical library.

C. Accounting and Auditing

The financial records of the institution should be audited annually by a reputable accounting firm. Verified copies of such an audit may be required by the Department of Institutions and Agencies as well as such other financial statements as may be necessary.

D. Applications for Federal Grant-In-Aid

All hospitals which apply for Federal grants-in-aid under the provisions of the Federal Hospital Survey and Construction Act, shall submit a written statement certifying that no person will be denied admission to the proposed facility for which such funds are requested, because of race, creed or color. Such certification shall include a statement concerning restriction of any of its services because of race, color or creed.

- E. It is desirable that voluntary reporting by hospitals within the State, to the Division of Research and Statistics, Department of Institutions and Agencies, be continued and nothing contained herein shall be interpreted to limit or restrict the existing practice of the past several years.

SECTION EIGHT

SPECIAL REGULATIONS FOR MATERNITY SERVICE AND CHILD ADOPTION

A. Special Regulations for Maternity Services

1. Segregation

- a. The maternity department shall be maintained physically, separate and apart from any service not concerned with maternity care, and shall have separate utility rooms, bathrooms and other necessary work units.
- b. Separate personnel shall be assigned to the maternity service which shall be under direct supervision of a registered professional nurse at all times. If the case load does not justify the total time of one nurse on each tour of duty, exception may be made by action of the Licensing Board after submission and approval of written techniques. In the event that exception is granted, such techniques shall be posted in the maternity unit and all personnel instructed.

2. Delivery and Labor Rooms

- a. Delivery rooms shall be separate from operating rooms and used for deliveries only. It is desirable that a separate delivery room be available for infected cases. In small units where this is not practical, provision shall be made for delivery of infected cases outside the normal delivery room.
- b. Labor rooms shall be provided near the delivery rooms. A ratio of one labor bed to 10 maternity beds is desirable.

3. Transfusion Service

- a. Each hospital shall maintain a blood bank or have formal arrangements whereby properly matched blood for transfusions may be promptly available in obstetrical emergencies.
- b. Two units of plasma shall be available at all times.

4. Isolation

Provision shall be made for complete isolation of sick and infected mothers and infants. There should be a separate nursing staff for the isolated patients. If it is necessary for nurses, caring for clean obstetrical patients, to care for patients in isolation, strict isolation techniques must be observed.

5. Nurseries

- a. At least one normal nursery shall be provided with sufficient square feet per bassinet to provide the necessary space for all working equipment and provision for crib-side care of the infant. (In each normal nursery 20 square feet per bassinet is the suggested guide.) Running water shall be provided.
- b. A suspect nursery shall be provided with sufficient space to allow 2 feet on all sides of each crib. An entrance to the suspect nursery, other than from the normal nursery, is necessary. The suspect nursery shall have running water available. The suspect nursery shall not be used for the proven infected infant.
- c. Adequate provision shall be made for the handling of premature infants or means established whereby such infants may be safely transferred to other hospitals where a premature service has been established.

6. Formula Preparation

Provision shall be made for the preparation of bacteriologically safe formulae.

7. Records

Annual reports of the maternity service shall be forwarded to the Department of Institutions and Agencies in accord with SECTION SEVEN of the Manual of Standards.

SPECIAL NOTE

The above standards must be considered a bare minimum. To achieve a fully acceptable maternity service, hospitals are urged to conform to the "Standards and Recommendations" promulgated by the Maternal and Child Health Division of the New Jersey Department of Health.

B. Special Regulations for Child Adoption

The placement of any child for adoption shall conform to the provisions of the Adoption Act. Title 9, Chapter 3 R. S. as revised by Chapter 239, Laws of 1944 and 1945.

May 14, 1965

TO: ALL LICENSED HOSPITALS

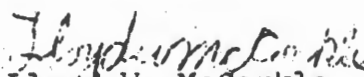
RE: BULLETIN 38 OF THE JOINT COMMISSION ON ACCREDITATION
OF HOSPITALS ISSUED MARCH 1965

As you know, the Joint Commission on Accreditation of Hospitals in March 1965, issued Bulletin 38 on the subject Permissive Use of Obstetrical Unit for Clean Gynecological and Surgical Cases.

The Hospital Licensing Board at its meeting on April 8, 1965, reviewed Bulletin 38 in view of existing Departmental regulations and recommended that this circular letter be sent to all hospitals to reaffirm the standards of the Department which requires the complete segregation of maternity units.

This recommendation of the Hospital Licensing Board was subsequently approved by the State Board of Control.

Sincerely yours,


Lloyd W. McCorkle
Commissioner

LWM:23
RRO

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- 23A -

SECTION NINE

SPECIAL REGULATIONS FOR PSYCHIATRIC SERVICES

A. Staff

The staff of a mental hospital or general hospital with a psychiatric service shall include a physician who is properly qualified by experience and training to carry out psychiatric service.

B. Security Measures

Hospitals admitting and treating psychotic patients shall have facilities for security measures such as locked doors, windows, bars, shatter-proof glass and freedom from suicidal hazards.

C. Restraints

Mechanical restraints shall be used only on a written order of a physician.

D. Shock Treatment

Hospitals carrying out shock treatment will do this only with personnel who have had adequate training and instruction in this work as determined by the governing board.

E. Commitment

Psychiatric patients may not be held against their will without commitment papers as provided by the Revised Statutes of New Jersey.

SECTION TEN

SPECIAL REGULATIONS FOR NEW HOSPITALS
(See also Insert Pages 26-31)

- A. GROUPS, ORGANIZATIONS OR INDIVIDUALS PLANNING THE CONSTRUCTION AND ESTABLISHMENT OF NEW HOSPITALS SHOULD CONDUCT A PRELIMINARY SURVEY WHICH INCLUDES THE FOLLOWING:
1. An estimate of the need for additional hospital beds in the area in question, together with some evaluation as to the adequacy or inadequacy of existing hospitals.
 2. Evaluation of the potential financial resources which would be available to the proposed hospital.
 3. The reaction of the general public to the proposed hospital, including a list of names of influential persons who might be willing to serve on the Governing Board.
 4. A canvass of the opinion of physicians in the area and the reaction of the medical, osteopathic and other interested societies.
 5. An estimate as to the approximate number of beds that are needed and a rough estimate of the cost of such an institution.
 6. All premises hereafter proposed to be used for hospital purposes shall be of fireproof construction.
 7. All premises hereafter proposed to be used for hospital purposes shall be (a) designed for hospital purposes, or (b) shall be approved by the Department of Institutions and Agencies as being readily adaptable for such purposes.

After this information has been secured the individual or group should arrange for a conference with the Department at which time the project can be discussed in detail. If it seems practicable to proceed with the project, architects' plans should be drawn up and submitted to the Department for approval.

(Also note regulations on Insert Pages 26-31,
adopted by the State Board of Control on
September 27, 1961)

REGULATIONS
FOR
NEW HOSPITALS AND EXISTING HOSPITALS PLANNING ADDITIONS

The following regulations, adopted by the State Board of Control on September 27, 1961 and effective that date, are applicable to all groups, organizations, or individuals seeking license to operate a hospital. The revised application form, approved that same date, shall be utilized to secure basic information from all new applicants.

The new standards and revised application form are not retroactive and shall not apply to hospitals now in operation, nor to those for which contracts have been awarded or upon which construction has begun.

In instances where plans for new hospitals have been approved, such institutions shall be subject to the new regulations and shall provide the information called for in the revised application form if actual construction does not begin within a period of one year from the effective date.

In instances where existing hospitals propose additions, plans and designs for the new additions shall not be approved unless there is compliance with the following regulations, and unless such plans and designs contemplate that, upon completion of such additions, all required services shall be provided in accord with these regulations.

- I GROUPS, ORGANIZATIONS OR INDIVIDUALS PLANNING TO CONSTRUCT AND/OR OPERATE NEW HOSPITALS SHALL PROVIDE THE INFORMATION CALLED FOR IN THE REVISED APPLICATION FORM.
- II ALL PREMISES HEREAFTER PROPOSED FOR HOSPITAL PURPOSES SHALL BE OF FIRE RESISTANT CONSTRUCTION.
- III ALL PREMISES HEREAFTER PROPOSED TO BE USED FOR HOSPITAL PURPOSES SHALL BE (A) DESIGNED FOR HOSPITAL PURPOSES, OR (B) SHALL BE APPROVED BY THE DEPARTMENT AS BEING READILY ADAPTABLE FOR SUCH PURPOSES.
- IV THE PROPOSED NEW FACILITY SHALL BE IN REASONABLE CONFORMITY WITH THE PRINCIPLES, STANDARDS, PRIORITIES, AND OVER-ALL NEEDS OF THE STATE AS EXPRESSED IN THE "NEW JERSEY STATE PLAN FOR THE CONSTRUCTION OF HOSPITALS AND RELATED MEDICAL FACILITIES".
- V THE LIKELIHOOD OF THE PROPOSED FACILITY MEETING THE STANDARDS OF THE JOINT COMMISSION ON ACCREDITATION SHALL BE GIVEN FULL CONSIDERATION AND FACILITIES UNLIKELY TO MEET SUCH STANDARDS WOULD BE OBLIGED TO PRESENT OVERPOWERING ADDITIONAL REASONS FOR LICENSURE.
- VI ALL PROPOSED HOSPITALS SHALL PROVIDE AT LEAST 100 BEDS EXCLUSIVE OF BASSINETS.

VII NO HOSPITAL SHOULD WITHHOLD SERVICE FROM ANY PERSON BECAUSE OF RACE, CREED, COLOR, OR NATIONAL ORIGIN.

VIII ALL PROPOSED HOSPITALS SHALL PROVIDE ACCIDENT AND EMERGENCY SERVICES AT ALL TIMES AND SHALL ACCEPT, WHEN MEDICALLY INDICATED, PATIENTS SEEKING SUCH SERVICES WITHOUT REGARD TO THEIR ABILITY TO PAY.

Such services require at all times the presence of a qualified employee authorized to act for the hospital and around-the-clock services by a physician or physicians who are either resident physicians or staff physicians serving on an "on-call basis".

IX IN THOSE INSTANCES WHERE THE NEEDS OF A PATIENT SEEKING ACCIDENT OR EMERGENCY SERVICES CANNOT BE ADEQUATELY PROVIDED ON A CONTINUING BASIS, THE PATIENT SHALL NOT BE DISCHARGED EXCEPT AFTER MEDICAL REVIEW AND UNDER MEDICAL DIRECTION, AND IN ANY SUCH INSTANCE THE HOSPITAL SHALL BE RESPONSIBLE BOTH FOR TRANSFER TO AN INSTITUTION EQUIPPED TO RENDER THE NEEDED CARE AND FOR COMPLETING ARRANGEMENTS FOR SUCH CARE.

X ALL HOSPITALS ARE EXPECTED TO PROVIDE CARE FOR THE NEEDY SICK.

XI ALL HOSPITALS APPLYING FOR LICENSE SHALL PROVIDE ON A REGULAR AND CONTINUING BASIS OUT-PATIENT AND PREVENTIVE SERVICES IN RELATIONSHIP TO THE IN-PATIENT SERVICES PROVIDED AND IN NO INSTANCE SHALL THEY PROVIDE LESS THAN OUT-PATIENT SERVICES IN MEDICINE AND SURGERY.

XII ALL HOSPITALS APPLYING FOR LICENSE SHALL PROVIDE WITHIN THE NEW FACILITY THE FOLLOWING PROFESSIONAL DEPARTMENTS, SERVICES, AND FACILITIES.

A. CLINICAL AND PATHOLOGICAL LABORATORIES

(See Building Requirements)

The laboratories shall be under the direction of a qualified pathologist either on a full-time or part-time basis. The governing authority may appoint a member of the medical staff qualified to assume a portion of the responsibilities involved and a qualified pathologist as a consultant.

SPECIAL NOTE: There shall be an autopsy room with appropriate equipment including at least one sink suitable for heavy cleaning and one sink for hand washing, each with hot and cold running water, and refrigeration facilities for at least two cadavers for the first 100-bed capacity and one additional refrigerator for each additional 100 beds.

B. BLOOD BANK

1. Physician-in-Charge

The governing board shall designate the pathologist or other physician as physician-in-charge of the blood service.

2. Availability of Whole Blood

a. Emergency Stock

The hospital shall maintain an emergency supply of whole blood.

b. Source of Supply

The hospital shall maintain a current list of potential blood donors of all principal blood types and groups who are available in emergencies or shall establish a stable source of supply of blood, whether through an integrated blood operation or by arrangement with an outside blood service.

C. HEART STATION

The hospital shall provide at least one room adequate in size for electrocardiography, sufficient space for the maintenance of essential records, and such office space as may be required by the physician-in-charge. It is recommended that additional space be allocated and reserved for advanced procedures in cardiology.

D. OPERATING ROOM OR ROOMS

(See Building Requirements)

E. OBSTETRICAL-DELIVERY ROOM OR ROOMS

(See Building Requirements)

F. ACCIDENT-EMERGENCY SERVICES

(See Items VIII and IX Above and also Building Requirements)

G. DIAGNOSTIC X-RAY DEPARTMENT

(See Building Requirements)

H. CENTRAL SUPPLY

(See Building Requirements)

I. POST-OPERATIVE RECOVERY ROOM

This unit is to be in close proximity to the operating room. Direct emergency communication is to be provided.

The area shall be sufficient to provide adequate space for 2 recovery beds or recovery stretchers per each operating room. Adequate space provides 1 foot from wall at head of bed and 4 feet on three sides.

In addition, there shall be:

1. Utility area with clinical sink with flushing rim, work counter, hand sink, storage space for non-sterile equipment and receptacle for soiled linen.
2. Nurses' station with desk, medicine cabinet with locks and hand washing sink.
3. Storage facility for clean linen supplies, sterile trays.
4. Shelves or cabinets for storage of individual equipment at each bed.
5. Provision for privacy for the individual as required.
6. Piped-in or portable units for oxygen and suction.

J. OUT-PATIENT AND PREVENTIVE SERVICES

(See Item XI Above and also Building Requirements)

XIII ANY HOSPITAL APPLYING FOR LICENSE SHALL ESTABLISH AND MAINTAIN THE FOLLOWING PARAMEDICAL AND INSTITUTIONAL SERVICE DEPARTMENTS.

A. NURSING DEPARTMENT

(See Building Requirements and Operating Manual)

B. MEDICAL RECORDS DEPARTMENT

(See Building Requirements)

C. MEDICAL LIBRARY

D. PHARMACY

(See Building Requirements)

E. DIETARY DEPARTMENT

(See Building Requirements)

F. HOUSEKEEPING DEPARTMENT

(See Building Requirements)

G. PLANT AND MAINTENANCE DEPARTMENT

(See Building Requirements)

H. ADMINISTRATION

(See Building Requirements and Operating Manual)

XIV THE APPLICATION OF A PROPOSED HOSPITAL MUST BE SUBSTANTIALLY COMPLETE BEFORE IT WILL BE ACCEPTED FOR CONSIDERATION BY THE DEPARTMENT. PRELIMINARY SKETCHES OF THE PROPOSED FACILITY MUST BE SUBMITTED WITH THE APPLICATION. EVIDENCE OF APPROVALS BY LOCAL AUTHORITIES (ZONING, FIRE DEPARTMENT, BUILDING INSPECTOR, AND LOCAL HEALTH OFFICER) SHALL ALSO BE SUBMITTED WITH THE APPLICATION.

XV AFTER THE APPLICATION IS ACCEPTED FOR CONSIDERATION AND AFTER PRELIMINARY SKETCHES HAVE BEEN RECEIVED, THE PROPOSAL FOR THE NEW HOSPITAL WILL BE SUBMITTED TO THE HOSPITAL LICENSING BOARD FOR REVIEW AND RECOMMENDATION.

XVI PRELIMINARY APPROVAL OF THE OPERATING PLAN (AS DESCRIBED IN THE APPLICATION) AND OF SKETCHES WILL BE SUBJECT TO CONFIRMATION BY THE STATE BOARD OF CONTROL.

XVII FINAL APPROVAL WILL BE DEPENDENT UPON THE PROVISION OF SATISFACTORY WORKING DRAWINGS AND AN APPLICATION FORM WHICH IS COMPLETE AND ACCEPTABLE IN ALL DETAILS. SUCH FINAL APPROVAL SHALL BE THE RESPONSIBILITY OF THE STATE BOARD OF CONTROL.

SPECIAL NOTES:

1. ASIDE FROM THE STRUCTURAL REQUIREMENTS SPECIFIED IN THESE REGULATIONS, STANDARDS FOR DESIGN AND CONSTRUCTION SHALL CONFORM TO THOSE PROMULGATED BY THE UNITED STATES PUBLIC HEALTH SERVICE. THESE SHALL APPLY TO ALL NEW CONSTRUCTION, WHETHER A NEW HOSPITAL OR AN ADDITION TO AN EXISTING FACILITY.

2. WHEN AN APPLICANT FOR HOSPITAL LICENSE PRESENTS ARCHITECTURAL SKETCHES OR PLANS FOR DEPARTMENTAL APPROVAL, OR WHEN A LICENSED FACILITY SEEKS APPROVAL FOR PLANS OR SKETCHES FOR AN ADDITION TO AN EXISTING LICENSED FACILITY, SUCH APPROVAL, WHEN GIVEN, SHALL BE NULL AND VOID UNLESS ACTUAL CONSTRUCTION BEGINS WITHIN ONE YEAR OF THE DATE OF SUCH APPROVAL. IN THE EVENT THAT SUCH APPLICANT OR LICENSEE DOES NOT BEGIN CONSTRUCTION WITHIN THE TIME SPECIFIED AND INTENDS TO DO SO AT A LATER DATE, SUCH SKETCHES OR PLANS MUST BE RESUBMITTED FOR APPROVAL.

SECTION ELEVEN

STATE OF NEW JERSEY
Department of Institutions and Agencies
Trenton

REGULATIONS
for

HANDLING OF NARCOTIC AND HYPNOTIC DRUGS IN INSTITUTIONS

I NARCOTICS

A. Stock Supply in Pharmacy or other Storage Area

1. All institutions having a stock supply of narcotics are to store them in a safe with at least a 2-20 rating. (This type of safe is built to resist attack by ordinary burglar's tools for a period of 20 minutes.) If the safe used weighs less than 750 lbs., it should be securely anchored in concrete, or to the floor, or to the wall to prevent its being carried away. Other dangerous and/or habit forming drugs may be stored in this safe at the discretion of the pharmacist.
2. The stock supply of narcotics (from which supplies to nursing units are dispensed) should be accessible only to the pharmacist or person registered with the Treasury Department Bureau of Narcotics as responsible for reporting the narcotic inventory and signing narcotic order forms.
3. The person mentioned in #2 above may delegate the responsibility for opening the safe and dispensing narcotics to other individuals whose names are posted on the inside of the safe and accessible to any inspector, surveyor or regulatory body.

B. Dispensing Area (Nursing Units)

1. Narcotics are to be stored in a locked box which is bolted to a shelf in a locked cabinet, preferably with solid doors, although glass doors are acceptable, or to the bottom of a locked drawer in a desk, provided the desk drawer is fixed to prevent its removal from the desk. A small wall safe is equally suitable.
2. No other drugs are to be stored in the locked box or in the wall safe.
3. Narcotics are to be received on nursing units from the Pharmacy on the basis of a determined number to provide the necessary supply for a limited period of time. Record is to be kept of all narcotics administered from the nursing unit container and accounting kept on a diminishing return basis.

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4. Refilling from the Pharmacy is to be based upon the surrender of the diminishing return record to the pharmacist or other person qualified to dispense narcotics as described in I-A of the foregoing.
5. The key to the narcotic box (or safe combination) is to be on the person of the professional nurse in charge or her delegated representative who must be a registered nurse.
6. A check inventory of the narcotic drugs on every nursing unit is to be made at the termination of each shift when the drug keys are turned over to the oncoming nurse in charge.
7. Those automatic or mechanical dispensing devices used by hospitals during off hours or for routine dispensing from the nurses' station will be acceptable provided that the same safeguards exist as are now required for the manual control of drugs; namely, a double lock for narcotics, the control of all drugs by the pharmacist, and a system of checking withdrawals to insure complete control.

II HYPNOTICS

- A. All hypnotic drugs are to be kept in a locked secure place. (This does not include combinations of pharmaceuticals where the hypnotic is one of two or more ingredients.)
- B. The stock supply (from which supplies to nursing units are dispensed) should be accessible only to the pharmacist or person registered with the Treasury Department Bureau of Narcotics as being responsible for the reporting of narcotic inventory and signing narcotic order forms.
- C. The person mentioned in B above may delegate the responsibility for dispensing hypnotics to other individuals whose names are to be posted on the inside of the safe used for the storage of the narcotics and accessible to any inspector.
- D. Hypnotics are to be stored on each nursing unit in a locked cabinet preferably with solid doors, or in the same locked drawer in the desk with the narcotics but not in the same box with the narcotics, provided the desk drawer is fixed to prevent its removal from the desk. The small wall safe used for narcotics should not be used for hypnotics.

- E. Hypnotics are to be received on nursing units from the Pharmacy on the basis of a determined number to provide the necessary supply for a specified period of time. A record is to be kept of all hypnotics administered from stock and accounting kept on a diminishing return basis.
- F. Refilling from the Pharmacy is to be based upon the surrender of the diminishing return record to the pharmacist or other person qualified to dispense hypnotics as described in II-B and C of the foregoing.
- G. The key to the hypnotic box is to be on the person of the professional nurse in charge or her delegated representative who must be a registered nurse.
- H. A check inventory of the hypnotic drugs is to be made at the termination of each shift when the key is turned over to the oncoming nurse in charge.

These regulations do not apply to tranquilizers, but hospitals are urged to issue tranquilizers on an individual prescription basis or institute controls which will properly safeguard the stocks and prevent loss during distribution and use.

Adopted by the State Board of Control - April 25, 1962

SECTION TWELVE

REGULATIONS REGARDING THE REMOVAL OF CERTAIN COMBUSTIBLE AREAS IN ALL LICENSED FACILITIES OR THEIR PROTECTION BY APPLICATION OF APPROVED FIRE RETARDANT PAINT.

(Recommended by the Hospital Licensing Board on January 10, 1963,
and approved by the State Board of Control on January 23, 1963.)

Institutions considering themselves free of conditions covered in the regulations listed below shall place on file with the Office of the State Fire Marshal, not later than January 15, 1965, a letter to that effect stating reasons why the institution is considered free of conditions listed below, the letter to be signed by the owner or his delegated representative.

Otherwise, licensees shall commence not later than January 30, 1965 to comply with the following regulations which shall be fully complied with not later than January 1, 1968.

1. Perforated and non-perforated combustible acoustical ceiling tiles (wood-fibre and sugar-cane types).
 - a. Remove and replace with incombustible acoustical tiles (mineral fibre types); or, as an alternative,
 - b. coat all existing tiles with approved fire retardant paint.
2. Combustible wainscoating (in hallways, lobbies, vestibules, corridors, stairways and auditoriums only.)
 - a. Remove wainscoating down to incombustible backing; and, if desired by owner, replace with incombustible wainscoating material; or, as an alternative,
 - b. coat all existing wainscoating with approved fire retardant paint.
3. Combustible partitions (in hallways, lobbies, vestibules, corridors, stairways and auditoriums only.)
 - a. Remove and replace with incombustible partitions; or, as an alternative,
 - b. coat existing partitions with approved fire retardant paint.
4. Wallpaper.
 - a. Single layer of wallpaper on incombustible backing. No corrective action required.
 - b. Wallpaper on combustible backing (i.e. fibreboard, etc.)
 - (1) Remove combustible backing and replace with incombustible backing; or, as an alternative,
 - (2) coat existing surfaces with approved fire retardant paint.

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c. Multiple layers of wallpaper on incombustible backing.
This is in violation of requirements.

- (1) Remove wallpaper to incombustible backing and repaper with one layer of wallpaper; or, as an alternative,
- (2) coat existing surfaces with approved fire retardant paint.

5. Wallcoverings (other than wallpaper).

Cloth wallcoverings

- (1) Remove down to incombustible backing; or, as an alternative,
- (2) coat existing surface with approved fire retardant paint.

b. Plastic wallcoverings

- (1) If U.L. rated and listed flamespread of wall-covering is "25" or less, no corrective action is required.
- (2) If there is no U.L. rating or listing, or the U.L. rating and listing of the wallcovering is in excess of "25", then:
 - (a) remove wallcovering down to incombustible backing; or, as an alternative,
 - (b) coat existing wallcovering surfaces with approved fire retardant paint.

6. Wooden basement and cellar ceilings.

- a. Install ceiling of not less than 5/8 inch U.L. rated plaster-board, nailed to joists, cemented and taped at joints; or, as an alternative,
- b. coat all ceiling wood (including joists and cross-bars) with approved fire retardant paint. Plug or seal all vertical openings prior to painting.

Note: If there exists a wood-lath or metal-lath ceiling under the joists and the plaster on such ceilings is broken or deteriorated, replace with sound plaster facing, or tear down broken lath and plaster to exposed wooden joists and proceed as per a. or b. above.

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SPECIAL NOTES:

- A. If compliance of the above requirements is accomplished by means of applying approved fire retardant paint, all such surfaces when being repainted in the future, must be repainted with approved fire retardant paint.
- B. Sprinklers.
1. Except as provided in 2. below, licensed facilities protected with a comprehensive automatic sprinkler system, shall be exempt from these regulations.
 2. Automatic sprinklers in areas where combustible acoustical tiles exist, shall be of a jet-nozzle type. If they are not of a jet-nozzle type, they shall be changed to the proper type nozzle, or the acoustical tiles shall be removed and replaced, or coated with approved fire retardant paint, as provided in Paragraph 1, a. and b.
- C. "Approved" fire retardant paint shall mean a product meeting the minimum requirements set forth in the specifications, and which product has been approved by the Office of the State Fire Marshal, State Department of Institutions and Agencies, P.O. Box 1237, Trenton, New Jersey 08625.

Procedure for Compliance:

1. Prior to commencement of compliance work, institutions shall forward to the Office of the State Fire Marshal a complete proposal listing: (See Insert Page 40).
 - a. Premises affected.
 - b. Specific areas of institution affected by this regulation and which areas shall be described as to: Type of finish (or construction) currently existing; number of square feet.
 - c. Method of compliance intended. If fire retardant paint is intended as method of compliance, trade name of paint to be used and approximate number of gallons of this paint expected to be applied.
 - d. Intended starting and completion dates.
2. No such work shall begin until the Office of the State Fire Marshal shall have forwarded to the institution a preliminary written approval of the methods intended to comply with the requirements listed above.

3. Upon full completion of compliance work in accordance with the proposal submitted by the institution and with the preliminary approval of the Office of the State Fire Marshal, the institution shall notify the Office of the State Fire Marshal in writing to that effect. In the event that fire retardant paint has been used as a means of compliance, a paint certificate furnished by the supplier of the paint, shall accompany the letter. Paint certificate shall show:
 - a. Trade name of paint supplied to institution.
 - b. Number of gallons sold to institution.
 - c. Name of buyer.
 - d. Date(s) of sale(s).

4. Upon the receipt of full compliance letter (and paint certificate where called for) and upon subsequent inspection by the Office of the State Fire Marshal, a letter of final approval shall be issued to the institution.

NOTE: Please address any questions or inquiries to:

Mr. Howard R. Hutchinson
Fire Marshal and Safety Director
State Department of Institutions and Agencies
P.O. Box 1237
Trenton, New Jersey 08625

REQUIREMENTS FOR APPROVAL OF FIRE RETARDANT PAINT

1. Fire retardant paint shall be of the "intumescent" type.
2. Fire retardant paint shall have been tested by Underwriters Laboratories (ASTM Method E-84-59T; NFPA Standard 255) and shall be rated by U.L., as having the following minimum ratings on wood:

Flamespread.....not to exceed "25"
Smoke developed.not to exceed "50"
3. As many coats of fire retardant paint shall be applied at the U.L. specified coverage rate to bring the surface to the flamespread classification shown in Paragraph 2. above.

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4. All cans of fire retardant paint shall bear U.L. production inspection labels.
5. Fire retardant paint shall be washable. When tested in accordance with Paragraph 4.5.5. of Federal Specification TT-P-0026b, the paint film shall not break down for a minimum of 2,000 strokes (1,000 cycles).
6. When subjected to a leaching test, the painted panels shall show an average weight loss of not more than 15 grams and a char volume no greater than 4.5 cubic inches, as specified in Paragraph 4.5.8. of Federal Specification TT-P-0026b.
7. Where fire retardant paint is not washable or leach resistant as per requirements above, an overcoat specified by the manufacturer of the fire retardant paint may be used over the fire retardant paint; provided, however, that the system of fire retardant paint plus overcoat is rated by Underwriters Laboratories as a system with minimum ratings as shown in Paragraph 2. above; and provided that the system shall meet washability and leaching tests as required in Paragraphs 5. and 6. above.
8. No fire retardant paint having a solvent with a flash point below 80 degrees F. shall be acceptable.
9. PAINTS APPROVED IN ONE-COAT APPLICATION.
 - a. ALBI-107A. Approved in one coat at 175 sq. ft. per gallon. (Albi Manufacturing Co., Inc., Rockville, Conn.)
 - b. FLAME-CRETE 321. Approved in one coat at 215 sq. ft. per gallon. (Flame-Crete Co. of America, Inc., Niagara Falls, New York).
 - c. OCEAN 900. Approved in one coat at 175 sq. ft. per gallon. (Ocean Chemicals, Inc., Niagara Falls, New York)

PAINTS APPROVED IN TWO-COAT APPLICATION

- d. SAF 303 - SAF 202. Meets requirements when one coat SAF 303 is applied at 150 sq. ft. per gallon coverage rate, over-coated with one coat SAF 202 at 500 sq. ft. per gallon coverage rate. (Manufactured by Baltimore Paint and Chemical Corp., Baltimore, Md.)

INSERT PAGE

PRELIMINARY PROPOSAL
FOR INTENDED COMPLIANCE WITH FIRE REGULATIONS
OF N.J. DEPARTMENT OF INSTITUTIONS AND AGENCIES

(Note: Fill out this form and return to Office of State Fire Marshal, State Department of Institutions & Agencies, P.O. Box 1237, Trenton, N. J. 08625)

FROM: _____

DATE: _____

I. SPECIFIC AREAS FOR COMPLIANCE

Type of Finish	Location	No. of Floors	Total sq. ft.	Comments
1. Combustible acoustic tiles				
2. Combustible wainscoating				
3. Combustible partitions				
4. Wallpaper				
5. Plastic wallcovering				
6. Cloth wallcovering				
	Floor Area (length x width)	Joists Dimension		Actual sq. ft.
7. Wooden basement and cellar ceilings				

II. METHOD OF INTENDED COMPLIANCE

III. (Fill out only if intended compliance is through use of fire retardant paint.)

1. Trade name of paint to be used _____
2. Number of coats of paint required for compliance _____
3. Number of gallons of paint to be used for compliance _____

IV. Intended starting date of compliance work _____
Intended completion date of compliance _____

Upon completion of work described above, we shall notify your office accordingly, attaching paint certificate, and requesting final inspection.

Signed _____

- 10 -
INSERT PAGE

SECTION THIRTEEN

STATE OF NEW JERSEY Department of Institutions and Agencies

STANDARDS FOR FORMULA ROOMS AND FORMULA PREPARATION *

INTRODUCTION

There are now available to hospitals three general types of formulas for feeding infants:

- (1) "Traditional" formulas which are made up in the hospital according to physicians' prescriptions.
- (2) Commercially prepared formulas which are prepared outside the hospital and delivered to the hospital in complete, assembled and sterilized feeding units, requiring only the removal of a cap or cover before being ready for use.
- (3) Pre-sterilized, packaged formulas made outside the hospital but not completely assembled. These require further handling in the hospital by one of the two following methods:
 - a. Filling the bottle from a container or can, nipping and capping.
 - b. Removing sealed cap and applying the nipple and cover.

Hospitals should have adequate formula preparation rooms for the preparation of special formulas and should be capable of preparing formulas for all infants in the hospital in emergency situations when the factory-prepared formulas may not be available.

* Adopted by State Board of Control on April 27, 1966

FORMULA ROOM

Proper organization and operation of the formula room are essential to the prevention of enteric infections. Preparation of safe feedings depends upon the following basic essentials:

1. The formula room should be used exclusively for the preparation of formulas.
2. Preparation of formulas should be functionally separated from the cleaning of equipment.
3. Thorough cleaning of bottles and utensils is essential. Chemical detergents should be used rather than soaps. Nipples require special attention.
4. If thorough cleansing of equipment and terminal heating are employed, pre-sterilization of bottles and sterile technique are unnecessary and, for efficiency of operation, should be eliminated.
5. Terminal heating of completely assembled units as described on Page 5 under "Sterilizing Formulas" can be relied upon to produce a bacteriologically acceptable formula.
6. A bacteriologically acceptable terminally-heated formula contains fewer than 25 organisms per milliliter, as measured by culture plate count.
7. Formulas should be refrigerated at a temperature of 40°F within one hour after being sterilized to avoid prolonged incubation of organisms surviving terminal heating.
8. Personnel policies should provide for expert supervision of the formula room and observance of proper health practices.

LOCATION

Location of the formula room and supervision of formula preparation will depend upon the personnel available and the hospital's special problems. A separate room must be provided and should be used for no other purpose. It should be situated where danger of contamination is least, and where the most supervision can be given by a dietitian or nurse. It should be near the obstetrical nurseries. It can be near the general diet kitchen or the central supply room, but it should be away from sick patients.

INSERT PAGE

LAYOUT

HOSPITAL PREPARED FORMULA

The formula unit should consist of two rooms, a clean-up room and a formula preparation room, the two being connected only by a controlled passageway or window. Hospitals which cannot meet these standards must make provision for the clean-up process in another area of the hospital or if this activity must be carried out in the room also used for formula preparation, the two activities should be separated by time and space. At no time should the cleaning process be carried on in the formula room during the preparation of formulas. (Reference #2, Page 9)

Space standards suggested by the U.S. Public Health Service are:

Clean-up room - 16'6" x 5'6"
Preparation room - 16'6" x 9'6" (Including area for terminal heating apparatus).

EQUIPMENT

Equipment in the formula unit should be of non-corroding metal, when obtainable, and constructed so that all parts are easily cleaned. (Reference #2, Page 14)

The minimum equipment for the clean-up room is a wash basin, work counter with two sinks, mechanical bottle washer and rinser, shelves, formula racks, and a portable bottle carriage.

The minimum equipment for the preparation room is a formula sterilizer, sink, refrigerator, portable bottle carriages, and cupboards.

PERSONNEL

The supervisor of the formula room should have had special training in formula preparation and in sterilization procedures. She should train and supervise all formula room personnel. Workers in the formula room should have no contact with patients who have infectious conditions.

In hospitals where the formula preparation does not require the full-time services of a nurse or dietitian, the remainder of her working day may be spent in some clean area, such as the central supply room, regular newborn nurseries, or diet kitchens. Formula room personnel must wear scrub dresses and caps. Masks must be worn during the assembling of the pre-packaged type (See #3 in Introduction).

The Hospital Administrator, with the advice of the medical staff, should specify the responsibilities for handling pre-sterilized bulk or bottled formulas and assign them to specific individuals.

These responsibilities include:

1. The receipt of the bulk formula
2. Mixing
3. Bottling
4. Quality and safety control of the formula
5. Distribution of the ready-to-use formula to the infants

Special attention must be given to:

1. The location and supervision of the delivery area.
2. The mechanics of transporting the delivered formulas to areas of use.
3. Cross checking system for insuring delivery of the correct formulas to each infant.

Formulas from outside sources should not be given further heat treatment (sterilization) in the hospital and must be used within 24 hours or be discarded. (Reference #1, Page 42)

FORMULA PREPARATION

WASHING EQUIPMENT

Bottles, caps and nipples from regular nurseries should be rinsed in cold water in the nursery before being returned to the formula room. Water should be forced through the nipple holes to prevent clogging. The bottles, caps and nipples from observation and isolation units and pediatric service should be washed thoroughly, using a detergent, and then boiled fully-immersed for 10 minutes or autoclaved before being returned to the formula room.

In the clean-up section of the formula unit, all bottles, caps and nipples should be thoroughly washed, using a detergent solution (not soap) and a bottle brush or mechanical washing unit. Nipples should be turned inside out during the cleaning process, rinsed in running water and then boiled fully-immersed for 10 minutes or autoclaved.

Detergents* are superior to soap for cleaning of bottles and utensils. Soap combines with milk casein to form a gummy residue which is difficult to remove.

*These should be kept in their original containers and stored where there is no danger of their being mistaken for formula ingredients. If their labels become illegible, they should be discarded and new packages obtained.

PROCEDURE FOR PERSONNEL

1. The personnel working in formula rooms should wear clean caps and scrub dresses.
2. Personnel should thoroughly scrub hands and arms to elbows for 3 minutes and cleanse nails with clean orangewood stick before beginning work. Attention should be given to all surfaces of the fingers.
3. Freshly laundered gowns should be worn over the scrub dresses. (Reference #2, Page 31)

PREPARING MILK MIXTURES

Milk mixtures are made up using clean but not aseptic technique, then transferred to clear bottles, nipples, capped and placed in metal racks. Nipple caps may be of glass, metal, plastic or water-resistant paper, but must not form a tight seal around the shoulder of the nipple or bottle during the sterilization process.

Special mixtures which cannot be subjected to terminal heating must be prepared with aseptic technique using sterile utensils, sterile water and, insofar as possible, sterile ingredients. When the aseptic method is used, personnel must scrub hands and lower arms for 3 minutes and wear sterile cap, gown, mask and gloves.

STERILIZING FORMULAS

The racks of filled bottles are placed in sterilizers and terminally heated, either under 7 lbs. pressure at 230° F for 10 minutes, or by the non-pressure method of steam or water at 212° F for 25 minutes.

COOLING FORMULAS

Upon completion of such terminal sterilization, formulas are removed from the sterilizer, cooled at room temperature for one hour, and then placed in a refrigerator maintained at 40° F. For rapid cooling, special heavy duty refrigeration units are desirable. Cooling in water may introduce the danger of contamination.

All unused terminally-sterilized formulas must be discarded within 24 hours. Formula assembled from pre-sterilized components must be used within 4 hours or discarded.

Formula should never remain at room temperature for more than one hour.

BACTERIOLOGIC EXAMINATION OF FORMULAS

Formula preparation technique should be checked by bacteriologic examination at least once a week. Plate counts on random samples of milk mixtures should not exceed 25 organisms per ml. Sampling should include all nursery units and all nursing duty-periods in random order. Organisms found should be identified, if organisms other than spore formers are found a breakdown in technique is indicated. Responsible hospital and medical authorities should be notified and steps to remedy the breakdown should be taken immediately.

COMMERCIALY PREPARED FORMULA SERVICE

Individually-packaged, ready-for-use formulas made outside of the hospital should be refrigerated immediately on arrival and treated in the same manner as formulas made in the hospital. It should be examined weekly as described above.

LAYOUT

COMMERCIALY-~~PREPARED~~ AND PRE-PACKAGED FORMULAS

Use of commercially-prepared and pre-packaged formulas may make possible the use of a single clean room for formula preparation. Such a room should be used for no other purpose, should have hand washing facilities and should be located in a clean area as described under "Location" above. This room may be used for preparation of the feeding units and for storage of formula supplies.

It does not need a sterilizer but should be equipped with a sink and cabinets for storage. This room can also be used for preparing formulas in an emergency such as a strike, severe storm which possibly could tie up delivery, etc. making it necessary for those hospitals using the commercially-prepared or pre-packaged formula to make up their own.

THE PRE-PACKAGED FORMULAS

Pre-packaged formulas should be prepared at feeding time only. In assembling the components, only one feeding unit should be prepared at a time, i.e., each should be nipped and capped immediately after opening. They should not be bottled, capped and nipped ahead of time, but should be distributed immediately after assembly. Weekly testing, as described above, should be carried out.

Formulas assembled from pre-sterilized components and contents of partially emptied containers of components must be used within four hours or be discarded.

INSERT PAGE

GUIDE TO PROCEDURES AND LAYOUT

Procedures and Layout for the Infant Formula, published by the American Hospital Association (18 East Division St., Chicago 10, Illinois, \$1.50), should be obtained and studied by those responsible for hospital formula preparation. Supervisors of hospitals not possessing the recommended formula room space or equipment should call upon the Maternal and Child Health Program of the State Department of Health for advice in working out a suitable formula-room routine.

Other information which will be found useful is contained in "Recommendations on Formula Supply in the Hospital", a report of the Committee on Feetus and Newborn of the American Academy of Pediatrics, Evanston, Illinois.

Finally, it is definitely recommended that a formula room should be available in every hospital regardless of the type of formula used.

References:

1. Standards and Recommendations for Hospital Care of Newborn Infants. American Academy of Pediatrics. Evanston, Illinois. Revised 1964.
2. Procedures and Layout for the Infant Formula Room. American Hospital Association. Chicago, Illinois. Copyright 1965. 1965 Edition.

SECTION FOURTEEN

STATE OF NEW JERSEY
Department of Institutions and Agencies

REGULATION TO PERMIT ARTIFICIAL LIGHTING AND VENTILATION
FOR
NURSERIES, RECOVERY ROOMS, AND INTENSIVE CARE UNITS IN HOSPITALS *

Artificial light and mechanical ventilation may be substituted for natural light and ventilation in nurseries, recovery rooms, and intensive care units of hospitals. In considering the installation of such a system, the following minimum standards shall be required:

1. Ventilation systems shall be of the forced exhaust and intake type and shall provide a minimum of 12 air changes per hour of filtered, humidified, outdoor air with no recirculation permitted. Air shall be under 0.05 inch water gauge positive pressure above surrounding spaces at all times.
2. Air conditioning filter systems shall include rough and medium-efficiency filters upstream from the equipment, and high-efficiency filters downstream from the equipment with an efficiency of 90 percent or more in the removal of particles in the 1 to 5 micron range. Filter condition should be determined by a manometer installed in an easily visible location to indicate the pressure drop across each bank of filters.
3. Temperature and humidity shall be controlled at all times. A temperature of 75 degrees Fahrenheit and a relative humidity of 50 percent shall be provided for nurseries and all surrounding spaces into which infants may periodically be moved.
4. The light and ventilation systems shall be connected with the emergency power system.
5. Lighting levels in these areas shall provide 20 foot candles for general illumination by the use of deluxe type fluorescent cool white or a combination of deluxe cool white and standard warm white lamps.

* Adopted by State Board of Control on April 27, 1966

SECTION FIFTEEN

STATE OF NEW JERSEY
Department of Institutions and Agencies

REGULATION TO PERMIT CARPETING
IN
LICENSED AND APPROVED FACILITIES*

Carpeting may be installed as a floor covering in licensed and approved facilities provided the following specifications and minimum standards are met. These specifications shall be applicable to such areas as patient rooms and corridors, but not to those areas where carpeting has been previously permitted.

1. The carpet shall be of a sponge--bonded high density nylon fabric, woven of pre-dyed, continuous filament, point three delustered nylon. The nylon pile yarn shall be 3 ply 1050 Denier, circular, (non lobular nor serrated) cross section.
2. The weaving specifications shall be:
 - Pitch--223
 - Pile Height--.150 inch
 - Rows per Inch--3
 - Backing Weight--16 ounces
 - Face Weight--16 ounces
 - Ply--3
 - Sponge Weight--78 ounces
 - Total Weight--150 ounces
3. The backing yarns shall be of high tensile rayon and cotton tire cording.
4. The tie coat of the back shall be of sufficient weight and strength so as to effect 15 pounds draw pull tuft bind, minimum, and shall be of a highly water resistant nature.
5. The sponge cushion coat shall be "permabonded" to the backing so as to withstand in excess of 5½ pounds draw pull before delamination occurs.

*Adopted by State Board of Control on June 22, 1966

6. The sponge cushion shall be of closed cell chemically blown sponge construction and shall be of a 3/16 inch 78 ounce per square yard gauge to weight ratio, not less than 3/16 inch gauge nor more than 1/4 inch gauge, and not less than 78 ounces per square yard minimum.
7. The installation shall be effected with a permanent waterproof adhesive or an approved formulation (Commercial Carpet Corporation X600, Kennedy Kenfast #2 by Kentile, Inc. or other equivalent product) and shall contain no benzine, toluol, gasoline naphtha or other toxic thinners or materials.
8. Contact bond type seam cement shall be applied to the edges of all material where joined and seamed to assure permanent, waterproof adhesion, breadth to breadth at the seams.
9. All edges open to traffic shall be capped with metal or vinyl binder bar or appropriate reducing strip as the detail suggests.

NOTE:

In reference to this regulation, it should be noted that the standards of the U.S. Public Health Service, at present, do not permit the installation of carpeting in patient rooms and certain other areas in hospitals and long-term care facilities. Therefore, the installation of carpeting in such areas could possibly affect future participation of such facilities for federal funds under the Hill-Burton program.

SECTION SIXTEEN

STATE OF NEW JERSEY

Department of Institutions and Agencies

REGULATIONS FOR SPECIAL HOSPITAL CLASSIFICATION

GENERAL:

The following regulations, adopted by the State Board of Control on October 26, 1966, and effective on that date, are applicable to all groups, organizations, or individuals seeking license to operate a Special Hospital. The revised hospital application form of the Department shall be utilized to secure basic information from all new applicants.

These new standards and revised application form are not retroactive and shall not apply to Special Hospitals now under full license and in operation. In instances where plans for new Special Hospitals have been approved, such institutions shall be subject to the new regulations and shall provide the information called for in the revised application form, if actual construction does not begin within one year from the effective date.

These regulations shall not be construed to permit a general hospital of less than 100 beds to expand as a Special Hospital without meeting the minimum 100-bed requirement.

Plans and designs for new Special Hospitals shall not be approved nor shall licenses be issued by the Department unless there is compliance with the following regulations and unless such plans and designs contemplate that, upon completion, all required services shall be provided as specified in the following.

DEFINITION:

A Special Hospital is defined as a medical institution which assures provision of comprehensive specialized diagnosis, care and treatment and rehabilitation where applicable on an in-patient basis for one or more specific categories of patients. These categories may be based on: (1) diagnosis, (2) age, or (3) chronicity - or combinations of these. (Examples: (1) Eye, Cerebral Palsy, or Maternity; (2) Children; (3) Rehabilitation.)

CONDITIONS:

1. Special Hospitals shall conform to applicable administrative, professional, paramedical, ancillary, and institutional service requirements set forth in State regulations for general hospitals.

2. Provision of beds and limitation of admissions shall not be restricted to any one region, and shall be on a State-wide basis.
3. The physical plant of a Special Hospital shall meet not only applicable requirements of Section III of this manual, but also the applicable construction standards of the United States Public Health Service.
4. A Special Hospital shall be under the medical direction of a Board-eligible or Board-certified physician in the particular specialty or one of the specialties for which the Special Hospital is licensed. He shall, on a day to day basis, be responsible for and shall be present as necessary to insure active medical direction and supervision of the hospital.
5. Each medical department shall be under the direction of a specialist. Such specialist shall be eligible for certification by an appropriate American Specialty Board.
6. Where two or more special categories of patients are hospitalized, the Special Hospital shall be departmentalized organizationally under direction of corresponding medical department heads. There shall be a qualified consulting medical staff to assure comprehensive coverage of all medical needs of the patients.
7. Physician staffing shall be adequate to provide qualified physician-specialist supervision and care of all patients.
8. "By-laws of the medical staff" approved by the Medical Society of New Jersey and the American Hospital Association, and the organizational pattern provided in the manual of the Joint Commission on Accreditation of Hospitals may be used as a guide in establishment of the Special Hospital organization. No Special Hospital shall be licensed when its standards are not considered to be equivalent to those required by national bodies for accreditation of hospitals.
9. The Special Hospital shall have active utilization review procedures equivalent to those given in conditions of participation for hospitals under Title XVIII of the Social Security Amendments of 1965.

INSERT PAGE

10. Special Hospitals shall provide out-patient medical consultation services on an appointment basis, in the specialties for which they are licensed, and shall accept, when medically indicated, patients seeking such services regardless of their ability to pay.
 11. Special Hospitals shall have suitable and effective arrangements for provision of x-ray, clinical laboratory and pathology services, (including autopsy services) and shall maintain formal arrangements, either within or outside the Special Hospital, for provision of services in applicable specialties equivalent to those required by State regulations for general hospitals.
 12. Formal arrangements shall be provided for the immediate transfer of patients to a general hospital or other appropriate medical facility when required.
 13. A Social Service Department shall be maintained adequate to assure expedient placement of patients in other facilities, adequate to provide for the health, social and economic needs of the patient, or to effect their discharge when hospitalization is completed. There shall be a definite policy for referral of a patient who needs community service on his discharge from the hospital.
-

SECTION SEVENTEEN

STATE OF NEW JERSEY

Department of Institutions and Agencies

REGULATION ON EXTENDED CARE UNITS FOR MANUAL OF
STANDARDS FOR PRIVATE HOSPITALS

The following regulation, adopted by the State Board of Control on November 23, 1966 with an effective date of December 1, 1966, is applicable to all licensed and approved general hospitals in the State.

A general hospital, as defined in this Manual, shall be permitted to operate an extended care unit as a patient department in the same manner as it operates medical, surgical, obstetrical, pediatric and other patient units.

The extended care unit may be a part of the hospital structure but shall be organized as an identifiable unit. As a part of the hospital structure, the bed capacity of the extended care unit shall not exceed 50 percent of the total rated bed capacity of the hospital and, prior to transfer of non-extended care beds to extended care beds, approval of the Hospital Licensing Board must be secured.

The general hospital section of the institution shall not be less than 100 beds.

The extended care unit shall meet all applicable construction requirements of the U. S. Public Health Service for long-term care facilities, the Conditions of Participation for Extended Care Facilities under the Social Security Act Amendments of 1965, and the rules and regulations of the Hospital Licensing Board for nursing care in long-term care facilities.

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

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- 54 -

SECTION EIGHTEEN

STATE OF NEW JERSEY
Department of Institutions and Agencies
Trenton

December 1, 1966

TO: ALL LICENSED AND APPROVED FACILITIES
RE: APPROVAL OF STRUCTURAL CHANGES

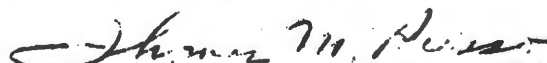
We wish to call your attention to R.S. 30:11-3.1 which makes reference to structural changes in facilities licensed by this Department under the New Jersey Hospital Licensing Act.

"The licensee, prior to making any alterations, additions or improvements to its facilities or prior to the construction of new facilities shall, before commencing such work, submit plans and specifications to the Department for preliminary inspection and approval or recommendations with respect thereto. No such plan shall be disapproved if it complies with minimum requirements."

In keeping with this statutory requirement, all plans and specifications for new construction, alterations, additions or renovations are to be submitted to the Bureau of Community Institutions, the licensing agency of the Department, for review and approval. Every effort will be made to process the material as expeditiously as possible in order to provide prompt reviews and comments.

This procedure is to be followed whenever Federal funds are not involved. Your cooperation in this respect will be most appreciated.

Sincerely yours,


Thomas M. Russo, Acting Chief
Bureau of Community Institutions

TMR:W

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- 55 -

SECTION NINETEEN

STATE OF NEW JERSEY
Department of Institutions and Agencies

FIRE PROTECTION AND SAFETY REGULATIONS
FOR
EXISTING HOSPITAL FACILITIES

The following revised regulations on fire protection and safety, adopted by the State Board of Control on February 28, 1968 and effective that date, shall be applicable to all existing licensed and approved hospitals in the State. These regulations replace those approved by the Department on June 28, 1967. Full compliance shall be mandatory by February 28, 1970.

1. Vision panels or borrowed light openings in corridor partitions or doors shall be glazed with $\frac{1}{4}$ " thick wire glass, held in place with metal stop beads (not aluminum). The size of any single panel of wire glass shall not exceed 1296 square inches, nor shall any dimension exceed 54 inches. Frames in the partitions for view windows shall be of metal and mullions separating adjacent wire glass panels shall be of sufficient size to equal a one-hour fire resistance rating.
2. Vision panels or borrowed light openings in non-corridor partitions or doors shall be glazed with $\frac{1}{4}$ " thick wire glass in operating room and delivery room areas and in other areas where conductive flooring is required. In nursery, pediatric and psychiatric areas, $\frac{1}{4}$ " thick wire glass or labeled tempered glass shall be used. In other areas, clear plate glass may be used although $\frac{1}{4}$ " thick wire glass or labeled tempered glass is desirable.
3. Corridors are those which are used as required exits from any part of the building. Areas of separate patient departments, such as Surgery, Delivery, Intensive and Coronary Care, X-Ray and Outpatient, etc., with a corridor leading to rooms is considered an exit corridor within the unit.
4. Administrative departments occupied by hospital personnel only, separated from the exit corridor by "B" label doors, may have clear plate glass within the departments although $\frac{1}{4}$ " thick wire glass or labeled tempered glass is desirable.
5. Fire stairway doors, "B" label, shall be self-closing, tight fitting and equipped with positive latches. Glass, when used in such doors, shall be $\frac{1}{4}$ " thick wire glass not to exceed 100 square inches.

6. Horizontal fire doors between two buildings, "A" label, and smoke partition doors, "B" label, shall be self-closing, tight fitting and equipped with positive latches. Glass, when used in "B" label smoke partition doors, shall be one-quarter inch thick wire glass and shall not exceed 1296 square inches with no dimension exceeding 54 inches.
7. Corridor partitions and ceilings shall be of one-hour fire resistive construction.

Specific questions regarding the application of these regulations shall be submitted to the Department in writing and will be evaluated on an individual basis.

NOTES:

1. Door classes and labels are as follows:

Class A label -- 3 hour fire rating
(solid with no view panels)

Class B label -- 1½ hour fire rating
2. A non-labeled door which meets the following specifications may be used in place of a "B" label door:
 - A. 1 3/4" solid core wood door
 - B. Metal door
 - C. Metal covered door
3. Walls between corridors and fire stairwells and hazardous places shall be a two-hour fire rating with a "B" label door.

SECTION TWENTY

STATE OF NEW JERSEY
Department of Institutions and Agencies

POLICY STATEMENT ON EMERGENCY AUXILIARY POWER
FOR EXISTING HOSPITAL FACILITIES

The Hospital Licensing Board recognizes the dependence of hospitals on electric power as essential for the operation of the facility and for the safety of patients and staff. This necessarily requires that there be an adequate auxiliary power source for lighting, operation of the plant and apparatus, and the continuation of treatment in which timing is critical during any interruption of the normal electric supply. For this purpose, the Hospital Licensing Board recommends that each existing hospital facility licensed or approved by the Department adopt to the extent of its determined needs and capabilities the emergency electric service standards promulgated by the U. S. Public Health Service for the construction and equipment of hospital facilities.

The Hospital Licensing Board realizes that it would be unrealistic to require that all existing hospital facilities meet in full these standards, but deems it essential that each hospital evaluate its program by taking the following action:

1. Review and evaluate existing resources and programs for emergency electric power service in comparison with the U. S. Public Health Service standards;
2. determine those elements of the standards which can and should be adopted to assure the safety of patients and staff, giving primary consideration to those areas where acute medical and patient care is rendered;
3. establish and implement on a priority basis a plan for progressively improving the existing emergency electrical power resources so as to eventually meet the U. S. Public Health Service standards within reasonable time limits; and
4. inform the Bureau of Community Institutions of the plans and priorities established for correcting deficiencies and hazardous conditions provided the hospital is not already adequately protected.

Recommended by the Hospital Licensing Board on April 5, 1968.
Approved by the State Board of Control on April 24, 1968.

SECTION TWENTY-ONE

STATE OF NEW JERSEY
Department of Institutions and Agencies

REGULATIONS ON PATIENT SMOKING

The following regulations on patient smoking, adopted by the State Board of Control on April 24, 1968 and effective that date, shall be applicable to all institutional facilities licensed or approved by the Department. These regulations supplement those previously approved by the Department and have been made a part of the Manuals of Standards for licensed or approved institutional facilities. Full compliance shall be mandatory by April 24, 1970.

1. Patients shall never be permitted to smoke alone in their rooms and in other secluded areas.
2. Restricted smoking areas shall be designated and rules governing such smoking promulgated and rigidly enforced.
3. Large metal, ceramic, or non-flammable ashtrays in sufficient numbers shall be provided in permitted smoking areas so that patients will not be tempted to utilize such flammable items as paper cups, waste baskets, etc., for the disposal of tobacco remains.
4. Periodic inspections shall be made for the purpose of disclosing the surreptitious use of book matches, cigarette lighters, etc.

Recommended by the Hospital Licensing Board on April 5, 1968.
Approved by the State Board of Control on April 24, 1968.

APPENDIX I

State of New Jersey
Department of Institutions
and Agencies
Trenton

AN ACT REQUIRING THE LICENSING, INSPECTION AND REGULATION OF PRIVATE MENTAL HOSPITALS, CONVALESCENT HOMES, PRIVATE NURSING HOMES AND PRIVATE HOSPITALS, CREATING A HOSPITAL LICENSING BOARD, PROVIDING FOR REGULATIONS, ENFORCEMENT PROCEDURES, AND PENALTIES FOR THE VIOLATION THEREOF. (Amended May 5, 1965)

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

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

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

30:11-1.1

Except as to persons presently licensed, no license shall be issued to a natural person unless he is a citizen of the United States and a resident of the State of New Jersey at the time of the submission of the application. No license shall be issued to any person under the age of 21 years; to any person who has been convicted of a crime involving moral turpitude; or to any person who has been twice found guilty of violating the provisions of this chapter by a court of competent jurisdiction or who has admitted such guilt.

30:11-1.2

No license shall be issued to any corporation not presently licensed unless each legal or equitable owner of more than 10% of its stock qualifies in all respects as an individual applicant. In applications by corporations, the names and addresses of, and the amount of stock held by, all stockholders holding one or more percent of any of the stock thereof, and the names and addresses of all officers and of all members of the board of directors must be stated in the application. If one or more of such officers or members of the board of directors would fail to qualify as an individual applicant in all respects, no license shall be granted, until such persons so disqualified shall be qualified.

30:11-1.3

In applications by partnerships, the applications shall contain the names and addresses of all of the partners. No license shall be issued unless all of the partners would qualify as individual applicants or until such disqualification is removed.

30:11-1.4

Upon receipt of an application for license, the Department of Institutions and Agencies shall cause an investigation to be made of the applicant and the proposed facilities and shall issue a license if it is found that said applicant is of good moral character and facilities comply with the provisions of this chapter, the regulations of the department and the minimum standards established for the operation of a private mental hospital, convalescent home, private nursing home or private hospital. The department may in its discretion, for good cause, issue a temporary permit to operate or a provisional or probationary license for a stated period of time pending full compliance by the licensee with rules and regulations establishing minimum standards of operation.

The license shall not be transferable or assignable, except with the written approval of the department and shall be posted in a conspicuous place on the licensed premises as prescribed by the regulations of the department.

30:11-1.5

Whenever any change shall occur in the facts as set forth in any application for a license, the licensee shall file with the commissioner, a notice in writing of such change within 10 days after the occurrence thereof. No notice need be given by corporate licensees of changes in stock holdings therein unless and until the aggregate of such changes, if made before the time of said application, would have prevented the issuance of the license.

Applicants shall answer such questions as may be asked concerning their character, financial ability, residence, citizenship and ability to operate a nursing home or hospital and make such declarations as shall be required. All applicants may be duly sworn and all statements and applications shall be deemed material. Fraud, misrepresentation, false statements, misleading statements, evasions or suppression of material facts in the securing of a license are grounds for denial, suspension or revocation of the license.

30:11-1.6

Nothing in this chapter shall be construed to require a licensee holding a license at the time this act is approved, as a condition precedent to obtaining a renewal of such license, to make structural changes, other than maintenance and repairs, to the licensed facility or to increase or decrease the bed capacity thereof; nor to require a purchaser of such nursing home licensed at the time this act shall be approved, as a condition precedent to obtaining a license, to make such structural changes, other than maintenance and repairs, to said licensed facility or to increase or decrease the bed capacity thereof.

30:11-1.7

The State Board of Control of the Department of Institutions and Agencies, with the advice of the hospital licensing board, shall adopt, amend, promulgate and enforce such rules, regulations, and minimum standards of nursing and hospital care with respect to the different types of hospitals, convalescent homes and nursing homes to be licensed hereunder as may be reasonably necessary to accomplish the purposes of this chapter and to assure that patients resident in the institutions described herein shall receive medical and nursing care consistent with accepted practices and procedures

for administering such medical and nursing care in physical surroundings and under circumstances conducive to the recovery and convalescence of all patients in such institution. Such rules, regulations and minimum standards may include, but shall not be limited to, the regulation of medical and nursing care, extent of furnishing same, sanitation, dietetics, except where the diet has been prescribed by a licensed physician, heat, light, air, fire prevention and control, space allocation for patient care, housing and recreation facilities and related matters dealing with patient care and comfort and when adopted shall be binding upon all licensees and applicants for license under this chapter.

30:11-1.8

Copies of proposed rules, regulations or minimum standards shall be mailed by certified mail to such persons who have filed with the department a written request for such proposed rules, regulations or minimum standards. Except in the case of an emergency, no rule, regulation or minimum standard shall be adopted until copies of said proposed rule, regulation or minimum standard shall be mailed to those persons who have requested them together with a notice of the time and place of a hearing to be had on such proposed rule, regulation or minimum standard.

No hearing so held shall be held earlier than 30 days after the mailing of such proposed rule, regulation, or minimum standard and notice of hearing.

30:11-1.9

Any private hospital, convalescent home, private mental hospital, or private nursing home which is in operation at the time of promulgation of any applicable rules or regulations or minimum standards under this act shall be given a reasonable time, not to exceed 2 years from the date of such promulgation, within which to comply with such rules and regulations and minimum standards, or subsequent amendments or supplements thereto.

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

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

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

The State Board of Control, after serving the licensee with specific charges in writing at least 30 days in advance of the hearing, and after hearing, may deny, place on probationary or provisional license, revoke or suspend any and all licenses granted under authority of this chapter to any person, firm, partnership, corporation or association violating the provisions of this chapter, or the rules and regulations promulgated hereunder.

Prior to the revocation, suspension or denial or placing on probationary or provisional license of any license hereunder, the department shall afford the licensee an opportunity for a prompt and fair hearing before the department on the question of the issuance, suspension or the placing on a probationary or provisional license, or revocation of the license. The procedure governing such hearings shall be in accordance with the rules and regulations of the department adopted by and with the consent of the hospital licensing board. Either party may be represented by counsel of his own choosing, subpoena witnesses and compel their attendance on forms furnished by the department.

Notice of revocation, suspension, the placing on probationary or provisional license or denial of a license together with a specification of charges shall be sent to the applicant or licensee by registered mail and the notice shall set forth the particular reasons for the denial, suspension, the placing on probationary or provisional license or revocation of the license. Such denial, suspension, the placing on probationary or provisional license, or revocation shall become effective 30 days after mailing, unless the applicant or licensee, within such 30-day period shall meet the requirements of the department or shall give written notice to the department of its desire for a hearing, in which case the denial, suspension, the placing on probationary or provisional license, or revocation shall be held in abeyance until the hearing has been concluded and a final decision rendered; provided, however, that such applicant or licensee may appeal from such denial, suspension, placing on probationary or provisional license, or revocation, to any court having jurisdiction of such matters.

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

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

The department shall make or cause to be made such inspections of the premises of the licensee from time to time as it may deem necessary to be assured that the licensee is at all times complying with the provisions of this chapter, with the rules and regulations promulgated hereunder and with the minimum standards of medical and nursing care established by virtue of the authority of this chapter.

The licensee, prior to making any alterations, additions or improvements to its facilities or prior to the construction of new facilities shall, before commencing such work, submit plans and specifications to the department for preliminary inspection and approval or recommendations with respect thereto. No such plan shall be disapproved if it complies with minimum requirements.

30:11-4 PENALTY FOR OPERATION WITHOUT LICENSE

(a) Any person, firm, partnership, corporation or association who shall operate or conduct a private mental hospital, convalescent home, private nursing home or private hospital without first obtaining the license required by this chapter, or who shall operate such private nursing home, convalescent home or private hospital after revocation or suspension of license shall be liable to a penalty of \$25.00 for each day of operation in violation hereof for the first offense and for any subsequent offense shall be liable to a penalty of \$50.00 for each day of operation in violation hereof. The State Board of Control, with the approval of the Attorney General, is hereby authorized and empowered to compromise and settle claims for money penalties in appropriate circumstances where it appears to the satisfaction of the board that payment of the full penalty will work severe hardship on any individual not having sufficient financial ability to pay the full penalty but in no case shall the penalty be compromised for a sum less than \$250.00 for the first offense and \$500.00 for the second and each subsequent offense; provided, however, that any penalty of less than \$250.00 or \$500.00, as the case may be, may be compromised for a lesser sum.

The penalties authorized by this section shall be recovered in a civil action, brought in the name of the State of New Jersey in the Superior Court or the County Court of any county, which court shall have jurisdiction of all actions to recover such penalties. No money penalties provided for herein shall be required to be paid until the appellate procedures provided for in the courts shall have been exhausted and then only if on appeal it is determined that the licensee was in violation of the provisions hereof or the rules and regulations of the board of control establishing minimum standards of operation. No penalties shall be assessed for the period of time following the filing of an appeal with the appropriate appellate court from a determination adverse to the licensee rendered by the department and until such appellate court or courts shall have rendered a final decision, and any penalties assessed prior thereto shall be recoverable only to the extent that the appellate court or courts affirms the decision of the department in the first instance. Money penalties, when recovered, shall be payable to the General State Fund.

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

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

(b) Whenever a boarding home for sheltered care, boarding house or rest home or facility or institution of like character, not licensed hereunder, by public or private advertising or by other means holds out to the public that it is equipped to provide post-operative or convalescent care for persons mentally ill or mentally retarded or who are suffering or recovering from illness or injury, or who are chronically ill, or whenever there is a reason to believe that any such facility or institution, not licensed hereunder, is violating any of the provisions of this chapter, then, and in such case, the department shall be permitted reasonable inspection of such premises for the purpose of ascertaining whether there is any violation of the provisions hereof.

Any person, firm, association, partnership or corporation, not licensed hereunder, but who holds out to the public by advertising or other means that the medical and nursing care contemplated by this chapter will be furnished to persons seeking admission as patients, shall cease and desist from such practice and shall be liable to a penalty of \$100.00 for the first offense and \$200.00 for each subsequent offense, such penalty to be recovered as provided for herein. If any such boarding home for sheltered care, boarding house, rest home or other facility or institution shall operate as a private mental hospital, convalescent home, private nursing home or private hospital in violation of the provisions of this act and any supplements thereto then the same shall be liable to the penalties which are prescribed and capable of being assessed against hospitals or nursing homes pursuant to subsection (a) of this section.

30:11-5 (Repealed)

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

The State Board of _____ subject to the approval of the Governor, shall appoint a hospital licensing board which shall consist of the Commissioner of the Department of Institutions and Agencies, the State Director of Health, the president of the State Board of Medical Examiners, 2 hospital administrators of recognized ability and 6 qualified persons, 2 of whom shall represent the interests of the public at large, one of whom shall have special qualifications and training in the field of nursing, one of whom shall be selected from among the official boards and administrators of the several nonprofit homes for the aged and 2 of whom shall be selected from among the owners and administrators of the several private nursing homes. The board shall be representative of the aforementioned groups and shall be appointed for terms of 6 years, except when appointed to complete an unexpired term. Members whose terms expire shall hold office until appointment of their successors. They shall serve without compensation but shall be reimbursed for actual expenses incurred in the performance of their official duty.

30:11-7 HOSPITAL LICENSING BOARD; DUTIES

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

a. To consult and advise with the State Board of Control of the Department of Institutions and Agencies in matters of policy affecting the administration of this chapter and in the development of rules, regulations and minimum standards of nursing and medical care as provided for herein.

b. To review and make recommendations with respect to such rules, regulations and minimum standards authorized hereunder prior to their promulgation by the State Board of Control.

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

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

A private mental hospital, private nursing home, convalescent home or private hospital, for the purpose of this chapter, is defined as any institution, whether operated for profit or not, which is not maintained, supervised or controlled by an agency of the government of the State or of any county or municipality, and which maintains and operates facilities for the diagnosis, treatment or care of 2 or more nonrelated individuals, who are patients as defined herein.

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

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

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

As used herein, a "boarding home for sheltered care" is defined as any establishment, a single or multiple dwelling, public or private, incorporated or unincorporated, for profit or nonprofit, operated at the direction of or under the management of an individual or individuals, corporation, partnership, society, or association, which furnishes food and shelter to 4 or more adult persons unrelated to the proprietor and which provides any personal care or service beyond food, shelter and laundry, to any one or more of such persons, excluding, however, any privately operated establishment licensed under this chapter.

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

30:11-9 EXCEPTIONS AND EXEMPTIONS

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

Nothing in this act or in chapter eleven of Title 30 of the Revised Statutes shall be so construed as to give authority to supervise or regulate or control the remedial care or treatment of individual patients who are adherents of any well recognized church or religious denomination which subscribes to the act of healing by prayer and the principles of which are opposed to medical treatment and who are resident in any home or institution operated by a member or members, or by an association or corporation composed of members of such well recognized church or religious denomination; provided, that such home or institution admits only adherents of such church or denomination and is so designated; nor shall the existence of any of the above conditions alone militate against the licensing of such a home or institution; and provided further, that such home or institution shall comply with all rules and regulations relating to sanitation and safety of the premises and be subject to inspection therefor.

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

30:11-10

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

THIS ACT SHALL TAKE EFFECT IMMEDIATELY.

4868