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**MANUAL OF STANDARDS  
FOR NEW  
BOARDING HOMES FOR SHELTERED CARE**

**Adopted  
October 27, 1965  
(Reprinted July 1970)  
(Reprinted April 1974)**



**State of New Jersey  
New Jersey State Department of Health  
Trenton, New Jersey**

**NOTE:**

*The inserted pages list new or revised regulations.  
Anything in the Regular Manual which is inconsistent  
with these regulations should be disregarded.*

## F O R E W O R D

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The boarding home for sheltered care provides a vital community service. Substituting as it does for the actual home of the person who requires personal care and services, it fills a specific need and renders a public service of great importance.

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To provide for the orderly development of boarding homes and to insure adherence to reasonable standards looking toward safe and adequate care of residents, the State Legislature has delegated to the Department of Health the responsibility for the establishment and enforcement of the basic standards in the Manual.

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The prospective applicant and licensed boarding home operator shall be thoroughly familiar with all such requirements and shall be able to give assurance that the standards in this Manual and in any revisions thereof can and will be maintained at all times.

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When a license is issued by the State of New Jersey, Department of Health, for a new Boarding Home for Sheltered Care, it shall be the responsibility of the operator (the individual, partnership, corporation, society or association, to whom the license has been issued) to comply fully with all the rules, regulations and standards of this Manual at all times.

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The rules, regulations and standards of this Manual shall be applicable to all new applications for a Boarding Home for Sheltered Care, effective October 27, 1965, the date this Manual was adopted by the Department.

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In accordance with the authority granted by (Chapter 136) N.J.S.A. 26:2H-1, et. seq., this Manual having been filed with the Secretary of State has the effect of law. Violators of the Manual, therefore, shall be subject to the penalties provided for under the New Jersey statute.

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The Department, with the approval of the Health Care Administration Board, has the authority under legislation to change or modify the requirements in this Manual of Standards as may be necessary from time to time in order to protect the public interest.

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Addendum

No health care facility shall be owned or operated by a person convicted of a misdemeanor or a high misdemeanor relating adversely to his/her capability of owning or operating that facility unless that person is considered rehabilitated as stipulated in the Rehabilitated Convicted Offenders Act, N.J.S.A. 2A: 168A-1 et. seq.



INTRODUCTION

I. DEFINITIONS

A. BOARDING HOME

A boarding home, rest home or other home for the sheltered care of adult persons is any establishment which furnishes food and shelter to four (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 such persons. It serves as a substitute for the residents' own homes, furnishing facilities and comforts normally found in a home but providing in addition such services, equipment and safety features required for safe and adequate care of residents at all times. An adult person is anyone 18 years of age or over.

B. RESIDENT

A resident is an adult person who is ambulant or who can walk with an assistive device without the help of another person, who is reasonably oriented mentally, and who has been certified by a licensed physician to be free from communicable disease and not in need of nursing care and who shall not be given nursing care while such a resident. Assistive devices shall include leg braces, splints, canes, crutches, special shoes, back braces, and walkers. This definition shall not be construed to prevent care of residents in emergencies or during temporary illness for a period of one week or less.

C. PATIENT

A patient is any person who is chairfast, bedfast, unable to walk up and down stairs without assistance,\* or who is not well-oriented, and who has been certified by a licensed physician to be free from communicable disease and is in need of nursing and medical care on a continuing basis. (Further reference on this is made under "Admission Policy" in Chapter IV).

D. DEPARTMENT

The words "the Department" or "this Department" shall indicate the DEPARTMENT OF HEALTH.

E. LICENSE

The license issued by the Department for operation of a boarding home for sheltered care shall be posted so that it is conspicuously displayed to the public in a public area. A public area is a lobby, entrance hall, or public lounge, in contrast to the administrator's office, admitting office, or other areas which are not visited by the public in general.

\*This is not meant to include a resident with an assistive device as specified in Item I-B of this document.



F. APPLICANT

An applicant is any individual, partnership, corporation, society or association, whether for profit or non-profit, who applies to the Department on prescribed application forms for the purpose of requesting a license to operate a boarding home for sheltered care.

G. BOARDING HOME OPERATOR

The words "boarding home operator" or "operator" shall indicate the person, partnership or corporation to whom the Department has issued a license for the purpose of maintaining a boarding home for sheltered care under the provisions of this Manual.

H. BOARDING HOME LAW

The words "boarding home law" shall mean (Chapter 136) N.J.S.A. 26:2H-1, et. seq.

Note: A copy of this statute appears in Appendix I of this manual.

I. NURSING HOME LAW

The words "nursing home law" shall mean (Chapter 136) N.J.S.A. 26:2H-1, et. seq.

J. EXPLANATION OF WORDS SHALL AND SHOULD

1. Where the word "shall" is used, it means compliance is mandatory.
2. Where the word "should" is used, it means a suggestion or recognition.

K. EMPLOYEE

An employee may be a member of the operator's family or a person who is gainfully employed in the boarding home on a full or part-time basis and for whom a record of hours worked and wages paid are maintained and who meets the health, age and other requirements of this Manual. Reimbursement for such employment may include salaries, wages, room and board, or any combination thereof. A person placed in the boarding home under a purchase of care or service agreement shall not be considered an employee.

II. OBJECTIVES OF BOARDING HOME

Good residential care in a boarding home for sheltered care is dependent upon the provision of various services and facilities. A sincere interest in people and in their health and comfort, efficient and resonsible employees,

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essential equipment and safe buildings all contribute to the total welfare of the resident. But since the institution becomes the resident's actual home, it is equally important that the atmosphere be home-like and that the resident is recognized as an individual whose personal interests are maintained and developed, and whose personal dignity is respected and safeguarded. Each boarding home shall provide for all residents:

- A. A substitute home with continuous supervision.
- B. Required personal care and services for residents. Services include: (a) supervision and assistance in dressing, bathing, and in the maintenance of good personal hygiene; (b) care in emergencies or during temporary illness for a period of one week or less; (c) supervision in the taking of medications; and (d) other services conducive to the residents' welfare.
- C. The preservation of the dignity, individual rights, and privacy of residents.
- D. Good and nutritious food, clean, comfortable and attractive living and sleeping accommodations and personal laundry services.

### III. QUALIFICATIONS OF OPERATOR, APPLICANT OR ADMINISTRATOR

#### A. PERSONAL

- 1. The person responsible for the operation of the home shall be emotionally stable, in good physical and mental health, a person of integrity and good character, and have an understanding approach toward residents and concern for their welfare. He or she should have background of institutional administration or experience.

#### B. FINANCIAL

- 1. The operator or administrator should be familiar with methods of efficient management and other functions normally assigned to such a person. He should be familiar with the broad policies affecting modern programs for sheltered care living, capable of over-all planning and supervision, and competent to interpret the needs, progress and goals of the home.
- 2. The operator should be in a financial position to underwrite the cost of operating in accordance with the standards of this Manual.

#### C. HEALTH

- 1. The individual applicant and the person assigned responsibility for administration of the home shall submit a medical certificate from a licensed practicing physician in New Jersey that he or she is in good physical and mental health and able to operate or administer the home.

2. If requested by the Department, the individual granted a license and the person responsible for administration of the home shall have an annual medical examination (including a chest x-ray or tuberculin skin test) and a statement from a licensed practicing physician in New Jersey that he or she is in good mental health and able to operate or administer the home. Any such written statement by the physician shall be maintained on the premises and be available for review by representatives of the Department.
3. In the event that a licensed operator or administrator is unable to provide a medical certificate as required above, the licensed operator shall immediately appoint a substitute person or administrator who shall be required to furnish such medical certificate prior to entering into his or her duties as such.
4. If at any time the operator holding the license or the person assigned responsibility for administration of the home is for any reason unable to assume active charge, a substitute person or administrator shall be appointed and such substitute person shall be required to furnish a medical certificate such as that referred to above.

D. PARTNERSHIP OR CORPORATION

In the case of a boarding home owned by a corporation, partnership, society or association, the foregoing is applicable to the individual who has responsibility for management. In such cases, the Department is to be immediately notified in writing of the change in managers.

IV. APPLICATION PROCEDURE

- A. As a first step, the prospective applicant shall study all sections of this Manual to secure a basic understanding of the boarding home standards and shall study also Part I of the application form to become familiar with the application procedure. The applicant shall then secure the necessary local approvals.
- B. When such local approvals are secured, an appointment shall be made with representatives of Facility Surveys and Licensing for a preliminary conference so that the proposed operation can be fully discussed and any questionable points clarified.
- C. At this conference the prospective operator will be advised of further steps to be taken and will be given Part II of the application form which should be filled out in duplicate and one returned to the Department for processing. It should be noted that the issuance of an application form is in no way a guarantee that the application will be approved.

- D. If the application filed is in proper form, the Department will proceed with it's complete processing, including checking of references.
- E. A preliminary inspection of the premises will be made to determine whether it is in compliance with this Manual and if it is not, the applicant will be furnished with a bill of particulars as to the improvements which must be met.
- F. Upon completion of any such needed improvements, a re-inspection will be made to determine the final suitability of the structure and no license will be issued until the structure meets all physical requirements of this Manual.
- G. A license will be issued when the following conditions are met:
  - 1. When the application form is completed satisfactorily and approved by the Department.
  - 2. When the physical plant has been found to comply with all standards of this Manual.

V. DENIAL OF APPLICATION

- A. A prospective applicant who fails to file a completely satisfactory application form and to provide a structure meeting all standards of this Manual will be denied a license.
- B.
  - 1. An application made by an existing boarding home operator to expand his present facility or to secure a license for an additional boarding home facility may be denied if it appears that the operator-applicant has not demonstrated ability to operate the existing facility satisfactorily and in compliance with established standards for at least one year last past.
  - 2. This policy shall not be construed to prevent replacement of an approved structure by a physical facility which would be deemed by the Department to be more satisfactory than that already approved.

VI. NAME OF BOARDING HOME

The Department shall reserve the right to approve the name of any boarding home proposed by any new applicant and to reject any designation or name which is deemed to be unsuitable or misleading to the public or is similar to other licensed facilities. Specifically, the name of a boarding home shall in no way imply facilities and services offered that are not part of the home's program or that it is sponsored and supported by the community in which it is located.

## CHAPTER II

### BUILDING REQUIREMENTS

#### I. LOCATION OR SITE

- A. The location of the proposed home is important. Preferably, it should not be in a congested area but, on the other hand, it should be easily accessible from centers of population.
- B. Any property proposed for licensure shall be a detached single purpose building with an open separation of at least 4 feet on all sides and at least 15 feet from the curb line. No addition or other structure shall be built which would lessen the distances set forth above.
- C. The availability of a public water supply and public sewage disposal system is important. Non-public systems must be individually approved for each home.

#### II. STRUCTURE

- A. A suitable structure is essential to safe and efficient operation of a boarding home. Real care should be exercised in selecting a structure which is readily adaptable to the requirements of this Manual and which provides such resident capacity as to insure sound financial operation.
- B. The prospective applicant should make an evaluation of the proposed building giving special attention to the following factors:
  - 1. The suitability of the structure for good resident care. In this connection, appraisal should be made of the adequacy of space available for resident housing and recreation, plumbing, facilities for proper food preparation, and other details essential to efficient operation.
  - 2. The fire protection measures required for safe housing of residents.
  - 3. The extent of renovations necessary to provide adequate facilities and fire protection.
  - 4. The potential residents capacity. (The applicant will be notified of the tentative capacity at the time of the first inspection of the physical plant and final capacity will be established when all physical requirements of the building have been met and approval given).

- C. Under no circumstances should any building proposed as a sheltered care facility be constructed, purchased or leased until plans have been reviewed by the Department and the applicant advised either that the structure is suitable or can be made suitable.

### III. LOCAL APPROVALS AND FLOOR PLANS

If, in the opinion of the applicant, the building proposed for use is satisfactory (or could be made satisfactory) the following local approvals and floor plans shall be secured by the applicant and filed with the Department.

#### A. LOCAL APPROVALS

1. Zoning Authority - A written statement attesting that the proposed use of the structure is not in conflict with zoning regulations.
2. Building Inspector - A written statement attesting to the structural safety of the building.
3. Fire Department - A written statement from local fire authorities to the effect that, in their opinion, the building is satisfactory for the proposed occupancy. (The Department reserves the right to require fire protection measures which may exceed the requirements of municipalities).
4. Health Department
  - a. A written statement attesting that the building and its facilities meet local health requirements.
  - b. If the building is not serviced by a public water supply and public sewage disposal system, the local or district health officer shall inspect these services and submit a written statement of approval.
  - c. If local inspection and approval is not available, inspection of such facilities shall be made by the proper District State Health Office of the State Department of Health. (Information regarding the location of district offices can be secured from Facility Surveys and Licensing).

#### B. SCALE FLOOR PLANS

1. The applicant shall secure a scale floor plan of the basement and each floor of the building. Best results will be secured when plans are drawn by a registered architect.

2. Plans shall be secured in duplicate so that a copy may be placed on file with the Department. In addition to the plans, drawings or photographs showing at least three sides of the building shall be secured.
3. When an applicant presents architectural plans or sketches for Departmental approval or when a licensed operator seeks approval of plans or sketches for an addition to an existing licensed facility or for renovation within an existing licensed facility, such approval, when given, shall be null and void unless actual construction begins within a period of one year. In the event that such applicant or licensed operator does not begin construction within the time specified and intends to do so at a later date, such plans and sketches must be resubmitted for approval.

#### IV. OFFICE CONFERENCE

- A. When the scale plans and local approvals have been secured, an appointment shall be made in advance with representatives of Facility Surveys and Licensing to discuss both the building under consideration and the other matters affecting proper operation of the home.
- B. At this conference, floor plans of the building will be reviewed and every possible assistance given to the prospective operator to plan the structure for efficient resident care.
- C. In the event that renovations are essential, recommendations will be outlined in writing. Such renovations should be planned and supervised by a registered architect and shall not deviate from the recommendations outlined by this Department unless written approval is secured.

#### V. INSPECTION OF BUILDING

- A. If necessary, an inspection of the property will be made by representatives of the Department after local approvals have been filed.
- B. Upon completion of any renovations or new construction, the applicant shall submit written notification that the work has been completed in accord with specifications of the Department. No further structural changes may be made without pre-approval of the Department.
- C. In any event, a final inspection of the premises shall be made and if completed work appears satisfactory, the building will be approved.



- D. The applicant should understand that approval of the structure does not, in itself, constitute permission to accept residents. Such permission will be based in part upon other factors such as adequacy of personnel, equipment, and the other requirements of this Manual.

## VI. BUILDING OCCUPANCY

- A. No structure licensed as a boarding home should be utilized for any other purpose. This regulation shall not be construed to eliminate housing quarters of the owner or his family, the administrator, or other staff members.
- B. Definitions
  - 1. A first floor is a story in which the floor level is above the curb level.
  - 2. A basement is a story in which the floor level is below the curb level.
- C. Resident occupancy shall be limited to floors above the curb level. However, under certain conditions, basement occupancy may be permitted. No such occupancy will be allowed if more than one-half the height of the room or rooms in question is below curb level and if there are other conditions which might militate against the health, safety or welfare of the resident. Any person requiring assistance of personnel to ambulate stairs must be housed on the first floor. In no case can a resident with a walker, crutch(es), or leg brace(s) be housed above or below the first floor.

In special situations where the topography is such that certain resident areas have an entrance or exit from the outside above grade, resident occupancy will be allowed.
- D. Resident occupancy above the second floor shall be prohibited unless the building is of fire-resistant construction.
- E. If the structure is of fire-resistant construction, rooms above the second floor will be reviewed on an individual basis to determine whether they are suitable for occupancy by residents and approval of such rooms will be granted or denied after review of the individual situation.
- F. Elevator service shall be provided for resident occupancy above the second floor in fire-resistant buildings specifically approved for such occupancy.

## VII. RESIDENT BEDROOMS

- A. All residents' rooms shall be located in areas providing direct natural light and ventilation.



- B. All rooms occupied by residents shall have direct access to corridors and toilet facilities without the necessity of passage through rooms of other residents, kitchen or dining areas, recreation rooms, reception rooms, etc.
- C. Only the spaces unobstructed by doors, windows, radiators, etc., shall be suitable for placement of beds.
- D. Sleeping rooms for one resident shall have a minimum of 70 square feet of floor area.
- E. In sleeping rooms occupied by more than one resident, a minimum of 50 square feet of floor space per bed should be used as a guide. However, there must be three feet between beds to insure general comfort and safety to residents, and there must be space for storage of personal possessions and additional space to provide a chair for each bed and also for unobstructed passageway.
- F. No more than four residents shall be housed in any one room regardless of its size.
- G. In no instance shall persons of opposite sexes be permitted to be housed in the same room unless they are husband and wife. In the case of husband and wife, double beds may be used, but in no other instance.
- H. No room shall be approved for resident occupancy unless it meets all specifications of this Manual.

### III. TOILETS AND BATHS

On each floor utilized by residents for sleeping purposes there shall be toilet and bath facilities accessible from a common corridor. On other floors utilized by residents, there shall be at least a toilet and lavatory available and accessible from a common corridor.

Toilet and bath facilities shall be available in the following minimum ratios:

Toilets - one to eight residents

Wash basins - one to eight residents

Tub or showers - one to fifteen residents

These ratios exclude family members and resident employees.

SUBCHAPTER 7 - MANUAL OF STANDARDS FOR BOARDING HOMES  
FOR SHELTERED CARE (APPLICABLE TO RESIDENTIAL FACILITIES  
OF INCORPORATED HOMES FOR AGED)

All currently licensed facilities with resident occupancy above the second floor level in non-fire resistant buildings must comply with the following recommendations by July 1, 1974. Such regulations were adopted by the Department of Health with an effective date of January 1, 1974.

1. A comprehensive automatic sprinkler system is to be provided.
2. All floors above the first level are to be subdivided into two sections by a one-hour fire-resistant wall and doors equipped with magnetic hold-open devices, connected to smoke detectors. A means of egress that leads directly to an outside place of refuge must be provided from each subdivision. An outside place of refuge is defined in Section 5-1221 and A-5-1221 of the Life Safety Code 101 of the National Fire Protection Association. The yards, courts or other open spaces to which exits discharge shall be of such size as to provide a minimum of three square feet per person and such area shall be at least 35 feet from the building.
3. Facilities with occupancy above the third floor are to provide two means of egress of Class "B" construction from each subdivision that leads directly to an outside place of refuge. Class "B" construction is defined in Section 5-3111 through Section 5-3:76, inclusive of the Life Safety Code 101 of the National Fire Protection Association. All interior stairways, determined not to be an acceptable means of egress to the outside, are to be protected on all floor levels with Class "B" construction. Doors in this construction are to be equipped with magnetic hold-open devices connected to smoke detectors.
4. All exposed wood construction in the basement is to be protected with one-hour fire-resistant materials. All exposed wood construction shall mean the basement ceiling and all structural members.

5. Illuminated signs are to be provided at all approved exits in the building. Approved exits shall be those in accordance with the requirements of Chapter III, Section IV, of the Manual of Standards for Boarding Homes for Sheltered Care.
6. Emergency lighting is to be available at all times, in hallways, corridors and stairways, to enable residents to make their way out of the facility in the event of an emergency. An automatic standby generator is preferred, but self-charging battery type emergency lights are acceptable.

IX. LIVING AND RECREATION ROOMS

- A. A suitable living room(s), comfortably furnished, shall be provided to insure adequate seating for two-thirds of the licensed capacity of the home.
- B. A living room(s) shall have ample space for appropriate socialization and other resident activity, such as letter writing, card playing, etc. In addition, it is recommended that space for such diversional activity as radio, television, reading, etc., be available to residents.
- C. Large homes (those with a licensed capacity of 30 residents or more) shall provide multiple living or recreation rooms for the socialization of residents.

X. DINING ROOM

- A. A dining room or rooms of sufficient size and properly equipped to seat comfortably all the residents of the home at one sitting shall be provided.
- B. The dining room shall be a separate area and shall not be a part of any other room.
- C. Space shall be adequate to provide for flexible seating arrangements recognizing individual eating habits and preferences of residents.

XI. CORRIDORS AND STAIRWAYS

- A. All corridors, stairways and other exit facilities shall be a minimum of 36 inches wide from wall to wall.
- B. Stairways and open platforms shall be provided with suitable handrails or banisters if practicable. Such handrails and banisters shall be securely attached and of sufficient height to guard against accidents.
- C. Tread coverings of the non-skid type shall be provided on all stairways used by residents.

XII. STORAGE SPACE

Sufficient and adequately lighted storage space shall be provided in the home for the proper storage of residents' clothing, linens, drugs, food, cleaning and other supplies.

XIII. HEATING

- A. Central heating from a single heating plant shall be provided for all areas in the boarding home.

- B. The heating plant shall be adequate to maintain in all areas used by residents a temperature of 75 degrees F. during the coldest weather.
- C. The normal temperature of the home shall always be kept at 72 degrees or above.
- D. In all new installations of oil furnaces and equipment, tanks shall be located outside the building. In structures where oil burning equipment has already been installed, the vent pipe and fill pipe shall be located outside the building.
- E. An identifiable electrical emergency shut-off switch for any oil burner shall be provided on the first floor and not in the basement.
- F. Heating by an open fireplace shall be restricted in keeping with the standards on fire protection in Chapter III of this Manual.

#### XIV. LIGHTING

- A. Artificial light shall be by electricity only.
- B. The individual rooms used for sleeping purposes by residents shall have sufficient natural and artificial light. The total glass area of such rooms shall be not less than 10 percent of the floor area.
- C. All rooms used by residents, including hallways, corridors and stairways, shall be lighted by natural or artificial light at all times.
- D. All corridors, bathrooms, and stairways shall be equipped with proper night lights.
- E. At least one permanently installed electric outlet shall be accessible for each resident bed.
- F. In addition to ceiling lights, there shall be a bedside light for each bed and such other type light fixtures as are necessary to meet the individual needs of residents for reading, writing and other purposes.
- G. Emergency lights shall be available at all times for hallways, corridors and stairways to enable residents to make their way about the home in the event of normal power failure. An automatic standby generator is preferred, but self-charging battery-type emergency lights are acceptable.

XV. VENTILATION

- A. All rooms used by residents, including bathrooms, toilets, kitchen and storage areas, shall be adequately ventilated by either natural or mechanical means.
- B. The total ventilation area of a room used by residents shall be not less than 4 percent of the floor area.

XVI. PHYSICAL MAINTENANCE

The building and grounds shall be well-maintained at all times. Both the interior and the exterior of the home shall be kept in good condition to insure an attractive appearance, to provide a pleasant atmosphere, and to safeguard against deterioration of the premises. The home shall be kept free from fire hazards and other hazards to health and safety.

## CHAPTER III

### FIRE PROTECTION

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#### I. PREVENTION

Prevention is the keynote of fire protection and the boarding home operator shall make every effort to safeguard against the existence of fire hazards in the interest of protecting both lives and property. It is in these interests that the Department has adopted the fire protection measures in this Manual.

#### II. FIRE DETECTION SYSTEM

All boarding homes shall have an automatic fire detection system of a type approved by the State Fire Marshal. No such installation shall be made without the written approval of the State Fire Marshal. (See insert Page 23A)

#### III. HORIZONTAL ZONING

- A. To provide horizontal fire zoning, all floors above the first floor of any non-fireproof building which is occupied by residents, and which exceeds 3,000 square feet in area, shall be divided into separate areas by horizontal smoke and fire partitions of at least one-hour fire-resistance rating.
- B. Specifications on materials which provide such rating may be obtained from the Fire Insurance Rating Organization of New Jersey, Newark.
- C. All doors provided in such partitions shall have the following:
  - 1. A fire-resistance rating of at least one hour.
  - 2. Be equipped with a positive latch.
  - 3. Be equipped with a self-closing device so installed that the door will close automatically if held open.
  - 4. Be equipped with a fusible link if held open.
- D. All doors shall be tight-fitting.
- E. Doors shall be at least 36 inches wide.

- F. Doors in fire-resistance partitions, to meet the one-hour rating requirement, shall be:
  - 1. Hollow metal doors, or
  - 2. Solid wood doors of the flush type not less than 1 3/4 inches thick.
- G. Doors as specified above shall have panels for clear vision and all such panels shall have clear wire glass set in metal frames.

#### IV. STAIRWAYS AND EXITS

- A. Two satisfactory and easily available means of egress, remote from each other and preferably at opposite ends of the building, shall be provided from each floor occupied or utilized by residents, owners or personnel. Such exits shall lead directly to the exterior of the building.
- B. Stairways and hallways leading to the exterior shall be kept free and clear of obstructions at all times
- C. All exit doors to such stairways shall be clearly marked.
- D. The two primary exits on the first floor shall open outward. Exits through kitchens will not be considered a primary means of egress but an auxiliary means only.
- E. No stairway referred to as a "winder" will be accepted as satisfactory.
- F. In the event that a fire escape is necessary to provide an acceptable second means of egress, it shall be constructed in conformity with standards of the Department.

#### V. STAIR ENCLOSURES

- A. All interior stairways, except those leading to the basement, shall be properly enclosed to prevent the upward spread of smoke, flame and fumes.
- B. Enclosures shall have a one-hour fire-resistance rating. They may be constructed of 3/4 inch gypsum plaster on metal lath on each side of 2 x 4 wood studs, or equivalent, or of wire glass in metal framework. All construction proposed as "equivalent" shall be approved by the Department. In enclosures there shall be no movable transoms or movable interior windows and all transoms and interior windows shall be of wire glass in metal frame.



C. Doors in enclosures shall be:

1. Hollow metal doors, or
2. Solid wood doors of the flush type not less than 1 3/4 inches thick.
3. Doors shall be at least 36 inches wide.
4. Such doors shall have transparent wire-glass vision panels which shall not exceed 100 inches in area and all such panels shall be installed in metal frames.
5. All such doors shall be self-closing and tight-fitting, shall open in the direction of egress and shall be equipped with positive latches.
6. Double doors shall be prohibited.

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

VI. DUMBWAITER AND LAUNDRY CHUTES

A. All dumbwaiters, laundry chutes or other vertical openings which are not fireproof shall be enclosed with 3/4 inch gypsum plaster on metal lath on each side of the studs, or equivalent. The top of the shafts shall be sealed with material having a fire-resistance rating of not less than one hour.

B. All doors in shafts shall be:

1. Hollow metal doors, or
2. Solid wood doors of the flush type not less than 1 3/4 inches thick.
3. All doors shall be tight-fitting, of the self-closing type, and equipped with positive latches.
4. Vision panels in such doors and openings shall be prohibited.

VII. ELEVATORS AND ELEVATOR SHAFTS

Elevator shafts shall be of fire-resistant construction, or shall be protected in accord with regulations listed for stairway enclosures and enclosure for dumbwaiters and laundry chutes.

#### VIII. BASEMENT

A. Doors at the head of basement stairways shall be:

1. Hollow metal doors, or
2. Solid wood doors of the flush type not less than 1 3/4 inches thick.
3. All doors shall be tight-fitting, of the self-closing type, and equipped with positive latches.
4. Vision panels in such doors shall be prohibited.

B. Basement Ceilings

1. Basement ceilings shall be protected with metal lath and plaster, or equivalent construction approved by the Department, except in cases where such ceilings are already covered with plaster (on wood lath) in good condition. In all cases, hollow partitions shall be effectively fire-stopped with material of at least one-hour resistance rating. Side walls and ceilings enclosing basement stairways shall be protected in the same manner as basement ceilings.

As alternatives to the type of protection mentioned above, the following ceiling protection will be permitted:

- a. A ceiling of not less than 5/8 inch U.L. rated plasterboard, nailed to joists, cemented and taped at joints.
  - b. Coat all ceiling wood (including joists and crossbars) with approved fire retardant paint. All vertical openings shall be plugged or sealed prior to painting.
2. If there exists a wood lath or metal lath ceiling under the joists and the plaster on such ceilings is broken or deteriorated, it shall be replaced with facing, or the broken lath and plaster shall be torn down to exposed wooden joists. Proceed as per item 1 above.
  3. 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.

4. Licensed facilities protected with a comprehensive automatic sprinkler system, shall be exempt from the protective measures required for combustibile basements and basement ceilings.
5. Smoke pipes from heaters to chimneys shall not pass within 18 inches of ceilings even though the ceiling may have been protected with metal lath and plaster. (If it is not possible to place the smoke pipe 18 inches from such ceiling, other adequate protective measures will be recommended by the Department).

IX. FIRE RETARDANT PAINT

Approved fire retardant paint shall be a product meeting the minimum requirements set forth in the Department's specifications, and which product has been approved by the Office of the State Fire Marshal. (See Insert Page 23D)

X. ELECTRICAL WIRING

- A. There shall be no temporary wiring in the home.
- B. All electrical accessories shall carry U. L. approval.
- C. All basement electrical wiring shall be in BX cable or equivalent and all outlets shall be of approved type.
- D. A licensed boarding home operator shall, on or before January 1st of each year, submit a written statement by a licensed electrician that the electrical circuits and wiring in the home are satisfactory. This report should include the date of inspection and should give assurance that circuits are not overloaded, that all wiring and permanent fixtures are in good condition and that all portable electrical appliances, including lamps, are equipped with U. L. approval.

XI. KITCHENS

- A. Since kitchens constitute hazardous areas, other areas of the home shall be protected from such hazards by the sealing of all openings, except doorways, and by the protection of all horizontal openings by materials of at least one-hour fire-resistance rating.
- B. Kitchen doors shall be:
  1. Hollow metal doors, or
  2. Solid wood doors of the flush type not less than 1 3/4 inches thick.

3. Doors leading from kitchens to adjacent areas shall swing in one direction only, shall be self-closing, tight-fitting, and equipped with positive latches.
  4. Such doors shall have transparent wire-glass vision panels which shall not exceed 100 inches in area and all such panels shall be installed in metal frames.
- C. Kitchen exhaust fans and metal ducts shall be kept free of grease and dirt at all times, and metal ducts from such fans shall extend at least 2 feet beyond the building. Areas around kitchen ranges shall be kept free of grease at all times.
- D. Metal hoods and exhaust ducts over kitchen ranges are not required. However, where such facilities exist or are installed, construction standards of the National Board of Fire Underwriters shall be met.

## XII. LAUNDRY EQUIPMENT

Where such equipment is limited to ordinary household types, no special protective measures are essential.

However, if commercial type equipment is utilized, it shall be installed in a separate laundry room because of the hazards involved. The remainder of the home shall be protected from the laundry room by partitions and openings of at least one-hour fire-resistance rating. Doors to such laundry rooms shall be protected in accord with the regulations affecting doors leading to kitchens. (For other regulations regarding laundry services, see "Laundry" under Chapter IV).

## XIII. FIRE ESCAPE SPECIFICATIONS

- A. Plans for all fire escapes must be approved by the Department prior to any actual construction and must show in detail all buildings adjacent to fire escapes.
- B. Wood Fire Escapes
1. Outside stringers must be of the closed type, 3 inches by 12 inches, and there must not be less than 3 string pieces. Treads must be 2 inches by 10 inches, not less than 48 inches in the clear and properly supported on pieces 2 inches by 4 inches well spliced to stringers.
  2. All platforms must be supported by uprights not less than 4 inches by 4 inches, properly braced.

3. The fire escape should be directly accessible from the interior and so arranged as to make clear the direction of egress.
4. All exit doors to fire escapes shall be clearly marked.
5. Fire escape stairways should lead away from the building and not run alongside.
6. All doors leading to fire escape shall swing outward and should lead to a platform, level with the door, and the width of the platform shall not be less than 48 inches square.
7. Runways, stairs and all landings shall not be less than 48 inches in the clear and all shall be equipped with a suitable handrail braced at every third tread and with an intermediate guard rail.
8. The rise of steps must not exceed 7 1/2 inches. The treads of steps must not be less than 9 1/2 inches exclusive of nosing.
9. No run of steps shall have more than 17 risers unless an intermediate platform is provided.
10. No counter-balances fire escape is acceptable but all shall be permanently fixed in place.
11. All fire escapes shall have concrete footings extending at least 3 feet below grade.

C. Steel Fire Escapes

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

D. Existing Fire Escapes

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

STATE OF NEW JERSEY

Department of Health

GUIDE FOR REVISED REGULATIONS ON PATIENT  
OR RESIDENT SMOKING

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

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

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

XIV. FIRE EXTINGUISHER SPECIFICATIONS

- A. There shall be an adequate number of fire extinguishers in the basement and on each floor of the building, all of which should bear the seal of the Underwriters' Laboratories.
- B. Extinguishers shall be conspicuously hung and kept easily accessible and all shall be recharged and inspected in accord with the manufacturer's specifications. Each shall be labeled to show the date of such annual inspection and refilling.
- C. The following types of extinguishers shall be provided:
  - 1. In kitchen areas (because of the danger of grease fires), extinguisher should be a 5-lb. CO2 or dry chemical.
  - 2. In the basement area, extinguisher shall be a 5-lb. dry chemical if oil is used as a fuel. If coal is used, 2 1/2 gallon air-pressurized water-type extinguishers shall be provided.
  - 3. Generally throughout the house, there shall be a sufficient number of 2 1/2 gallon air-pressurized water-type extinguishers and these shall be located in strategic areas.

XV. OPEN FIREPLACES

- A. The use of an open fireplace shall be restricted to the living and recreation rooms on the first floor of the home.
- B. The fireplace shall be constructed of all non-combustible material and shall be kept clean and in good condition.
- C. When used, it shall be protected by metal screens.
- D. When in use, it shall be under the direct control and supervision of a responsible employee.
- E. After use, the fire shall be totally extinguished.

XVI. SMOKING BY RESIDENTS

Careless smoking by residents presents a continuing threat and danger.

- A. Residents shall never be permitted to smoke alone in their rooms and in other secluded areas.
- B. Restricted smoking areas shall be designated and rules governing such smoking promulgated and rigidly enforced.



- C. Large metal, ceramic, or non-flammable ashtrays in sufficient numbers shall be provided in permitted smoking areas so that residents will not be tempted to utilize such flammable items as paper cups, waste baskets, etc., for the disposal of ashes or "butts."

#### XVII. FIRE RULES AND REGULATIONS

- A. Each home for sheltered care shall develop specific fire rules and regulations.
- B. Such rules shall be formalized in writing and posted in a prominent place within the home.
- C. Such rules should outline the procedures to be followed in the event of fire, shall list the telephone number of the local fire department, and outline the procedure for notifying such department in the event of need.
- D. These regulations shall include an evacuation plan for residents, owners and personnel.
- E. Employees shall be instructed in the location and use of fire protection equipment and the procedures to be followed in the event of an emergency. Such instruction shall be reviewed at least once a month.
- F. A copy of all fire rules and regulations shall be forwarded to the State Fire Marshal who will review and record the receipt of such regulations.

#### XVIII. FIRE SAFE HOUSEKEEPING AND STORAGE

- A. Good housekeeping practices are of basic importance for an effective fire prevention program. All areas within the home, including basements, shall be maintained in a neat and orderly fashion.
- B. The storage of combustible materials shall not be permitted within heater rooms or within 18 feet of any heater located in an open basement.
- C. Paints, varnishes, lacquers, thinners, and all other flammable materials and liquids shall preferably be stored outside the building, but minimum supplies may be kept in basements if stored in closed metal cabinets or containers.
- D. Basements shall be kept in good order and reasonably clear of excess furniture and equipment, and shall never be used for indiscriminate storage. However, neat stacks in original containers shall be permitted in basement storerooms.

- E. All unnecessary combustible partitions within the basement shall be removed.
- F. All ashes shall be kept in metal containers.

XIX. LOCAL FIRE DEPARTMENTS

The boarding home operator shall solicit the cooperation of the local fire departments for the following specific purposes:

- A. To request periodic fire and safety inspections. A minimum of one annual inspection is recommended.
- B. To assist in pre-planning for fire emergencies and evacuation of the home.
- C. To seek general advice as to fire protection measures which they deem important.

XX. STATE FIRE MARSHAL

Advice or interpretation of the fire protection standards of this Manual shall be obtained from the State Fire Marshal, Department of Treasury, State House, Trenton, New Jersey 08625.

SPECIFICATIONS FOR ELECTRICAL AUTOMATIC FIRE ALARM &  
DETECTION SYSTEMS

OFFICE OF THE NEW JERSEY STATE FIRE MARSHAL

1. General - Automatic Fire Alarm Systems acceptable to this office for protection of Sheltered Boarding Care Homes are to be comprised of components listed by either Underwriters' Laboratory, Inc. or Factory Mutual Engineering Laboratories and so labeled. In addition to these component parts, the wire used in connecting the panel, detectors, gong, break stations and any other pieces of equipment which may comprise a complete system, or any specific job, shall be Underwriters' Laboratory labeled. The complete installation shall be made in accordance with applicable standards of the National Fire Protection Association and the National Board of Fire Underwriters' or as specified herein.
2. Control Unit - The control unit shall be of the closed circuit supervisory type. Its main power source shall be six or twelve volts direct current obtained from the lighting service through a transformer rectifier combination. For emergency operations, the fire alarm system control unit shall obtain direct current for system operation from dry batteries of the size and type that have a minimum shelf-life span of one year, wet type batteries with a trickle charger or directly from an automatic electrical emergency generator.

This system shall automatically transfer to emergency power in the event of main power failure. The change shall be accomplished without interruption of service and shall not cause a fire alarm signal. Failure of the main power source shall cause the sounding of an audible trouble signal. System operation shall automatically return to the main power supply upon its restoration. A break in detector circuit conductors shall cause a trouble signal to sound. A silencing switch may be provided for the audible trouble signals and shall be so arranged that a trouble light will be energized at all times when the switch is in the "off" normal position. The trouble signal shall be separate and distinct from that of an alarm signal.

All alarm signals must automatically lock in at the control panel until manually reset. The manual reset switch shall be of the self-restoring type which cannot be left in an abnormal position.

3. Audible Signals - Gongs shall be of the heavy duty continuous vibration type, except that the single stroke type may be used when a coded system is required by this office, and shall bear the label of Underwriters' Laboratory, Inc., or Factory Mutual Engineering Laboratories. Gongs shall be of sufficient number so that in the event of an alarm all occupants in the entire building will be alerted. Gongs shall be no less than 8" in diameter.

4. Manual Break Stations - At least one manual break station shall be installed at the main entrance to the building. Others shall be installed as this office directs.
5. Annunciator Units - Each fire alarm system control panel shall have a means of connecting an annunciator unit. This annunciator unit shall show by means of an indicating lamp from which floor or section of the building the alarm is being transmitted.

In buildings with extremely large occupancy a coded alarm system will be required in lieu of an annunciator panel, at the discretion of the Fire Marshal's office.

6. Automatic Heat Detectors - All automatic heat detectors shall be approved by Underwriters' Laboratories, Inc. or Factory Mutual Engineering Laboratories and installation spacing shall not exceed recommended maximums specified by the Laboratories. Detectors shall be mounted on the ceiling or if need be, on the wall, no more than 12" from the ceiling. When installed in an area where open joist exists, they shall be mounted on the lower side of the joist.
7. Automatic Smoke Detectors - Smoke Detectors shall be mounted on the ceiling at the top of all stairwells and vertical shafts and shall be compatible with the automatic heat detectors and shall form an integral part of the entire system.
8. Remote Stations - Where feasible, the system is to be tied to a remote station receiver located in local fire headquarters or to a central station, providing a 24 hour answering service. Acceptance of this type remote connection is subject to the approval of the local authorities having jurisdiction.
9. Guarantee and Service Contract - An agreement shall exist between the installing company and the building owners providing for three year's service, free of charge. This service agreement shall include semi-annual inspections and each inspection shall include an operational test of at least one-half of the detection devices installed. At the end of the three-year period, the building owner must enter into a contract with a competent fire alarm installation or service company or licensed electrician to provide a continuation of service and semi-annual inspections. Systems upon which a service contract is not in effect will have the approval of the Fire Marshal's office revoked. All service agreements shall include provision for 24 hour emergency service. Fire alarm companies or licensed electricians who enter into a service contract shall submit a report of the results of the subject service inspections to the Fire Marshal's Office. (In certain areas local fire departments may require submission of record of inspection).

10. Installation - The fire alarm system shall be installed in a workmanship like manner in accordance with standards set forth in N.F.P.A. and N.B.F.U. pamphlet #72, and in accordance with the recommendation of the equipment manufacturer. Where possible, all detector circuit wiring shall be concealed. System wiring shall be enclosed in rigid or thin-wall conduit, securely fastened to ceiling or wall, only when exposed less than 7' from the floor. Circuit wiring between buildings shall be installed underground wherever possible or on existing poles for overhead runs.
11. Comprehensive Automatic Sprinkler System - Licensed facilities protected with a comprehensive (F.I.R.O. approved) automatic sprinkler system shall be exempt from the protective measures required for electrical automatic detector systems.
12. Preliminary Approval - It is required that a detailed explanation in the form of a proposal is to be submitted for approval or a drawing, to scale, showing the location of the equipment. Upon receipt of this information, the Fire Marshal's office will issue a Preliminary Approval of the subject installation.
13. Final Approval - UPON NOTIFICATION OF COMPLETION, EVERY INSTALLATION WILL BE SUBJECT TO A COMPLETE INSPECTION BY THE FIRE MARSHAL'S OFFICE. NO INSTALLATION SHALL BE GIVEN FINAL APPROVAL BY THIS OFFICE IF SAID INSTALLATION AND EQUIPMENT DOES NOT COMPLY WITH THE STANDARDS SET FORTH IN THESE SPECIFICATIONS.

OFFICE OF THE FIRE MARSHAL AND SAFETY DIRECTOR

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.
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 cycle).
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 Paragraph 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, Connecticut.)
  - 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)

- d. VIMASCO - Type 52-5; 52-10. Approved in one coat at 200 sq. ft. per gallon. (Vimasco Corp., Nitro, W. Virginia 25143)

PAINTS APPROVED IN TWO-COAT APPLICATION

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

PRELIMINARY PROPOSAL  
FOR INTENDED COMPLIANCE WITH FIRE REGULATIONS  
OF N.J. DEPARTMENT OF TREASURY  
FOR APPROVED BOARDING HOMES FOR SHELTERED CARE

(Note: Fill out this form and return to Office of State Fire Marshal, State Department of Treasury, State House, Trenton, New Jersey 08625)

From: \_\_\_\_\_

DATE: \_\_\_\_\_

I. SPECIFIC AREA FOR COMPLIANCE

	Floor Area (length x width)	Joists Dimension	Actual Sq. Ft.
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 \_\_\_\_\_



CHAPTER IV  
ADMINISTRATION

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I. ADMISSION POLICY

A. TYPE OF RESIDENT

1. Persons suitable for admission to a boarding home shall be carefully screened by the operator or administrator to guarantee that the needed care and service is available and is in keeping with the standards of this Manual. It is advisable that an effort be made to select residents who will constitute a homogeneous group.
2. A boarding home shall accept for admission and shall retain in the home only those persons who require no nursing care and those who meet the definition of a resident. This regulation shall not apply to the operator or administrator, family members or employees of the home.
3. While a boarding home may legally accept or retain one person who meets the definition of a patient, the Department strongly advises against the acceptance or retention of any such persons.

In this connection, it is pointed out that any home which accepts or retains two or more such patients shall be in violation of the Nursing Home Law and subject to money penalty.

B. USE OF HOME

1. While all boarding homes for sheltered care are required to meet the minimum standards of this Manual, the programs of individual homes may vary one from the other. Therefore, individuals, relatives, and public or private agencies arranging for accommodation of residents should review the program of the individual home to determine its suitability for the type of resident to be accommodated.
2. Sponsors, public or private agencies or other interested persons visiting boarding homes should feel free to contact the Department advising of the existence of any conditions which appear unsatisfactory to them.

C. CAPACITY OF HOME

1. The license capacity of the home as set by the Department shall not be exceeded.
2. In the event of an actual emergency where the operator deems it essential to exceed licensed capacity temporarily, the operator shall notify the Department at once by telephone of the circumstances which lead to excess capacity, shall advise of the steps being taken to reduce the capacity to its normal point, and shall indicate the date on which the census will return to that point.
3. If the Department decides that exceeding the licensed capacity was not justifiable, the matter will be referred to the Attorney General with the recommendation that a fine be imposed.

II. RECREATION AND DIVERSION

The primary function of a boarding home is to provide residents service along with personal care. However, recreation and diversion activities also should be provided and adjusted, so far as practicable, to meet the individual needs of residents.

III. PRIVACY, PRIVILEGES AND VISITING POLICY

- A. The operator shall exercise such supervision as is necessary to insure orderly group living. However, such supervision shall be flexible to permit residents to participate in interests and activities outside the home, such as attending local movie shows, going for walks or to community affairs, and engaging in other types of social and recreational activities.
- B. The operator shall make certain that the life of residents, insofar as privacy is concerned, is respected at all times.
- C. The home shall avoid any unreasonable schedule concerning the hours at which residents shall rise in the morning or retire at night.
- D. Residents shall be permitted to rest in their rooms for such periods as may be consistent with their individual needs.
- E. Visiting by relatives and other interested persons should be encouraged and all residents should be permitted to receive visitors, including relatives, friends, clergy, and representatives of public and private agencies.

- F. Complete privacy shall be afforded for such visits when requested by the resident. A pleasant physical environment should be provided.
- G. Visiting by children shall not be prohibited. However, this shall not be construed to prevent the operator from exercising reasonable control.
- H. Visiting should be permitted daily and during those hours when residents are normally active.

#### IV. MAIL SERVICE

The mail received in the home shall be promptly delivered to the residents and under no circumstances is the operator or any employee to open sealed mail prior to delivery to the residents.

#### V. TELEPHONE SERVICE

Telephone services shall be available upon request for use by residents at all times and privacy shall be afforded for such calls. However, this shall not be construed to prevent the operator from exercising reasonable control.

#### VI. PERSONNEL POLICY

- A. The person who has charge of supervising the residents and activities in the boarding home shall be of good moral character, in good physical and mental health, temperamentally suited to care for elderly persons, and able to actively perform the duties required of the position at all times.
- B. There shall be at least one responsible person other than a resident on the premises at all times in each building or structure occupied by residents to provide necessary supervision.
  - 1. In homes with 24 or more licensed beds, there shall be active supervision of all residents 24 hours per day on duty and awake on the premises.
  - 2. In homes with less than 24 licensed beds, active supervision shall be provided except during the normal sleeping hours of residents (usually between 10 P.M. and 6 A.M.). Between such sleeping hours inactive supervision shall be accepted. Inactive supervision requires having a responsible person (other than a resident) on duty and available on the premises for care and services but not necessarily awake.

Note: The Department recommends the use of a mechanical alert system during periods of inactive supervision.

STATE OF NEW JERSEY

Department of Health

PHYSICAL EXAMINATIONS FOR INSTITUTIONAL PERSONNEL

The following regulations on pre-employment and annual physical examinations, adopted by the State Board of Control on January 22, 1969 and effective that date, shall be applicable to all institutional facilities, except hospitals, licensed by the Department. These regulations replace those previously approved by the Department and have been made a part of the Manual of Standards for licensed institutional facilities. Full compliance shall be mandatory by January 22, 1971.

All regularly paid personnel shall have pre-employment physical examinations to include blood serology tests and x-rays of chest or tuberculin tests followed by x-ray of chest if indicated, but in no case shall the completion of the examination take more than two weeks. Since the health of employees is directly related to the program of the institutional facility or home, these physical examinations shall be repeated and recorded annually.

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

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

- C. In all boarding homes with more than 24 beds, there shall be a sufficient number of on-duty employees (other than residents) to provide a minimum of one hour of supervision for each resident during a 24-hour period.

On-duty employees may include persons engaged in the direct supervision and care of residents, and also those providing basic services, as food service, housekeeping, laundry, and general maintenance, who, by reason of their availability on the premises, are available to provide care and supervision as needed.

- D. The personnel ratios of this Manual are minimum only and the boarding home should employ persons in sufficient number and with sufficient ability and training to provide the basic care and supervision required in this Manual.
- E. Because the personal care and supervision of residents may at times involve serious responsibility, such as the satisfactory storage of medications, ability to make proper decisions in periods of emergency, etc., no employee responsible in any way for the care of residents shall be less than 18 years of age.
- F. Personal care and services for female residents shall preferably be provided by a female employee.
- G. The operator or administrator shall maintain a time record indicating the hours worked by all responsible persons and employees.
- H. The operator shall be responsible for the proper instruction of all employees who may be required to act in his or her capacity during periods of the operator's absence from the home.
- I. All regularly employed personnel shall have pre-employment physical examinations and it is desirable that such examinations include a chest x-ray and Wassermann. Since the health of personnel is directly related to the program of the home, it is strongly advised that regular annual physical examinations be a matter of routine practice.
- J. Personnel with any reportable communicable disease, infection or exposure thereto, shall be excluded from the boarding home until examined by a physician who shall certify to the operator that the condition will not endanger the health of residents or other employees.

## VII. RECORD MAINTENANCE

- A. The maintenance of good records is a protection both to the resident and to the boarding home operator.

- B. Records and information regarding the individual resident should be considered confidential and access to them limited to responsible persons.
- C. All records shall be maintained for a period of ten years after discharge of a resident from the home.
- D. The following records shall be maintained and shall be kept available on the premises for review at any time by representatives of the Department of Health.

- 1. Register

A boarding home register which contains a current census of all residents along with other pertinent information shall be maintained by each boarding home. The following standards for maintaining the register shall apply:

- a. The operator should make all entries in the register and be responsible for its maintenance and safe-keeping.
- b. The register should be kept up-to-date at all times. Admissions, discharges and other changes should be recorded preferably within 24 hours.
- c. The register, being a permanent record, should be kept in a safe place and preferably in a fire-resistant container.
- d. All entries into the register should be made clearly and in ink.

- 2. Resident's Records

Each resident's record shall include an admission record, a medical certification, a record of physician's visits, and a death record when applicable.

- a. Admission Record --- This shall include the name of the resident, last address, date of birth, name and address of sponsor or interested agency, date of admission, date of discharge or death, the name, address and telephone number of physician to be called, and the name and address of nearest relative or friend together with any other information the boarder wishes to have recorded.

- b. Medical Certification --- This shall include a statement by a physician of a person's suitability for admission to the home. The operator shall be responsible for having such a certification properly completed and signed by a physician. There shall be such a certification on every resident in the home. If question arises regarding payment for the services of a physician in examining the resident and executing the certificate, this should be resolved by the operator in conjunction with the resident or interested relative, person or agency.

The Department strongly recommends that when first contact is made regarding the placement of a resident in the home, the interested relative, person or agency should be requested to have the medical certification completed before admission.

- c. Death Record --- Whenever a resident dies in the home, the operator shall obtain a certificate from the physician giving date, time and cause of death, and such information shall be recorded in the resident's record and be readily available at all times. Bodies of deceased persons shall not be released to the undertaker until death has been pronounced by the physician.
- d. Record of Physician Visits --- A complete record of physicians' visits including dates, physician's signature, and physician's comments (if any) shall be maintained for each resident.

#### E. UNUSUAL INCIDENT REPORTS

Any major occurrence or incident of an unusual nature shall be reported immediately to Facility Surveys and Licensing by telephone and all such telephone reports shall be confirmed in writing to the Bureau as soon thereafter as possible.

1. Reports should be made on incidents such as a serious accident or injury to a resident, suicide or other unusual type of death of a resident, a missing resident, or a fire in the home with loss of either life or property.
2. The Bureau normally can be reached by telephone Monday through Friday between 9:00 A.M. and 5:00 P.M.

F. OTHER RECORDS

Operators may be required to maintain and keep certain other type records needed by public or private agencies who either sponsor or place residents in the home or have other valid purposes for requesting such records.

VIII. MEDICATIONS AND DRUGS

- A. Each boarding home operator shall provide a medicine cabinet of sufficient size for individual prescriptions of residents and shall supervise the taking of such medications in accord with physicians' orders.
  - 1. The cabinet shall be conveniently located and adequately lighted.
  - 2. The cabinet shall be kept locked when not in use.
- B. The key to the cabinet shall be kept on the person on duty responsible for the supervision of residents.
- C. Each resident's prescribed medications shall be kept separated within the medicine cabinet.
- D. Medications which require refrigeration shall be properly maintained.
- E. All medications shall be kept in their original containers and shall be properly identified.
- F. No stock supply of medicines shall be kept other than those that can be bought without a prescription, such as aspirin, mineral oil, etc.
- G. Medications no longer in use shall be destroyed or returned to the resident's relative or interested person or agency.
- H. Upon the death of a resident, all unused portions of prescribed medications shall be destroyed.
- I. No disinfectants, insecticides, bleaches, rubbing alcohol and household poisons shall be stored with medications and food supplies.

IX. ACCIDENT PREVENTION

The operator should make periodical inspections of physical facilities, equipment, furniture, etc., to determine whether hazards exist so that proper corrective measures can be taken.



X. HOUSEKEEPING

- A. All sections of the home shall be kept in a clean and orderly condition.
- B. All corridors and stairways shall be kept free from obstructions.
- C. All materials which have no practical purpose, such as broken or discarded furniture, mattresses, etc., should be promptly removed from the premises.

XI. SANITATION

- A. An adequate and continuous supply of hot water shall be available at all times for bathing, dishwashing, laundry and general cleaning.
- B. The water supply shall be safe and suitable for drinking purposes.
- C. Every precaution shall be taken to guard against the presence of flies, insects and vermin.
- D. Screening for all windows adequate to keep the home free of insects at all times shall be provided.
- E. All floors in kitchens, bathrooms and laundry rooms shall be non-absorbent.

XII. LAUNDRY

- A. Every home shall make provision for the regular laundering of the resident's personal clothing.
- B. If laundering is done in the home, safe and workable equipment shall be provided.
- C. Soiled linen shall be collected and handled in a sanitary manner and shall be kept separate from food preparation and food storage areas.
- D. An adequate supply of linen shall be available for use at all times.

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## CHAPTER V

### PERSONAL CARE SERVICES

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#### I. PERSONAL HYGIENE

Each resident shall receive such daily personal care as needed.

##### A. BATH

Residents shall be bathed or assisted with baths as necessary.

##### B. ORAL HYGIENE

Residents shall be assisted with oral hygiene to keep mouth, teeth or dentures clean as necessary.

##### C. HAIR

Residents' hair shall be kept clean and neat.

##### D. MANICURE AND PEDICURE

Fingernails and toenails shall be kept clean and trimmed as necessary.

##### E. SHAVE

Men shall be assisted with shaving, or be shaved as necessary to keep them clean and reasonably well-groomed.

#### II. CLOTHING

The operator should make certain that residents have appropriate and sufficient clothing for necessary changes and that such clothing is laundered as frequently as necessary.

#### III. FACILITIES AND FURNISHINGS

Each resident within his or her sleeping area shall be provided with the following items which shall at all times be clean and comfortable and in good repair.

##### A. BEDS

1. A standard bed not less than 36 inches in width.
2. A good bedspring.
3. A mattress not less than 4 inches in thickness.

Note: Roll-away beds, day beds and cots shall not be used. Also, because of fire hazards, latex foam mattresses shall be prohibited.

B. PILLOWS

At least one standard size pillow with extra pillows available to meet the needs of the resident.

Note: Because of fire hazards, latex foam pillows shall be prohibited.

C. CHAIRS

At least one suitable chair.

D. READING LIGHT

A reading light and/or a bed light.

E. STORAGE

1. A closet in the resident's room.
2. A dresser or chest for personal possessions.
3. A night table.

F. BED LINEN

1. A moisture-proof mattress or a moisture-proof mattress cover or pad which can be removed for cleaning or laundering.
2. A pillowcase for each pillow.
3. At least two sheets or two sheet blankets or a combination thereof.
4. A washable blanket and such additional blankets as are necessary for the residents' comfort.
5. A bedspread.

Note: Sheets and pillowcases shall be changed at least weekly and more often if necessary.

G. PERSONAL LINEN

A washcloth and a bath towel which shall be changed when soiled.

E. WINDOWS

Appropriate shades, curtains or drapes shall be provided for all windows.

IV. HEALTH SERVICES

- A. At the time of admission, arrangements shall be made between the operator and the resident or other interested person or agency regarding the physician and dentist to be called in case of illness, or the person to be called for a resident who because of religious affiliation is opposed to medical treatment.
- B. A physician shall be called at the onset of illness of any resident.
- C. A resident with a temporary illness may be cared for in a boarding home for a period not to exceed one week. If a resident needs bed care for a more extended period, arrangements shall be made for his or her prompt transfer to an appropriate facility.
- D. For the protection of both operators and residents, each resident shall have an annual medical examination to determine the status of the resident's health.
- E. Residents shall be permitted free choice of a physician.
- F. The operator shall make arrangements for a physician to be available for emergencies, including injuries or accidents to residents, or when required by a resident's condition.
- G. If the physician's diagnosis indicates need for a transfer to a general or mental hospital, nursing home or other facility, such transfers shall be effected as early as possible.
- H. In the event that dental or other medical care is needed, the operator shall promptly contact the interested relative, person or agency.
- I. The operator shall supervise the use and storage of prescription medicines and drugs.

## CHAPTER VI

### FOOD AND FOOD SERVICE

#### I. DIET AND MENU

The home shall provide a nutritionally adequate diet that is of good quality food, correctly prepared, attractively served, in sufficient quantity and in a form and texture that will meet the minimum nutritional needs of the residents.

- A. The daily diet for each resident shall include the minimum servings from each of the following food groups:

("Food for Fitness - A Daily Food Guide", U. S. Department of Agriculture, Leaflet No. 424, available from Superintendent of Documents, U. S. Government Printing Office, Washington, D. C., is recommended as an additional guide in meal planning.)

Milk - 1 pint of its equivalent daily:

Milk may be fresh fluid - whole or skim; evaporated, dry, or buttermilk and may be used as a beverage or in cooking.

A satisfactory substitute in proper quantity is acceptable.

Meat, Poultry, Fish and Eggs - 5 ounces or its equivalent daily at two or more servings:

2 to 3 ounces of a lean, edible portion of meat, poultry, or fish served at least once daily.

In addition, 2 or 3 ounces of a lean, edible portion of meat, poultry or fish; or 2 eggs; or a satisfactory substitute in proper quantities shall be served at the other meals.

Vegetables and Fruit - 4 or more servings daily:

1 serving of a citrus fruit or juice daily or a satisfactory vitamin C substitute in proper quantities.

3 or more servings in proper quantities of other vegetables and fruits, including potatoes. This shall include some raw fruit and vegetable.

A serving of a dark-green or deep-yellow vegetable or a satisfactory vitamin A substitute in proper quantities shall be served at least every other day.

Bread and Cereals - 4 or more servings daily:

Only whole grain, enriched, fortified or restored bread and cereal shall be used.

Other foods as needed to complete meals and to provide additional food energy and other food values shall be served, including some butter or fortified margarine at each meal.

- B. Menus shall be planned and written at least one week in advance to assure dietary adequacy and to provide a sound basis for wise food purchasing. All menu items shall be specific, such as "orange juice" and not "fruit juice."
- C. A complete record shall be kept of all foods served and such records shall be kept on file for at least six weeks following the date of service. All menu changes and substitutes shall be recorded.

II. FOOD SERVICE

- A. There shall be at least three well-balanced meals per day served on a regular schedule.
- B. There shall be a lapse of at least 10 hours between breakfast and supper.
- C. In situations where it is deemed necessary to serve the evening meal before 5:00 P.M., additional food and beverage which will contribute to the residents' daily nutritional needs shall be served routinely as an evening snack to all residents.
- D. Food served shall be adapted to meet the physical needs of the individual residents in preparation, consistency, and service. Modified diets as prescribed by the resident's physician shall be conscientiously followed.
- E. Adequate dishes, silverware, napkins, salt, pepper and sugar containers shall be provided.
- F. Every effort shall be made to serve hot food hot and cold food cold.
- G. Adequate supervision for feeding or for giving necessary assistance to residents at mealtime shall be provided.
- H. Adequate time shall be allowed for residents to eat their meals.

III. FOOD SANITATION

- A. All food shall be clean, wholesome and free from spoilage, adulteration and contamination.
- B. All milk shall be pasteurized and milk products shall be obtained from an approved source.
- C. Kitchens, pantries and all storage space shall be free from vermin and insects and maintained in a sanitary condition.
- D. Storerooms for dry storage of food shall be adequate in size, dry, clean and properly ventilated.
- E. Containers of food and equipment for cooking shall be stored above the floor on clean racks or other clean surfaces in such a manner as to be protected from splash and other contamination.
- F. Metal polish, insecticides or vermin control materials, and cleaning substances shall not be stored with food and eating and drinking utensils. All containers of poisonous and toxic materials shall be labeled for easy identification.
- G. Can openers, slicers, grinders, mixing machines and similar equipment shall be maintained in a sanitary manner.
- H. All tableware shall be thoroughly cleaned after each usage.
- I. Chipped or cracked dishes and cups and tarnished eating utensils shall not be used.
- J. Dishes and eating utensils shall be stored on clean shelves or in cupboards where they are protected from dust.

IV. KITCHEN EQUIPMENT

- A. Kitchens shall be of sufficient size to provide safe and adequate food preparation and service.
- B. Kitchens shall be adequately equipped to serve properly prepared food.
- C. Food preparation and service areas should be separate from dishwashing facilities.
- D. There shall be adequate provision for the proper storage and refrigeration of food.

V. KITCHEN MAINTENANCE

- A. Floors shall be non-absorbent, clean, dry, smooth and in good repair.
- B. Walls and ceilings shall be clean and in good repair.
- C. All doors and windows or openings to the outside shall be screened. Doors and windows shall be tight-fitting and doors shall be self-closing.
- D. Kitchens shall be well-ventilated and mechanical exhaust fans shall be kept and maintained in a dirt and grease-free condition.
- E. Refrigerator temperature should be below 45 degrees Fahrenheit but above freezing (32 degrees Fahrenheit). Freezer temperature should be 0 degree Fahrenheit or below. Refrigerators and freezers shall be cleaned and defrosted regularly.

VI. PERSONAL HYGIENE

- A. Personnel shall wear clean clothing, practice good personal hygiene and follow sanitary food preparation practices.
- B. Hands should always be washed before preparing, handling and serving food.
- C. Employees with boils, infected wounds, and acute respiratory infections should not prepare or serve food.
- D. Fingers should be kept off the eating and drinking surfaces of dishes, glasses, and eating utensils.

VII. DISHWASHING

If a mechanical dishwasher is properly used and maintained it will effectively wash, clean and rinse dishes. Otherwise, the following manual dishwashing procedures shall be followed:

- A. All food shall be scraped from eating utensils before washing.
- B. All dishes, glasses and eating utensils shall be washed in water 110 - 120 degrees Fahrenheit and an adequate amount of an effective soap or detergent shall be used.
- C. Wash water shall be changed at sufficient intervals to maintain sanitary conditions.
- D. After washing, all dishes, glasses and eating utensils shall be immersed in clean water of at least 170 degrees Fahrenheit for at least one-half minute.
- E. It is recommended that dishes, glasses, etc., be air dried after the immersion in hot water or allowed to air dry from a mechanical dishwasher and that drying towels not be used. However, if drying towels are used, they shall be clean and not used for any other purpose.



VIII. GARBAGE DISPOSAL

- A. All garbage shall be kept in non-leaking, non-absorbent and easily washable containers which shall be covered with tight-fitting lids at all times.
- B. All garbage, trash and other waste material shall be removed from the kitchen areas as necessary to insure proper sanitation.
- C. All garbage containers shall be kept clean to prevent contamination and to maintain sanitary conditions.
- D. Suitable facilities shall be provided for the collection, storage and disposal of garbage and trash.

CHP-D1  
April 73



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

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

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

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

Approved May 10, 1971

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

falls within such minimum needs, and who otherwise complies in all respects with this act and the criteria and standards established pursuant thereto shall be issued such certificate.

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

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

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

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

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

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

12. a. No health care facility shall be operated unless it shall: (1) possess a valid license issued pursuant to this act, which license shall specify the kind or kinds of health care services the facility is authorized to provide; (2) establish and maintain a uniform system of cost accounting approved by the commissioner; (3) establish and maintain a uniform system of reports and audits meeting the requirements of the commissioner; and (4) prepare and review annually a long range plan for the provision of health care services, which plan shall be compatible with the State Health Plan established pursuant to the "Comprehensive Health Planning and Public Health

Services Amendments of 1966" (Federal Law 89-749) as related to medical health services, health care services, and health manpower.

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

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

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

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

The department shall afford the licensee an opportunity for a prompt hearing on the question of the assessment of penalties, the issuance, suspension or the placing on a probationary or provisional license, or revocation of the license. The procedure governing such hearings shall be in accordance with the rules and regulations of the

department. Either party may be represented by counsel of his own choosing, and shall have the right to subpoena witnesses and to compel their attendance on forms furnished by the department.

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

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

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

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

this act, then the same shall be liable to the penalties which are prescribed and capable of being assessed against health care facilities pursuant to this act.

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

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

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

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

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

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

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

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

d. Payment by hospital service corporations, organized under the laws of this State, for health care services provided by a health care facility shall be at rates approved as to reasonableness by the Commissioner of Insurance with the



approval of the Commissioner of Health. In establishing such rates, the commissioners shall take into consideration the total costs of the health care facility.

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

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

**21.** All functions, powers, duties, records, and property of the Department of Institutions and Agencies, and personnel of the Bureau of Medical Facilities Construction and Planning relating to receipt of money from the Federal Government for the purpose of making payments for construction of hospitals, including public health centers and related facilities within the State, and for an inventory and survey in connection therewith under or pursuant to any Federal law providing for the payment of such moneys as established and authorized by the provisions of c.83, P.L. 1947 (C.30:1-19 et seq.), are hereby transferred to the State Department of Health.

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

istration Board. Pending the appointment of members, establishment and convening of said Health Care Administration Board, all the functions, powers and duties thereof shall be exercised by the department.

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

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

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

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

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

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

Rates of payment by such hospital service corporation pursuant to written contract with a hospital or institution for the services contracted thereunder may be in the form of a level per diem amount established for the particular hospital or institution for each day of health care services and prior to payment, shall be approved as to reasonable-

ness by the Commissioner of Insurance following certification made pursuant to section 18 of the Health Care Facilities Planning Act (P.L. 1971,c - 136). The maximum rate of payment to eligible hospitals and institutions not under contract with such hospital service corporation shall not exceed the particular hospital's or institution's regular charges to the general public for the same services and shall be set forth in the certificate issued by such hospital service corporation to any subscriber. The basis and extent of payment, if any, by such hospital service corporation under agreement with nonprofit hospital service plans of other states shall be subject to the approval of the Commissioner of Insurance.

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

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

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

#### **Chapter 138**

In the case of an application by a health care facility established or operated by any recognized religious body or denomination the needs of the members of such religious body or denomination for care and treatment in accordance with their religious or ethical convictions may be considered to be public need.

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