

STATE OF NEW JERSEY  
Department of Institutions and Agencies  
Trenton

Bureau of Inspection

STANDARDS

FOR

HOMES FOR THE AGED

including a section on

INFIRMARY STANDARDS

Approved June 1955

## FOREWORD

In assuming responsibility assigned to it under Chapter 212, P. L. 1953, the Department of Institutions and Agencies has been required to take on the new function of approving homes and institutions which provide for sheltered care of adult persons.

The new legislation calls for approval of certain types of Boarding Homes and other Homes for the sheltered care of four or more adult persons and which provide personal care or service beyond food, shelter and laundry. It is obvious, therefore, that the Department must evaluate not only many commercial boarding homes but also incorporated Homes for the Aged operated by non-profit organizations.

These two groups of institutions present many points of difference since they operate upon totally different philosophies. For that reason, the Department has developed separate standards to apply to each. Boarding home standards have previously been approved while those which follow apply only to the important group of facilities commonly referred to as "Homes for the Aged".

Homes for the Aged, themselves, fall into two distinct classifications. First, there are those homes which provide sheltered care but which do not attempt to treat with individuals who may require continuous medical or nursing care. In such instances, guests are transferred to other institutions equipped to provide such services.

The second group provide sheltered care to relatively able-bodied guests but in addition operate infirmaries to which guests are transferred during periods of temporary or protracted illnesses.

In recognition of this variation, these standards have been developed in two parts.

SECTION I applies to those homes which provide sheltered care only. It also applies to homes which operate infirmaries but applies only to the non-infirmatory areas.

SECTION II applies to infirmaries only and will be utilized in the evaluation of such areas.

After evaluation of Homes for the Aged, necessary recommendations will be forwarded to each institution. If for any reason, these points require clarification, or if it is believed this Department can render advice or assistance in planning for compliance with them, the Department will be glad to render any possible service.

## S E C T I O N O N E

### A. INTRODUCTION

Institutional care of the aged has been one of the primary and traditional forms of community service for many generations. Groups sponsoring such care are motivated by a recognition of the social and health needs of our older citizens. They are willing to give their best efforts toward provision of a reasonable measure of security, comfort and happiness for those persons who seek shelter in the Home.

The major objective of a Home for Aged is to provide a substitute home for persons who because of age and attendant circumstances are unable to remain in their own homes. Therefore, the Home accepts the responsibility for preserving the dignity, strengthening the feeling of security and retaining as long as possible the individual abilities of its guests.

Although the following standards are drawn to be minimum as required under Chapter 212, it is hoped that they will point the way to competent and constructive service for those in need of sheltered care. They may also serve as a guide to any group seeking to establish such a home.

Homes for the Aged to which the following standards apply are those which are established and maintained by religious, philanthropic or charitable groups and must be incorporated, under State law, as nonprofit organizations. By this method, responsibility and obligation of the corporation are fixed and the right to acquire property is defined.

### B. AUSPICES AND ADMINISTRATION

Since Homes for the Aged are operated by religious bodies, fraternal organizations, and community groups, no set pattern of organization can be followed in all instances.

For Homes sponsored by religious groups, provision should be made to have representation from the constituency of the organization on the governing board in a manner acceptable to church bodies.

While in other institutions the specific pattern of organization may vary in some degree, the following basic principles are listed for guidance since adherence to these will facilitate the operation of the institution at a good standard.

1. Each institution shall have a Constitution and By-Laws stating its purpose in broad terms and establishing a responsible governing board.

2. The responsibility for the Home rests with the Board which establishes policies and regulations, appoints the executive, safeguards the property and financial resources, produces the necessary revenue, controls income and expenditure and sees that the home fulfills the purposes for which it was established.
3. The Board shall arrange for periodic meetings, preferably monthly.
4. It shall empower the executive to act as its representative in the day by day operation of the Home. The executive should attend and actively participate in Board meetings.
5. Minutes of the Board and Committee meetings shall be kept as they are legal records of decisions.
6. The composition of the Board of Directors should be representative of many interests and community contacts and length of term and manner of election specified in the Constitution and By-Laws.

### C. ADMISSION POLICY

The decision of an aged person to leave his familiar surroundings to establish residence in an institution is a major one. The experience may be traumatic if the admission and early adjustment are not expertly handled by the Home.

In order to safeguard this situation the following principles are suggested.

1. The policies for admission should be determined by the Board and the administrative officer should have responsibility for carrying out such policies.
2. The policies of admission adopted by the Board shall be in writing.
3. A copy of the policies shall be given to the applicant and carefully interpreted before admission.
4. The applicant should be interviewed in his own environment and, if practical, should visit the Home before making his decision.
5. It is desirable that social case work services be provided to all clients previous to admission either through community agencies or by employment of a qualified social worker.

6. The Admissions Committee of the Board should work with the agency or individual social worker.

#### D. RECORDS

Each home shall have a record system. Records and information regarding the individual are confidential and access to these records should be limited to responsible persons.

Desirable minimum records for each resident should include:

1. Application form.
2. Admission agreement
3. Social investigation consisting of medical history, physician's certificate (including diagnosis), names, addresses and telephone numbers of relatives, friends, or agency responsible for resident, and other pertinent data.
4. Detailed inventory of personal possessions.
5. Individual financial records, expenditure and income.
6. Legal papers concerning agreement with home, transferral of property, insurance papers, will, correspondence.
7. Chronological notations relating to his or her welfare.
8. Chronological medical records, including findings of the physical examination given at time of admission, follow-up medical examinations and related data.
9. Accidents and injuries, including date of occurrence, cause and extent of injury.
10. Burial plans.

An annual report should be prepared by the executive describing the activities of the preceding year.

All records should be kept so that accurate, systematic and ready information will be available to meet requirements from various sources for reports.

#### E. PERSONAL CARE DEFINED

Personal services as referred to in the law have been interpreted to mean:

1. Continuous presence of a responsible person in the home or institution to provide essential supervision,
2. The temporary care of persons during periods of illness.
3. Provision of a home-like atmosphere which would include such facilities as a living room, dining room, and other necessities for a home-like living as contrasted with a boarding house for able-bodied persons who can seek their own recreation, diversion, and relaxation elsewhere.
4. Supervision and/or casual assistance in eating, ambulation, and maintenance of reasonably good personal hygiene.

#### F. DIVERSIONAL THERAPY

A well rounded program of diversion should be provided. This should include both active and passive entertainment and should extend to the infirmary patients.

Since a Home for Aged is a community service, various community groups should be encouraged to participate.

In the larger Homes it is desirable that occupation and recreation be under the supervision of a qualified person.

#### G. HEALTH PROGRAM

A health program for all guests should be established. Such a program should include:

1. A complete physical examination of each guest upon admission to the home.
2. Provision for medical attention as needed.
3. It is desirable that each guest receive periodic re-examinations by a physician to insure against avoidable illnesses.

#### H. PHYSICAL PLANT

The building shall be a well-maintained structure. It shall be kept in good repair and free from serious fire hazards and other hazards to health and safety at all times.

Hereafter, corporations founding new Homes for the Aged will be required to provide fireproof buildings which have either been designed for the purpose or readily adaptable to the proposed use.

1. Heat

- a. Central heating shall be provided unless some alternate heating system is specifically approved.
- b. The heating plant shall be adequate to maintain a temperature of 75°F during the coldest weather, so that the temperature shall always be kept at 72°F or above, between the hours of 6 A. M. and 10 P. M.
- c. Portable heaters burning solid, liquid or gaseous fuels shall not be used except by express permission of the Department.
- d. Open fireplaces shall be protected with metal screens when in use.

2. Lighting

- a. Artificial lighting shall be by electricity only.
- b. The individual rooms used for sleeping purposes by guests shall have sufficient natural light and suitable artificial lighting.
- c. All quarters used by guests including hallways and stairways shall be well lighted by natural light or by electricity at all times.
- d. Night lights shall be provided in bathrooms, hallways, stairways and other passageways.
- e. Battery-type emergency lights shall be available at all times.
- f. It is desirable that reading lamps be provided in guests' rooms.

3. Ventilation

- a. All sleeping rooms used by guests shall be ventilated by windows sufficient to prevent objectionable odors and in such a manner as to avoid direct drafts on the occupants.
- b. All inside toilets and bathrooms without direct outside ventilation shall be properly ventilated by other means.

#### 4. Sanitary Conditions

All rooms occupied or used by guests shall be kept in a sanitary condition at all times.

#### 5. Living Room

A suitable living room, comfortably furnished, well heated and lighted, shall be provided.

#### 6. Dining Room

A dining area, large enough to meet the needs of the guests shall be provided.

#### 7. Passageways, Stairways, etc.

- a. Stairways and open platforms should be provided with suitable handrails or banisters. Such handrails and banisters shall be securely attached and of sufficient height to guard against accidents.
- b. If tread coverings are used on stairs, they shall be of the non-skid type.
- c. Passageways and stairways in existing homes will be accepted if they are 30 inches wide. However, passageways and stairs in newly established homes shall be at least 36 inches wide.
- d. Passageways and stairs shall be provided with natural or artificial lighting at all times.
- e. All passageways and stairways shall be kept free from refuse and shall not be used for storage space.

#### 8. Occupancy Limitations

- a. Except in buildings of fireproof construction, it is not desirable to house guests above the second floor.
- b. In existing non-fireproof institutions, where guests are housed above the second floor, every effort should be made to institute essential safety measures.
- c. A first floor is defined as a story where the floor level is above the curb level.

- d. Quarters above the second floor will be reviewed on an individual basis to determine whether they are suitable for occupancy by guests and approval of such quarters will be granted or denied after review of the individual situation.
- e. Under certain conditions, basement occupancy may be permitted. However, no such occupancy will be allowed if more than one-half the height of the room or rooms in question is below curb level or if there are other conditions which might militate against the health, safety or welfare of the guest.

9. Multiple Room Limitations

- a. No sleeping room accommodation should exceed four persons.
- b. In existing Homes which provide large dormitory living, planning should be started promptly to subdivide these areas to provide at least a minimum of privacy.
- c. In no instance shall persons of opposite sexes 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.

10. Local Approvals

Since the Department of Institutions and Agencies, as a matter of policy, does not approve any institution which fails to conform to local and State regulations or ordinances, the following approvals must be secured and filed with the Bureau of Inspection.

a. Zoning Authority

A written statement from a responsible official attesting that the use of the present structure is not in conflict with local zoning regulations. (This will apply to new applicants only.)

b. Building Inspector

A written statement attesting to the structural safety of the building or a written statement to the effect that this is not the responsibility of the building inspector.

c. Fire Department\*

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

d. Local or District Health Department

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

e. State Department of Health

If the home or institution is not serviced by a public water supply, written approval for this service must be secured from the State Department of Health, Division of Environmental Sanitation. After original approval, further approvals may be required annually, or as often as the need is indicated.

I. FIRE PROTECTION

While certain fire protective measures and devices are required under these standards, it is obvious that prevention is actually the keynote of such protection. The executive officer should therefore make every effort to eliminate potential hazards and to secure cooperation of the local fire department and take all reasonable steps looking toward safety of guests.

Valuable advice can also be obtained from the Fire Insurance Rating Organization of New Jersey which provides free inspection service to institutions.

Representatives of the Department will also be glad to assist in establishment of a sound fire prevention program.

1. Stairways and Exits

- a. Two satisfactory and easily available means of egress remote from each other shall be provided from each floor of the home.

(1) These exits should lead directly to the exterior of the building and shall be kept free and clear at all times.

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\*The Department of Institutions and Agencies reserves the right to recommend additional fire protection measures beyond requirements of local communities.

(2) Doors leading to such exits shall be clearly marked.

b. Direction signs and markings for air raid shelters shall be in conformity with the local civilian defense plan.

## 2. Heating Unit Protection

The ceiling over the heating unit shall be protected by metal lath and plaster or other material at least of one-hour resistance rating. This covering shall extend at least three feet beyond the heating unit on all sides.

(While the above precaution may provide a minimum degree of protection, it would be far more desirable to enclose the entire heating unit in materials of one-hour fire resistance rating. The Department will be glad to furnish specifications.)

## 3. Kitchen

Since kitchens constitute hazardous areas they shall be protected by doors.

## 4. Fire Extinguishers

Fire extinguishers of suitable types shall be hung in conspicuous places on all floors and in the basement. They shall be inspected at least annually and tagged with date of inspection.

## 5. Fire Evacuation Plans

The administrator shall be responsible for instruction of all guests and personnel in fire prevention. Employees shall be instructed in the use of fire protection equipment and devices and procedures to be followed in emergency. Such instruction should be reviewed once a month. It is advisable for Homes to seek the advice and help of the local fire department in this regard.

## 6. Wiring

In any instance where electrical wiring is replaced or where new installations are made, the wiring shall be in BX cable or equivalent.

## J. GENERAL SANITATION

It is expected that Homes for the Aged will be maintained, at all times, in sanitary condition and that all necessary measures will be taken by the management to insure acceptable standards of cleanliness and health protection at all times.

### 1. Water Supply

Water supply shall be of safe and sanitary quality suitable for drinking purposes. (If water is obtained from a public water system, this will be conclusive proof that the water supply is satisfactory.)

### 2. Plumbing

Plumbing should be maintained in good repair and should warrant approval by local health departments. If there are no local authorities available to approve plumbing, and if it appears to be in bad condition, approval of State authorities should be sought.

### 3. Sewage Disposal

Sewage shall be disposed of in accordance with the requirements of local ordinances and standards of the local health department. Methods of sewage disposal, other than a public disposal system, must conform to the standards of local health departments. If there are no local authorities available to approve sewage disposal, approval of State authorities should be sought.

### 4. Garbage Disposal

Garbage shall be stored in covered, water-tight metal containers and shall be collected and disposed of at least weekly.

### 5. Screens

Outside doors, windows and other openings shall be protected against flies and other insects by seasonal use of screens. Vermin, rodent and insect control must be maintained at all times.

## K. GUEST ACCOMMODATIONS

Since a Home for the Aged, in receiving a guest for care, accepts the responsibility for providing a substitute home, every effort should be made to furnish accommodations which are comfortable and pleasant.

### 1. Bed Space

Sleeping rooms, in which there is one guest, must have a minimum of 70 square feet of floor area. Sleeping rooms in which there is more than one guest must have a minimum of 50 square feet of floor area per person with at least three feet between beds to insure general comfort and safety of guests.

### 2. Furnishings

Each guest shall be provided with the following items:

- a. A standard household bed, studio couch or daybed, not less than thirty inches wide. Folding beds, cots and davenports shall not be used for sleeping purposes.
- b. A mattress not less than four inches thick, clean and in good repair.
- c. A bed spring in good repair.
- d. At least one pillow made of hair, feathers or foam rubber.
- e. Provision shall be made in the guest's room for lockers, assigned drawers or closets for the storage of personal possessions of each guest. Bedside tables or cabinets are desirable.
- f. A separate drinking glass, cup or mug.
- g. A comfortable chair.

### 3. Linen

- a. Each bed shall be equipped at all times with the following linen:
  - (1) At least one sheet or sheet blanket.
  - (2) A pillowcase for each pillow.

- (3) One blanket. Additional blankets shall be available to meet the individual guest's needs.
- (4) A mattress cover which can be removed for cleaning or laundering is desirable.
- b. Each guest shall at all times have the following personal linen:
  - (1) One bath towel.
  - (2) One washcloth.
- c. There shall be enough household linen to provide at least one change every week and more often as is necessary.

#### 4. Toilet and Bath Facilities

- a. Toilet and bath facilities shall be located so as to be reasonably accessible from a common hall or passageway to all persons.
- b. Such facilities should be available in the following ratios:
  - (1) Toilets, one to eight guests.
  - (2) Wash basins, one to eight guests.
  - (3) Tubs or showers, one to fifteen guests.
  - (4) Separate toilets shall be provided for male and female guests.

#### L. GUEST SERVICES

Since a Home for the Aged serves as a substitute home, it should provide certain privileges and services which encourage guests to preserve their individuality, personal dignity, and independence.

- 1. The administration may find it necessary to develop reasonable rules to insure orderly group living. However, such rules should not be so rigid as to regulate unduly the personal lives of guests nor to restrict guests from participation in interests or activities outside the home.
- 2. It is recommended that radios, television, reading material, etc., be available to guests.

3. Telephone service should be available to guests in the Home.
4. Guests shall be permitted to receive visitors.
5. Some arrangement shall be made to provide personal laundry service for guests.

#### M. FOOD SERVICE

Since good food served in pleasant surroundings contributes substantially to both the health and welfare of guests, Homes for the Aged should develop a sound plan of food service.

1. The food provided must meet the basic nutritional requirements of persons of the age group served.
2. Food should be well prepared with three well balanced meals per day served on a regular schedule. At least one hot dish shall be served at two of the three meals. Coffee, tea or other beverages shall not be construed to be a hot dish.
3. There shall be a lapse of at least ten hours between breakfast and supper.
4. Food served shall be adjusted to meet the physical needs of the guests and provision made for special diets when prescribed by a physician.
5. The kitchens shall be adequately equipped to serve properly prepared food. Kitchens, pantries and all storage space shall be free from vermin and maintained in sanitary condition at all times.
6. There shall be adequate provision for proper refrigeration of food.
7. Dishes shall be washed by an approved sanitary method.
8. Daily menus shall be planned ahead and a record kept of the food served daily. The record of food served shall be kept current and shall be held available at all times for the month preceding.

#### N. PERSONNEL

1. There shall be one person in charge who is of good moral character, physically and temperamentally suited for the supervision of guests. Such person shall be on the premises at all times unless a satisfactory arrangement is made for coverage during his or her absence.

2. Additional personnel shall be employed as necessary.
3. Persons employed in the Home shall be in reasonably good health.
4. All persons employed shall be at least 16 years of age.

## S E C T I O N T W O

### A. INFIRMARY

Homes for Aged which follow the policy of admitting only "well" aged persons frequently find that sooner or later some of their residents regress physically to a point where continuous medical and nursing care is essential.

Homes for the Aged which do not operate infirmaries have a responsibility to transfer such patients to nursing homes, hospitals, or other institutions equipped to provide necessary care.

However, if an infirmary is established or operated, it must be designed, equipped, and staffed to insure safe and adequate treatment of all patients. Such infirmaries should be developed to deal primarily with illnesses recognized as part of the aging process.

The following standards are applicable to all infirmaries:

#### 1. Objectives of the Infirmary

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

#### 2. Location

- a. The infirmary should be a self-contained unit providing the necessary facilities for patient care. It need not be remote from general living quarters but should be separated from these areas.
- b. The infirmary should be located on the first floor unless an elevator is provided.

### 3. Fire Protection

The standards of fire protection for Nursing Homes shall be applicable to the infirmaries of Homes for the Aged.

## B. PRINCIPLES OBSERVED IN THE CARE OF THE SICK

Formal arrangements shall be made for the transfer to a general hospital of patients with any condition requiring hospital care.

Transfer shall be made promptly to a hospital or sanitarium of patients suffering from mental illness, active tuberculosis or other communicable disease.

There shall be prompt examination and appropriate treatment by a physician of patients who have had accidents and a recording in the physician's progress notes of such injuries and treatments.

Restraint shall be used only on physician's order and recorded by physician and nurse. Such orders shall be effective for no longer than twenty-four hours.

## C. MEDICAL CARE

1. It is desirable that the medical staff be organized and a physician be designated as medical director or staff physician with a staff of visiting physicians and consultants who will assist in the medical program. The type of medical care program, degree of disability or infirmity of residents and nearness to other medical care facilities will determine the necessity for having a resident physician on the premises.
2. The medical and nursing services provided shall limit admissions to the infirmary to those for whom service is available.
3. Physicians shall make written orders for medical care and prescriptions shall be signed by the attending physician.
4. Patients under care shall be seen periodically by a physician.
5. There shall be provision for a complete routine physical examination upon admission.
6. There shall be provision for services of specialists where such need is indicated and for laboratory and x-ray services either on the premises or elsewhere.

7. There shall be provision for summoning a physician when patients are in extremis and in the event of death, a physician shall make the pronouncement.
8. Death certificate stubs or copy of death certificates shall be kept on file.
9. Dental service shall be provided by a regularly appointed dentist or dentists, or through dental clinics.

#### D. MEDICAL RECORDS

Basic medical records shall include:

1. History and physical on admission and subsequent physical examinations.
2. Progress notes made by a physician at least monthly.
3. Written orders signed by a physician for all medications and treatments.
4. Signed record of x-ray and laboratory findings.
5. Nursing notes and graphic charts where indicated.

#### E. NURSING CARE

1. Nursing care shall be under the direction of a registered professional nurse.
2. Adequate nursing personnel should be employed to provide at least two and one-half hours of nursing care per patient in each twenty-four hours. The ratio of professional to auxiliary nursing personnel should be not less than one to five.
3. Institutional policies and nursing care procedures shall be established and made available to nursing personnel in writing.

#### F. NURSING FACILITIES

1. To insure efficient nursing care the patient areas should be set up in nursing units.
2. The optimum capacity for a nursing unit is approximately thirty beds and fifty beds should be considered as an absolute maximum.

3. A nursing unit should contain the following:
  - a. Utility room for each nursing unit (Hopper, hand sink, utensil sterilizer, work table, cabinets, bedpan flusher and sterilizer.)
  - b. Nurses' station (Desk, chart rack, available running water, locked metal cabinets for medications ((unless provided in treatment room)) signal system.)
  - c. Linen storage room.
  - d. Treatment room.
  - e. Nursing equipment--treatment trays, clinical thermometers, ice caps, hot water bags, etc.
  - f. Built-in cubicles, adjustable curtains or movable screens in rooms with two or more beds.
  - g. Hospital beds with Gatch frames (for bed patients) and a bedside chair for each bed. Beds spaced at least three feet apart and 65 square feet per bed to be used as a guide.
  - h. Individual bedside cabinets containing standard individual toilet equipment.
  - i. Signal system and adequate electric outlets for lighting, heating pads, etc.
  - j. Wheel chairs and stretchers.
4. The ratio suggested for adjunct facilities to beds is as follows:
  - a. Baths (shower or tub): one to twelve
  - b. Toilets : one to twelve
  - c. Lavatories : one to twelve
5. Isolation Rooms

Isolation rooms with separate toilet facilities as needed to care for patients with infectious conditions, minor mental disturbances or terminal illnesses.

G. FOOD SERVICE

1. The meals for infirmary patients can very well be prepared in the main kitchen.
2. It is desirable that a pantry be provided in the infirmary to facilitate tray service and the serving of extra nourishment and special diets.